

11

Positive psychology in the clinical parapsychology setting

Rachel E. Evenden & Callum E. Cooper

University of Northampton

Abstract

This presentation expands on the guest lecture given at the Bucks New University 2nd Positive Psychology Symposium (Cooper, 2016), regarding the union between positive psychology and areas of parapsychology (from the laboratory to the field). A recap will be given, on links between positive psychology and parapsychology, and how the two areas have been seen to complement each other. Focus will then be given to two of the previous areas mentioned at the 2nd symposium, these being instances of spontaneous and sought experiences. For example, there has been much research into the benefits of counselling for anomalous experiences, now seen within the domain of clinical parapsychology, bridging anomalous experiences with an understanding of the therapeutic benefits and transformative features within these experiences. Looking to the typical studies within clinical parapsychology, again, much research has focused on the overlaps between anomalous experiences following a bereavement. Focus will therefore also be given the lead author's own research specifically exploring mediumship as a form of counselling - where people seek out an experience which appears to aid symptoms of grief and loss. It will be argued that mediumship can be seen as a form of holistic intervention, in enhancing positive psychological attributes within the bereaved to help with coping, post-traumatic growth, and other positive psychological attributes.

Introduction

Positive psychology is defined as “The scientific study of what makes life most worth living” (Peterson, 2008, p.214). We are interested in emotions, motivations, and exploring the purpose behind our cognitive processes and actions towards various aspects of life. Clinical parapsychology is 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, Bauer, & Hövelmann, 2012, p.3). By anomalous experiences (AEs), we mean, for example, instances of precognitive visions, accounts of telepathy, apparitions/hallucinations

(typically of the deceased), witnessing spontaneous movement of objectives (psychokinesis, PK), through to sought phenomena such as mediumship, in which a person claims to be able to perceive voices, visions and feelings from the dead, and relays them to the living (see Gauld, 1982). All such phenomena may be termed as ‘psychic experiences’ or ‘psi’ for short. Braud (2010, p.1) defines anomalous experiences (AEs) as “those that depart from our own familiar personal experiences or from the more usual, ordinary, and expected experiences of a given culture and time”. How these experiences impact on our health and well-being will be the focus of this paper (cf. Kennedy & Kanthmani, 1995). In this instance, we are not interested in the ontological roots of such seemingly anomalous phenomena, which would typically be the focus from a purely parapsychological perspective (for those interested in such findings, see Cardeña (2018) and Radin (2018, pp.94-168) for recent summaries). Instead, focus is given to the clinical aspects of parapsychological occurrences, and how positive psychology emerges and can be fostered within a therapeutic setting, to help those have found such experiences confusing, traumatic, or experienced them while bereft.

Previously (Cooper, 2016), discussion was made as to the general links between positive psychology and parapsychology, as had been given initial groundwork by Krippner (1980; also see Krippner & Murphy, 1973). The positive and negative impacts within the laboratory were discussed, and more so, how the participant feels in relation to the researcher (the experimenter/participant rapport) which appears to influence the outcome of studies testing for psi. In such instances, it has been argued that it is not so how the researcher ‘purposefully’ behaves around the participant, but rather, how the participant felt about the entire experience following the studies completion (e.g. Roe, Davey & Stevens, 2004, 2006) which influences the outcome. Several factors within the laboratory setting which the participant perceives as positive appears to lead to positive scoring, while any negative feelings or anxiety has been found to hinder scoring (e.g. Palmer, 1977). Broughton (2015) discussed how parapsychology had noted and given strong awareness to the impact of the experimenter effect within experiments, long before other areas of science began to give it serious attention. Certainly, there is a need for greater awareness of this effect, and the impact of positive and negative attitudes on the outcomes of studies, as a standard consideration across the sciences (Sheldrake, 1998). Many of these important issues which parapsychology has given considerable attention to have strong ties to the interests of positive psychology (e.g. Krippner, 1980; Macleod & Moore, 2000; Peale, 1990; Norem & Chang, 2002; Scheier & Carver, 1993).

Beyond elements of positive psychology in the parapsychology laboratory setting, AEs particularly in bereavement were also given discussion, especially with regards to the positive emotions they appeared to promote in aid of coping and recovery (Cooper, 2016, 2017). The following sections within this paper will therefore expand on both anomalous experiences in the natural world, and how counselling interventions can offer aid, and how mediumship can benefit the bereaved. Therefore, focus will be given to the clinical parapsychology approach, and the emergence of positive psychology within this domain.

Counselling for Anomalous Experiences

Surveys have consistently shown that a high proportion of the general population believe in or experience AEs (Pechey & Halligan, 2012). Common reactions to AEs include fear, anxiety and distress (Siegel, 1986). Regular, traditional medical and psychological services tend to neglect the existential questions that arise after having an AE (e.g. counselling experiences of bereaved people who sense the presence of the deceased; Taylor, 2005). Very little research has investigated the incidence of clients seeking support for AEs from secular counselling services, nor has anything been conducted in the UK (hence the rationale for this research).

Roxburgh and Evenden (2016a) investigated the experiences of clients who report anomalous experiences (AEs) in counselling services, to better inform therapists as to how to respond to such clients and seek to explore views on AEs and how discussions take place in therapy (e.g. what experiences they have found helpful or unhelpful in terms of therapeutic intervention?). The research aimed to help in the design of accessible mental health and counselling services that meet the needs of diverse clients. A qualitative approach was applied to expand upon the theoretical research into the counselling experiences of clients who reported AEs. Semi-structured interviews were conducted with clients who report AEs and had sought counselling. A thematic analysis approach as outlined by Braun and Clarke (2006) was adopted and founded four key themes highlighted by clients:

- (1) “It kind of shut the door”
- (2) “You have to go digging to get support”
- (3) The need for a ‘Whole Person’ Approach

- (4) “Why are you looking at that airy-fairy crap?”

The overall findings suggest that social norms and risk of mental health diagnosis pose as risk factors in preventing clients from seeking professional support following an AE. Key themes surrounding the needs of clients, helpful resources and accessibility to services, were highlighted as the focus for future implications moving forward.

Having explored the impact on clients who seek counselling for AE’s and therapists experiences of working with clients who report anomalous experiences (Roxburgh & Evenden, 2016b), a third study by Roxburgh and Evenden (2016c) was carried out. This consisting of two focus groups and was designed to explore the training needs of counselling students in relation to the issue of AEs, with students undertaking counselling and clinical psychology programmes to investigate how useful they have found any training on working with clients who report AEs, and if this training had not been provided, whether there is a need for such provision. Thematic analysis elicited four themes:

- (1) “Quite often we get taken by surprise because it’s a subject we don’t talk about”
- (2) “It’s just having this in our vocabulary”
- (3) “Demystifying and valuing AEs as normal human experiences”
- (4) “To ask or not to ask?”

Therapists disclosed feeling unprepared upon hearing clients report AEs and this was dependent on the context in which AEs are shared by clients since some counselling settings may be better prepared for managing AEs; for example, bereavement work normalising client’s experiences of sensing the presence of the deceased. Therapists felt that they should be introduced to AEs whilst training so that they would be better prepared to work with such issues in generic settings, and that this could include relatively straightforward activities such as group discussions, case studies, having a list of AEs, and independent learning group tasks.

Therapists questioned whether they needed to be able to distinguish between what was considered pathological and a mental illness and what was considered a normal human experience which led to the importance of considering the client’s level of psychological distress and any associated risks, rather than the necessity of making such a distinction between what is ‘normal’ and ‘abnormal’. Therapists were divided in terms of whether AEs

should be enquired about at the assessment stage, with some feeling that such issues would be better discussed when a therapeutic relationship had been established, and others felt inviting clients to talk about such issues could reduce the stigma surrounding AEs with what could be conveyed as a routine assessment question. Most of the therapists that took part in the focus groups felt that they were unequipped to work with clients who reported AEs and stated that they had not received any training on these issues

The research can be applied to counselling, psychotherapy and clinical domains which may benefit from forming links with parapsychological research (Hastings, 1983). The most prominent focus being the wider implications for the design of counselling services and counsellor training surrounding AEs, specifically at a therapeutic level to generate a better understanding of client/therapist experiences; therapeutic relationship and client needs/outcome. At a service and training level the findings may inform the design of services/increase accessibility and allow feedback to students engaging with counselling programmes in the form of CPD workshops; training guidelines. It was noted by Cooper (2017) that a forum in which AEs can be openly discussed, with a person that the experiment knows is familiar with parapsychology, can promote many positive reactions. Not only can the experiences themselves be very transpersonal and enlightening in their nature (e.g. Lawrence, 2014), so can the process of counselling for such experiences. Empathy from health care practitioners or professionals in the fields of psychology and parapsychology towards the person and their AEs can bring comfort, assist in post-traumatic growth, foster levels of hope, produce expressions of love and joy, support the process of continued bonds (with the deceased in the case of the bereaved) and reduce anxiety surrounding any assisted stigmas (e.g. Cooper, 2017; Devers, 1997; Drewry, 2003; Parker, 2005; Rees, 1971). All such positive outcomes can be taken by both client and practitioner and applied to aid in coping, resilience, and expanding on experiment worldviews and attitudes within their personal and social progression.

From observations of the research conducted around counselling for anomalous experiences several observed overlaps with applied positive psychology are noted. Firstly, the importance in seeking support for clients to more freely explore possible conceptual frameworks for these experiences, so they can positively reframe what were initially frightening or distressing experiences which appears to result in transformation (e.g. Lawrence, 2014). Secondly the findings also highlight the resilience factors that arise through aversive

circumstances in line with Taylor's (2012) argument that great positive psychological transformation can be achieved following periods of intense turmoil.

Mediumistic Counselling

If the impact of bereavement were what we consider a 'high grief' death (sudden and unexpected) or the symptoms of loss continue over time despite possible coping strategies available for the bereaved, we could look to mediumship as a form of 'first response' to aid and sooth the grief. For many, they may prefer this than social stigmas surrounding the notion of going to see a counsellor or psychotherapist regarding their psychological issues. They may see it as defeatist, or being self-labelled as having a mental illness, or even being mentally weak. Depending on how open the individual may be, mediumship like counselling still comes with assurance of confidentiality, a significant aspect within counselling practice and the ethical considerations of this domain. It also comes with what is perceived to be the direct ability to communicate with the dead, settle differences, have final goodbyes, and words of love and care, through which the medium supports the open dialogue (Beischel, 2015).

Many would seek to criticise this approach to dealing with bereavement, and this has certainly been the case for people holding large public platforms (e.g. Brown, 2007, pp.315-351; 2017, Dawkins, 2006, pp.398-399) but with no involvement in parapsychology and certainly limited to no awareness for the research literature and evidence (both for and against). To say that seeking mediumship during a time of personal loss is damaging for the bereaved, or that it is wrong for the medium to do what they do - especially if they earn money from this practice - are often unjust and ill-informed comments. The assumption in many such circumstances is that the medium is deliberately lying to the client, and although such a claim could be put to the test (cf. Robertson & Roy, 2004; Wiseman & Morris, 1995), within a clinical parapsychology approach, this does not particularly matter. If the sitter is pleased with what the medium has to say to them, and positive gains are noted, then how genuine the medium is becomes a side issue at that point. However, this is not to say that there are no negative instances of visiting a medium ever reported, they are simply lacking in research, but are certainly a minority of instances. The evidence thus far has produced findings which show positive gains in favour of the process contributing to a person's well-being.

Many pioneers of psychical research (an earlier term for parapsychology before it reached university settings in the 1920s) testing the claims of various mediums knew of the positive impact perceived communication with the dead could have on coping and post-traumatic growth. For example, the eminent physicist Sir Oliver Lodge once commented on an extensive study of the famous medium Mrs Gladys Leonard, carried out by Mr Kenneth Richmond and Miss Nea Walker, in which bereaved participants were used to gather various readings via Mrs Leonard. Sir Oliver's comments echo what is only just being rediscovered today, or more so, finally accepted by the wider sciences and in clinical settings, in much the same way the work of Rees (1971) brought research on the bereaved which had already gathered by psychical research in the 1880s into the forefront of medical science (Cooper, 2017). Sir Oliver's comments are as follows:

[Miss Walker] tells me that she hesitated often in deciding to experiment in this way upon people in real distress, but that, to do something which might ultimately help more than one individual and perhaps throw a little more light upon a puzzling subject, seemed the only justification for the work she was doing. The response on the part of these bereaved people showed that they appreciated as keenly as anyone the importance of an outlook wider than their own immediate sorrow and need. If any of them should feel, when they see it published, that the material has been handled in too critical a fashion, I trust that they will not be hurt, but will realise that this is not a piece of propaganda, but a fair presentation of the facts and an attempt to gain more knowledge about the processes involved. (Lodge, 1935, pp.10-11)

Bringing these thoughts into the present, although there is extensive literature on the testing of mediums, there are barely half a dozen formal studies - at present - which focus on the impact of mediumship on the bereaved and the positive coping mechanisms fostered as a result. Evenden, Cooper and Mitchell (2013) conducted a small scale preliminary investigation into how the process of mediumship - acting as a form of bereavement counselling - affected those who were bereft and sought out the experience. Due to the sensitive nature of the study, purposive sampling was used to gain participants against a close set of criteria:

(1) Participants must be aged 18+

(2) Must have experienced a bereavement within the last five years; specifically, the loss of an immediate family member, spouse or partner, with the hope to gain participants who had experienced a mix of both expected and unexpected losses.

(3) Had experienced visiting a registered medium with the Spiritualist National Union (SNU) during their grief period and all believed they had made contact with their loved one via this experience with the medium.

A qualitative approach was adopted to explore adaptive outcomes of grief following a specific AE (i.e. mediumistic readings) by examining participants' unique experiences of bereavement. Results suggest that those who experience mediumistic counselling produced a high sense of agency, resulting in adaptive coping. Thus, demonstrating how certain character strengths enhance resilience in the ability to bounce back from adverse circumstances. The key to achieving this seems to lie in the importance of having needs met whether that is via a continued bond or positive relationships, the ability to find agency to have hope (see Snyder, 1994), and knowledge to put these to good use. Hope of there being some form of continuation beyond death, and the bereaved embracing this emotion, also seemed to be experienced by all participants which relates well to previous thoughts and findings (Cooper, 2013, 2017; Devers, 1997, Drewry, 2003). The findings highlight the ways in which mediumship, can foster adaptive emotions following a negative life event specifically bereavement; and the therapeutic benefits in aiding the development of post-traumatic growth and resilience in overcoming negative emotions specifically trauma and grief - the findings of which are also supported by Bartlett (2016, p. 106). Various character strengths and virtues (hope, optimism, love, joy, appreciation of beauty and excellence) have found to be present following a continued bond with the deceased individual resulting in a more positive outlook on life and higher levels of self-enhancement (for an overview of the continuing bonds model, see Klass & Steffen, 2018). Mediumship appears to be a valid healing resource in addition to other spiritual practices (sought experiences) which would benefit from further exploration to reduce stigma and perception surrounding anomalous phenomena (e.g., Radin, 2018; Sheldrake, 2017). In addition, further exploration of adaptive outcomes of grief may contribute in widening knowledge on resilience within positive psychological research.

A similar study of mediumship which was conducted parallel to Evenden et al. (2013), was produced by Beischel, Mosher and Boccuzzi (2014-15). The research explored the possible effects of mediumship on bereavement following personal readings, thus adhering to the continuing bonds model used within counselling. This enables the bereaved to work through issues of grief due to the ongoing relationship between the living and the deceased, by receiving readings from psychic mediums with seemingly positive outcomes of this practice

ranging from relief of grief symptoms, reassurance and acceptance. This approach contradicts more traditional grief counselling approaches which a continuing bond with the deceased is an abnormality in behaviour, resulting in unhealthy outcomes which prevent closure from being fully achieved and largely focus on the client's acceptance of separation and integration of loss (Stroebe, Schut & Stroebe, 2007). The wider implications of this research may provide professionals and counsellors with an alternative suggestion to offer to the large population of individuals following a bereavement choosing to receive mediumship readings.

A follow up study by Cox, Cooper and Smith (2017) adopted a positive psychology perspective, drawing upon a qualitative approach to explore the effect that mediumship has on the bereaved. Themes of hope, resilience, and post-traumatic growth were explored further (extending the work of: Beischel, et al., 2014-15; Evenden, et al., 2013) to understand how a sitting with a medium is seen to promote these character traits or emotions from the "sitter's" (the bereaved) phenomenological perspective. Seven participants gave retrospective accounts of a sitting which was felt to be meaningful to them, while explaining reasons for this belief. This was explored using thematic analysis. Findings suggested that mediumship appeared to furnish some resilience. Coping mechanisms were linked to hope and post-traumatic growth which appear to facilitate coping when someone experiences a sitting with a medium and believes they have had 'confirmation' of survival of the deceased. Hope appeared to be increased, and resilience and coping were reported as strengthened after a subjectively meaningful sitting with a medium. These findings are supported by the work of Cooper (2017) where a measurable change in hope noted following anomalous experiences in bereavement, and significantly more so than the bereaved who did not report such experiences. The implication therefore is that mediumship appeared to offer positive psychological tools to enable better coping styles post-bereavement.

Conclusion

There is much opportunity to take this research further, and in greater depth, especially within the domain of applied positive psychology. Through this brief discussion of the literature the therapeutic nature of having an AE has been highlighted via the processes of counselling intervention and sitting with medium. Discussion was also given as to the benefits of both methods for assisting the bereaved. Clinical parapsychology aims to assist those who require clinical intervention for experiences which may suggest anomalous processes, although these experiences are naturally therapeutic, even in exceptional cases where people report negative

AEs, interventions from psychologists, parapsychologists, counsellors and even mediums, appear to help ease these event that challenge our views of the world, and promote understand, awareness for the research findings, and foster positive traits that emerge. Additionally, Evenden et al. (2013) - and research that followed - illustrated how qualitative research can draw on the complex theory within bereavement work, counselling and existing research within positive psychology, to demonstrate useful alternative approaches to parapsychological issues.

References

- Bartlett, R. (2016). *Heaven therapy: Insights into the afterlife, a book for the bereaved and the curious*. Forres, Scotland: Findhorn Press.
- Beischel, J. (2015). Investigating mediums: *A Windbridge institute collection*. Milton Keynes: Blurb.
- Beischel, J., Mosher, C., & Boccuzzi, M. (2014-15). The possible effects on bereavement of assisted after-death communication during readings with psychic mediums: A continuing bonds perspective. *Omega: Journal of Death and Dying*, 70, 169-194.
- Braud, W. (2010). Health and well-being benefits of exceptional human experiences. In C. Murray (Ed.), *Mental health and anomalous experience* (pp. 107-124). Hauppauge, New York: Nova Science Publishers.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3, 77-101.
- Broughton, R.S. (2015). President's letter: The experimenter effect bombshell. *Paranormal Review*, 74, 4-5.
- Brown, D. (2007). *Tricks of the mind*. London: Channel 4 Books.
- Brown, D. (2017). *Happy: Why more or less everything is absolutely fine*. London: Corgi Books.
- Burton, J. (1982). Contact with the dead: A common experience? *Fate*, 35 (4), 65-73.
- Cardeña, E. (2018). The experimental evidence for parapsychological phenomena: *A review*. *American Psychologist*, 24th May [Advanced Online Publication].
- Cooper, C.E. (2013). Post-death experiences and the emotion of hope. *Journal for Spiritual and Consciousness Studies*, 36, 24-28.
- Cooper, C.E. (2016). The therapeutic nature of anomalous events: A union of positive psychology and parapsychology. In M.D. Smith, & P. Worth (Eds.) *2nd Applied Positive Psychology Symposium: Proceedings of Presented Papers* (pp. 98-107). High Wycombe: Bucks New University.
- Cooper, C.E. (2017). *Spontaneous post-death experiences and the cognition of hope: An examination of bereavement and recovery*. Unpublished doctoral thesis, University of Northampton, Northampton, UK.

- Cox, C.J., Cooper, C.E., & Smith, M.D. (2017). Exploring the effects of mediumship on hope, resilience, and post-traumatic growth in the bereaved. *Journal of Exceptional Experiences and Psychology*, 5 (2), 6-15.
- Dawkins, R. (2007). *The god delusion*. London: Black Swan.
- Devers, E. (1997). *Goodbye again*. Missouri: Andrew and McMeel.
- Drewry, M.D.L. (2003). Purported after-death communication and its role in the recovery of bereaved individuals: A phenomenological study. Proceedings, Annual Conference of the Academy of Religion and Psychical Research, 2003 (pp. 74-87). Bloomfield, CT: Academy of Religion and Psychical Research.
- Evenden, R.E., Cooper, C.E., & Mitchell, G. (2013). A counselling approach to mediumship: Adaptive outcomes of grief following an exceptional experience. *Journal of Exceptional Experiences and Psychology*, 1 (2), 12-19.
- Gauld, A. (1982). *Mediumship and survival*. London: Heinemann.
- Hastings, A. (1983). A counseling approach to parapsychological experience. *Journal of Transpersonal Psychology*, 15, 143-167.
- Kennedy, J.E., & Kanthamani, H. (1995). An exploratory study of the effects of paranormal and spiritual experiences on people's lives and well-being. *Journal of the American Society for Psychical Research*, 89, 249-265.
- Klass, D., & Steffen, E.M. (Eds.) (2018). *Continuing bonds in bereavement: New directions for research and practice* (2nd ed.). London: Routledge.
- Kramer, W.H., Bauer, E., & Hövelmann, G.H. (Eds.) (2012). *Perspectives of clinical parapsychology*. Bunnik: Stichting Het Johan Borgman Fonds.
- Krippner, S. (1980). Humanistic psychology and parapsychology. *Parapsychological Journal of South Africa*, 1, 45-77.
- Krippner, S., & Murphy, G. (1973). Humanistic psychology and parapsychology. *Journal of Humanistic Psychology*, 13, 3-24.
- Lawrence, M. (2014). *The death view revolution: A guide to transpersonal experiences surrounding death*. Hove: White Crow Books.
- Lodge, O. (1935). Foreword. In N. Walker & K. Richmond (Eds.) *Through a stranger's hands: New evidence for survival* (pp. 9-11). London: Hutchinson & Co.
- Macleod, A.K., & Moore, R. (2000). Positive thinking revisited: Positive cognitions, well-being, and mental health. *Clinical Psychology and Psychotherapy*, 7, 1-10.
- Norem, J.K., & Chang, E.C. (2002). The positive psychology of negative thinking. *Journal of Clinical Psychology*, 58, 993-1001.
- Palmer, J. (1977). Attitudes and personality traits in experimental ESP research. In B. Wolman (Ed.), *Handbook of parapsychology* (pp. 175-201). New York: Van Nostrand.
- Parker, J. (2005). Extraordinary experiences of the bereaved and adaptive outcomes of grief. *Omega: Journal of Death and Dying*, 5, 257-283.
- Peale, N.V. (1990). *The power of positive thinking* (reissued ed.). London: Vermilion.
- Pechley, R., & Halligan, P. (2012). Prevalence and correlates of anomalous experiences in a large non-clinical sample. *Psychology and Psychotherapy: Theory, Research and Practice*, 85, 150-162.

- Peterson, C. (2008). Strengths of character and post-traumatic growth. *Journal of Traumatic Stress, 21*, 214-217.
- Radin, D. (2018). *Real magic: Ancient wisdom, modern science, and a guide to the secret power of the universe*. New York: Harmony Books.
- Rees, W.D. (1971). The hallucinations of widowhood. *British Medical Journal, 4*, 37-41.
- Robertson, T.J., & Roy, A.E. (2004). Results of the application of the Robertson-Roy protocol to a series of experiments with mediums and participants. *Journal of the Society for Psychical Research, 68.1*, 18-34.
- Roe, C.A., Davey, R., & Stevens, P. (2004). Arousal and performance at ESP and PK tasks using a common protocol. *European Journal of Parapsychology, 19*, 29-43.
- Roe, C.A., Davey, R., & Stevens, P. (2006). Experimenter effects in laboratory tests of ESP and PK using a common protocol. *Journal of Scientific Exploration, 20*, 239-253.
- Roxburgh, E. C., & Evenden, R. E. (2016a). "Most people think you're a fruit loop": Clients' experiences of seeking support for anomalous experiences. *Counselling and Psychotherapy Research, 16*, 221-211.
- Roxburgh, E. C., & Evenden, R. E. (2016b). "They daren't tell people": Therapists experiences of working with clients who report anomalous experiences [special issue]. *European journal of psychotherapy and counselling, 18*, 123-141.
- Roxburgh, E. C. and Evenden, R. (2016c) "It's about having exposure to this": Investigating the training needs of therapists in relation to the issue of anomalous experiences. *British Journal of Guidance and Counselling, 44*, 540-549.
- Scheier, M.F., & Carver, C.S. (1993). On the power of positive thinking: The benefits of being optimistic. *Current Directions in Psychological Science, 2*, 26-30.
- Sheldrake, R. (1998). Experimenter effects in scientific research: How widely are they neglected? *Journal of Scientific Exploration, 12*, 73-78.
- Sheldrake, R. (2017). *The science of spiritual practice: Reconnecting through direct experience*. London: Coronet.
- Siegel, C. (1986). Parapsychological counselling: Six patterns of response to spontaneous psychic experiences. In W. G. Roll (Ed.), *Research in Parapsychology 1985* (pp.172-174). Metuchen, NJ: Scarecrow Press.
- Snyder, C.R. (1994). *The psychology of hope*. London: Free Press.
- Stroebe, M., Schut, H., & Stroebe, W. (2007). *Health outcomes of bereavement*. *Lancet, 370*, 1960-1973.
- Taylor, S. F. (2005). Between the idea and the reality: A study of the counselling experiences of bereaved people who sense the presence of the deceased. *Counselling and Psychotherapy Research, 5*, 53-61.
- Taylor, S. (2012). Transformation through suffering: A study of individuals who have experienced positive psychological transformation following periods of intense turmoil. *Journal of Humanistic Psychology, 52* (1), 30-52.
- Wiseman, R., & Morris, R.L. (1995). *Guidelines for testing psychic claimants*. Hertfordshire: University of Hertfordshire Press.