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2. What are anomalous experiences?

AEs are defined 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’ (Braud, 2012, p.107).

1. Psychic experiences are those in which we learn about or influence the world through means other than the conventionally recognised senses (e.g., extrasensory perception/ESP).

2. Mystical experiences are those in which there is a strong sense of connection with the divine, other people, surroundings, or the universe.

3. Peak experiences are moments when people experience all that one can be (e.g., engaged in optimal functioning, in the ‘flow’ of things).

4. Out of body experiences (OBEs) involve a sensation of being outside one’s body.

5. Hauntings are characterized by visions (‘ghosts’) and sometimes noises in a particular location.

6. Poltergeist activity is usually associated with a person rather than a place and involves phenomena, such as destruction/relocation of furniture.

7. Experiences of unusual healing include instances of recovery or enhancement of well-being beyond what is usually expected on the basis of conventional medical or psychological knowledge.

8. Encounter experiences are those in which the person is confronted with something that is not supposed to be there (e.g., mythical beings) or that is actually there but is awesome and wondrous.

9. Reincarnation/past life experiences include the belief that the soul or spirit has been reborn into another body.

10. Therianthropy is the belief that one can transform into an animal and often involves experiencing phantom limbs or mental shifts.

11. Synchronicity is defined as a meaningful coincidence between an inner event (e.g., thought) and one or more external events.

12. Spiritual crisis/emergence often occurs after a spiritual experience or intense spiritual practice and can cause the person to question their beliefs, values, and meaning system.

13. Alien abduction involves memories of being taken by apparently nonhuman entities and subjected to physical and/or psychological procedures.

14. Near death experiences (NDEs) typically occur to individuals close to death and often involves the presence of a light.

15. Unusual death related experiences include mediumship, apparitions of the deceased, and feeling a sense of presence.

3. Method

• To investigate the experiences of clients who report AEs in therapy so we are better informed about how therapists have responded to such clients.

• To investigate the experiences of therapists who have worked with clients reporting AEs so we are better informed about how AEs are perceived, interpreted, and managed.

• To investigate the needs of students undertaking training to become therapists so that they may be better informed to address AEs.

1. Aims

• Semi-structured face-to-face interviews were conducted with eight clients who had reported AEs in therapy and with eight therapists who had worked with clients who had reported AEs in therapy.

• Two focus groups, consisting of six participants each, were conducted with trainee therapists to explore the training needs of therapists when working with clients reporting AEs.

• Interviews and focus groups were transcribed verbatim and an inductive thematic analysis was conducted on the entire data set as outlined by Braun and Clarke (2006).

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4. Results

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<thead>
<tr>
<th>Table 1. Table of themes from interviews with clients who had reported AEs in therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme</strong></td>
</tr>
<tr>
<td>Why are you looking at that airy fairy crap?</td>
</tr>
<tr>
<td>It was like banging your head against a brick wall</td>
</tr>
<tr>
<td>It kind of shut the door</td>
</tr>
<tr>
<td>Having someone to normalise and say you’re not crazy, you’re not weird</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2. Table of themes from interviews with therapists who had worked with clients reporting AEs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme</strong></td>
</tr>
<tr>
<td>Testing the waters</td>
</tr>
<tr>
<td>Exploration not explanation</td>
</tr>
<tr>
<td>It’s special but it’s not unique</td>
</tr>
<tr>
<td>Forewarned and forearmed</td>
</tr>
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<table>
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<tr>
<th>Table 3. Table of themes from focus groups with trainee therapists</th>
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<tbody>
<tr>
<td><strong>Theme</strong></td>
</tr>
<tr>
<td>Why don’t we get taken by surprise because it’s a subject we don’t talk about</td>
</tr>
<tr>
<td>It’s just having this in our vocabulary</td>
</tr>
<tr>
<td>Demystifying and valuing AEs as normal human experiences</td>
</tr>
<tr>
<td>To ask or not to ask?</td>
</tr>
</tbody>
</table>

5. Implications

• There is a risk that individuals who believe they have had AEs do not seek support for fear of being dismissed or pathologised.

• Highlights the importance of reaching a ‘shared explanation’ which addresses multiple perspectives regarding the causes of AEs and mental health issues.

• Therapists should explore the meaning of AEs to help clients make sense of their experiences and to identify any precipitating factors involved.

• There is a need for therapists to be introduced to the topic of AEs when training and to have access to accurate and balanced information about AEs.