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**Spontaneous Post-Death Experiences and the Cognition of Hope:
An Examination of Bereavement and Recovery**



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Doctor of Philosophy

2017

Author's Declaration

I, Callum E. Cooper, hereby declare that this thesis, entitled *Spontaneous Post-Death Experience and the Cognition of Hope: An Examination of Bereavement and Recovery* and the work presented herein, are that of my own original thought. Any work that is not of my own original creation is declared by referencing of the original source.

Signature.....

Word Count: 80,000 (approx., minus quotes)

Dedication

To my parents

Sharon and John

With Everlasting Love and Gratitude for their Support

Acknowledgements

This thesis has taken me on a long and insightful journey. Within that time, I have travelled out to the USA to present my research to the Rhine Research Centre (Durham, NC) and the Parapsychology Foundation (Greenport, NY). I also found myself with colleagues from the *Centre for the Study of Anomalous Psychological Processes* (CSAPP), presenting early findings of this thesis to the 5th Mental Health and Qualitative Methods Conference in Chania, Greece. The time, effort, and process of creating this thesis, will remain with me as a positive and exciting time in my life. Although I expect it is just the beginning of many great things to come.

This journey would not have been possible without acknowledging the support and encouragement of colleagues and friends along the way. When wishing to pursue a PhD with an element of parapsychology, I knew I wanted a key overarching theme of positive psychology, and to combine several approaches to make this thesis interdisciplinary. I approached my supervisor Dr Graham Mitchell to explain this to him, and he replied quite simply with three words “look at hope.” With that brief suggestion, I am thankful to Dr Mitchell for *giving me hope*. From that point, my knowledge and understanding of its importance to human nature grew. I am also certain that I learnt to inspire myself with hope, by working through the hard times of this thesis by looking ahead to the end goal. I am grateful to Dr Mitchell for assisting in the early developments of this thesis, and even final suggestions, despite his own major life changes. His bravery and ability to apply positive psychology to even the most testing of life situations will always be an inspiration to me and my future work.

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Finally, I would like to thank the support of all my friends and colleagues at the University of Northampton and in the CSAPP. And at home, thanks to all my family, especially Jo and her understanding and appreciation of my 'being around but hidden away' – having worked long into the early hours of many nights writing up the final parts of this thesis.

Without the participation of all those people who took part in this thesis, by sharing their personal experiences, and recollections of bereavement, this thesis would not have been possible. Thank you for sharing, allowing learning to happen, and for new views and approaches to bereavement and recovery to be discovered from your experiences, which others can now benefit from. Thank you everyone!

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Even though this thesis covers a broad area of mainstream topics such as bereavement, health care and positive psychology, the parapsychological issues with which it deals would normally hinder chances of funding outlets, given that so few of these are available and are highly competitive to obtain. Therefore, I could not be more grateful that research Foundations, Societies, and the University of Northampton have supported this doctorate and displayed confidence in my work and abilities. To receive such grants and awards has been such a positive boost and motivational drive, when at times juggling a research degree and daily life can be tough and challenging. It is with extreme gratitude that I acknowledge the following bodies for supporting my career and research, especially with regards to this thesis:

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Abstract

Although psychical research identified through structured research the commonality of anomalous experiences for the bereaved from as early as the 1880s, it wasn't until the 1970s with the publication of a medical doctorate on such phenomena that medical communities and social science began to recognise them too. Beyond this point, research became more popular on the subject. Extensive research conducted on post-death experiences (aka, Post-Death Contacts – ADCs) since the 1970s, has largely focused on what impact they have on the bereaved, rather than the ontology of the phenomena themselves. All such studies have found these experiences to be therapeutic for the bereaved, and a natural aid to recovery. However, no research findings to this point have been presented on what cognitive mechanisms create the therapeutic gains experienced, as a direct result of the spontaneous anomalous experiences.

This thesis set out to investigate what makes such experience therapeutic, and aid the process of recovery from grief. From a critical review of the previous literature, it was noted that several of the extensive studies, and related popular literature, identified *hope* to a consistent reported outcome of such experiences. However, no existing studies appeared to have investigated its presence and process in this context. Therefore, a mixed method study design was developed to investigate the impact of such experiences further and the role of hope within them. A questionnaire approach of validated scales found levels of hope to be significantly higher in groups of the bereaved who do report post-death experience than those who don't. The bereaved who do not report such experiences appear to encounter a significant drop in hope. Content and thematic analyses were conducted on written feedback of experiences collected from the questionnaires; this highlighted the variety of experiences and their commonality. It also highlighted significant shifts in 'states of mind' from negative to positive emotions, from the point of loss, to following the first anomalous encounter. Continued bonds with the deceased were also expressed, as well as previously noted therapeutic gains and themes of hope.

In-depth interviews were conducted as the final study of this thesis, with an interpretative phenomenological analysis applied to the data. New findings are presented on the personal changes that take place within post-death events. Experiences defined hope and how they saw it acting within their lives and experiences as a support system to feelings of loss, which fell in line with previous positive psychology theories on hope.

Several key points are concluded. Firstly, the findings of this thesis have practical applications to clinical practice surrounding palliative care and applied positive psychology, regarding the importance of anomalous experiences encountered by the bereaved. Secondly, the thesis and its findings demonstrate the multi-disciplinary approaches which can be taken to parapsychological issues, in this case combining positive psychology, thanatology and healthcare. And finally, the thesis highlights the usefulness of the mixed method approaches, to provide ‘sweeping maps’ of any given phenomena under investigation, particularly in cases where the previous research findings are limited or are yet to be explored.

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Chapter 0

Introduction

0.1 – Overview

This chapter introduces the thesis. It presents the research focus, its importance, and the rationale for investigation. The context of the study is given by firstly defining bereavement and briefly explaining the impact it can have on individuals. Spontaneous anomalous experiences encountered within the bereavement process are discussed, especially regarding how there is still much to learn from their occurrence, the impact they have on the bereaved, and the stigma surrounding them. The aims and purpose of the study are given, while also noting its interdisciplinary mixed method approach taken to achieve these research aims. The introduction is concluded by presenting the structure of the study chapter by chapter.

0.2 – Context of the Study

Grief and bereavement can be described as a universally experienced set of negative emotional stages we go through when we experience the loss of an object we hold dear to us (Carr, 1975). This is not necessarily to do with the loss of people, as the separation from childhood toys, for example, has been seen as a form of loss and bereavement, also childbirth with the separation of child from mother, and the loss of a limb through accident or amputation (Doka, 1989). However, typically, when we refer to the psychological states of grief and/or bereavement, we typically refer to the loss of a friend or loved one through physical/biological death.

The impact of bereavement on our well-being can be very subtle in many cases, but it can also show extreme signs of creating psychological and physiological damage when prolonged, or if acceptance of loss does not take place (see Clayton, 1975; Rees, 1998, pp.117-119). The observed negative aspects may include weight loss, sleep deprivation, depression, anger, denial, personal isolation, reluctance to socially interact and much more (e.g., Clayton, 1975; Schulz, 1978). Different people cope in different ways with bereavement. It is a painful and lonely psychological process for many people, where we are faced with a new reality without the physical presence of those we hold close. This is

why bereavement is a complex issue, with varying levels of psychological and physiological impact on individuals, depending on the nature of the loss and the circumstances surrounding it. Therefore, the various symptoms, health outcomes and experiences reported by the bereaved *must be taken seriously*, in order to understand the processes involved and what leads to coping and recovery. With that, it has been noted in many cases that the bereaved frequently report spontaneous anomalous events such as ‘sensing the presence of the deceased’ through to encountering visual apparitions (Rees, 1971a,b; Staudacher, 1998), which were seldom considered within health care literature until the late 1970s, when interest began to steadily increase (see Rees, 1998, pp.183-204; Rogo, 1990a, pp.81-85).

Early scientific enquiry into these anomalous aspects of bereavement, such as ‘the report on the census of hallucinations’ carried out by Sidgwick, Sidgwick and Johnson (1894), aimed to explore the frequency of people – considered mentally sane – that believed themselves to have experienced hallucinations. The question was asked “Have you ever, when believing yourself to be completely awake, had a vivid impression of seeing or being touched by a living being or inanimate object, or of hearing a voice; which impression, so far as you could discover, was not due to any physical cause?” (p.33). This study considered the feedback of 17,000 respondents in which visions, voices, touch, smell, and other sensory experiences associated with the living and the dead were included as forms of hallucinations. One of the most popular forms of hallucination was the report of sensing the presence of persons that did not appear to be present (frequently interpreted to be the presence of the recently deceased). It cannot be denied that these are highly common experiences, with 50-60% of the bereaved population reporting spontaneous anomalous experiences (see Castelnovo et al., 2015; Rees, 1971a,b).

In many investigations of spontaneous experiences, it has been noted that these events tend to be frightening for the experient (Sannwald, 1963). Yet, when such experiences are attributed to a deceased friend or loved one, they appear to bring comfort to those who encounter them (Alderson-Day, 2016). Haraldsson (2012, p.110) has documented many instances of this kind. For example:

I sometimes sense my deceased husband, who died at 74 years of age as well as my mother. I do not see them but I can hear them and feel their touch. I sometimes feel a stroke on my cheek and then I think of the dead. They also come to me when I am

thinking strongly of them and if I need them. This is normal to me and I am never scared. I feel peaceful.

Research by Nowatzki and Kalischuk (2009), also examined post-death encounters in relation to grieving, mourning and the recovery process. Semi-structured in-depth interviews were carried out on 23 individuals that had reported having had spontaneous post-death encounters, following the loss of a loved one. A phenomenological analysis showed that participants had tried to make sense of their experiences and incorporate them into their world views. Their experiences had also had a great impact on their opinions of life after death, and attitudes towards life and death, but especially seemed to have a positive impact on their grief and brought healing.

In a cross-cultural study of these experiences, Murray and Speyer (2010) investigated exceptional experiences of the bereaved in both the UK and New Zealand, and argued that the bereaved must discuss such experiences to help coping and recovery. They interviewed a small group of bereaved men and women regarding anomalous experiences they had encountered. All participants felt that the experience had changed, confirmed, or strengthened their previously held world views regarding life after death, taking 'profound comfort' from them. It was concluded that denying and/or ignoring the experience's validity, either personally or via a counsellor, only added to a sense of isolation and depression, which accompany bereavement and grief. Murray and Speyer (2010) also agreed that their findings, and that of previous research, demonstrate that such experiences contribute to spiritual and psychological healing. Adding to that, the bereaved 'appreciate' talking about their experiences, especially when the person they spoke to (i.e. a researcher) respected the importance of such occurrences and was open to discussing them (see Taylor, 2005).

Krippner (2006) reviewed specific research and literature on the impact of spontaneous post-death experiences on the bereaved. He argued that spontaneous experiences surrounding death are clearly very therapeutic. And yet, they confuse how mainstream science views reality, since some of the experiences reported by the bereaved have the potential to suggest that something may indeed be surviving beyond death, and the experience itself was not simply generated by the pure psychological needs of a grieving mind.

It is likely for the reasons highlighted by Krippner (2006) that many health care professionals chose to simply deny the reality of these experiences for the bereaved, due

to personal and social biases held. In many cases, professionals working with the bereaved have been known to teach their clients to ignore such experiences (Burton, 1982). Given that there is evidence to suggest that these experiences provide support and comfort to the process of grief (contrary to popular beliefs), the reality of post-death experiences cannot be so carelessly ignored or denied by health care. As mentioned, this has led to changes in professional practice steadily taking place, with clinical parapsychology offering assistance (Kramer, Bauer & Hövelmann, 2012) and *Cruse Bereavement Care* showing increasing sympathy and understanding towards such experiences (e.g. Hall, 2014), to give just a couple of examples.

Therefore, the focus here is not on the ontology of such experiences. The research focus is on the importance of the health issues of the bereaved individual at the centre of such experiences.¹ The psychological reality of such experiences should be examined further and the tangible effects they have on experients. Through investigating these issues, new information can be gathered about bereavement, the involvement of spontaneous experiences, and their place within the process of coping and recovery.

0.3 – Aims and Purpose

The aim of this study is to explore the subjective experiences of spontaneous post-death events, in light of their impact upon grief and recovery. The key questions being asked and investigated are:

1. Are such experiences following loss therapeutic?
2. What impact do they have on those who have suffered a personal loss?
3. Do they have specific therapeutic values?

In order to answer these questions, and to understanding the process of bereavement and how people have incorporated anomalous (or ‘otherwordly’) phenomena into their daily lives (MacKian, 2012), and views on life and death (Nowatzki & Kalischuk, 2009), a mixed method design was considered to be the most appropriate approach. Such an approach has been viewed within health care (including bereavement research) to help researchers clarify their theoretical proposition and the basis of their results (Östlund, Kidd, Wengström, & Rowa-Dewar, 2011). It also helps clarify links between theory and

¹ It should be noted that socio-cultural factors would be interesting to explore in the context of post-death experiences, but that is not the focus of this thesis For related literature on these matters, see Bartolini et al. (2016), and MacKian (2012).

empirical evidence, challenges theoretical assumptions and the development of new theories, especially when the phenomenon under investigation has received limited research attention.

Mixed methods also allow the research question to be addressed from various angles, which Nekolaichuk (with Jevne, 2002) refers to as offering “a wider, sweeping map of what we can learn” (p.21). Roxburgh and Roe (2014) argued that combining qualitative and quantitative approaches in the investigation of a phenomenon helps to “capitalize on the strengths and compensate for the weaknesses of each” (p.220). They further argue that qualitative methods help give “a voice” to participants, dealing with texture and quality of individual experiences. Combining both quantitative and qualitative research methods offers a framework for understanding any given phenomenon that strengthens generalisability of the findings.

The purpose of this study is to contribute further to existing knowledge and understanding of not only bereavement and palliative care, but contribute to the work being done in positive psychology and clinical parapsychology (i.e. care for those who encounter anomalous events (see Kramer, Bauer & Hövelmann, 2012)). This is achieved by investigating the positive gains reported by the bereaved following spontaneous post-death events interpreted as the deceased. I acknowledge within this approach that bereavement is a highly personal and sensitive life experience for many, yet, a time when people ask themselves what death truly means (Alexander, 1997). Though some may assume asking people to recall bereavement could only bring about negative emotional states and memories, Krippner (2006) presented the case that this is rarely ever the case when questioning people’s anomalous experiences surrounding loss. Often it gives them a chance to discuss (and make sense of) experiences that challenge their world views and have become part of their daily lives (e.g. MacKian, 2011), which in many cases the bereaved rarely discuss with others for fear of rejection (Murray & Speyer, 2010).

Therefore, a further purpose of this study is to create open dialogue on such experiences between research disciplines (e.g. Cooper, 2016; Roxburgh, 2014), in an attempt to break down the barriers and popular (and often unjust) stigmas surrounding such experiences reported by individuals following loss. It is a disgrace, and careless, of many professionals to deny these experiences, or dismiss them out of hand when discussed (e.g. Roxburgh & Evenden, 2016a). The bereaved should be made to feel free to discuss any significant experiences surrounding their loss, especially in a therapy based environment (e.g. bereavement counselling). With that, awareness and understanding for

such events should also be held and presented with confidence by professionals working with the bereaved, in order to support them in the best way possible. If anomalous events are demonstrated as being of benefit to the bereavement process by promoting therapeutic gains, we must understand exactly how this process occurs, is experienced and the therapeutic values involved. Exploring the research aims and questions of this thesis via the methods proposed will present answers surrounding personal health and the process of recovery, for those who encounter personal loss and subsequent anomalous events.

0.4 – Study Structure

The study consists of seven chapters. *Chapter One: Bereavement and Post-Death Experiences* introduces the topic of bereavement and grief, how it is defined and experienced and the negative impacts it has been known to produce. I argue that anomalous experiences are of benefit to those who encounter them following loss, contrary to popular beliefs and views. I further discuss such positive gains in order to deduce what cognitive mechanism(s) – through the therapeutic values expressed – may be responsible for post-death events being of such benefit to coping and recovery.

In *Chapter Two: Hope in Action*, I present the idea of the emotion of hope being a key positive gain taken from spontaneous post-death experiences, which has led to them frequently being interpreted as therapeutic. I outline key theories of hope from human history and a cognitive model for hope's operation. I present the case from research and findings for hope being a possible significant part of spontaneous post-death events and recovery from bereavement, which requires serious investigation.

In *Chapter Three: Methodology and Questionnaire Analysis*, I present the research strategy and methodological rationale, utilised by this study. I also discuss the instrumentation (scales/measures), participant recruitment, procedures and ethical considerations involved. I used a quantitative analysis to organise the feedback of the questionnaire battery relating to the validated scales employed. This was done in order to understand whether hope has a measurable presence between groups of the bereaved who do report spontaneous experiences following loss, compared to those who don't. I end this chapter by providing discussion on the findings.

In *Chapter Four: Content and Thematic Analysis of Survey Data*, I present the findings of the qualitative data which was also gathered from the questionnaire battery discussed in chapter three. I begin this chapter by discussing previously applied spontaneous case study methods, in order to establish the best methodological approaches

in analysing the questionnaire data, and highlight any possible limitations. The qualitative data consisted of short answer questions regarding spontaneous post-death events and freely written accounts of the events from each participant. Therefore, I used a content analysis to analyse the short answer questions, to explore the various dimensions of spontaneous experiences and their impact on the bereaved. I then used a thematic analysis to organise the feedback of written accounts of experiences, to further understand individual interpretations of such events and the therapeutic values expressed. I end this chapter by providing discussion on the findings.

In *Chapter Five: Interview Study Methodology*, I present the limitations of written accounts of personal experiences (anomalous or otherwise), and how various interviewing structures and techniques can overcome this issue and help dig deeper into personal experiences. I argue that we can gain much more detail of the events and processes involved by asking experients specific questions of importance regarding their experiences via interview techniques. Within this, views on hope and its role in each experient's life, following anomalous events, can be examined in close personal detail. I then consider strengths and limitations of such interviewing methods, alongside ethical issues, participant recruitment and the procedures involved. I end this chapter by providing discussion on the findings.

In *Chapter Six: Interpretative Phenomenological Analysis*, I organise the feedback of in-depth semi-structured interviews conducted with individuals who encountered spontaneous post-death events following loss. I do this using an IPA to interpret the lived experience of spontaneous experiences following loss, to identify important issues that individuals may have faced in such circumstances. I also used the IPA to further identify therapeutic qualities of such events, and how experients view hope and its place within their experiences and lives following loss. I end this chapter by providing discussion on the findings.

In *Chapter Seven: Discussion*, I reflect on the aims of this thesis, and the findings with critical consideration. I identify what has been learned throughout this process; argue the importance of the findings, and present suggestions for future directions.

0.5 – Summary

In this chapter, I have discussed that it is inevitable that we will all suffer a loss at some point in our lives. I then argued that it is common for people to encounter anomalous events following loss which demand attention, in order to understand their impact on the

bereaved and the process of recovery. Thus, I presented a research strategy which will allow us to understand the nature and impact of such experience on those who have suffered a personal loss. The following chapters will now expand on these proposed strategies in full detail, in order to answer the aims of this thesis.

Chapter 1

Bereavement and Post-Death Experiences

1.1 – Chapter Overview

In this chapter, I will present an in-depth discussion of bereavement and spontaneous post-death experiences, and their relationship. There are a variety of definitions for bereavement, and a wide range of research on its psychological and physiological outcomes. The first aim of this chapter is to clearly understand what a loss from a personal attachment can do to us psychologically and physiologically. I will also explore how bereavement has been observed, studied, and understood by healthcare and the social sciences. Once the negative traits of bereavement have been discussed, spontaneous post-death experiences will be presented and their relationship to the process of grief. Such anomalous experiences have often been casually assumed as a negative trait of bereavement by mainstream science; however I will consider relevant research and assess whether such previous opinions are valid. This will involve discussion of research which explored what the bereaved personally obtained from having such experiences.

Therefore, the main purpose of this chapter is: (1) to investigate what role unexpected anomalous experiences play in bereavement, (2) to understand what impact they have on recovery, and (3) to identify changes and gains in the bereaved from having such experiences which may naturally aid the recovery process.

1.2 – Bereavement Explained

To be able to experience personal loss (bereavement and grief (see Carr, 1975)) we must first have formed an attachment to *something*, or typically *someone*. Therefore, a psychological attachment is defined as “the strong, affectionate tie we have with special people in our lives that leads us to feel pleasure when we interact with them and to be comforted by their nearness during times of stress” (Berk, 2006, p. 419). Bowlby (1980) presented a general theory of attachment between people, particularly with regards to understanding attachments between child and caregiver – for which he is best known. By consequence of this theory, Bowlby (1961) also considered terminations of attachment through death, in which he argued that it is common for people to experience emotional shock, and then physiological stress and anxiety from such loss – this is termed as

separation anxiety. Even so, the bereaved will then naturally accept the loss through whatever means of coping they find works for them or comes to aid, to then readjust to daily life without the physical presence of the deceased.

Some researchers, such as Kavanaugh (1974), and Kübler-Ross and Kessler (2005), have presented findings suggesting that bereavement is experienced in several stages before coping and any form of recovery may take place. The research data regarding set stages of bereavement is based on generalised observations from the researchers having spent time with the dying and the bereaved, particularly in the case of Kübler-Ross (1969). The data of Kübler-Ross is popularly known to be a mixture of qualitative formats of interviews and observational notes from spending time with patients in such scenarios. Thus, the stages of bereavement were developed from such findings of dozens – to hundreds – of cases. These stages are described as involving shock, disorganisation, volatile emotions, guilt, loss and loneliness, relief, and re-establishment, which are summarised from Kübler-Ross (1969) as follows:

1. ***Denial*** – The conscious or unconscious refusal to accept the facts, information and reality of the loss.
2. ***Anger*** – The bereaved (or dying) can become angry with themselves or others, especially those close to them, regarding the situation, often emotionally distancing themselves from others involved in the situation.
3. ***Bargaining*** – Typically for those faced with death, bargaining with God in an attempt to be saved from the situation. This could involve any God, and be taken on by those who did not previously believe in God, but the situation calls for drastic measures and an attempt to bargain – though this rarely reaches a solution.
4. ***Depression*** – Also known as anticipatory grief in the case of the dying. The acceptance with emotional attachment of the situation of loss. It shows at least that they have begun to accept reality.
5. ***Acceptance*** – This varies widely, but demonstrates that there is clear emotional detachment and objectivity, in that they have let go of the loss and moved forward. The dying often seem to achieve this quicker than the bereaved.

These stages are common reactions of bereavement, and are often considered essential for personal adaptation and acceptance of loss. At least, that is a generalisation began by Kübler-Ross (1969). Yet, no thanatological studies have ever found anyone to have ever experienced *all* of these bereavement stages, in any given order (Kastenbaum, 1989).

Even so, from the general observations of behaviour within the bereaved, at least a couple of these stages are clearly present at some stage within every bereaved person.

Shock is normally the first emotional phase to be experienced in all such cases where typically the death of a particular individual was sudden and perhaps caused via some form of accident. Therefore, there was no expectancy effect for the loss experienced, thus death produces shock for the surviving family and close friends.

Disorganisation can present itself in several ways, the most obvious being that the bereaved become side-tracked and break daily routines and become forgetful and unorganised. Disorganisation can take place when trying to grasp the concept of death, which Alexander (1997, p.170) refers to as “trying to make sense of it all.” We are faced with thinking about something we generally avoid, asking ourselves “what is death?” which in turn leads to disorganisation and depression if thought about for too long. This leads us to hyper emotional states such as outbursts of crying and depressive feelings.

Guilt occurs when we believe that perhaps there was something we could have done to help prevent the death. In other cases we might feel guilty for not having spent enough time with the deceased during their life, or generally doing more for them to have fostered more happy memories.

Loneliness may be experienced more so in the case of the death of a spouse, or a close best friend. At this time the bereaved will not want to consider establishing new relationships, placing themselves in a state of loneliness – a form of personal punishment through confinement.

Finally, we accept our loved one is at peace and free from pain or perhaps constant medical care in cases of the terminally ill. This in turn brings relief. Re-establishment takes place beyond this where we must sculpt and accept a new world without the deceased (see Morgan & Morgan, 2005).

Certainly, if we dissect the emotion of grief and the lived *experience* of it – which we call bereavement – the impact and realisation of loss through death has often been referred to as a form of fear (Lewis, 2009). This presents itself as stomach disorders, feelings of sickness, dizziness (reported as a drunken feeling), and a mixture of anger/sadness, and confusion, which results in crying, breathing difficulty, and a tightening of the throat. This occurs of course on first impact of the realisation of a loss, which can last from several hours to a few days. Adding to this, Morris (1971) through personal experience, and research, refers to bereavement as a private and personal life

experience, stating: “Every bereaved person – suddenly and alone – enters the unfamiliar, frightening world of grief” (p.9).

Bereavement can bring fear to individuals, because we are faced with dealing with a subject which is generally avoided – *personal mortality*. Though we mourn the loss of others, through feelings of sadness that a person’s life reached an *end*, we are additionally placed in a position of fear through reflecting on our own personal mortality which can add to the bereavement process – in some cases. McCarthy (1980) argues that fear of death is a contributing factor to depressive states within the bereaved, stating in reference to the bereaved that “fears of death lie in a more unconscious obscurity” (p.35).

In dealing with this issue, it is a custom of many societies to attend funeral ceremonies. These events act two fold, (1) in helping aid the bereavement process through organisation of the funeral, public acceptance of loss and laying the deceased’s body to rest (Doka, 1984-85; Romanoff, 2010), and (2) to subtly bring about acceptance of personal mortality, in that we are born and at some point we will also die (knowing that where and when holds little certainty). Rogo (1990b) suggested that our sensitivity towards death stems from childhood, in which we are hidden away from funerals and presented with otherworldly and picturesque views of death, rather than the grim reality which in adult life we learn to face – yet still fear. Many may think this is doing the child a favour, but it can in turn make bereavement and acceptance harder to achieve later on in life if we must learn to adopt new views about death.

In what Schulz (1978) considers a “classic” paper on grief, Lindemann (1944) differentiated *normal* from *morbid* grief precipitated by high grief deaths (i.e., intense grief often caused by sudden unexpected deaths). In this study medical practitioners were sensitised to specific symptoms of grief and made to suggest appropriate treatment procedures. This was an observational study of the patients involved (N = 101), the following symptoms were found to be common to all individuals suffering from acute grief:

1. Somatic distress occurring repeatedly and lasting from 20 minutes to an hour at a time
2. A feeling of tightness in the throat
3. Choking with shortness of breath
4. A need for sighing
5. An empty feeling in the abdomen
6. Loss of muscular power
7. An intense subjective distress described as tension or mental pain

It was noted that these bereaved individuals were psychologically preoccupied with an image of the deceased and feelings of guilt. The observed behaviour demonstrated hostility in the bereaved towards friends and relatives, and frenzied activity with an inability to complete tasks, restlessness, unable to sit still, aimless movement, and actions with no pattern of organised activity. The duration of bereavement depended on how well the individual carried out their grief work (i.e. activities they engaged in to keep their mind occupied). The patients had to recognise the discomfort of bereavement, before adjustment to the environment, in which the deceased was missing, was possible. Lindemann finally noted that once grief and loss was accepted, recovery could begin.

From the study by Lindemann (1944) which explored the observed behaviour of the bereaved through extreme cases of illness, accidents and natural disasters, later studies found two distinct classifications of bereavement. Fulton (1970) outlined such distinctions with cases in which ‘we were aware someone was going to die,’ and cases in which ‘a death occurred suddenly and unexpectedly’. These two events could be separated into *low grief death* (with awareness for death through gradual illness) and *high grief death* (when the death is sudden and unexpected). With *low grief death*, bereavement is generally found to be an easier process as bereavement itself is anticipated and often begins before the dying individual passes away. This is because friends and family know what to expect, and naturally, mourning begins before the event of death occurs (also see Costello (1999), regarding anticipatory grief as a method of coping). The issues related to unanticipated bereavement link strongly to the theories and findings of Lindemann (1944), in that the bereaved fear that another sudden death may occur to a friend or family member, and as a consequence they avoid things associated with the death (e.g., traveling in cars, if the deceased died in a car accident) and often avoid socialising or attempting to reform relationships. This ultimately highlights a problem with adjusting and coping, and simply drags out the bereavement process and related death anxiety.

As Cassem (1975, p.9) stated “loss is by definition, negative” and therefore deprivation to any object we hold dear, and makes us happy, is only going to cause a negative effect, which shows itself as the emotion of grief and the experience of bereavement. Adjustment to loss is possible, but it varies from person to person as to how this acceptance of loss may take place, and how they let the bereavement process affect them on a psychological and physiological level. Prolonged periods of adjustment, or problems with coping, lead to a number of harmful issues which are seldom expected – by most people – to take place in the bereaved. Such issues occur psychologically and

physiologically within the bereaved and we shall discuss this in further detail in section 1.3.

As Morris (1971) noted, bereavement is a *personal* experience and psychological battle, and the psychological issues of bereavement might not always appear on the surface of the bereaved. Therefore, friends and family that frequently socialise with the bereaved might not know how much support should be offered to help their loved one cope and recover. More importantly, they might not be aware of how much damage the process can cause – or is causing under the surface (Gamlin & Kinghorn, 1995).

In this section, we have explored and outlined precisely the various definitions of bereavement, what it means to us, and how it operates. There is no escaping the fact that by its very definition, it is a negative experience. When we lose something we are attached to, we mourn, and then coping must take place in some form. Bereavement itself is an adjustment and coping period in which we try to learn and except life in a different way without the deceased being around us anymore. People experience bereavement in varying levels of intensity. For some, bereavement might be a short period of acceptance and adjustment – such as with low grief deaths. For others, they may struggle to cope (such as in the case of high grief deaths), and if bereavement persists this can lead to negative effects, which we shall now discuss in more detail. It must be understood what impact bereavement can have in various cases, before recovery becomes evident through various coping mechanisms.

1.3 – Negative Effects of Bereavement

Now that the causes of bereavement have been outlined, and some of its basic initial symptoms, it is important for us to consider in this section what effect bereavement can have on a person if either they struggle to cope with loss, or bereavement is experienced over a long period of time. Thus, demonstrating the *seriousness* of the bereavement period, and the negative psychological and physiological impact it may have on the bereaved in certain cases. It also demonstrates that not only is each case of bereavement different from person to person, and so too are the circumstances of the loss (see Fulton (1970) regarding *high* and *low grief deaths*), but that each case of bereavement may have varying levels of impact on personal health and well-being. Although certain individuals may find various coping mechanisms to help overcome grief (i.e. talking to people, grief work (undertaking hobbies), keeping socially active, etc.), there are many cases in which recovery from loss is not so easily achieved. Whatever manner the process of recovery

may take, it must be embraced in order to avoid the negative health impact of prolonged grief.

Therefore, this section will consider these issues for the purpose of the forthcoming sections, in which it will be argued that we must embrace all forms of experiences and beliefs held by the bereaved, especially if they prove to be beneficial to recovery. At that point, it will be made clear how negative effects of bereavement may be naturally resolved by controversial issues which are seldom considered by mainstream science and healthcare.

If a person struggles to accept the loss of a loved one through death, then healthy adjustments to the loss may become difficult and prove psychologically damaging. Morgan and Morgan (2005) found this to be the case, particularly with the elderly and the loss of a life-long partner. With young people, bereavement is often easier to cope with and new life settings can be seen and achieved. In comparison with the elderly, death is expected, but there is less ability to re-establish new styles of life beyond the death of a partner, which often appears to lead to a health decline, depression, loneliness, despair and death of the elderly bereaved. Hendin (1973) described this issue, which researchers often refer to as “broken heart syndrome.” In studying the deaths of 371 people, it was found that the death rate among close relatives of the dying was around 5%. Among spouses, who became bereaved, there was a 12% death rate amongst them in the first year following death. It was further found that the death rate of widowers was higher than that of widows. Hendin suggested that this is because males tend not to express or share their feeling as much as females, and therefore internalising and repressing negative reactions of grief, which appear to ultimately lead to a rapid decline in health and imminent death.

Negative outcomes of bereavement such as weight loss/gain, sleep deprivation, depression, and so on, sometimes require medical advice or treatment. Due to such observed symptoms, this has led some researchers to consider bereavement (much like depression) as a disease as well as a process (Engel, 1961). The majority of cases, as Peretz (1970) suggests, run their course with time and do not require assistance. Natural resources and environmental support allow the grief to ease. However, Peretz (1970) does highlight the seriousness of certain cases. For example, he discusses the fact that bereavement should be treated as an illness, and this is quite rightly so, considering the negative health issues which can be involved. With *chronic grief*, death cannot be accepted by the bereaved and they become consumed with denial and depression, while expecting the deceased to return. In the case of child loss, this has been seen with parents

leaving the child's bedroom untouched, thus creating a shrine to their memory (see Rosen (1988-89), and briefly touched upon by Staudacher (1998, pp.105-107)). Physiological issues raised by Peretz (1970) include: weight loss, bowel sluggishness, decreased sexual interest, drug addiction and suicidal tendencies. These issues during bereavement do require help, and it cannot be presumed that in all cases the natural course of bereavement will lead to self-healing and a positive outcome. It is common for the bereaved to feel ashamed of asking for help, and therefore may become self-entombed in grief, which might go unnoticed if behaviourally they try to remain the same in the company of others (see Rees, 1998, pp.106-109). As Alexander (1997, p.137) stated from assessing a number of bereavement accounts "grief needs to be faced and lived through" either personally or through the aid of additional stimuli (i.e., grief work, friends/family, counselling, and exceptional experiences surrounding bereavement – the latter of which we shall address in depth in section 1.4).

All of these issues can lead to a breaking down of the immune system, which is why some bereaved spouses have also been found to die a short while after their partner, if no form of coping was achieved during the bereavement stage. When we explore the issues of 'denial of death' this leads to an expectancy effect of the deceased to still turn up at the front door at any minute, and the lost child to still run into the room. To quote from Peretz (1970), "It is as if the home and way of life were enshrined at the time of loss, and the return of the deceased is awaited" (p.28). Therefore an expectancy effect is present in certain cases of grief, this could lead to experiences which Staudacher (1998) raises with regards to denial, with the matters of 'disbelief and numbness'. During these points of bereavement Staudacher highlights the onset of "sensing the invisible presence" which many physicians and psychiatrist in the past regarded as delusional and psychotic episodes of the bereaved (see Rees, 2000, p.83). They were once regarded as potential negative effects of bereavement leading to visual and audible hallucinations of the deceased for the bereaved. However, research on bereavement within the medical setting since the 1970s appears to suggest otherwise, as is the findings of those who broke conventional boundaries and made an effort to research and understand such controversial issues of the bereavement process. Detailed consideration of this will be given in section 1.4.

Originally, these issues had only been researched and debated within psychical research (see, Gurney, Myers & Podmore, 1886; Sidgwick, Sidgwick & Johnson, 1894), and struggled to gain recognition and acceptance – and more so understanding – within

main stream science and medicine. Such significant experiences of the bereaved – be they a psychological or a psychical side effect of grief – could provide key insights into the somewhat misunderstood issues of bereavement, and subsequent coping and recovery of those who report such episodes. Therefore, spontaneous post-death experiences demand serious attention as to their place and purpose within bereavement and recovery, instead of being assumed as a negative outcome of grief. Certainly within modern bereavement theory, this shift is now being recognised, as continued bonds with the deceased are increasingly being noted within bereavement literature, and are seen as useful to the bereaved (Hall, 2014). It is evident from discussing the impact of bereavement that harm is caused by dwelling on *loss*. In the case of Staudacher (1998), there is recognition of an unusual – though common – *gain* in continued bonds with the deceased. This could be considered as a natural positive processes and outcome of bereavement which must serve a purpose.

In this section, the negative psychological and physiological health issues of the bereaved have been further discussed. This has been done to demonstrate the serious need for the bereaved to be free of the potentially damaging symptoms. Most negative effects of the bereavement process can be deduced from simply observing behaviour; other issues surrounding the bereaved have required discourse between *researchers* and *the bereaved* to understand the personal and subjective experiences of grief to a deeper extent. In doing so, and forming communication and trust with the bereaved; counsellors, doctors, acquaintances, etc. have noted the bereaved reporting anomalous experiences surrounding bereavement. However, can anomalous post-death experiences truly be classed as a negative? What types of experiences are reported and what do we know about their impact on the bereaved? Do they serve a purpose that we don't fully appreciate? And if so, what is their purpose? We will begin to address these questions in the following sections.

1.4 – Spontaneous Post-Death Experiences

In this section spontaneous anomalous experiences of the bereaved will be discussed – which have, in the past, been dismissed by healthcare professions as delusional side-effects of grief. With spontaneous experiences, from here on, this is specifically referring to *anomalous* experiences of the bereaved. These experiences are “anomalous in the sense that it may appear as unusual to the person having the experience or in the sense

that processes involved in the experience appear to be non-ordinary” (Smith, 2010, p.1). The experiences allude to a continued attachment with the deceased by a variety of spontaneously occurring interactional means (i.e. visions, apparitions, dreams, sensing a presence, and much more). Very little research has been conducted to investigate the *purpose* of such experiences during the bereavement process. This is due to the controversy and stigma surrounding spontaneous experiences being taken seriously in main stream science and medicine – hence healthcare’s previous dismissal of such experiences (Rees, 2000). However, such rejections of spontaneous phenomena have been shrugged off by mainstream science – to some extent – in the last few decades, and therefore preliminary investigations into spontaneous events during bereavement are slowly increasing.

Here I will discuss some of the available research that has been conducted on this area and what the initial findings suggest. I will also consider in this section how common spontaneous experiences during bereavement are, and I will also begin to consider the preliminary conclusions within these studies as to the *influence* they have upon the bereaved – in terms of the bereaved’s subsequent ability to cope and recover from grief, due to having had such experiences.

To elaborate on what I mean by spontaneous experiences, table 1.1 outlines some of the various phenomena that may be encountered by the bereaved:

*Table 1.1: Adapted from Stoney (2012)
Outline of Spontaneous and Sought Anomalous Experiences*

1. Spontaneous Experiences	2. Sought Experiences
Hallucinations	Psychomanteum
Dreams	Mental Mediums
Ghosts	Physical Mediums
Poltergeists	Ghost Hunting
Telephone Calls (ITC)	Automatism: Séances, Table Tipping, etc.
Sensing a Presence	Electronic Voice/Image Recordings (ITC)
Deathbed Visions/Communications	Past Life Regression
Possession	Ouija Boards
Children Who Remember Past Lives Near Death Experiences (NDEs)	Induced After Death Communication (IADC)

Throughout this section (1.4) I will consider research that has dealt with phenomena from column 1, which is the main concern of this study – regarding what naturally occurs

in the bereavement process. In section 1.5 I will briefly consider research concerning phenomena from column 2, simply to familiarise ourselves with what impact seeking out anomalous experiences also has on the bereaved and their recovery. Column 1 concerns experiences that occur spontaneously by their very nature – unexpectedly and without prior suggestion. Column 2 concerns experiences that could be sought after by the bereaved, or induced by therapy.

1.4.1: Hallucinations of the Bereaved

It has been the case that for the latter part of nineteenth century, and the majority of the twentieth century (until the 1960s), that standard texts of psychology and psychiatry seldom gave mention to spontaneous experiences of bereavement, nor did they provide thorough documentation from a first person perspective of living with grief. However, some useful insights from early psychical researchers have been found regarding hallucinations of the bereaved. When we refer to hallucinations in bereavement, they can be defined as a variety of sensory experiences, not just limited to visual impressions (i.e. a vision of the dead). For example, from the perspective of early psychiatry and referring to meditation and changes in mental states, de Boismont (1860, p.xii-xiii) defined hallucinations as:

[A]nything which can effect a strong impression on the mind, may, under certain circumstances, produce an image, sound, an odor, &c.

While further stating that hallucinations do not suggest mental illness in many cases:

[I]t is certain that the most celebrated men have been liable to hallucinations, without their conduct offering any signs of mental alienation.

(ibid, p. xv)

In exploring moral causes for hallucinations, de Boismont concluded them to be caused by “meditations carried to the state of ecstasy” which included influences and mental states such as “imaginative works, concentration of thoughts, mental struggles, particular passions, a preoccupied state of mind, troubles, remorse, grief, excessive study, love, hope, jealousy, and anger” (p.268). Whatever the cause, de Boismont considered hallucinations to be a significant part of psychological history in whatever manner or situation they occur.

We can attribute a number of de Boismont's theories for the causes of hallucinations to the state of bereavement, especially with regards to concentrated thoughts, a preoccupied mind, troubles, and mental struggles, all being a result of separation anxiety, combined with the unique emotions of love and hope. To give another definition of hallucinations, Lang (1897, p. v) described them quite clearly as follows:

According to modern opinion every 'ghost' is a 'hallucination,' a false perception, the perception of something which is not present... Every 'hallucination' is a perception, as good and true a sensation as if there were a real object there. The object happens not to be there, that is all.

From the very early works of psychology, psychiatry, and indeed psychological research (see Sidgwick et al., 1894), it was clear that hallucinations at times correlate with the bereaved and altered states of consciousness awareness (stress, despair, continued contemplation on negative issues, etc.), and that these hallucinations in many cases hold some form of association with the dead (seeing them, hearing them, smelling them, sensing them, etc.). One possible reason that little advancement has been made in this area – and our understanding of what influence such experiences have on the bereaved – could be brought back to the issue of mainstream science being hesitant in delving into the suggestion of paranormal experiences and life beyond death. It is common knowledge that the paranormal has a popular stigma (e.g. Delin, 2002; Randi, 1980), which many sciences have preferred to ignore (e.g. Fontana, 2007; Sheldrake, 2004), rather than attempted to tackle its complexities. For example, the *Complete Psychological Works of Sigmund Freud* (25 volumes) on review by Rees (2000) only gave very brief mention to spontaneous experiences of the bereavement process, and yet dismissed them within three lines as simply “psychotic hallucinations” (p.83).

This in itself is a brief example that due to the somewhat controversial appearance of spontaneous experiences of the bereaved as ‘communications with the dead,’ various scholars would not consider researching such phenomena, or consider them of any value to learning and understanding about exceptional psychological states and the unexplored boundaries of human potential (see LaGrand, 1997, pp.157-170; Wright, 2002, pp. 61-76). It is easy to ignore the issue of spontaneous experiences and adopt generalised explanations for their occurrence, especially in the case of bereavement, alluding to the idea that the negative emotional state has caused the experience and nothing more. However, without actually conducting research on such post-death phenomena,

understanding these experiences in-depth, the cognitive processes involved, and any transitions that take place, we cannot generalise experiences of the bereaved so simply and carelessly with the casual label of ‘delusional’ and assume the experiences to be meaningless. This is not a scientific approach. A scientific approach must be considered to ask ‘*why* the person had such an experience?’ and ‘*how* did it affect them?’ If the experiences are so common during bereavement, they must serve a meaningful purpose or at least create some impact.

Until recent years, such research had seldom been considered within psychology, due to the decades of controversy surrounding parapsychological phenomena – which includes post-death experiences (Broughton, 1992). This controversy has mainly revolved around the issue of the phenomena studied (i.e., extra-sensory perception (ESP), psychokinesis (PK), and survival of personality beyond death), being unjustly considered pseudo-scientific. The published arguments for and against this are many, with what is still considered one of the best rebuttals of the pseudo-science assumptions having been presented by Prince (1930).

It was with the publication of a longitudinal study (conducted as part of a medical doctorate (Rees, 1971a)) on the effects of bereavement, entitled ‘The hallucinations of widowhood’ (Rees, 1971b), that something unique was presented to – and widely accepted by – the medical community. Once again, the term ‘hallucinations’ was used very loosely, referring to anomalous sensory experiences ranging from a sense of presence, through to; smells, touch, voices, and full visual apparitions of the dead. The participant sample was collected in an area of mid-Wales (N = 293), including widows ($n = 227$) and widowers ($n = 66$), all of whom were interviewed to determine the extent of their experiences during widowhood/bereavement. Upon analysing the data, it was found that feeling the presence of the dead was amongst the most common of experiences occurring in around 39.2% of cases, while around 13–14% of cases reported visual and auditory hallucinations. In 11.6% of cases, the bereaved claimed to have not only experienced the presence of the dead, but also conversed with them and interacted.

Table 1.2: Rees (1971b) – Incidence of Various Hallucinations

Type of Experience Reported	All Widowed People		
	Male	Female	Total
<i>Feels presence of deceased</i>	29 (43.9%)	86 (37.9%)	115 (39.2%)

<i>Sees deceased</i>	11 (16.7%)	30 (13.2%)	41 (14.0 %)
<i>Hears deceased</i>	7 (10.6%)	32 (14.1%)	39 (13.3%)
<i>Speaks to deceased</i>	13 (19.7%)	21 (9.3%)	34 (11.6%)
<i>Touched by deceased</i>	1 (1.5%)	7 (3.1%)	8 (2.7%)

The main finding within this study was the commonality of hallucinations during widowhood. However, this finding was not hypothesised within the aims of the study; it merely presented itself as an additional finding which appeared to dominate the bereavement process. Originally, Rees set out to study the effects of bereavement and monitor around seventy clinical/physiological variants (the negative effects of bereavement) including anorexia, weight loss, headaches, insomnia, tearfulness, depression etc., all following on from previous research (Rees & Lutkins, 1967). For many participants, this was the first time they had spoken openly about such experiences, and did so quite unexpectedly during interview. Rees was not willing to ignore this and saw its importance (Rees, 1971b, 1975). Only 27.7% of participants had previously discussed their spontaneous experiences, and only 14.6% had told more than one person.

Many reasons were given by the participants – within the Rees (1971a,b) study – as to why they had not discussed their experiences before. Some claimed that they thought people wouldn't be interested, while others thought it would upset their family to discuss such issues, but above all, the bereaved assumed that they would be ridiculed. Approximately 50% of participants could not produce any form of reason as to why they had not discussed their experience before. No one attempted to approach their doctor and only one person sought advice from a clergyman. Once again, this emphasises the general stigma attached to anything associated with the paranormal. In science and in public, people often fear rejection and ridicule for discussing such experiences or expressing an interest. This acts as a hindrance against research and progression with regards to bereavement, if we cannot break down the negative social and professional barriers which people assume to exist. Such stigma clearly stops people from being open about experiences they have had in any given life event or circumstance – particularly surrounding death and bereavement (see Roxburgh & Evenden, 2016b; Taylor, 2005).

Aside from the obvious factor that the participants had suffered and experienced bereavement, no other explanation could be presented as to why such hallucinations

occurred. They were not due to psychological abnormalities or medication. No variations were found between the age or sex of the bereaved, their cultural or religious background, and the variation in suddenness of death did not seem have an impact (see Fulton (1970) sections 1.1 and 1.2, regarding *high* and *low grief deaths*). Many other factors were explored, which once again, did not seem to impact upon the incidence of hallucinations. However, an interesting association existed between the duration of bereavement and the incidents of spontaneous experiences (see table 1.3). It was found that a highly significant proportion of people widowed under 10 years experienced hallucinations more than those widowed for a longer period ($p < .05$).

Table 1.3: Rees (1971b) – Duration of Widowhood

Duration (years)	No. Widowed	% Hallucinated
-10	158	52.6
-20	68	42.7
-30	45	40.0
-40	22	31.8

Therefore, people widowed for no more than 10 years reported a higher incidence of hallucinations than those widowed for over 10 years. Rees (1975) believed that this was due to the experiences being forgotten and worked into everyday life if widowed for over 20 to 30 years. In other words, the experiences were simply no longer recognised by the bereaved as being noteworthy, or out of the ordinary, and thus became integrated into daily life (see MacKian, 2012).

Factors that did appear to increase the likelihood of hallucinations and their duration of being experienced were marriage and job status. People who reported long and happy marriages, and had children, appeared to be more likely to experience hallucinations, than the surviving spouse of an unhappy marriage. Finally, and contrary to Rees's (1971b, 1975) expectation, people with professional jobs or managerial positions were more likely to have spontaneous experiences during bereavement. In some circumstances, this has been argued to add more validity to the reported experience (see Prince, 1928). All of these findings lead to the conclusion that hallucinations during bereavement are common and perfectly normal experiences. There was also no evidence suggestive of such experiences being the result of abnormal psychological features.

Such experiences appeared to be positively influential to personal well-being, yet the majority of the bereaved still managed to keep such experiences a secret. The findings of Rees (1971b, 1975) demonstrated that 82.4% of people found their experiences to be

comforting and helpful. Only a small percentage of people either found the experience unpleasant (5.9%), or simply found them neither helpful nor unpleasant (25.5%).

Overall, the findings demonstrated how common spontaneous experiences are during bereavement, and brought this issue into more mainstream acceptance amongst fields of health care and psychology. The findings also supported the earlier research of Marris (1958), which found that in a sample of 72 young widows living in London, approximately 50% of them reported spontaneous experiences relating to their dead spouse. The study by Rees (1971b) received far more popularity than the study by Marris (1958), given its main focus was purely on post-death hallucinations, and was published in the *British Medical Journal*.

When we refer to these experiences as being helpful, the post-death event presents the percipients with the notion of a continued bond with the dead, which is found to be therapeutic. If a continued bond is interpreted by the bereaved, then there is no complete separation to cause anxiety, and therefore the bereaved adapt to a new way of life without the deceased being physically present, but perhaps spiritually present. This in turn appears to aid coping.

Although the study by Rees (1971b) has become a highly popular publication to be found in many books and papers regarding thanatology and hallucinations, it is quite wrongly assumed to be one of the first studies to consider hallucinations during the bereavement process. The main reason for this is that the study was published in the *British Medical Journal*, and due to this, more people became aware and accepting of post-death experiences from that point onwards.

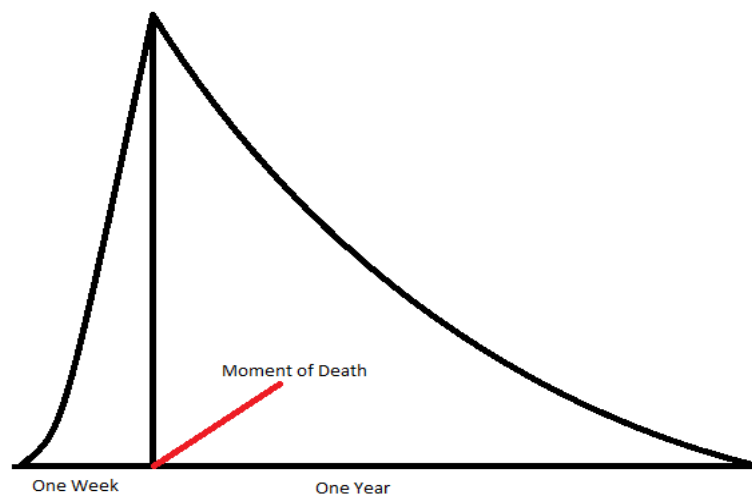
However, Gurney (with Myers, 1889) some eighty years beforehand, published an extensive study on ‘apparitions occurring soon after death’ in the *Proceeding of the Society for Psychical Research*. Both Gurney and Myers were aware that the experience of encountering sensory stimuli associated with that of deceased friends and relatives was common, while also being aware of the common ill-informed explanations for such experiences such as “the person was drunk or delusional at the time” or “emotionally excited, and perhaps misinterpreted sights or sounds of an objective kind.” They rightly noted that:

A very little careful study of the subject will, however, show that all these hypotheses must be rejected; that the witness may be in good health, and in no exceptional state of nervousness or excitement, and that what he sees or hears may still be of purely subjective origin – the projection of his own brain.

(ibid, p.403-404)

It was believed that there is an argument for the hallucination to not be purely subjective if, for example (1) additional people present also saw the apparition, and (2) the apparition conveyed information only known by the deceased and not by the percipient, but later was confirmed to be correct. Their study set out to investigate how common apparitional experiences of the dead were, and at what point in time after the death they are generally reported. The study took the form of what could be considered a content analysis (this is assumed due to pre-dating formal recognised standards of methodological practice), with common themes of such experiences gathered from 211 personal accounts. These were extracted from those analysed and discussed in the two volume book *Phantasms of the Living* (Gurney, Myers, and Podmore, 1886).

Diagram 1.1: (Gurney with Myers, 1889, p.427) Frequency of Apparitions Experienced Before and Following Death.



Of these cases, 134 spontaneous experiences were reported to have occurred within the hour of death, and 29 between 1 and 12 hours after death. Post-mortem apparitions beyond this time were excluded from *Phantasms of the Living*. Even so, the study reached the assumption that such experiences are most common within the first 24 hours following loss. Experiences appeared to be less frequent in their occurrence as time passed following the death of a loved one. In relation to diagram 1.1, the researchers commented:

[T]he recognised apparitions decrease rapidly in the few days after death, then more slowly; and after about a year's time they become so sporadic that we can no longer include them in a steadily descending line.

(ibid, p.427)

The Gurney (with Myers, 1889) study demonstrated that the incidence of apparitional experiences associated with the deceased appears to be significantly high around the point of loss. This appears to slowly decrease over time, but is further supported from the results of the Rees (1971b) study, while also reporting that some widows may report spontaneous phenomena occurring up to some forty years plus, following the loss of a loved one. Some experiences do appear to occur before the person has actually died (e.g. Barrett, 1926; Flammarian, 1922a; Osis & Haraldsson, 1997); this might be associated with, or promoted by, anticipatory grief (Fulton, 1970). However, if such experiences meet the additional conditions put forth by Gurney (with Myers, 1889), then they might not be so easily explained away as purely cognitive processes on the part of the 'grieving mind'.

From conducting a similar form of content analysis used by Gurney and Myers, in which a review of eyewitness statements was presented, Flammarian (1922a,b, 1923) further supported the notion of spontaneous experiences occurring before, at the moment of, and after death, as being highly common events. And yet, for the reasons previously discussed, this is still seldom mentioned in the mainstream literature of psychology, thanatology and health care. Therefore, it would be unjust to not see them as an important aspect of the bereavement process, especially since the initial findings demonstrated that the majority of bereaved individuals report such experiences as helpful. Even though such spontaneous experiences had been noted in the literature for well over a century, research into their place in the bereavement process only began to immerge in the latter part of the twentieth century with regards to *how* and *why* such experiences occur. This is again perhaps thanks to Rees (1971b) presenting the topic to an audience of medical professionals.

Shortly after the work by Rees (1971b, 1975), Burton (1980) conducted doctoral research on spontaneous post-death experiences following his own bereavement event regarding his late mother. Burton (1982, p.65) described his experience regarding his mother (who passed away in April, 1973) as follows:

I had always felt a strong bond between us but by September most of us in the family had returned to our routines, reconciled to her death. One evening that September my wife and I were entertaining relatives. I was in the kitchen cutting a pineapple when I heard what I thought were my wife's footsteps behind me to the right. I turned to ask the whereabouts of a bowl but realized that she had crossed to the left outside of my field of vision. I turned in that direction to repeat my question *and saw my mother standing there.*

Burton described his mother's apparition as looking 10 years younger than she was when she died and in good health, she was wearing a detailed pale-blue gown which he had never seen before. He continued:

'Ma!' I exclaimed. She smiled – and then dissolved. She did not disappear; she dissolved. I let out a great sigh and felt as if a heavy weight had been lifted from me, a weight I had not even felt until then.

Burton related this account to his sister the next morning who was upset to hear of the experience, mainly due to the fact that she had not had such an experience herself. However, she believed Burton's account because of the fact that two weeks before their mother's death, she had taken their mother shopping, whereupon their mother tried on a pale-blue gown to the exact description of Burton's apparitional encounter. However, she refused to pay for it at the time due to the high price of the garment. This experience confirmed survival of death for both siblings, and established a form of continued bond for Burton, stating that "The experience had a profound effect on me; it encouraged me to make a major change in my life" (Burton, 1982, p.68).

That "major change" returned Burton to education at the age of 42, where he took on a PhD in psychology and conducted research into these post-death experiences, in an attempt to understand more about such experiences and their commonality. The thesis (Burton, 1980) involved a distribution of surveys questioning participants on whether they believed they had had contact with the dead. Particular information was asked of the participants within the survey such as their relationship to the deceased and the frequency of experiences. An initial set of surveys was handed out to a small psychic studies group in the Los Angeles area, with 76% of respondents claiming that they had had spontaneous experiences surrounding bereavement.

Owing to the data showing a high percentage of reported experiences (quite expectedly within a psychic studies interest group); Burton changed his method of participant sampling and sent out surveys to the psychology departments of three different Los Angeles colleges/universities. Results showed that 55% of students from one Christian college reported having had experiences, involving sensing the dead or interacting with them. People between the ages of 61 and 79 appeared most likely to report such experiences during bereavement, while between the ages of 31 to 60, approximately 84.5% claimed they had had contact with deceased relatives. These findings are in line with Thalbourne's (1989), who noted that studies generally show that as age increases so too does belief in survival of death. Overall, the participant sample had included fifteen hundred respondents, thus, demonstrating the commonality of the experiences. Burton also found, much like with his own case, that these experiences had a profound effect on the bereaved. For example, approximately 60% of respondents between the ages of 16 and 60 said their beliefs about the nature of life had changed. This change in attitude was more prominent among respondents aged between 61 and 79, where 81.25% reported a significant change in their outlook on life following their experience.

On a final concluding note of the Burton (1980) study, he commented that "It is certainly interesting, in this regard, that when a person has been contacted, he knows exactly what has happened. He needs no formal 'proof' that he has had a valid experience" (Burton, 1982, p.73). This is an important issue to note with regards this present thesis and the cross-road of approaches. The key thing being investigated here is the experiential impact of the spontaneous experience on the bereaved and their recovery. As pointed out by Gurney (with Myers, 1889), if we apply simple investigation to such common experiences of the bereaved, we can discover elements of the experience which would suggest survival of human personality beyond death as a possibility. However, such a path of investigation must be left to a purely parapsychological approach (the ontology of such events), our concern in this current study is the impact of events, which would be considered the clinical parapsychology approach (the health and well-being impact of such events).

Following on from the Burton (1980) study, other large scale surveys of post-death experiences began to immerge, and a number of details about the experiences and their frequency of occurrence were published. For example, Professor Erlendur Haraldsson has been interested in apparitions and experiences of the bereaved for nearly forty years,

which has resulted in a number of studies being published and presented (e.g., Haraldsson, 1981, 1988-89, 1994, 2009). Typically, these studies were carried out in Iceland, and have recently been summarised in a thorough analysis of accounts of people allegedly experiencing or interacting with the dead (Haraldsson, 2012). The research initially aimed to investigate how soon after death people begin to experience apparitions relating to the deceased, and later, the nature of such experiences was explored (Haraldsson, 1994). Participants were originally asked “Have you ever perceived or felt the nearness of a dead person?”

In general, it seemed that one out of every nine reported spontaneous experiences occurring on the day that a loved one died. Haraldsson (2012) found that from an analysis of 337 accounts of post-death experiences, approximately 50% of the bereaved encountered something within the first year, 72% within one to four years, and 82% within five to ten years. Typically it seemed that over-all, experiences would occur within the ten year bracket, and rarely later than this, but are still reported up to some thirty to forty years following the death (see Flammarion, 1923; Rees, 1971b, 1975). Around a third of participants reported that they had only ever had one anomalous encounter with their deceased spouse. Additionally, it was noted that widows and widowers are more likely than other people who encounter bereavement – for a friend or loved one – to have spontaneous experiences while grieving.

Not only does this research support the previously documented relationship between the time of loss to the point of the first experience, and experiences thereafter (e.g., Burton, 1980; Flammarion, 1922b, 1923; Gurney with Myers, 1889; Rees, 1971b, 1975; Tyrrell, 1953), but Haraldsson (2012) further noted the equally familiar findings of the *therapeutic aspects* of such experiences, as noted by Rees (1971b) and Burton (1982). Here are a couple of example cases (Haraldsson, 2012, pp. 106-107):

The night after my husband died I could not sleep and was at home in my bed and very lonely. Suddenly I sensed him standing by my bed. He seemed to be covered in a mist. I saw him and felt his hand as he stroked my head and recited part of a well-known poem that was about how good it was to rest and then wake up one day surrounded by eternal joy. I felt quite differently after this.

I lost my husband in the year 1950. It was as it usually is – quite tough. A week later his sister died. She had been a patient for a long time. I went east with the body, to Arnessysla. The weather was awful, very windy and the funeral took a long time and

I was very cold. The night I came back west I put my clothes on and lay down on the bench and he appeared and held me so tight... I could not see him but I could feel it was his embrace... This was about half a month after he was buried. I felt he had come to comfort me and give me strength.

Most of the bereaved found the experiences to be very real to them, and subsequently embraced them so much that a continued bond was felt, thus creating a continued relationship between the living and the dead for the bereaved. Haraldsson (2012, p. 108) found it to be note-worthy that in his study 29% of the bereaved experienced the sense of being touched by their deceased spouse, whereas upon comparison to similar studies, only around 11% of people reported this experience. This might be due to how strong the attachment was between each couple and the intimacy they shared in life, which may influence the intensity of the experiences. Nevertheless, virtually all participants involved felt that the experience they had had was a positive one, providing positive descriptions such as: comforting, happiness, help and strength.

1.4.2: Dreams Encounters

To move on from hallucinations in the waking state and give alternative examples of spontaneous experiences during bereavement, dreams present a unique opportunity for interaction with the dead, in a virtual reality of the unconscious state. To refer again to de Boismont (1860) in his classical works on hallucinations, he considered hallucinations to occur in both the waking and sleeping states. In dreams, we still recall sensations of sight, sound, touch, taste and smell, and are capable of interacting with people we know from life within the dream – including the dead. Within a dream our senses tell us that the experience is true and very real, even if the reality is truly false. However, the exception to this once again, would be if the experience shows some form of objectivity, or evidence suggestive of survival (only the latter in the case of dreams), as we have previously discussed (Gurney with Myers, 1889).

There have been numerous documented accounts of people interacting with the dead in their dreams. In one particular study conducted by Barrett (1991-92), a content analysis of accounts of dreams about the dead was carried out. Four different categories of interaction were produced in which the dead would either: (1) describe their death to the dreamer/bereaved, (2) deliver a message, (3) sought to change the circumstances of their death, and most prominently, (4) gave the loved one a chance to say ‘goodbye’.

Some of these categories occurred at particular points in the bereavement process while others occurred at any time.

Alex Tanous argued how real dreams of the dead can be, giving the dreamer the chance to interact with the dead in a virtual reality – thus, sharing similar views to that of de Boismont (1860). Most common of all the dream accounts that Tanous surveyed during classes he ran on dream interpretation at the University of Southern Maine, was that the dead are reported to deliver a message, typically of goodbye (see Tanous & Gray, 1990,) – as was the findings of Barrett (1991-92). This normally occurs when the bereaved never had the chance to say goodbye, or they parted on bad terms before the death occurred. The bereaved then has a chance to make amends, not only in dream cases, but also in the waking state with hallucination accounts where the bereaved reported interacting/communicating with the dead.

Here is an example of one such account of a dream encounter taken from the research of Wright (2002, p.189) into spontaneous post-death experiences. The dreamer's husband had died two years prior to the dream:

I was walking and there were stores on each side of a cobblestone walkway and there were fountains in the middle and I went to walk into this one store and my husband just stepped out in the doorway. And he hugged me and he said, 'Let's go walk,' so we walked to the fountain and he said, 'You have to go on with your life. You can't do this anymore.' He says, 'I'm okay but you have to get on with your life'... So anyway we continued to talk at the fountain, then he gave me a hug and left. Now, when I woke up I could smell – I hadn't had any of his stuff around for the last couple of years – but I could smell all over my body Royal Copenhagen [her husband's cologne] so I knew we had met somewhere. Although it appeared to be in the physical realm, I knew it wasn't. I knew I was *with him*.

This one example alone demonstrates just how real the dream encounters can appear. Devers (1997) also outlines some examples of spontaneous experiences in dreams which were collected as part of her masters and doctoral research (Devers, 1987, 1994). In discussing dream encounters with the dead, Devers (1997, pp. 68-69) discusses one particular case of a woman called Katie who lost her partner in a climbing accident, which he'd attended with friends, therefore she never had the chance to say good-bye in person. The dream occurred as follows:

The most vivid [visitation] dream I had was a couple of nights after he had died. It took place in the mountains, in a spot he loved. In the dream he knew he was dead, and I knew he was dead. It was an opportunity for him to talk to me. He very much wanted to make sure I was okay and to reassure me that he was going to be okay. He let me know that his death had been quick and he did not suffer. Though he didn't say it, I knew I wouldn't see him again. This was sad but I also knew he was with me spiritually and that I would be reunited with him after I died. We didn't talk much, but I felt his love. We looked at each other, and he took my hand. I could almost feel it. Then somehow we both knew it was time for him to go. He gave me a tender smile that melted my heart. It was sad and wonderful at the same time. Then I just dissolved into the darkness of sleep. That dream gave us time together. It was a beautiful way to say good-bye.

Again this example demonstrates that such experiences are common, very real to the bereaved, and highly influential in a positive way. Devers (1997) referred to such dreams as being a "powerful vehicle in processing grief" much like any other form of spontaneous post-death experience, allowing the bereaved to feel more "peaceful" following the experience.

Dreams, much like any other post-death experience, affirm continuation of life for the deceased in some spiritual form, with the dead then offering advice and support, which facilitates change within the bereaved. Unlike other dreams scenarios, Wright (2002) found that with the sample of bereaved people she interviewed, all of them reported that they never forgot the dreams in which they'd interacted with their deceased friend or loved one. In other words, the dream had a lasting impact. Some of the participants described the dream's influence on them as follows (Wright, 2002, p. 190):

It's like you're in the physical realm. I dream all the time but the minute I wake up I never remember my dream. I mean, they just pass and if I could remember little portions of them I can never put them all together and I can't really remember details. In these dreams I can remember details. I can visually see them. And I can recall the feeling of the touch when [my late husband] put his arms around me. And each time after I woke up, I felt a glorious, deep sense of peace.

The experiences are extremely intense. I mean, they're just as though the person is right there and it's happening. I mean it's very very intense. And very wonderful when they happen, I might add. There's never been a negative effect from it. I've

never had an experience of impending doom or warning or anything. Always been a very positive kind of thing.

Robertson (2012) analysed recorded interviews of client meetings – people of whom all attend psychic readings. Approximately 70% of the clients reported having had dreams of encountering the dead, and it was also found to be the fourth most common dream scenario. It was noted that to dream about the dead is very much like a form of mediumship, though only a minority of people within society claim to have mediumistic abilities. It was further noted that “The dream is especially powerful and convincing when the deceased person presents his/her self as being young and healthy, even if they were poorly before they died. This can also occur on occasions where the dreamer did not know the person when they were younger or healthier” (Robertson, 2012, p.9).

Krippner, Bogzaran, and de Carvalho (2002) considered dreaming of the dead to be highly influential, stating that they have an “instrumental part in motivating some people to change their religion, adopt a new faith, or lead them to a different world view” (p.151). Therefore, such dream experiences provide a virtual interaction with the dead, and appear to provide equally therapeutic values to the bereaved as spontaneous experiences reported in the conscious waking state.

1.4.3: Electrical and Physical Disturbances

Beyond sensory experiences and dreams, during bereavement people also seem to report a variety of objective physical disturbances about the house, typically where the deceased once lived up to the point of their death. Wright (1998) discussed cases in which the bereaved reported these potential psychokinetic (PK) episodes, following the loss of their spouse. This could also be viewed as poltergeist activity (Roll, 1972), where people might report a movement of objects about the home, footsteps heard on the stairs, down corridors or in empty rooms, raps on the walls and ceiling, and electric disturbances, produced with no obvious cause. Ultimately the phenomena are attributed to the deceased. When searching for conventional causes, the items moved or tampered with have at times been found to be the property of the deceased (Wright, 1998, 2002).

These kinds of experiences might often get grouped into the category of hallucination, yet such events might hold some form of objective presence. For example, in hearing footstep going up the stairs or a voice calling out, is this subjective and purely psychological, or is it objective, heard by others, and recordable? In many cases of parapsychological research the latter has been supported, regarding audible phenomena

(see Parsons & Cooper, 2015). Additional witnesses may also be able to verify the experiences (Guerney with Myers, 1889; Haraldsson, 2012). Even so, such experiences appear to affect the bereaved in similar ways to the previous forms of phenomena mentioned throughout this section.

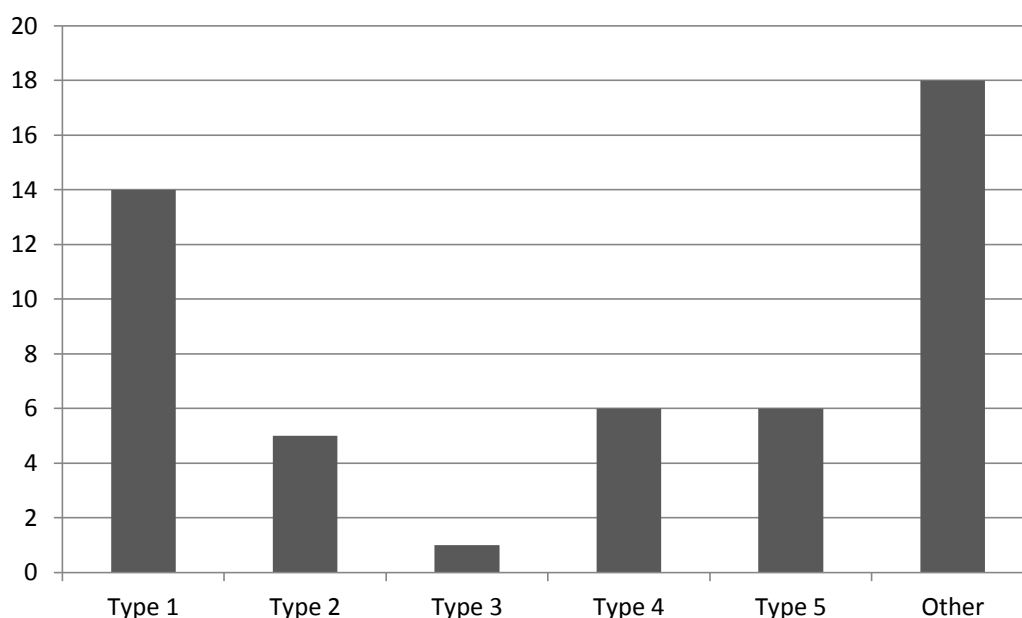
In later research presented by Wright (2006), various additional accounts of spontaneous PK related phenomena following bereavement were discussed. In Wright's own account of losing her husband, a reading lamp which belonged to her late husband began to flicker responsively, immediately following his death. This was similarly experienced by the late biologist and psychical researcher John Randall, following the loss of his partner (Randall, 2009). In both scenarios the electrical items were checked thoroughly, even by an electrician in Randall's case, and nothing was found to be wrong with the item. In Wright's case, the experience was very influential and was also witnessed by her son, who's feelings were mutual toward what the experience meant. To quote from Wright's paper presented to the second *International Conference of Instrumental Trans-Communication* (Wright, 2006, p.287):

This particular mode of communication was especially dramatic not only because the lamp was associated with him personally but because the lamp's behaviour seemed to tell us this man who had gone totally blind now once again could tell light from dark – he could see again. Some part of him had indeed survived.

This personal experience – much like in the case of Burton (1982) – led Wright to conduct further research into how common such experiences were during bereavement, the results of which, through casual interview feedback, demonstrated to some extent how such events influence the bereaved and personal recovery (Wright, 1998, 2002).

The activity often included electrical disturbances of radios and telephones. Rogo and Bayless (1979) conducted a two year investigation into accounts of anomalous phenomena regarding the telephone. They found that a large amount of people following the loss of a loved one – or around that time period – would experience a strange telephone call from someone alluding to be the deceased. In all, fifty accounts of anomalous telephone calls were collected and analysed, with various checks of conventional explanations for such occurrences (e.g. fraud, electrical fault, misinterpretation, etc.). In following up such reported accounts, few explanations appeared to apply after thorough investigation and eyewitness interviews.

Diagram 1.2: Frequency of Anomalous Call Types Reported (Cooper, 2014)



In updating the study (Cooper, 2012, 2014), it was found from another sample of such accounts ($N = 50$), that approximately 30% of cases appeared to occur during a clear state of bereavement and typically while that person was alone. In diagram 1.2, this is represented by the Type 1 column, in which the bereaved claimed to have had a telephone call from the known dead. All of the other telephone call types were not strictly related to bereavement, or in the case of Type 5, did not involve alleged communication from the dead, but still involved a call that failed to present conventional explanations for its occurrence. The category of ‘Other’ represents miscellaneous call phenomena, for example, people may report the telephone constantly ringing following the death of friend or loved one, and yet on answering the phone it is reported that the line went dead or only static would be heard.

This relates well to other electrical disturbances that have been associated with the dead shortly following death and at the beginning of the grieving process (i.e. Randall, 2009; Wright, 2006). In the recent research (Cooper, 2014), it was found that anomalous calls from the dead, outweighed anomalous calls from the living by just over seven to one. In the original study, findings were almost matched, with calls from the dead outweighing other reported calls by eight to one (Rogo & Bayless, 1979). Below is a typical example of a Type 1 call (Cooper, 2012, p. 56):

My wife’s mother had died 11 July 1978 from cancer. It was just about a week after she passed away we were getting ready to visit my wife’s grandmother in West Virginia. I had gone to the store and my wife was out back in our garden picking

vegetables to give away so they wouldn't go to waste while we were gone. She heard the phone ringing, she said it rang several times and she didn't think she would get to it in time but it kept ringing. When she answered it the voice on the other end said:

'Jessy [only her mom and brother called her that] this is mommy don't you worry about me now cause I'm all right'

At the time my wife went into hysterics and we thought someone was playing a very sick joke. Until we saw your show and we couldn't believe it. So we would like to hear some more about these phone calls.

The people involved in the above account had seen Rogo and Bayless speaking about their research on TV, and were comforted by the fact of hearing that many people had had such experiences. Therefore, they concluded it was unlikely to have been a carefully thought out prank. This also led the bereaved into being intrigued to learn more about such experiences. To give another example, below is a first-hand account reported by Rogo and Bayless (1979, p. 61):

My daughter Eileen... died in Montgomery County Hospital, Sandy Spring, Maryland, around 9:30 a.m. on November 12, 1969, from cancer of the lungs. She died on the anniversary of her first wedding, November 12, 1942, in Washington, D.C. Her funeral was set for Wednesday or Thursday the same week. I was at her sister's home just outside of Damascus. Around 6:00 a.m. the telephone rang and I answered. It was a faint voice which I recognized as Eileen and it asked for Ann [her sister] and I could hear faint sounds in the background – people sustaining someone. By the time Ann reached the phone the voice faded but the line stayed open until we hung up. This was the morning of the funeral. It must have been Thursday.

Researchers concluded that such calls provide objective evidence for survival of consciousness beyond death (Rogo & Bayless, 1979; McAdams & Bayless, 1981), while others have concluded that the calls were psychologically generated or suggested psychological elements, but no satisfactory evidence of survival (Baker, 1996; Biondi, 1984). Regardless of the origin of the calls – and if we purely focus on the experiential aspect of the events – previous researchers failed to discuss exactly what the calls meant to those who experienced them and how it affected them during bereavement. However, Krippner (2006) pointed out that although the research is controversial – even for parapsychologists – it is nevertheless useful research in reassuring people that have had similar experiences, during bereavement, that it is common, and they are not in any way mentally disturbed, or

alone in their experience. Such experiences have even been argued to be hope inspiring (see Cooper, 2012, p. 59-60) and emphasise a continued bond with the dead for the bereaved. The bereaved in such cases are generally satisfied that the event was real and objective, having been a physical effect of the environment (i.e. the telephone, lights, a movement of objects), and not a possible case of delusion or misinterpretation from a highly emotional state of grief.

The evidence presented suggests that many of the experiences reported by the bereaved allude to them being highly influential events. They are likely to be caused by various psychological and environmental components, and possibly parapsychological components, of which many relevant researchers of thanatology might not perhaps be acquainted with, or even think of considering. On a thought provoking side note, Rogo (1990a) discussed a variety of cases of spontaneous contact with the dead and reached the conclusion that some are highly suggestive of being something more than just an hallucination, but the events are still nevertheless linked to the fact of personal loss, stating “I further believe that while bereavement hallucinations probably represent psychological effects, some such reports could be real communications from the beyond” adding “I see little reason for postulating hypothetical, psychological, or possibly neurological mechanisms to explain such phenomena” (p.90). This concluding remark by Rogo becomes a compelling argument when we consider experiences of the bereaved which were clearly not psychological and were objective in their occurrence.

1.4.4: Summary

In this section I have summarised a variety of spontaneous experiences that may occur around the time of bereavement. Some experiences appear to be subjective, while others contain elements of objectivity, and may not be easily – and yet are often carelessly – deduced as pure hallucinations. These experiences appear to have been concluded as highly influential events for the percipient, more so, because they *did not expect such an experience to occur*. Such experiences reported a century ago, which were examined and presented by the Society for Psychical Research (e.g. Sigdwick, et al., 1894), appear to be just as prominent and influential for people in today’s society (e.g. Smith, 2013). Hallucinations among the general population appear to be grossly overlooked, especially with regards to whether encountering the dead presents any psychological purpose and therapeutic value for those in grief. From the findings of studies discussed thus far, investigating the commonality and phenomenology of spontaneous experiences,

additional findings appear to demonstrate their positive impact on the bereaved through the establishment of continued bonds with the dead. We shall examine these findings and claims further.

1.5 – Sought Post-Death Experiences

In this section we will briefly explore cases in which perceived contact with the dead has been induced or sought after by the bereaved. As shown in table 1 of section 1.3, this can occur in a number of ways, but typically such experiences are either induced through therapy, or are sought after through mediumship and taking part in séances. Reviewing research regarding sought and induced experiences in this section is purely being done for comparison to spontaneous experiences. Further demonstrating what impact seeking out anomalous experiences has on bereaved, in terms of their ability to adjust, cope and recover. We will also consider, where possible, what the bereaved personally thought of such experiences and any ‘mind-set’ transitions which may have taken place.

1.5.1: Induced Experiences

Aside from the spontaneous experiences during bereavement, some experiences have been *induced* in order to explore the affect they have on the bereaved within a controlled setting. This has led to detailed studies and developing theories into the importance of, and reasons *why*, people have such experiences spontaneously in the natural world setting, and what purpose they serve in the bereavement process.

Several researchers have argued that by understanding parapsychological findings into psi experiences, and particularly post-death experiences, health care such as bereavement counselling can learn and understand more about the issues they are dealing with in many cases (e.g., Hastings, 1983; Kramer, Bauer, & Hövelmann, 2012, Rees, 2000; Rogo, 1974). In turn, this helps lead to the appropriate method of therapy being applied to the patient in order to aid recovery. Therefore, let us discuss what methods of therapy have been tested on the bereaved, in instances where they had never reported paranormal experience in their day to day lives.

One particular and most popular approach to bereavement therapy, has been a method termed ‘the psychomanteum’. The procedure has evolved from the ancient method of scrying, a form of divination in which we stare into water and reflective surfaces in semi-lit conditions, which Melton (2001) describes as “simple crystal-gazing

but also includes the use of a magical mirror in ceremonial magic” (p.1372). This is known to produce visual experiences and apparitions, which develop through entering a concentrated and relaxed state (or altered state of consciousness), and has been practised and documented since ancient Greece and Egypt (Dingwall, 1930). Particularly in ancient Egypt, such images produced from scrying were considered as messages of wisdom from divine beings (often taking the form of the dead (Cooper, 2011a)) and messages regarding the future of human-kind (what we might describe now as precognitive visions). To stare long enough into a dark reflective surface creates a self-induced trance-like state, in other words, we enter into an altered state of consciousness (Roe, 2009; Tart, 1975). The reflective surface then aids the production of visual imagery, in a hallucinatory capacity. The scryer then begins a free association with the perceived imagery. The process requires the scryer to have a desired image in mind – consciously or unconsciously – in which to focus on, which then produces rich visual imagery (sometimes audible too) being achieved in the trance state, which the scryer may then interact with (see Auerbach, 1994).

In modern day, the technique and method of scrying has developed into therapeutic research within psychology, particularly with regards to bereavement (Auerbach, 1994). The modern procedure of scrying, which is known as the psychomanteum, is sometimes described as an “apparition booth” (Moody with Perry, 1993), and in modern psychological research, the psychomanteum involves a small darkened mirrored room (or at least a mirror in the darkened room), which the patient/bereaved will sit inside. The room is made to optimise what some call ‘trance,’ whereas most psychologists would simply describe the psychomanteum as altering the participant’s conscious awareness by placing them in a partial state of sensory deprivation. This form of sensory deprivation will allow images and patterns to develop, particularly into apparitions of known deceased people, hence why it has developed the term apparition booth.

Moody (1992; also see Moody with Perry, 1993) has conducted a number of studies regarding the psychomanteum to investigate people’s visual encounters with departed family members. Before the study was conducted, the ethical issues were considered in inducing an experience with the dead for the bereaved. Moody’s prior belief was that such experiences could be frightening, but in reality, parapsychologists confirmed to Moody that the results of such studies show the experience of discarnate apparitions beneficial in alleviating grief. Looking back at the study by Rees (1971b), only a small percentage of the bereaved (5.9%) found their spontaneous experience to be frightening or negative.

Moody's studies involved setting criteria for the participants, they had to be (1) mature, (2) not suffering from any form of mental illness, (3) avoid occult ideologies which could complicate the results, (4) emotionally stable, inquisitive and articulate. Many participants contacted to be involved were known to the researchers, and included counsellors, psychologists, medical doctors, graduate students, and professionals in other fields. From the results of the experiments (Moody, 1992; Moody with Perry, 1993), it was concluded that the psychomanteum is a highly useful tool for healing grief and bringing new insight into people's lives. Thus, their experience was very transitional and transpersonal for the participants involved, and helped diminish feelings of grief with a sense of continued bonds to the dead. Moody found this technique the most useful in understanding post-death experiences for the bereaved, as previous studies were only able to investigate spontaneous accounts in uncontrolled circumstances, and typically after the events had occurred (Moody, 1992).

In a more recent study, Hastings (2012) investigated various bereavement cases (N = 100) in which people had lost a spouse, family member, friend or even a pet. Spontaneous experiences had been reported by 63% of these participants, prior to the study. Questionnaires measuring forms of bereavement traits (e.g. longing, depression and anger) were given to participants before the process, immediately after, and one month later, for those who had had spontaneous experiences. It was found that the reduction in the feelings of bereavement were statistically significant. The experiment involved bereaved participants to become involved in writing exercises, interviews, art work, and a psychomanteum booth. Throughout these tasks related to their grief and the deceased, it was found that decrease in bereavement correlated positively with increased tendencies towards absorption ($p < .001$). It was amongst the conclusions from this study that "when a person dies, the relationship does not necessarily end. It continues, but in a different form" (Hastings, 2012, p.21). These induced post-death experiences and the realisation of the death of a loved one through focused tasks allowed a healing process to take place for the bereaved.

Besides the psychomanteum, other forms of therapy to induce post-death experiences have been investigated and actively employed. For example, Botkin (with Hogan, 2005) used a technique during counselling and psychotherapy sessions called eye movement desensitisation and reprocessing (EMDR). The procedure involves sitting the patient in front but slightly to the side of the therapist, while the therapist moves their hand, with index finger extended, from left to right at the same level of the patient's eyes. While

focusing on the psychotherapist's hand and finger, and keeping their head stationary so that only the eyes may move rhythmically, the patient focuses on negative thoughts troubling them – such as grief. During the eye movements, the patient experiences a spontaneous and instant reprocessing of thoughts, feelings, and emotions, and reaches a breakthrough, which would normally take weeks or months to achieve naturally – or only occur unpredictably as discussed in section 1.3.

The process of EMDR has the ability to rapidly uncover repressed memories of traumatic events, or help resolve current traumatic issues that people are struggling to cope with. No one is quite sure how the process works, though it appears to speed up mental processing and is similar in ways to the state of rapid eye movement (REM) when dreaming. While receiving EMDR as a form of therapy, many patients have been able to resolve their issues of grief by interacting with the dead through memories, visions and sounds. Botkin (with Hogan, 2005) highlights many cases of grief and trauma, being resolved, through the therapy and healing power of EMDR creating induced after death communication (IADC). With IADC the patient/bereaved is aware they are going to have an anomalous experience, but much like in the spontaneous cases, the content of the experience is unpredictable. Generally, the IADC produces a number of positive outcomes, reducing grief and promoting personal well-being.

1.5.2: Mediumistic Counselling

Only a select few formal studies have explored mediumship and its value to the bereaved as a form of therapy, and as a sought anomalous experience. Even so, mediumship has been seen as a form of bereavement counselling. Seeking help for bereavement from a paranormal source such as a spiritualist medium, is certainly still a very controversial issue within modern society. For example, Walter (2008) interviewed large numbers of bereavement counsellors in order to observe the level of interest from clients wishing to seek mediumship following loss. The findings indicated that only a small minority of those individuals suffering from bereavement expressed an interest in seeking support from a spiritualist medium.

Evenden (2013) investigated individuals – from a counselling perspective – who had sought the support of a medium following bereavement, to see how the experience impacted on their individual grief outcomes (see Evenden, Cooper & Mitchell (2013) for a summary of the study). The study focused on three intensive interviews with individuals, with each of the sessions treated as individual case studies. The time in which

the participants had been bereaved to the point they sought the help of a medium varied from 6 weeks to 14 months. Semi-structured interviews were held by Evenden to find out what the experience of bereavement, visiting a medium, and the time after the event, was like for each participant, to identify any significant personal transitions which may have taken place due to having embraced a medium as a form of 'bereavement counsellor'. All three participants expressed the following transitional outcomes of having visited a medium, compiled from the results of a thematic analysis: therapeutic, psychically healing, continued bond with the dead, sense of relationship with the deceased enhanced, decreased sense of grief, and fostering hope. The medium acted as a tool in assisting the bereaved to achieve un-met needs, reducing symptoms of grief, and facilitating positive adaptive coping. All three participants appeared to embrace hope for life beyond the point of death, more so following a reading from the mediums, which further helped in establishing a continued bond with the dead on a spiritually therapeutic level.

In a similar study, Bains (2014) investigated the impact of mediumship on recovery in the bereaved. Participants gave retrospective accounts of receiving a reading from mediums after suffering the loss of a loved one, readings of which they personally felt had given them proof of survival beyond death. Through a thematic analysis of the accounts, it was concluded that mediumship appeared to foster resilience within the bereaved. Their ability to cope appeared to be enhanced by whatever information they perceived as proof of an afterlife. Participants also reported being able to reframe their grief much better following the experience, with increased feelings of hope and coping in life following the event.

1.5.3: Summary

In this section (and that of section 1.4), I have briefly outlined various types of post-death experiences (spontaneous, induced and sought). This has demonstrated that bereavement does not just involve depressive states and some health concerns that are naturally overcome in time – it can present a number of complex processes. There are a wide variety of cross-culturally experienced phenomena, which appear to play an important role in grieving, and more so, recovery. Research on induced and sought anomalous experiences, emphasise the important therapeutic role post-death encounters have on us. In spontaneous cases and the natural world setting, such experiences may occur for anyone regardless of personal beliefs, or even those whose religious beliefs deny such

phenomena. This suggests, (1) they are a natural element of bereavement, and (2) they serve a psychological purpose and perhaps for many an unconscious need.

From considering the findings of studies investigating post-death experiences, and perceived communication with the dead, it is clear that the findings suggest these experiences to be of therapeutic value in aiding recovery from grief. To understand this further, we must investigate what personal transitions take place when research is purely focused on the therapeutic value of post-death experiences. If the experiences are deemed therapeutic, what cognitive mechanisms appear to be involved and/or responsible in coping? In the following section we shall investigate such available research in an attempt to reach some conclusions on possible mechanisms involved in the transition of recovery following spontaneous experiences in bereavement.

1.6 – The Impact of Spontaneous Post-Death Experiences

In sections 1.3 and 1.4, the various forms of spontaneous experiences that the bereaved can encounter were discussed, including some of the preliminary findings as to the nature of the parapsychological phenomena involved and initial findings on the impact they have on the experiencers. In this section, I will discuss research which has specifically addressed the emotional and transitional impact of spontaneous experiences on the bereaved – alongside interpretations of such phenomena. In other words, research which sought to investigate the therapeutic benefits of such experiences. In reviewing the relevant research, the findings should allow us to develop a justifiable hypothesis as to *what* potential psychological mechanisms might be involved in post-death experiences to make them ‘therapeutic’ and lead to recovery, based on consistencies within the available findings.

1.6.1: Are the Experiences Helpful or Harmful?

To recap on the findings of some of the research we have already covered, Rees (1971b) found that most experiencers were helped by their hallucinations during bereavement, with 82.4% who claimed to have encountered the dead, finding the experience helpful and pleasant. By helpful, Rees (1971a, p. 139) justifies this as follows:

Evidence supporting the claims that these phenomena are helpful is:

1. Most people feel they are helped.

2. The people least likely to be hallucinated are those widowed below the age of 40, yet it is known from the evidence of Kraus and Lilienfeld (1959) that people in this younger age group are particularly likely to die soon after widowhood.

It was concluded that such experiences are perfectly normal (and not due to psychological abnormalities), “providing helpful psychological phenomena to those experiencing them” (Rees, 1975, p.70). To those who don’t experience them, following long happy partnerships, the chances of illness or even ‘broken heart syndrome’ in the bereaved appear to be greatly increased, as was the reasoning behind Rees’s (1971a) second point.

In the doctoral research conducted by Burton (1980) on spontaneous contact with the dead, the majority of participants reported either dream contacts or a sensing of the presence of the dead. However, footsteps, voices, and visions, were also reported. It was found that between the ages 16-60 that 60% of participants found their post-death experience to be extremely meaningful, so much so, that their attitudes towards death had completely changed (i.e. a cynic of life after death could become open to the idea of life after death, or a sceptic may become a complete believer). This change of attitude was far more pronounced among persons aged 61-79 where 81.25% reported such a change. Certainly, if a spontaneous experience is compelling enough to suggest a continuation of consciousness beyond death, it may lead the percipient to personally consider the reality of immortality for the human mind. Thus, dispelling the negativity of death being the ultimate finality, which in turn is often the main depressive issue that the bereaved have to face – i.e., ‘death marks the extinction of mind and personality’.

In the last few decades – and certainly since the pioneering research of Rees (1971a,b) and then Burton (1980) – there has been a few studies specifically exploring the impact of spontaneous experiences on the bereaved and their adaptive outcomes. For example, Conant (1992) conducted possibly the next relevant piece of extensive doctoral research, following on from Burton (1980). In this, Conant investigated widows’ experiences of intrusive memory and the ‘sense of presence’ experience of their deceased spouse during mid-life. Ten widows took part who had suffered sudden untimely deaths of their husbands. Each widow had volunteered to take part from bereavement support groups. A single intensive interview was carried out on each participant, consisting of two parts: open-ended questions about memories of the deceased, followed by focused questions regarding intrusive memories and the sense of presence experience. (The

analytical approach applied in this study appears to be a phenomenological one, though not evidently specified within the method or analysis sections.) The experiences took the form of: feeling the deceased person was present, illusions, fully formed and partially formed apparitions, voices, conversations, touch, dreams and symbolic events. It was found that intrusive memories of the deceased and related anomalous experiences served a complimentary purpose in the processes of reworking memory and resolving inconsistencies between their knowledge of the death and internalisation of a remembered live person. Therefore, the post-death experience was seen as a non-pathological private experience and part of the natural developmental process of grief.

Devers (1994) – whose research was mentioned briefly in section 1.4 – was the next study to follow. It involved an investigation of the social problems and processes engaged in by those who claim to have experienced the deceased. Twenty-two participants who had had such experiences volunteered to take part in in-depth interviews. Grounded theory was used to analyse the qualitative data collected through informal interviews and document analysis. Personal reflection on the post-death experiences, or “reconciling,” was found to have two distinct phases. Firstly, the experience is privately comprehended once first encountered, which meant that the experient reflected on their beliefs about life and death, reality and their religious views. Once it was accepted, they then attempted to integrate the experience into their own beliefs. Secondly, experients slowly considered their experiences in terms of acceptance in their social life, and chose selectively who to discuss the experiences with.

Devers was aware that such experiences were common, but found that the bereaved still fear social stigma for disclosing the events with others. When relating these findings to the Rees (1971a,b) study, which included a large sample of bereaved participants, only 27.7% had previously disclosed their experiences with others. No one even sought advice from their doctor, and only 1 out 293 participants had disclosed their experience with their religious representative (i.e. a clergyman). Devers (1994) concluded that such findings are important information for practitioners and researchers, which can give them an in-depth understanding of the problems faced by the bereaved, such as fears of social stigma when attempting to reconcile their experiences, of which they themselves embraced.

Devers (1997) went on to further highlight the therapeutic nature of spontaneous experiences in bereavement, in which the accounts she analysed displayed clear traits of:

resolving relationships, easing the grief of others, hope as a healer, and transpersonal revelations (examples of these from personal accounts will be given in Chapter 2).

In a later doctoral study presenting a historical review and phenomenological analysis of apparitions perceived in the context of mourning, Petersen (2001) aimed to investigate the emotional, sensory, attitudinal, and behavioural components of such encounters. Nine participants were involved in the study who were willing to discuss their loss and subsequent 'contacts' from the departed, and were interviewed on their experiences. The interviews involved minimal structure to allow the participants to freely discuss and evaluate the nature of the experiences and their impact. The interview transcripts were analysed in the context of historical and current psychological, psychiatric and parapsychological understanding of ghosts and the supernatural. From considering conclusions about the experiences that can be drawn from the different fields of study, and in the context of bereavement, the experiences were found to be highly important with lasting therapeutic benefits for those who encounter them. It was argued that clinicians should do more to help the bereaved understand their experiences in the context of research findings on such phenomena, support the normality of such experiences, and encourage their discussion (see Roxburgh & Evenden, 2016a). In his concluding remarks, Petersen (2001, pp.235-236) argued that the available research is somewhat limited in its findings, and encouraged others to engage further with spontaneous post-death experience research:

[O]ur understanding of bereavement-related experiences of the dead is currently very limited. Thus, we must continue to collect reports. I believe that, with time, themes and consistencies will emerge that will allow us to examine the emotional and physiological components of these events in much greater detail.

Petersen's (2001) appeal for further research to be conducted was already being answered. In research completed shortly following Petersen's, Drewry (2002) interviewed seven people who had collectively reported forty instances of post-death experiences and alleged communication with the dead. Following a phenomenological analysis, eight themes to their experiences were found. These included the experients firstly, believing themselves to be delusional when they had the experience before considering the experience to be genuine and valid, and cues in the experiences reinforced for the experients that they were in fact encountering and communicating with that of a known deceased friend or relative. After the experience, the percipients reported relief, comfort,

encouragement, forgiveness, love, joy, and most notably, hope. Experiences were found to have re-framed their views of the world since their experiences; this could be in how they chose to live their life from then on, to their views on religion and life after death. They also felt a continued bond with the dead which was helpful when it came to coping, with a common response being “the experience gave me enough grounding so that I could get through the grief.” All of the experiences were considered beneficial, even if they were initially frightening. The feeling of being in contact with the dead brought comfort and hope to several participants, for example “I felt a lot of hope after that. It uplifted me or gave me a boost... where in the beginning it probably just kept me alive” (participant statement, Drewry, 2003, p.80). This study highlights several major emotional states being present and gained from having had such experiences, including that of love, joy and hope.

The adaptive grief outcomes of post-death experiences were also investigated by Parker (2004) as part of a doctoral study, in which twelve people were interviewed and had been bereaved for less than a year (i.e. the death of their loved one had taken place no more than a year before their participation in the study). The participants were screened so not to include psychiatric patients or anyone with obvious signs of mental illness. The interview data was subjected to a content analysis. Eleven out of the twelve participants experienced positive changes such as personal and/or spiritual growth, alongside ongoing grief work and their individual complicated grief patterns. The post-death experience had served clear ‘needs’ of the bereavement process, especially when the experiences were considered to be veridical in nature (as previously discussed by Gurney (with Myers 1889) and Haraldsson (2012) in the case of additional witnesses). It was concluded that the experiences were not due to any form of psychopathology, but do help fill the need serving gap that bereavement produces, by facilitating a perceived communication with the dead.

The findings of Rees (1971a,b), Parker (2004), and Petersen (2001), are also closely matched by that of Keen (2010), whose thesis investigated the meaning of sense of presence experiences for individuals. Eight participants took part in semi-structured interviews and the data was subjected to an interpretative phenomenological analysis. The findings supported previous ones discussed within this section, regarding experiences being positive and comforting at a time of loss. Keen argued that clinicians can gain more from trying to understand such experiences within the bereavement process, rather than trying to assess whether they are signs of stress or pathology. Keen (2010) further

believed the bereaved would be better supported if the stigma surrounding anomalous experiences was somehow reduced, and that pursuing the notion that experiencers feel privileged rather than stigmatised for having had such experiences, is a worthy route forward. This has also been argued by Robinson, Sayers and Swift (2011), with regards to how hospital staff respond to sense of presence experiences and similar occurrences. They posed a need for greater understanding of parapsychological phenomena within the medical setting, and for staff to be trained regarding them and what research has shown – in terms of their occurrence in end of life care and bereavement, and their impact on experiencers. Similarly, Keen, Murray and Payne (2013) also argued for further understanding of such experiences within the counselling setting, following a narrative review they conducted on ‘sense of presence’ experiences. In addressing the stigmatisation surrounding such anomalous encounters, they argued that “further information [should be provided] to bereavement professionals to address this and how best to support people with their experiences” (p.400).

Steffen and Coyle (2011) carried out semi-structured interviews (N = 12) to investigate what personal role *sensing the presence of the dead* plays in the bereavement process. Three themes were found from a thematic analysis: (1) finding benefit in the dead still living (survival beyond death), (2) finding benefit in a continued bond with the dead, and (3) making sense of the experiences through personal world views, plus spiritual and religious view-points. In terms of finding *meaning* from the experiences, the bereaved struggled to do so beyond the immediate experience being helpful, comforting, and helping in coping. To make sense of the experience further, they adopted spiritual and religious frameworks, where it suitably accommodated the experience they had encountered. For others, the experiences confirmed their previous views held (Steffen, 2011, p.169-170):

It makes an experiential flavour to the kind of belief system I always had about there being life after death, like it was just a thing I read in books that I knew it was true, that kind of resonated with me. And these experiences [have] given me some experiential, almost proof... that the beliefs I have are real.

Other participants had previously doubted such phenomena, and their experience caused them to wrestle with such doubts:

Up until then I had always been like, ah, didn't believe in the afterlife. Once you go, you go, and that's it. I think there is something now. Yeah. Hm. Still a bit cynical but um I still think there's something. There is something.

Among Steffen's (2011) conclusions, she noted how negative sense of presence experiences appear to be very rare events (e.g. Parker's (2004) reporting of eleven out of the twelve participants having positive reactions, and Rees's (1971a,b) reporting of 5.9% of his participants reporting them as harmful/scary). The majority of participants appeared to find benefit in the experiences through a continuing bond, and spoke of the deceased in the here and now. And yet, the experiences they encountered created an on-going search for meaning through awareness of an afterlife which in turn aided post-traumatic growth. Following this, anomalous experiences had also become accepted into daily family life (see MacKian, 2012).

In Hayes's (2011) extensive study of sense of presence experiences during bereavement, an alternative methodological approach was taken to previous theses. Narrative biographic interviews were analysed using ethnomethodology and conversation analysis (N = 18). The focus of the analysis was on the ways in which experiencers made their experiences 'meaningful'. In all cases, the experiences were described as highly meaningful. Even so, soothing and destructive outcomes were noted. Often the experiences helped the bereaved to say goodbye and settle any unfinished business with the deceased. In other instances, sense of presence experiences led to intensified grief reactions (a feeling of physical absence) or continued a fraught relationship. This further adds to the existing findings of the minority of post-death experiences not producing positive outcomes (Parker, 2004; Rees, 1971a,b), yet, it is clear from surveying a variety of research within this section that the majority of experiences are indeed positive ones. Hayes (2011) further found that the experiencers had many cultural resources to hand which helped them make sense of their experiences. The experiencers also turned to spiritualism and psychology for meaning, or to learn more about what they'd experienced.

In an Australian study, Knight (2011) explored the educational, emotional and spiritual growth involved in post-death experiences (as part of further doctoral research on the subject). This meant looking into the nature of the experiences, and the meaning of such experiences for the bereaved and the deceased. Twenty-two adults who had been bereaved for no less than six months were used in this study, which used qualitative methods with a heuristic design. All of the participants had reported having had post-death experiences suggesting communication with the dead and volunteered to take part

in the research. The initial findings of this research were based on a more philosophical than psychological level, finding that post-death experiences for the bereaved challenged their prior beliefs about reality. Findings also showed that the experiences that the bereaved had encouraged them to reconsider their personal perceptions of, and existence within, the material and non-material universe. Knight (2011) considered these experiences to be highly transformative and transpersonal, with regards to understanding 'the self'. Thus, such experiences demonstrated positive and spiritually transformative qualities within the bereaved as a result of having had spontaneous experiences of the dead, including being able to discuss and attempt to make sense of the events.

In some of the most recent developments of clinical parapsychology, Eybrechts and Gerding (2012) explored the incidence of perceived contact with the dead in a random sample of the Dutch population (736 people contacted by telephone). It was found that 63% of the population believed such experiences were possible, with 40% of those people reporting that they had in fact had such experiences themselves. The majority of such experiences were not reported to be frightening (83%), with 70% claiming they were helpful to the bereavement process. Due to the positive impact of such experiences, in the majority of cases, experiencers did not seek out related health-care interventions.

In exploring quantitative measures of cognitive changes before and after post-death events, the previously discussed research by Botkin and Hogan (2005) appeared to be the only close match. Hogan (2012) followed up the initial research and explored the health benefits of post-death experiences by measuring the varying levels of relief felt by the bereaved following an induced anomalous experience, which had been reported by experiencers in previous studies. Hogan used a Subjective Units of Distress scale (SUDS) – as used previously (Botkin with Hogan, 2005) – to measure just how disturbing past memories and the stress of bereavement may be for an individual, before and after they had received a form of therapy defined as Guided Afterlife Connections. This is a process in which the bereaved is helped to form a connection with the dead through induced hallucinatory experiences (using the EMDR method). The study used forty-five participants, with a 'disturbing memories' SUDS scale rating of 8 or higher. The researcher (a psychotherapist in this instance) recorded every memory as the client described them (taking an hour or more to do so), with the result being that the researchers could have an extensive list of perhaps 100 memories or more of distressing moments of grief by the end. The researcher then explains the SUDS scale to the client and goes through the entire list of memories, asking the client to rate how disturbing the

memory is using the scale. The SUDS scale is rated from 0 to 10, with 0 representing no disturbance through to 10 (or more if the participant wishes) representing highly disturbing. Participants could create their own scales adding additional plusses after the 10 (i.e. 10++++) or by describing a memory as 100, 150 or 200. Plusses or the use of higher scores are added spontaneously by participants as an expression of the depth of their profound grief (see table 1.4).

Table 1.4: Range of Pre-session SUDS Ratings for 189 disturbing memories of grief (Hogan, 2012)

Rating	Number	Percentage
8	6	3.2%
8.5	1	.5%
9	3	1.5%
10	84	44%
10+	33	17.5%
10++	28	14.8%
10+++	29	15.3%
10++++	2	1.1%
100	1	.5%
150	1	.5%
200	1	.5%

Note: Of the 189 pre-session SUDS ratings, 179 (95%) were 10 and above, with 95 (50%) above 10.

Participants with a rating of 8 or more may constantly feel depressed, sadness, guilt, dizziness, anxiety, loss of control, pain and other negative emotional and bodily sensations associated with trauma and bereavement. The scales were retaken by the bereaved, during and after the therapy sessions of EMDR and interaction with the deceased.

The study found that helping the bereaved to experience and bond with the dead on a sensory level dramatically reduces the memories that initially were very disturbing on a measurable level (as employed in EMDR studies with soldiers who witnessed the death of colleagues in combat (Botkin with Hogan, 2005)), as Table 5 demonstrates:

Table 1.5: Range of Mid-session and Post-session SUDS Ratings for 189 disturbing memories of grief

Rating	Number	Percentage
0	89	47%
.5	2	1%
1	9	5%
1.5	4	2%
2	50	26%
2.5	2	1%
3	14	7%
3.5	1	.5%
4	4	2%
4.5	1	.5%
5	9	5%
6.5	1	.5%
7	1	.5%
7.5	2	1%
8	1	.5%

Note: Of the 189 mid-session and post-session SUDS ratings, 172 (89.6%) had reduced to 0, 1, 2, or 3.

All participants made spontaneous comments about their state of mind mid-session and post-session, such as: “I feel like mom is always around me now,” “I feel calm and relaxed. I felt her saying the words. I felt her presence like when I’m dreaming” and “This was the most profound experience of my life” (Hogan, 2012, p.79). The uniqueness of this study lies in the fact that the researcher was able to observe an immediate decrease in participants’ perceived stress/bereavement levels, due to the impact of induced experiences of contact with the dead. Thus, suggesting instant cognitive reprocessing of the situation the bereaved is faced with and their outlook on life. It is once again important to enforce the idea that powerful emotional states may be the driving force to coping with bereavement, and such emotions are promoted by the experience, as participants in the Hogan (2012) study reported feeling energised, powerful, happiness and joy, following their experience.

From reviewing the findings of research into post-death phenomena and asking the question of ‘*what* potential psychological mechanisms may be involved within the post-death experience’ as presented in the introduction to section 1.6, it is evidently consistent that the experiences present therapeutic values. As Petersen (2001) concluded, “with time, themes and consistencies will emerge that will allow us to examine the emotional and physiological components of these events in much greater detail” (pp.235-236). This now appears to be possible, as specifically in the studies of Bains (2014), Devers (1994, 1997), Drewry (2002, 2003), Evenden, Cooper & Mitchell (2013) and Knight (2011),

participants and researchers reported positive gains, specifically *hope* being obtained following post-death experiences (as discussed throughout sections 1.4 and 1.5). Although not reported or discussed in every study, it is nevertheless considered a consistent therapeutic outcome of several studies. Hope may be responsible for the cognitive changes and driving force behind the often observed transitions the bereaved report – leading them forward to a healthy recovery.

Following this review of extensive research that has been conducted, and noting the casual discussion of hope within similar literature – which shall be discussed in the proceeding chapter – some correspondence was made with Knight (2013, 26th July) on this topic. In discussing her study, and the positive outcomes of post-death experiences, Knight was asked “do you think that [the spontaneous bereavement experience] stimulates ‘hope’ for immortality of consciousness, on a measurable level?” Knight replied “my experience is that it does and unquestionably so.” Taking all of this into consideration, hope appeared to be a suitable cognitive process to investigate within the post-death experience, in terms of its role in developing what are considered ‘therapeutic’ gains.

1.7 – Chapter Summary

In this chapter, I have reviewed literature regarding bereavement and its impact on various individuals. The variety of post-death experiences which have been reported to occur have been discussed. I have also considered studies which have specifically set out to investigate the impact of spontaneous post-death experiences, in order to understand what purpose they serve the bereaved and hypothesise *why*.

One of the aims of this chapter was to identify *what* changes (cognitive processes) appear to be responsible for the therapeutic gains that such experiences have been noted to produce. From investigating this process, advances can be made on the previous research discussed within this chapter. I identified the cognition of hope, and its role within post-death experiences and the path to recovery, as a feature of such experiences which requires investigation. In the following chapter these issues will be considered and how exactly hope might be responsible for leading the bereaved into a state of recovery through fostering such a positive motivational mind-set. Therefore, hope shall be considered as the potential cognition for *why* spontaneous post-death experiences are reported to be helpful and therapeutic.

Chapter 2

Hope in Action

2.1 – Chapter Overview

In the previous chapter, various positive outcomes of spontaneous post-death experiences were considered which led to the identification of a cognitive mechanism which may be responsible for the experiences being perceived as therapeutic. The presence of hope appears to be a notable outcome. In studies such as Drewry (2002, 2003), love, joy and hope were reported. Once a number of studies were reviewed, the literature on such emotions was given preliminary examination with hope presenting much potential for further investigation. For example, Jevne and Miller (1999, p.6) stated “There is no substitute for hope. Joy and [happiness] may help it but they cannot replace it.”

In this chapter, I will consider what various philosophers, theologians, psychologists, and other relevant researchers have believed hope to be and how it operates. Following that, I will provide discussion as to what research has found about the nature of hope within spontaneous experiences – as the possible prominent mediating factor to affect bereavement recovery, given that its presence has been casually reported in previous studies (see Chapter 1, section 4, 5 and 6). From this, examples of hope functioning within accounts of spontaneous experiences of the bereaved will be given. The chapter will conclude with a hypothesised framework of hope within the process of bereavement, spontaneous experiences and recovery. It is from this that a methodological framework to investigate hope will be developed and presented in Chapter 3.

2.2 – Hope Explained

Hope can be defined as an expectation, an illusion, a virtue, a disposition, a large unconscious wish, and an emotion – and therefore a trigger for motivation (Adams & Proulx, 1975). Hope has often had its religious inceptions highlighted, and is often paired with feelings of joy, faith, and love (Menninger with Menninger, 1942). Its place within religious worldviews of humanity has been documented long before the advent of Christianity. The earliest documentation of hope can be found in Greek mythology within the story of Pandora, recorded by Hesiod around the year 700 B.C. In short, Pandora was formed by Hephaetus and gifted with beauty, intelligence, and talent, and given a box she was requested to keep, but never to open. Curiosity got the better of Pandora, and upon

opening the box all the terrors of the world were unleashed such as war, tyranny, poverty and hatred. Pandora slammed the lid shut and held the box to her chest, only to find that it still held weight. One thing still remained deep within the box – hope (see Feldman & Kubota, 2012). The ancient Greeks found hope to be the most powerful psychological and spiritual asset to humanity. When we are faced with misfortune and tragedy, hope allows us to cope and thrive, and see beyond the negativity and depressive state we find ourselves in.

David Hume (1739) gave consideration to the place of hope within human emotions in his classic work *A Treatise of Human Nature*. He proposed hope to be an emotion and a direct passion, and the opposite of fear, alongside other direct passions such as desire and aversion, and, joy and grief. These could all be considered as opposite emotional states. Therefore, if we are not in fear (anxiety), we are experiencing joy, and if we are not in grief, then we are in a state of hope. Kast (1991) described hope in a very similar way to Hume, stating (p. 136):

Hope is the emotion that relates us to the future. Another emotion that relates us to the future is anxiety. The prospect of the future can fill us with anxiety or with hope. Hope, the opposite of anxiety, offers consolation. When I say I can hope again, I mean I am consoled with the sense of something better somewhere in the future. Hope can drive us onward, but hope's main characteristic is that it affords us a feeling of safety and security.

The views of Kast (1991) places hope in an interesting light against bereavement, which as we discussed in Chapter 1, is essentially separation anxiety. From these descriptions of hope, it is immediately placed in connection with bereavement and having a place in the process. Here, Kast (1991) clearly states hope as being an opposite of anxiety. This is also reflected by Hume. Therefore, to not be in a state of bereavement can essentially be looked upon as being in a state hope – which would suggest recovery has taken place from states of anxiety. These ideas will be returned to further on in this discussion.

Contrary to the views of Hume (1739) and Kast (1991), Day (1969) personally disagreed with hope being an emotion, arguing that hope is formed by – and connected to – belief. There are many arguments for and against hope being an emotion, with one example ‘against’ being that when hope is subjected to stringent analysis, hope rarely meets the necessary criteria commonly used to describe the generic term ‘emotion’

(Adams & Proulx, 1975). So does this mean that hope is more of a personality trait, and an outlook on life, such as optimism, rather than an emotion? Bruininks and Malle (2005) considered this question, from the results of several studies in which participants were asked to define hope, optimism, and similar states. The results found that people associated hope as being similar to wishing, but was nevertheless still distinct from wishing – the debate for which has received considerable thought (Radford & Hinton, 1970a,b). Most importantly, hope was considered separate from optimism by it being an *emotion*, presenting more important but less likely outcomes, with little personal control over whatever is hoped for. It could be argued that ‘to hope’ is to ‘positively think’ and ‘will’ for that future event to come to fruition. Therefore, hope can be seen as being used as an emotional descriptor in that hope effects emotional change.

Price (2005) presented the view that hope (along with love and fear) falls into the category of being an emotion, and makes no suggestion about it being seen as otherwise (discussed in agreement with Averill’s (1980, 1982) theories of emotions), while further stating that “emotions are patterns of evaluation and action that enable us to resolve the problems that we face as social beings. If we conceive of emotions in this way, it makes sense to classify emotions in terms of the evaluations and actions that they involve” (Price, 2005, p.124). With this statement, hope can justifiably be classified as an emotion, and is possibly one of the most relevant of emotions which can be applied to ‘feeling and acting’ upon a particular social situation. In a casual sense, some might presume hope is just another word for optimism and certainly many links have been discussed between the two traits (Gillham, 2000). And yet, some believe, and have demonstrated, that hope can act devoid of optimism (e.g. Bruininks & Malle, 2005; Eagleton, 2015). Such debates and research evidence have demonstrated the two constructs to be very different, and yet very much related, which gave Snyder (1994) the foundation on which to build a general working theory for hope – which I shall presently discuss.

From Lynch’s (1965) theological evaluation of hope, he discussed hope as being nurtured by outside agencies, actions within our environment, and the social world, allowing us to determine the likelihood of achieving whatever we may hope. Therefore, we internally weigh up the probability of achieving whatever we hope for and the likelihood of achieving our goals. This is assisted by turning to our past personal experiences of related goals and current experiences and social situations which support our hopes and the likelihood of success – including vicarious sources of hope, such as

observing the experiences of others. This theory is also very much in line with the theories of Downie (1963).

In further philosophical discussion on hope, Downie (1963) proposed there being three different expressions of hope: 'hope that,' 'hopeful that,' and 'hope to do'. To 'hope that' normally involves weighing up the probability for what we're hoping for to come true. This does not mean that we can only have hope where there is a positive probability that our hopes will be realised, as we can hope for something to happen yet think it improbable that it will. This may involve external probability accounts versus personal probability expectations. Yet, even something improbable falls within the range of being possible; the chances just become far narrower. When our estimate of the probability of our hopes being obtained are positive, we say we are 'hopeful that'. We are self-determined with a possible drive that our hopes will be realised. 'Hope to do' involves willpower (Snyder's (1994) agency), in that it certainly requires our actions to make sure that what we 'hope to do' comes to fruition. A person might express 'hope to do' and have no real intention to try, this may be insincere or purely a mental wish, which Downie (1963) describes as 'drunk hope' as expressed by Lady Macbeth. 'Hope that' and 'hopeful that' are externally controlled, which is why we can only place low to high probabilities on their attainment. Our actions may not affect their probability, but the probability of the hope being realised affects our attitudes towards them and their obtainability. This analysis of hope demonstrates that we have personal investments in our hopes, and that hope inspires cognitive changes and varying motivational drives.

Since the 1960s, hope has begun to play more of a role in research on human emotions, given its importance to our daily lives and cognitive function – rather than purely as a topic of philosophical debate. Stotland (1969) investigated the psychology of hope and described it as “a shorthand term for an expectation of goal attainment” (p.2) and “hope is an expectation greater than zero of achieving a goal. The degree of hopefulness is the level of this expectation or the person's perceived probability of achieving a goal” (p.2). Therefore, if a person has hope, they act on this cognition and move forward in life, in a positive and longing attempt to achieve their goal.

This is made clearer by turning to the three mental components of hope outlined within Snyder's (1994) widely recognised cognitive model of hope. In this model, hope is defined as “the sum of mental willpower and waypower that you have for your goals” (p.5). To have a goal is to have hope for something, to achieve this we need the 'will' to act (i.e. 'I can do this') and know that there is a 'way' to act, moving forward, and

achieve this goal (i.e. knowing that ‘others have achieved this’ or ‘it seems possible’ – the chances are greater than zero).

Diagram 2.1: Willpower (Snyder, 1994, p.6)



Willpower is a sense of mental energy that over time can help a person to achieve their goal at varying speeds. It is also referred to as ‘cognitive agency’ i.e. to mentally set and focus on a goal. It requires determination, commitment, and incorporates positive thinking such as ‘I can do this,’ ‘I will try,’ ‘I am ready for this’. If we have a goal in mind, we mentally assess the situation (where we are at point A, the ‘here and now’ and our goal in mind) and prepare our personal motivational drive to achieve and get what we want (i.e. preparing ourselves for the inevitable journey to reach point B – our goal). If we have at least some commitment, then there is also at least some determination to achieve.

Therefore, hope is fostered by the individual with a motivational drive to achieve a set goal. We cannot move towards a goal unless we know that there is at least *some* chance of achieving the goal, no matter how small the chances may be. This element of hope is known as the waypower (or pathway thinking). This is based on our assumptions, knowledge, and experience of the goal being achievable, by looking at other people’s experiences, what the facts may say, or our own personal beliefs about the goals obtainability. It is a mental plan of action of ‘what to do’ and ‘how to do it’ in order to obtain the desired goal combining points A and B – willpower and waypower (i.e. ‘I will win the lottery because others have also done so,’ therefore ‘I shall buy a ticket’):

Diagram 2.2: Waypower (Snyder, 1994, p.8)



Waypower is used to find one or more effective ways of reaching our goals. It is about planning, making attempts, and making alternative plans if one form of waypower appears to fail us. This brings us back to Lynch (1965), who could be argued as discussing an early development of waypower theory, which he referred to as ‘outside

agencies' in terms of what influences us in obtaining and maintaining hope. We look to the social world, including social support, and the practical probabilities of obtaining our goals. Waypower has mental flexibility which allows us to develop alternate paths to our goals, if certain paths fail or weaken our willpower in attempting them.

If a person's goal pursuit is not achieved, then naturally they will encounter negative emotions (Ruehlman & Wolchik, 1998), and self-punishment through doubt or undermining of the goal may take place at that point. Pathway thinking at that point can adjust, depending on how the individual copes with the stressor they have faced which has blocked the goal – it all depends on the person's individual level of hope. The level of hope within each individual can be determined using several validated scales exploring individual determination, competitiveness, optimism, coping abilities, personal assurance of outcomes and future goal orientation (see Farran, Herth, & Popovich, 1995). Generally speaking, high hoppers tend to consider such barriers as challenges, and thus explore alternative paths and apply their motivation to obtaining their goals. Low hoppers may become stuck because they believe they cannot find alternative paths, while their negative emotions and decline in motivation hinder their goal pursuits (Snyder, 1994).

Diagram 2.3: Equation for the Cognition of Hope

$$\begin{aligned} \text{Hope} &= \text{Mental Willpower} + \text{Waypower} \\ &\text{and/or} \\ \text{Cognitive Agency} + \text{Pathway Thinking} &= \text{Goal} \end{aligned}$$

Snyder and Lopez (2007, pp.201-203) noted that several theories for the psychology of hope have developed since the 1950s, with Marcel (1951) who argued that hope gives people the power to cope with helpless circumstance, to Stotland (1969) who explored expectancies and cognitive schemas, seeing as hope probability of goal attainment (theories and findings of which we have already discussed in this section). Other hope theories include the following:

Table 2.1: Summary of Hope Theories – Adapted from Snyder and Lopez (2007, pp. 201-203)

Researcher(s)	Hope Theory
<u>Averill, Catlin & Chon (1990)</u>	Hope defined in cognitive terms as appropriate when goals are (1) reasonably attainable, (2) under control, (3) viewed as important, and (4) acceptable at social and moral levels.
<u>Breznitz (1986)</u>	Proposed metaphors to capture the mechanisms of hope in response to stressors, with hope as (1) a protected area, (2) a bridge, (3) an intention, (4) performance, and (5) an end in itself. Hope was also argued as an illusion akin to denial.
<u>Erikson (1964, p.118)</u>	Defined as “the enduring belief in the attainability of fervent wishes” and posed dialectics between hope and other motives, the strongest being trust/hope versus mistrust, which is an infant’s first task. Other interactions to be considered are the generativity of hope versus stagnation.
<u>Gottschalk (1974)</u>	Hope involves positive expectancies about specific favourable outcomes, and it impels a person to move through psychological problems.
<u>Mowrer (1960)</u>	An observed emotion that occurred in rats when they observed a stimulus linked with something pleasurable. Close links were shown to fear, and that motivation is lessened when in fear, which impedes goal pursuits.
<u>Staats (1989, p. 367)</u>	Defined as “the interaction between wishes and expectations.”

In table 2.1, it is clear that many of the hope theories, developed from past research findings, show clear consistencies in the definitions and functions of hope. Snyder’s (1994) cognitive model of hope can be seen to incorporate many of these views and findings.

Alternative approaches to the psychology of hope have also been taken on a neurological level. For example, Cousins (1989) considered the neurobiological basis of hope, looking at brain and hope-related thinking, described as follows (p.73):

Brain researchers now believe that what happens in the body can affect the brain, and what happens in the brain can affect the body. Hope, purpose, and determination are not merely mental states. They have electrochemical connections that play a large part in the workings of the immune system and, indeed, in the entire economy of the total human organism. In short, I learned that it is not unscientific to talk about a biology of hope...

Snyder and Lopez (2007, p.192) note that Cousin's (1989) work leads to the new idea that our goal-oriented actions are guided by opposing control processes in the central nervous system. These are regulated by the *behavioural inhibition system* (BIS – responsive to punishment), and the *behavioural activation system* (BAS – governed by rewards, sending messages to go forward). In related research (Depue, 1996), there is suggestion of a behavioural facilitation system (BFS), which drives incentive seeking actions, and includes dopamine pathways of the mid-brain that connect to the limbic system and the amygdala. The amygdala responds well to hopeful thoughts and goal orientation, as Slade (2012) has argued, positive thoughts and goals are like a mental 'tickle with a feather' to the amygdala, promoting positive – and especially pleasurable – feelings and action.

In this section, it has been made clear that hope is about reason for personal motivation and the will to move forward and achieve unlimited goals for *whatever* we may desire. In summary of 'what is hope,' Hutschnecker (1981, p.74) concludes:

Hope encourages us through difficulties we encounter, and hope is the ultimate power that stirs our imagination to sculpt our life in accordance with the highest ideal we wish to accomplish.

From considering what hope is and how it works, we can see it as several things, acting all at once. Hope is a cognitive state, a cognitive trait, an emotional state, part of our biology and the workings of the immune system, and a motivational prompt.

2.3 – Hoping and Coping

Even though hope is still debated between being a state of mind, personality trait, or an emotion, to possess and foster hope has only proven to benefit us psychologically, unless we personally conclude that our goals cannot be met – leading to hopelessness and despair. As Adams and Proulx (1975) stated “[A central assumption] here is that there is a

relationship between health and hope. The hoping process plays an important part in the physical and emotional well-being of man and animals” (p.257). They further argued that for anyone working with the bereaved, an understanding of hope and its application is required, and should be studied further to gain better understanding about the relationship between hope and bereavement and the underlying mechanisms involved.

The French philosopher Gabriel Marcel believed that hope arises at a time of despair, suffering, or a form of captivity (Marcel, 1951). This would perfectly place the potential seed of hope within the heart of the bereavement processes – as early assumptions suggested (e.g., de Boismont, 1860; Hume, 1739). Wayland (2014) refers to this as “hope within liminal space,” where hope acts as a tool for surviving situations of unknown outcomes, particularly the loss of a person we hold dear to us – with an ingrained desire for their return. Wayland (2014) gives focus on missing person cases, yet such ideas can be placed within the situation of hope being identified in bereavement, particularly where people personally believe there is life after death, a spontaneous experience provides evidence to convince the bereaved of the deceased’s continued existence. From the outcome of surveying available research literature, Wayland (2014) states that “hope [signifies] an engagement with the possibility that a person [is] beginning to survive their loss by being hopeful for the future” (p.25).

There has been corroborative work within hospice care demonstrating a presence and fostering of hope within people faced with issues of death and bereavement (supporting Marcel’s (1951) theory). However, Gamlin and Kinghorn (1995) raised issues surrounding the bereaved and the negative health aspects it brings when grief persists under the surface without treatment or resolution (as discussed in Chapter 1, section 1.2). They further discussed hope being used as a tool for coping with loss and grief, claiming that it is rare for people to consider hope in relation to bereavement, as it is a natural clash of such a positive *emotion* against a negative *situation* (Tweed & Tweed, 2011). However, we do notice clashes in different social domains. For example, it is not unusual for those with religious beliefs to combine bereavement and hope (e.g. Robinson, 1972; Smalley, 2005; Taylor, 1946).

Hope can allow the bereaved to reassess the positive aspects of life even when their current life prospects appear to be poor, limited and futile. When the bereaved are exposed to the positive aspects of life around them it can trigger a hopeful desire deep within which they can embrace and see to be fulfilled. Various examples of people’s thoughts and feelings during bereavement ‘without hope’ – and then after obtaining hope

– are outlined by Jevne (1991) who conducted a series of interviews with patients, caregivers, and the bereaved on the topic of hope. One particular example of the bereaved and their state of mind before obtaining hope is as follows (Jevne, 1991, pp. 141-144):

I am a lawyer. I think logically. This was something I couldn't deal with logically. It's totally illogical and totally bizarre. No matter how much training I had, there was no way I could sit down and attack the problem using any methods I had been trained with.

I didn't realize there is a real grieving period. For some people it's short and for some people it's long. In my situation I feel the grieving was extended because I was left in a situation I couldn't accept. I wanted to impress upon him the emotional damage that had been done. I'm not sure, though, that anything will be different for the next family.

This particular gentleman was able to restore hope in his life and move on from the grief through finding hope in biological survival – a symbolic aspect of immortality (Lifton & Olson, 1975). His granddaughter was born a year after the loss of his wife:

The most healing aspect for me was to be present within eight hours of my granddaughter's birth. It was thrilling. I was able to hold Dina and to realize there is continuity. My wife had been dead for more than a year, but here was this new life. Dina is not a substitute. Dina is a continuation.

As the bereaved gentleman states, this instantly changed his outlook on life and saw his wife living on through his granddaughter, through the continued gene pool. Hope was fostered, therefore restoring the gentleman to a positive outlook on life where he could look forward to the future, free from grief. This is, however, just one example of hope being fostered by the bereaved and used as a positive motivational drive to assist in dissolving the negative state of grief.

It is perfectly natural for the bereaved to adopt their own source of hope through various world events which see them recover from bereavement – as discussed in the example above by Jevne (1991). However, there are cases in which applications of hope have also been applied in a counselling setting to aid the bereaved. Cutcliffe (2004) presented a review of hope and hopelessness within the bereavement literature to aid nurses, and more so counsellors, to inspire hope within the bereaved. Aware of the prior relationship with the bereft, counselling, and hope, Cutcliffe (2004) specifically wanted to

present the links between hope, inspiration, and caring, and, the interpersonal nature of hope inspiration. This was achieved by reviewing available research and current practice within bereavement counselling (using a loose form of a meta-analysis). It was concluded that the research indicates that the inspiration of hope through bereavement counselling is supported by the sense of being cared about, an interpersonal connection between one person and another (i.e. the counsellor and patient). Though it must be understood that a counsellor does not give a person hope, they simply assist the client in realising things within their life which inspire hope. This opinion is also held by Gamlin and Kinghorn (1995) who stated that “Fostering hope is part of the process of caring but it is not something we are able to give or prescribe for another person. By our actions we may be able to help our patients experience hope although this is a challenge which requires great commitment” (p.35). In a clinical setting – and perhaps educational – professionals can be seen as carriers of hope. One good medical test result can ‘give’ hope, with the patient saying to themselves ‘then I can get better’. This is where hope emerges and acts. In light of this, we must remember that hope is subjective, due to being arguably an emotional state, and it is also a personal promise to ourselves that things will get better. This also works on the basis of false hopes (Snyder, Rand, King, Feldman, & Taylor, 2002) such as being told things will get better when the likelihood is that they won’t – working much like a placebo. It is a unique and powerful self-help mechanism.

Leading on from this, Nekolaichuk (with Jevne, 2002) discussed the issue of whether coping leads to hoping, or if hoping leads to coping. From looking at some of the definitions of hope as a cognitive process and its therapeutic applications, it certainly seems to be the case that the latter applies. A person must be hopeful of something and set goals, before they can put aside anything which doubted those goals in the first place and wouldn’t allow them to see such goals as possibilities. There is no doubt, that within the bereavement process, hope makes its presence known at some stage to allow for recovery, but available research regarding how hope inspires within such times is currently limited.

Snyder (2000) gave some thought to the place of hope within the bereavement process, and how it is possible to gain hope and emerge from a state of bereavement. He had found in previous research (Snyder, 1994, 1996) that people who can be classified as ‘high-hopers’ through questionnaire based hope scales, are easily capable of focusing their attentions on new goals when they have lost a loved one. In some instances of ‘high-hopers’ when looking to new goals, they reflected on what the dead might say to their new ideas and goals, thus establishing a mental continued bond with the deceased in order to

carry on with daily activities free from grief. Snyder (2000) further states that “part of mourning is that the survivor misses the usual pathway activities related to the departed person” (p.136), and therefore, hope pathways become lost in the thought of ‘the deceased no longer being around’. Even mental reflection on memories of the deceased can be enough to overcome this and gain hopeful thinking back. It is generally suggested that negative thoughts of loss will pass in time and be replaced with hopeful thinking, but as discussed with some post-death experiences in Chapter 1, many people found such experiences to be an instant relief and comfort, and perhaps, an immediate fostering of hope. To quote from Snyder (2000) again “Bereavement is not a maladaptive process to be ignored or hurried. Instead, it is a crucial process that prepares people to hope again” (p.140). Post-death experiences appear to be a natural part of this process for many bereaved people (e.g. Burton, 1982; Gurney with Myers, 1889; Haraldsson, 2012; Rees, 1971b), and could be a light in the darkness for many in gaining hope and perspective on life once again.

In relation to Snyder’s (1996, 2000) thoughts and research on hope as a coping mechanism within the bereaved, more recent research was carried out by Chow (2010) into the role of hope in bereavement for Chinese people based in Hong Kong. The study explored relationships between hope and emotional reactions of the bereaved. There were three groups of participants involved: clinically bereaved ($n = 140$), generally bereaved ($n = 152$) and a non-bereaved comparison sample ($n = 144$). Significant differences in hope measures were found between the groups. A mediating effect for hope agency was found, but not for hope pathway or total. One interpretation of this could be that the bereaved can develop hope and picture a future goal, but their ability in a time of bereavement to develop thought pathways to achieve such goals is weak. As Chow (2010) notes that “the relationship of hope to bereavement outcomes is a new discovery, which gives direction to caring for the bereaved” (p.344). For one, this study has demonstrated a clear measurable presence of hope within the bereaved. Another question to be posed, is what exactly do the bereaved hope for?

Snyder (2000) and Chow (2010) both demonstrate that hope has an impact on our personal health and well-being. The importance of this has also been noted in the hospital setting regarding the terminally ill, in which nursing staff have been trained to foster hope within dying patients – and bereaved family members. In such instances, it was noted that the bereaved obtained a greater sense of personal ‘being’ from embracing personal hopes

and that for health care “working with bereaved persons is a creative experience; it is hoping in the truest and most helpful sense” (Adams & Proulx, 1975, p.263).

In more recent studies, hope has been investigated for its ability to maintain and restore health in people. For example, Scioli et al. (2015) applied a mixed method integrative approach to hope, to explore its health benefits in various settings. The first study found greater hope was associated with depth of commitment to healthy diets and exercise. The second study found that the integrative hope scale was associated with a number of health behaviours as compared to a standard goal-orientated hope. And study three found that from a content analysis of testimonies of long term cancer survivors, there was a strong reliance on attachment and spirituality in maintaining hope – dimensions which are not typically considered or accepted in all areas of psychological studies and health care. The findings lead the way to much wider research opportunities, while demonstrating hope’s interventions in sustaining and restoring physical health and well-being.

This section has left great promise, from varying research perspectives and previous parapsychological research, to suggest that a clear link between bereavement, hope, and post-death experiences exists; further suggesting a continued bond with the dead and personal confirmation in the continuation of life beyond death for individuals promotes feelings of hope.

2.4 – Philosophy of Hope and Immortality

It seems a plausible rationale that hope is not only created through bereavement at a time of despair (Snyder, 2000), but is fostered by spontaneous experiences suggestive of contact with the dead. Jourard’s (1964) view of the general hope syndrome, describes hope as a general rising titter of spirit which in turn decreases the entropic level of the body system, and therefore hope ‘mediates higher levels of wellness’. This description seems to suitably describe how hope takes place as a therapeutic form within spontaneous experiences, due to several studies discussing that experiants began to re-adjust their views of the world and felt helped by their experience (e.g., Daniel, 2012; Knight, 2010; Moody with Perry, 1993; Parker, 2004; Steffen & Coyle, 2011), and in some cases clearly stating the presence of hope (e.g., Devers, 1997; Drewry, 2003; Guggenheim & Guggenheim, 1995).

Additionally, it appears a plausible theory due to the inset nature of hope in humanity, which we have discussed regarding ancient times to modern day thought

(Feldman & Kubota, 2012), and our underlying curiosity of immortality, that glimpses of a potential life beyond death inspire hope. There are numerous works discussing the notion of immortality, and it is something we could easily argue we all wish for consciously or unconsciously. Even though some might say this is an impossible goal to meet, there is still good cause for embracing such hope, despite the fact that hope has been viewed as a negative and damning trait when our goals are not met:

Fortune's cheating lottery – *Abraham Cowley*

The miserable hath no other medicine but only hope – *William Shakespeare*

Hope is the fawning traitor of the mind, while under colour of friendship, it robs it of its chief force of resolution – *Philip Sidney*

(cited in Menninger with Menninger, 1942, p.214)

These quotes regarding hope are often over-ruled by the positive attributes hope can bring, especially when describing humanity having 'given up' or suffering desire and grief, where hope is seen as the reason to 'live':

Life is action, and action is impossible if devoid of motive or hope.

(Jordan, 1926, p.11)

Hope – of all ills that men endure, the only cheap universal cure; the captive's freedom, and the sick man's health, the lover's victory, and the beggar's wealth. – *Crowley*

Hope is the only good that is common to all men; those who have nothing else possess hope still. – *Thales*

(cited in Edwards, Catrevas, & Edwards, 1934, pp. 262-263)

Hope for immortality is a goal we will not know we have reached until the point of death. If when we die consciousness is extinguished, we will forever experience nothing and be nothing. But if consciousness exists in some form beyond death as certain parapsychological experiences suggest, then our hope and goal is achieved. It is

effectively a win/win situation in that it can do us no wrong or damage in life to hope for something beyond death. If anything, it can improve our psychological well-being for what time we have left before we meet our own demise (see sections 1.4, 1.5 and 1.6). On the other hand, Dawkins (2006) would argue that hoping for signs of an afterlife would actually impoverish life. Yet we have learnt from existing research findings and personal experiences that such a hope cannot lead to hopelessness, and to experience something during bereavement suggestive of someone we know living on, could only instigate a hope for personal survival beyond death – not diminish it. In Christian faith, hope is fostered in people through the notion of the resurrection of Christ (a spiritual resurrection rather than literal raising of a corpse (Badham, 1991; Smalley, 2005)), and can be compared to parapsychological research (Badham, 1993), where people may hope for immortality due to the evidence of documented research regarding survival or through personal experiences suggesting death to be a transition – and not an end to life.

Spurr (1926) argued that although the issue of life after death is controversial – especially for many who see it as speaking outside of their religious boundaries and contradicting the words of their scriptures – humanity has had to accept that since early civilisations, there have been reports suggestive of communications with life beyond death. These communications have suggested visitations from, and interactions with, ghosts of the known dead (e.g. Cooper, 2011a; Poo, 2009). It has been discussed in various texts that such experiences give rise to hope, but they offer different forms of hope. For example, Taylor (1946) argued that the Christian may have hope for immortality by placing God first in their life, having faith and embracing the resurrection of Christ (Christian Hope), while external anomalous experiences in life are *required* to enforce the notion of life beyond death. Due to the Christian being ‘so sure of God’ they are equally sure that they will ‘survive’. While on the other hand, the person (or spiritualist) who does not follow faith and religious scripture, but considers research evidence and embraces experiences, may hold psychological hope for immortality, devoid of religion, and based on life sciences or personal experiences. Indeed it is held by most religions that there is some form of continuation beyond death, thus fostering an ‘immortal hope’ and bringing ‘comfort to the believers’ of such faiths (O’Connor, 2012).

Gabriel Marcel discussed in his classical work *Homo Viator* issues of immortality and human belief, in relation to the metaphysics of hope. In reference to his thoughts on philosophers and other theorists of immortality, he stated the following:

I am actually very far from hazarding any conjectures on the mode of existence of the departed and the nature of the palingenesis for which they are no doubt destined. More-over, it does not matter that I refuse to be interested in such speculations. It must, however, be recognised that those who do indulge in them are generally quite unprovided with any equipment for reflection, hence their theories are in danger of degenerating into pure fantasies.

(Marcel, 1951, p.151)

Here lies the gap between religious faith in immortality and parapsychological research supporting and fostering hope within individuals. A hope can be a fantasy, desire, or a wish. The basis of hope for survival beyond death becomes a far stronger notion when provided with a first-hand experience of what appears to be contact from the departed (Badham, 1993) and a wealth of psychological and parapsychological research evidence (*equipment for reflection* – as Gabriel Marcel puts it) supporting the probability of that goal coming to fruition.

Hope for immortality of the soul has long been held by humanity and well documented; any experience to support this notion can only strengthen such a desired goal. At the same time, it is made clear through philosophy, theology, and psychology, that hope brings well-ness and comfort to the individual who is hoping or hopeful. If the prospect of immortality and survival for the mind beyond death can promote hope, it carries with it positive health attributes.

2.5 – Post-Death Experiences and Hope

As we have discussed in the previous sections (particularly 1.6), the impact of post-death experiences in many cases has led people to challenge their beliefs, their views of reality, and promote positive emotions and healing, in what appears to be a natural aid to the recovery from bereavement. But is there an obvious underlying theme of what exactly is challenged – or realised – by the bereaved when they have encounters suggestive of the dead still being around in some form? What ultimately drives them through the recovery and promotes positive outcomes? Is it purely the sense of a future with the deceased?

To consider these questions and the process of hope, turning to personal accounts of post-death experiences is essential in understanding what transitions take place, and any themes as to how hope takes action. We are aware that there is a wealth of anecdotal academic literature, which addresses post-death experiences and the variety of ‘forms’

they may take, as we have discussed in Chapter 1 (e.g., Arcangel, 2005; Devers, 1997; Guggenheim & Guggenheim, 1995; LaGrand, 1999; Moody & Arcangel, 2001; Nowotny-Keane, 2009; Wright, 2002). While at the same time there is a small but increasing body of formal studies on post-death phenomena (mixed method studies, the most extensive being doctoral theses – predominantly qualitative) and their ‘place and impact’ in the bereavement process, which we have considered (section 1.6). Certainly a lot of this work shows the process of researching people’s experiences in depth, and discusses at length accounts of the bereaved, demonstrating many positive out-comes of the post-death experience on a qualitative level. While many books on psychical research regarding potential evidence for conscious survival beyond death have been produced, it seems the authors’ main desire in many cases is for “many readers [to at] least receive comfort, and gain hope and happiness in the knowledge that death is not the end of life” (Henderson, 1955, p.16).

Even as far back as de Boismont’s (1860) study, it was recognised that hallucinatory experiences for the bereaved appear to give rise to hope, and other positive states. The qualitative evidence and experiential reports suggests that the bereaved express these emotions following a post-death experience, without being lead to do so by the interviewer/researcher. And the bereaved themselves might not fully realise the importance of the information they find themselves discussing when recounting the anomalous experiences following a death. When we discussed the research of Drewry (2002, 2003) – besides the feelings of relief and encouragement from the post-death experience – several emotional themes appeared present in the bereaved which could influence their psychological and physiological motivation, these being: love, joy, and most notably, hope.

It appears on the surface that we have suitable grounds to suggest that post-death experiences promote hope which leads to improved recovery from bereavement, and that hope is not merely a casual remark, devoid of any meaning, when referred to in the aftermath of spontaneous experiences for the bereaved. This is even supported by the research of Chow (2010) in the measurement of hope within bereaved people. As pointed out by Nekolaichuk (with Jevne, 2002, p.8) “[Is] it the change that brings the hope or the hope that generates the change?” We can relate this perfectly to spontaneous experiences during bereavement and how such experiences impact on recovery. This discussion also raises the issue of hoping and coping, which some would argue to be two different things (Nekolaichuk with Jevne, 2002). In the case of post-death experiences, it currently seems

more logical that the spontaneous experience (or change) brings hope, and hoping leads to coping, as prior to this is the state of grief, which in itself is not a sign of coping.

To refer back to the work of Rees (1971b) and the hallucinations of widowhood, the findings of that study and the impact of spontaneous experiences on the bereaved were re-considered and discussed forty years on. In this, Rees (2010) discusses the reactions of the bereaved to the previous research and reviews he had conducted (Rees, 1971b, 1975, 1998, 2000), which were then brought to public attention in newspaper articles, most notably in the *Church Times* (see Rees, 2010, pp.182-191). The reactions from various widowed individuals regarding their experiences and conflict against their religious beliefs in life after death were fascinating, and certainly tell us more on a qualitative level about hope in action. For example, some individuals were concerned that the church did not take such experiences of the bereaved seriously enough and yet frequently discussed the issue of hope for immortality through the Resurrection of Christ. As a previously bereaved member of the church wrote (in summary):

For a long time now and before my husband's death I have been concerned about the attitude of the clergy to death and the question of the afterlife. We are taught about the Resurrection of Christ in detail, but when it comes to serious discussion, and asking how that teaching affects, as you say, the common experience of humanity, the questions are 'skirted around' and in doing so are no comfort to those who grieve the loss of a loved one.

Following a post-death event in which a medium approached this bereaved lady and spoke of her deceased husband (a spontaneous event, rather than sought in this instance), she went on to say:

It is a shame that this, and countless other experiences that you speak of are not taken seriously by the clergy in general. Christ's Resurrection is preached but it seems that to bring it down to our level is ignored. We are indeed separated; and our transformation beyond this life, confirmed by so many encounters, by so many people, is never mentioned. I trust that your wish that this subject will be considered and discussed in theological colleges will come about and acted upon.

(Rees, 2010, pp.183-184)

For one, this statement addresses Taylor's (1946) thoughts on Christian hope and thoughts on the afterlife. Taylor insists that with the 'Spiritualist,' the all-important matter is in hope for survival, while the 'Christian' holds hope for immortality through the faith of God and Resurrection of Christ (faith in God is put before one's own desire for survival). For the bereaved lady in the above account (from Rees, 2010, pp. 183-184), such faith in God or belief in the Resurrection of Christ does not bring comfort for many from Biblical teachings alone, but a post-death experience can bring comfort and hope within this framework (Badham, 1993). Some theological teachings do accept the post-death experience as a natural part of the mourning process. The hope (or cognitive agency) is supported through the post-death experience suggestive of something more, and its personal meanings to the bereaved. Rose (1999) explains this in more technical terms, but agrees that faith – or Christian hope – is not enough, and post-death experiences are required to confirm the hope (p.77):

If the Christian who makes that choice mourns the death of a person who was close to him, he will resolve to try to maintain hope for the peace which Jesus promised to bestow on all believers... but also to what he sees as the great possibility of his eventual reunion with the person who from the secular point of view are now forever lost to him... all by himself he has experiences and receives insights that indicate to him that his beliefs and hopes are objectively true.

Other accounts submitted to Rees (2010) demonstrate the comfort, acceptability and reality of the experiences encountered by the readers of the *Church Times*, who suffered a bereavement and subsequent post-death experience. This is demonstrated in the cases of Mrs SF and Mr L (pp. 184-185), below:

I am writing to thank you for your recent letter in the *Church Times* and tell you of my experiences. My husband died in 1980. About three months after his death as I was waking after a restless night, worrying about something that had to be done the following day, I had a very strong feeling of his presence and felt his hands on my shoulders. This was not a dream – it was a very real experience. – Mrs SF

Many people have thanked Rees for sharing the research that has been conducted on such experiences, as many people claimed that they feared ever telling anyone about their post-death experiences in case they were faced with ridicule and/or rejection. Not only do

the bereaved gain comfort from such experiences, but knowing that others are aware of such experiences and accept them, is also a huge relief to the bereaved:

As a result of your letter in the *Church Times* I wish to inform you of the personal relief and reassurance I received from it. If it had not been printed I doubt if I could have spoken to anyone about the experience I had a few weeks ago. The experience happened during the night. I had retired to bed at approximately 10pm. I had not taken any stimulants whatsoever, unable to sleep I lay in bed thinking of what I would do the following day. I heard the Grandmother clock in the hall strike 11pm and shortly afterwards I sensed someone in bed beside me. I knew immediately it was my wife. She put her arm about me as she did in life, I sensed a tender warm feeling that was so natural. I then turned to face her but her face was just a blur. I then spoke to her and said, 'You shouldn't be here you know,' and she replied, 'I know,' and she left me with a feeling of intense pleasure and comfort. I then heard the clock strike quarter past 11. The whole experience I judge to have taken between 2-3 minutes and I was wide awake the whole time. – Mr L

Mr L assumed himself to be a one-off 'freak' (his words) until he spoke to the local Rector who reassured him of how common such experiences were. He even went on to show the letter in the *Church Times* written by Rees regarding his past research, to other people who could completely relate to such experiences during a time of loss. Owing to such experiences within the Christian faith, Mr L further stated:

...we have sure and certain knowledge that we will meet our loved ones once again in the Good Lord's own, and not our, time.

Let us consider these notions further through personal accounts of post-death experiences that have been formally researched. For example, Devers (1997) presented a summarised piece of research – following previous extensive study into post-death experiences of the bereaved (see Devers, 1987, 1994) – in which post-death experiences of the bereaved were discussed. In Devers' (1997) summary of post-death phenomena, a section is given to just a few specific accounts, with this section being entitled 'hope as a healer'. In this section, the bereaved discuss their post-death experiences while colloquially describing hope. There are several such accounts in this section, but to give one example (Devers, 1997, p.151):

I lost my faith. It didn't seem like a good world to me anymore. But then Ruby came down to me like an angel straight from heaven. She was so pretty and she told me everything would be all right. She explained that heaven was an amazing place. Ruby made me see that what happened to her wasn't bad, which made me feel a whole lot better about death itself.

In the opinion of Devers regarding these cases “to be without hope is to be without a future. Hope embodies our dreams for the future and therefore our mental imagery of that future” (p. 150), which again relates well to the findings of Chow (2010) regarding the bereaved establishing cognitive agencies. Guggenheim and Guggenheim (1995) also reached this conclusion (by also surveying personal accounts); in that post-death experiences encourage the facilitation of hope within the bereaved. If a post-death experience suggests survival beyond death, it suggests a *future* life beyond death, and it has been re-quoted by a number of notable people that “where there's life, there's hope” possibly developed from Adele Shreve's quote “Hope is life and life is hope” (Edwards et al., 1934, p.264). Evidence – in whatever form it takes – of something more to come, gives cause for hope. It is this notion which may serve as the driving force for the emotion of hope behind ‘recovery from bereavement’ when faced with an experience suggesting something more, which challenges our conceptions of life and death, and even reality itself.

LaGrand (1999) posed the question ‘how does the after-death communication [ADC] bring hope to the person who has the experience?’ in his book *Messages and Miracles*, being a semi-formal presentation of ‘extraordinary experiences of the bereaved’. His thoughts on the place of hope within the bereavement process are in line with that of Snyder (2000), highlighting hope as an important factor, and making the difference between picking up the pieces and getting on with life, or retreating and becoming a recluse. The ADC, in LaGrand's view, is a useful tool in strengthening this hope when the bereaved is faced with a world in which their loved one is gone. He states (LaGrand, 1999, p.218):

All productivity, all strong relationships, all conquering of problems are cast in the seconds, minutes, hours, or days ahead, and when one is convinced there is no future – and refuses to live in the present moment – one has set the deadly time clock of despair ticking. Hope, then, is that something outside of and bigger than the self that can get us through anything.

LaGrand then demonstrates this by outlining various cases of post-death experiences in his work – as has been done in Chapters 1 and 2 of this thesis – concluding that there are two types of hope for the future from these experiences: (1) other-worldly hope, which post-death experiences directly address, and (2) this worldly hope, which is essential for maintaining health and vitality in the recovery process. And yet, the two mutually influence each other. One should not be emphasised over the other as most of us need both, especially in the case of the bereaved.

In further acknowledgement of hope within the post-death experience, Heathcote-James (2003) produced a book summarising a study on the exact same lines as LaGrand (1999), devoting a chapter to ‘messages of hope’. Again, Heathcote-James, like others, presents accounts of post-death experiences to support her case anecdotally. In one such case, the bereaved (Sharon) had lost her mother due to a sudden heart-attack. Five months later, Sharon was admitted to the labour ward of a local hospital. Her post-death experience occurred as follows, beginning during an emergency Caesarean (Heathcote-James, 2003, p.144):

While I was asleep, I had a dream (as I thought) of my mother. She was sitting beside me, dressed in a white lace dress and her head was covered with a white hood. She began to talk to me but her lips weren’t moving, we could read each other’s thoughts. She told me I would have a baby girl. 7lbs 1oz, and she would be OK after a while. She told me to tell my father that, when his time came, she would be waiting for him. She also said that I mustn’t cry any more for her as she was always with me and then she was gone.

Next thing, I came to in the recovery room. I told the nurse of my dream and what my mother had said but she told me that it was impossible to dream under anaesthetic because I was deeply unconscious. So I asked her, ‘What did I have?’ ‘A girl’. ‘How heavy?’ ‘7lb 1oz’. Was she OK? She was in the special baby care unit but would be fine. Two days later, she joined me on the ward.

The same night, my mother appeared by my bed, and she spoke to me the same way through thought. She said I was going to be all right and that she loved me and to always remember she would always be with me – then she was gone.

Heathcote-James voiced the opinion that in assessing these post-death experiences, the interaction with the deceased brought messages of hope, leaving the bereaved/experient calmed and reassured of the issues faced in their current life. These

thoughts and findings regarding post-death experiences are also shared by Nowotny-Keane and her study, presented in the book *Amazing Encounters* (Nowotny-Keane, 2009).

The aim of Nowotny-Keane's study was twofold, to assess: (1) what were the experiences of ordinary people? and (2) what was it like to have these human experiences? The criterion for inclusion in the study was that "the person [bereaved individual] was contacted directly and spontaneously by a deceased family member or friend" (ibid, p.11). An informal method of content analysis was used in sorting the data for presentation. It was concluded that following a post-death experience, the bereaved are compelled into seeing life from a different perspective. In many instances, the bereaved reported or mentioned hope as an 'existing' element of their experience. For example, following a couple of close bereavements, a lady called Jan had a post-death experience involving her deceased mother (Nowotny-Keane, 2009, p.144):

It was exactly as though she was in the car with me. I could smell her perfume, I could smell her face powder that she used to use. There was no sort of physical form. I didn't see anything, but her presence was absolutely strong in the car. She was there.

In evaluating her own experiences, she went on to state (p.147-148):

I don't feel a loss. I feel a gain. It was such a moment of soul-to-soul communication. It was outside any other context... where anybody has to be polite or make social enquiries. It was way out of all that. Transcending all that. It was direct. That's why it was, for me, special.

And these experiences were not driven by Jan's religious views or beliefs, due to the fact that she claimed to hold none:

Before I didn't have any sort of belief. Didn't believe in God. Believed in the spirits of the earth as nature in a vague sort of way. As a force rather than any sort of personification... I think before this happened I never believed in life after death or any of that. I didn't have any religious beliefs. I didn't have a sense of the soul living on, resurrection, or anything like that. When that happened to me, it shifted my thinking immensely as to what that meant.

In another lady's experience of post-death phenomena, also involving her deceased mother, she commented in reflection (Nowotny-Keane, 2009, p.33):

The feelings of death's surety keep touching me, mixed with feelings of hope, fear, uncertainty, reality, certainty, and – under all that – a ring, a circle of deeper peace... though I may appear the same, one is never the same after being 'touched' by a few visits from those who have died...

From this, and *many* other experiences, the various researchers we have discussed in Chapters 1 and 2 have casually concluded hope to be present and an adaptive outcome of such experience. In fact, the reporting of hope has been so casual/subtle that no research has been presented assessing its role and impact specifically within the post-death experience. And yet, from considering hope theories and its cognition, it is a powerful human trait that aids our health and well-being. Indeed, it seems a valid point to suggest hope is present, but the questions of 'in what capacity is it present?' 'how does it become present?' and 'what is its purpose and use?' is yet to be directly addressed in formal research.

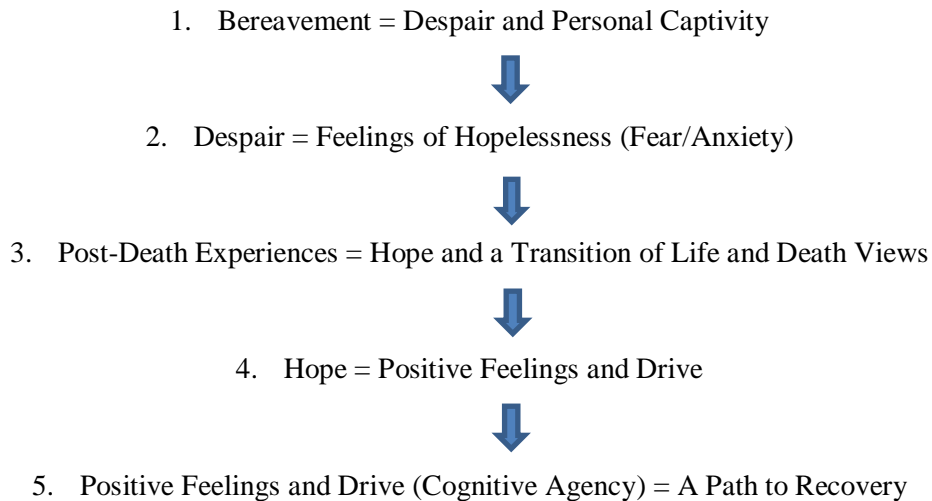
Spurr (1926) stated that although the issue of life after death is controversial – especially for many who see it as speaking outside of their religious boundaries and contradicting the words of their scriptures – we have had to accept that since early civilisations, there have been reports suggestive of communication with life beyond death. These experiences come in the form of visitations from, and interacting with, ghosts of the known dead (e.g. Cooper, 2011a). This is why human immortality has been a topic of debate for centuries, and not just through wishful thinking, but due to personal experiences and that of others, and documentation suggestive of a continuation. It is with these experiences, we *hope* that such accounts are really what they appear to be. Though we may have religious beliefs about an afterlife, or non-religious personal views, for many people, anomalous experiences confirm our speculations. And in other instances, lead us to question what we think we know about the nature of life and death.

2.6 – A Proposed Path of Hope

From having defined and discussed bereavement, a relationship seems to exist between separation and negative states. Also, from discussing issues of thanatology and parapsychology we are aware that a relationship is suggested to exist between post-death

experiences and positive feelings of comfort and healing. Within these outcomes, hope has been identified and debated for further investigation within this process. From this, a framework for hope within the post-experience can be hypothesised, for example:

Diagram 2.4: Framework of Hope within the Post-Death Experience



Currently, this is nothing more than a theoretical frame work for the process of hope and recovery from bereavement through the aid of post-death experiences. However, from what the research and literature suggests, it is a probable cognitive path to recovery which can be explored if we apply appropriate measures to investigate hope within the bereavement process within this thesis. Although hope is distinct in its ability, it is also a non-specific force, which we are aware is related to health and illness (e.g., Cutcliffe, 2004; Herth, 1990). The findings of this research and the place of hope within parapsychological experiences of the bereaved, would benefit thanatology research, bereavement counselling, clinical parapsychology, positive psychology, and health care – breaking down previous stigmas and barriers which have hindered appropriate professional care for the bereaved (e.g. Burton, 1982; Keen, 2010; Rees, 1971b; Robinson, Sayers & Swift, 2011).

2.7 – Chapter Summary

In this chapter theories and functions of hope have been defined and discussed from several disciplinary perspectives. The role of hoping within coping has also been discussed, particularly in relation to bereavement. This led to further discussion of

spontaneous experiences which have been found to bring comfort and relief to the bereaved, from which hope has been either mentioned by the experient or interpreted by the researcher. Such evidence suggests that there are suitable grounds on which to hypothesise that hope has cognitive, emotional, and motivational presence within such experiences. It is this presence of hope which may be responsible for spontaneous post-death experiences to be deemed therapeutic and helpful in recovery – as proposed in the framework of hope (diagram 2.4).

This theory must now be tested. Following Hogan's (2012) example, can a shift in hope before and after loss, and after anomalous experiences, be measured? And, can hope be identified within a range of accounts of spontaneous post-death experiences? Answering both questions would explain whether the current hypothesis for the presence of hope at work with post-death experiences has strong grounding, as a key influencing factor for rapid recovery from grief. I shall explore these issues in the following chapter through the discussion of methodology.

Chapter 3

Methodology and Questionnaire Analysis

3.1 – Chapter Overview

To recap, in Chapter 1, the topic of bereavement and its impact on individuals was discussed, particularly in terms of the negative health outcomes for those who may struggle to cope with grief. This also led to the discussion of spontaneous anomalous experiences occurring during this time. In reviewing some of the past research, particularly that which aimed to investigate the impact of these experiences, a consistent finding was that such experiences are found to be therapeutic. The question posed in this thesis is ‘why are they therapeutic?’ Petersen (2001) concluded that with a greater breadth of research, consistencies within the experiences could allow us to examine the emotional and physiological outcomes of such experiences in greater detail – while emotional outcomes can tell us more about the motivational outcomes. Thus, Chapter 1 allowed for such an overview of research to be considered, with consistent findings (e.g. Bains, 2014; Devers 1994, 1997; Drewry, 2002; Evenden, Cooper & Mitchell, 2013; Knight, 2011) and feedback from participants suggesting *hope* to be an important aspect to be explored as to its place and purpose.

Therefore, in Chapter 2, hope was defined and discussed. Hope’s relation to post-death experiences and how researchers and the bereaved have placed hope within the context of spontaneous experiences was also discussed. However, although the presence of hope has been noted as an outcome of such experiences with assumptions as to its purpose (e.g. Bains, 2014; Devers 1994, 1997; Drewry, 2002; Evenden, Cooper & Mitchell, 2013; Guggenheim, & Guggenheim, 1995; Knight, 2011; LaGrand, 1999), hope has *never* been formally investigated in this context. In other words, no measures have been used to investigate its presence or absence in people, or its impact, following bereavement and subsequent spontaneous experience. Therefore, the emotional gains of hope from perceived contact with the dead should be investigated as to whether: (1) hope is measurably present within the bereaved, (2) whether it is indeed promoted by the anomalous experience, and (3) hope is perceived by experiencers to be responsible for coping and recovery during bereavement.

In this chapter, I aim to identify an appropriate means of exploring putative effects of spontaneous experiences on people going through bereavement with particular focus on hope. To do this, relevant research methodologies will be re-visited and reviewed to identify elements of good research practice and their appropriate application to this present study. From this, the design, application, and analysis, of a questionnaire battery to measure the impact of hope within bereavement will be discussed, applied, and presented.

3.2 – Previous Research Methodologies

From having discussed research on bereavement, anomalous experiences, clinical parapsychology, and the adaptive outcomes of grief (particularly in section 1.6), such research has mainly applied a qualitative design. However, this has varied depending on the aims and objectives of the study. Table 3.1 has been created to recap and summarise the methods used and sample sizes of the previous extensive studies of similar theme to this current thesis. In summarising this information, regarding the methods applied in related studies, we can reach a fair and justified methodological approach and sample size for the presently proposed study.

Table 3.1 demonstrates that the majority of previous studies have focused on qualitative designs. From the qualitative data, in some instances, quantitative data was derived – especially in the case of Rees (1971a) and Burton (1980). This method allowed for the researchers to understand the forms and frequency of events that take place for the bereaved. Following their studies, other studies began to dig deeper into these experiences to understand their characteristics and processes, on a one-to-one level with the researcher, which qualitative designs allow. Most studies listed in table 3.1 (as discussed in section 1.6) applied semi-structured and in-depth interview methods to investigate post-death phenomena (e.g. Conant, 1992; Devers, 1994; Petersen, 2001; Drewry, 2002; Keen, 2010; Hayes, 2011; Knight, 2011). Conant's (1992) study contained both a semi-structured interview, followed by a structured interview to obtain data. In the studies conducted by Parker (2004) and Steffen (2011), they had recruited participants who claimed to have had multiple post-death experiences and therefore, adopted case study approaches while still employing interview techniques to obtain data. In one of Steffen's (2011) studies, a bereaved family unit had reported experiences, which Steffen had been kept updated on while interviewing them on their experiences and interpretation of the phenomena, and its impact upon the family.

Table 3.1: Previous Doctoral Studies on Post-Death Phenomena

Author + Year	Participants	Research Methods Used
Rees (1971a)	$n = 313$	Qualitative design, in-depth interviews (qualitative data produced from the analysed transcripts).
Burton (1980)	$n = 206$	Self-designed questionnaires, with set questions regarding bereavement and post-death experiences. Quantitative data produced from the qualitative feedback.
Conant (1992)	$n = 10$	Qualitative design. Intensive interviews in two parts, firstly open-ended questions regarding the deceased, secondly, focused questions regarding the post-death experiences.
Devers (1994)	$n = 22$	Qualitative design with in-depth interviews. Additionally, there were informal interviews and a document analysis (regarding the post-death experiences).
Petersen (2001)	$n = 9$	Qualitative design, involving semi-structured interviews (referred to as “minimum structure” interviews).
Drewry (2002)	$n = 7$	Qualitative design, using semi-structured interviews.
Parker (2004)	$n = 12$	Multiple case, interview study, using a qualitative approach.
Keen (2010)	$n = 8$	Semi-structured interviews, using a qualitative approach.
Steffen (2011) x2 studies	$n = 12$ + $n = 1$ family unit	Qualitative designs, firstly investigating case studies of post-death experiences, and secondly, interviews and observations of a family unit experiencing post-death phenomena.
Hayes (2011)	$n = 17$	Qualitative design, using narrative biographic interviews.
Knight (2011)	$n = 21$	Qualitative design, using open-ended (semi-structured) interviews.

All of the studies combined, demonstrate a variety of methods and analyses employed to investigate the question of post-death experiences, their interpretation, their potential purpose and origins, and most importantly – the impact they have on the bereaved. However, each study has come with limitations. In purely quantitative approaches (Burton, 1980; Rees, 1971a) we lose much of the meaning of these experiences on an individual level. A quantitative approach can tell us about consistencies and inconsistencies within the population, but not necessarily how each person’s experience came about, was encountered and interpreted by the bereaved. Similarly, qualitative methods alone have their weaknesses. It could be argued that the sample sizes

used (see table 3.1) are too small to generalise the findings. While on the other hand, in-depth interviews produce a lot of data, and the manageability of the sample sizes can be considered depending on the number of researchers involved. Conant (1992), Parker (2004), and Steffen (2011), arguably present some of the better approaches, producing a broader display of outcomes by applying mixed methods to consider the issues from different angles.

As these studies amassed and found post-death experiences to be perfectly natural and therapeutic (Krippner, 2006), this then addresses Petersen's (2001) conclusions that a greater breadth of research showing us consistencies of emotional and physiological outcomes of such experiences will lead to greater understanding. We have considered how hope can play an important role in our lives and personal health, and it has been noted to have a presence within post-death experiences (e.g. Bains, 2014; Devers 1994, 1997; Drewry, 2002; Evenden, Cooper & Mitchell, 2013; Guggenheim, & Guggenheim, 1995; Knight, 2011; LaGrand, 1999). To corroborate this, or even dismiss this notion, it should be investigated as to whether hope appears to be present/*measurable* within a reasonable sample of people who claim to have had post-death experiences, using quantitative methods. Additionally, qualitative approaches appear to be most appropriate in understanding the personal experience of bereavement, the spontaneous experiences which took place related to the deceased, and how this impacted on the bereaved.

It should also be pointed out that surprisingly none of the studies listed in table 3.1 considered comparisons of the bereaved who *never* reported spontaneous post-death events, to examine differences in coping and recovery. While the studies by Rees (1971a) and Burton (1980) noted the frequencies of reported spontaneous events and their impact, from which it is easily understood how many people *didn't* report such experiences (from the ratios and percentages reported), focus is still given to those who *had* experiences, which is especially the case in the qualitative studies. The only exception from this appears to be Hayes (2011), who did consider such a comparison, but wished to give sole focus within her thesis to the bereaved who "felt the deceased's presence in a concrete way since the death" (p.41). The bereaved who did get in contact to take part in the study, but did not report 'concrete instances of presence,' were to be considered with a research colleague at a later date. As of yet, this study does not appear to have been carried out, or at least it has not surfaced through publication. Therefore, there is a need for such comparisons to be considered.

Taking all of this into account, a mixed method approach using two groups (an experiential and control group) appears to be highly appropriate. Its diversity of data should offer a route to understanding whether: (1) hope is measurably present within the bereaved, (2) hope is promoted by the spontaneous experiences, (3) hope is lower in the bereaved who don't report such experiences, and (4) any other relevant factors such as whether belief and fears differ between the bereaved who *do* report such experiences and the bereaved who *don't*.

These questions and more can be answered by adopting a questionnaire design that includes both quantitative and qualitative methods of data collection. The use of survey methods will be discussed in the following section, followed by presentation of the formal hypotheses for the proposed study.

3.3 – Questionnaire Designs

Before the methodology for the proposed questionnaire study is discussed, some thought should be given to the generic use of 'questionnaire/survey designs,' within social science research. This is being done to clarify how questionnaires have been employed to collect data and what uses such a method can provide this present study.

Aldridge and Levine (2001) describe questionnaires as involving the strategy of collecting the same information about all the cases (i.e. participants) in a given sample (not to be confused with 'case collections'). *Cases* are normally individual people, who are asked the exact same questions. The items of information are classed as variables, and can be classified into three broad types depending on the information they provide, such as: *attributes* (age, sex, marital status, etc.), *behaviour* (e.g., questions of what? when? how?), and *opinions, beliefs, attitudes, preferences* (all of which probe the respondent's point of view). Such questions can be asked via validated scales within a survey, or short answer and/or open-ended questions.

The application of survey methods can be extremely useful in understanding common views and features of events, especially when applied to specific aspects of a phenomenon which has only received little research attention, and therefore has produced only a small amount of existing data. To focus here on studies of anomalous events in bereavement, there have been some noted instances of the application of short answer questionnaires to collect such data. For example, Burton (1980, 1982) applied this method, to obtain an understanding of the general frequency of experiences within the population. His first surveys had been sent out to psychic research interest groups, which

found that 76% of the population claimed to have had some form of post-death experience. Fearing a bias of interest with such experiences for those groups, Burton sent out more surveys to three colleges in Los Angeles to act as a control comparison. With one college, no less than 55% of participants reported that they had had post-death experiences following the loss of someone close.

From these surveys, Burton was able to dig deeper into the matter and understand more than just how common such experiences were. Short answer questions allowed for specific data to be collected on the age range of the experiencers, the types of experiences encountered (with the most common being purely sensing of an unseen presence (41.1%) and dream contacts (47.7%)), what effect the experiences had on the people's lives, and how their beliefs changed. From Burton's (1982) review of the existing research of the time, the only other study to examine post-death experiences via similar survey methods was conducted by Kalish and Reynolds (1973). This study once again highlighted the frequency of reports of post-death contact amongst a diverse group of various ethnicities within Los Angeles (N = 434), with 44% reporting that they had had such experiences. The survey again allowed further details to be obtained such as the types of experiences encountered, with 60% of respondents reporting dream contacts with the dead, and over 25% of respondents believing the deceased actually visited them in some capacity (sensing their presence, their voice heard, or seen), and in some instances was seen at a séance.

Similar studies which centred around experiences of death and associated anomalous experiences began in the 1960s, particularly with the work of Dr Karlis Osis and Professor Erlendur Haraldsson which culminated in the publication of *At the Hour of Death* in 1977 (Osis & Haraldsson, 1997). This combination of studies was completed using short feedback questionnaires, where regarding the experiences of physicians, nurses, and even family around the death bed, the researchers were able to ask specific questions about the scene and what people had encountered. Questions addressed how many times a health care specialist had witnessed patients die, the kinds of hallucinations a dying person appeared to encounter, the kinds of hallucinations witnessed by others and changes in mood of the dying before death, among other general short answer questions of the survey. Such methods allowed for fine details of the experiences to be examined which a purely quantitative survey would not be able to provide, while still dealing with large numbers of participants. Osis and Haraldsson (1997) found that deathbed experiences were generally cross-cultural in how they occurred and what nurses and

physicians claimed to witness. It was also noted that the mood of the dying patient tended to increase and it was believed by many that such experiences of the dying were not generated by existing medical conditions.

Haraldsson (2012) carried such survey methods forward by publishing a combination of all of his research study findings on experiences of apparitions of the dead, where the data had been collected via short answer survey methods (see pp.255-264). Instead of written feedback throughout from participants, the questionnaire offered fifty-seven questions on a variety of aspects about the apparitional encounters, to questions about bereavement and the experients belief in other parapsychological phenomena such as telepathy.

Kalish and Reynolds (1973), Burton (1982), Osis (Osis & Haraldsson, 1997), Eybrechts and Gerding (2012) and Haraldsson (2012) can be seen to have surveyed participants by the hundreds. The most classic example of the application of survey methods to spontaneous cases which has already been mentioned (section 1.4.1) was the *Report on the Census of Hallucinations* (Sidgwick, et al. 1894). Still widely cited today with regards the commonality of spontaneous anomalous experiences, and indeed, experiences associated with the bereaved and purported communication with the dead. The survey reached out to 17,000 participants via postal correspondence with 2, 272 confirming that they had encountered spontaneous events – pertaining to apparitions and ‘sensing the presence’ of persons not physically present. The researchers found a large number of these experiences to be centred around the death of someone close and involved reports of seeing apparitions of the deceased. The survey allowed for categorization of experiences on a mass level, while also obtaining written accounts of such experiences to be analysed further and provide examples of the themes of experiences identified by the researchers. Since this milestone of research was conducted, follow-up studies to the census have adopted similar survey methods (West, 1990) and have included the aid of technological advances such as the internet for data collection (Smith, 2013).

However, questionnaires have various pros and cons to their application. Some positive features may include the fact that a large amount of data from various participants can be gathered in a relatively short space of time. It also reduces – if not removes – experimenter bias/effects (Barber & Silver, 1968; Broughton, 2015), as questionnaires are often simply given to participants with the freedom to respond to each question however they may wish. For some participants, it may be the first time anyone

has taken their experiences seriously – particularly with post-death experiences. Therefore, in such instances a questionnaire can provide an opportunity for opening up and providing honest accounts of events, without the participant feeling judged or criticised for what answers they give or any other feedback they provide. In anonymous surveys regarding emotionally sensitive life events, this has particularly been found to be the case (McLay, et al., 2008).

In terms of negative criticisms of questionnaires, a few issues have been raised. One criticism which has been put forward is that they are largely driven by concerns of the researcher and not of the respondent. With that, it has also been said that it is extremely difficult to get a *full picture* of participants' views, because often questions are closed and we can only include so many in a questionnaire, which limits each participant's ability to freely express their views (Aldridge & Levine, 2001, p. 13). Another criticism comes from the use of the internet to distribute questionnaires. Using the internet solely for data collection limits participant pools somewhat (Hewson, 2003). For example, there are many people who are *not* internet savvy, and with that, many of those people might be considered perfect for the questionnaire, but due to them not using social networking and other internet sites where questionnaires and surveys may be advertised, invitations for them to take part might never reach them. To some extent this can be overcome, as friends and family of such potential participants may highlight them to the study, but that is never always the case.

A questionnaire based design appears to be a most suitable method of data collection for this present thesis. Its application to the study of post-death experiences and their impact on people is limited, but is reported to have been applied with useful result to studies such as Burton (1982) and Haraldsson (1988-89). In both instances, the application of questionnaire/survey methods hindered the participants' ability to give detailed feedback and discussion of their experiences. In Haraldsson's (1994, 2012) case, this was overcome in some instances by follow-up with some respondents who agreed to take part in an in-depth interview (but this was not the case for all initial questionnaire participants). There are still ways of overcoming this so that specific questions can be answered, while at the same time each participant can freely provide information on their experiences.

Using a quantitative approach to begin this study, will allow us to expand on previous study findings, by exploring any underlying factors that are potentially responsible for the 'therapeutic nature' of the experiences reported and the presence of

hope within individuals through the use of validated scales. Once this data is obtained and analysed, qualitative methods would be deemed suitable when wanting to examine details of the experiences that took place for participants within the post-death encounter (which shall be considered and analysed in Chapter 4). This mixed methods approach could be seen as a filtering effect, where we start with a large sample and a broad range of findings (quantitative), and then narrow it down in order to examine the quality of the data as close as possible. This could be seen as having happened already, in a fashion, not within one study, but in the path of extensive research over time on post-death experiences (see table 3.1). This present study proposes to process such data in a similar fashion, but within the scope of this thesis.

A mixed methods approach allows the research questions to be answered in the most effective way from several angles. It can tell us about the *amount* of something (quantity), and more about the *nature* of something (quality), in its presence and process (Kirk & Miller, 1986, p. 9). As Kirk and Miller (1986) explain, to identify something within the data, the researcher must know what qualifies as that *thing* – in this study, we regard this *thing* as the presence of hope following a post-death experience.

To investigate hope's presence within people who suffered a bereavement, we must consider a suitable scale to measure the extent to which hope is present. We must also consider what other factors should be measured alongside hope that will demonstrate meaningful differences or similarities between a group of the bereaved who have never had spontaneous experiences, against those who have. Such measures should seek to answer 'Aim (4),' put forth in section 3.2, regarding factors such as beliefs and fears that may differ between the two groups which may shed light on the therapeutic value of post-death experiences and hope.

3.4 – Selection of Measures

The selection of measures was based on previous methods used in research discussed in Chapters 1 and 2, and also previous research experience. For example, as previously discussed, Thalbourne (1989) explained that from reviewing a number of studies on beliefs surrounding death, the bereaved were predicted and found in many studies to present high levels of afterlife belief due to taking comfort from such beliefs (without necessarily experiencing anomalous phenomena), with the highest levels of belief found in older persons. Therefore, particularly in older persons, belief in an afterlife may help

decrease levels of death anxiety. Afterlife belief has also been investigated against death anxiety (Aday, 1984-85), to see whether such beliefs act as a buffer against fears of death. Similar studies have also predicted that those who hold the most creative views about their beliefs, display lower fears of death (Cooper, 2011b). Given that beliefs have been found to bring comfort against loss (Thalbourne, 1989), it would be logical to assume, that death anxiety would decrease for the experiential group, following post-death experiences, much in the same way as separation anxiety. From examining such studies, the most popular of measures developed and employed regarding death anxiety is that of Templer (1970). Its use in gathering data easily and fast from participants can be understood from the scale purely involving ‘true’ and ‘false’ responses to questions surrounding death. Participants are required to respond on impulse, which means that the scale can be completed easily within a minute or two, and can produce very honest responses.

In combination with this measure, studies by Falkenhain and Handal (2003), and Wink and Scott (2005), found correlations between religiosity and belief in an afterlife which appeared to act as buffers against death anxiety. Given that religiosity and afterlife beliefs can incorporate elements of spiritualism; this gives scope to also combine them with paranormal beliefs too. Irwin (2009) defines spiritualism as a form of paranormal belief which can include beliefs of “mediumistic communication with spirits of the dead and in other phenomena of the séance room; belief in ghosts, haunted houses and poltergeists; and belief in astral travel or out-of-body experiences as an instance in which the spirit of a living person is temporarily released from the physical body” (p.5), to give just a few examples. Therefore, death anxiety, afterlife belief, religious belief and paranormal belief, all appear to be appropriate factors of beliefs and fear to be sourced as scales, which should produce meaningful findings when scores are compared between the two groups of the bereaved – alongside hope. Based on prior research and literature, it would be expected that due to the experiential group having had experiences following loss, their beliefs would be higher than the control group, while their death anxiety would be lower.

From again consulting Irwin (2009), the scale by Randall and Desrosiers (1980) appeared to be most appropriate in the measure of paranormal belief and religiosity, as it combines and measures both elements which can be analysed as one, or separated during analysis and in comparison to other measures – which is intended in this study. It was

further confirmed as a definite choice after reconsidering previous research relating to such scales being employed (see Cooper, 2011b).

Out of the various scales available on hope (Farran, Herth & Popovich, 2002) the NHS scale (Nowotny, 1986, 1989) was considered most appropriate for this study. The questionnaire considers six attributes of hope (derived from reviews of the hope literature) including: confidence in outcome; relates to others; future is possible; active involvement; inner readiness; and most importantly for this study – spiritual belief. The aspect of spiritual belief is important in the context of hope whereby the bereaved may embrace the prospect of immortality for consciousness in some form through whatever anomalous post-death experience they encountered. These attributes of hope could not be found to such a varied and relevant extent in other more recent develops of hope scales, which have been mentioned within Chapter 2 of this thesis. The more recent scale by Scioli et al. (2015), developed by psychologists, includes spiritual aspects, but was considered by the research team as having two draw-backs for this present study. Firstly, some of the items/domains included within the scale create overlap, and is therefore not so easy to separate into sub-categories as the NHS scale. Secondly, it is lengthier than the NHS scale, which was not perceived as a positive when considering the other scales to be included within the questionnaire battery and how long it would take for a participant to complete. Therefore, the NHS scale (Nowotny 1986, 1989) was favoured over Scioli et al. (2015) within this first attempt at measuring hope within experients of post-death phenomena (leaving open the possibility of returning to it in post-doctoral studies).

The NHS scale asks the participant to recall a *stressful event* (see Nowotny, 1989), with loss and a period of bereavement acting as such in this instance. This allows the scale to be re-worded in its introduction, to place hope within the *stressful event* of bereavement. This gives participants the ability to make comparisons with greater ease between questions on hope, against their recollection of loss, than other scales can provide (see Farran, Herth & Popovich, 2002).

Additionally, I consulted Larsen (2014) the director of *Hope Studies Central* at the University of Alberta, and out of all the available scales for measuring hope, Larsen agreed that the NHS scale was most appropriate, in terms of measuring the levels of hope before and after an anomalous experience during the time of bereavement. Following discussion of these other scales, Larsen commented that “Your choice of the NHS is certainly supportable as well and may be your best choice.” Supporting this, Thalbourne (1989, p.229) stressed that there is wide scope for research yet to be carried out on beliefs

surrounding death, suggesting that attempts should be made to explore changes that take place for people before and after bereavement. It would be expected (considering issues of section 1.2, 1.3 and 2.3) that due to not having anomalous experiences in a time of loss, hope would significantly decrease for the control group, which would not be reflected in the experiential group.

All of the measures discussed within this section are available in the public domain and by following-up on the references provided. Additionally, lists of hope scales are provided in electronic format via the website of *Hope Studies Central*, based at the University of Alberta (www.ualberta.ca/HOPE). After taking all of the information of this section into account and previous research methodologies (section 3.2), as follows are the proposed hypotheses, followed by the full methods and procedure for this present study.

3.5 – Hypotheses

H1 – There will be a significant drop in hope for the control condition (the bereaved who don't report spontaneous experiences), which will not be reflected in the experiential condition (the bereaved who have reported spontaneous experiences).

H2a – Afterlife belief will be significantly higher in the experiential group, than compared to the control group.

H2b – Paranormal belief will be significantly higher in the experiential group, than compared to the control group.

H2c – Religious belief will be significantly higher in the experiential group, than compared to the control group.

H2d – Death anxiety will be significantly lower in the experiential group, than compared to the control group.

3.6 – Method

3.6.1: Design

A between groups design was used to collect and compare data from two groups of participants: the bereaved that had *never* had spontaneous post-death experiences (control group) against those that *did* (experiential group). Dependant variables (DVs) included participant feedback from questionnaire scales measuring: (1) hope before loss, (2) hope after loss (control group), (3) hope after post-death experience (experiential group), (4) death anxiety, (5) religious belief, (6) paranormal belief, and (7) afterlife belief. Feedback scores were measured against both groups. A mixed method questionnaire design was used for the collection of data (Östlund, Kidd, Wengström, & Rowa-Dewar, 2011).

3.6.2: Participants

One hundred participants were recruited. It should be noted that the basis for this number was decided upon by observing participant numbers obtained in previous studies (see table 3.1). It was considered that these were good indicators for the sample sizes to be used and aimed for in the data collection of relevant progressive replications. Qualitative designs used sample sizes of between eight to the mid-twenties. While quantitative designs used sample sizes into the hundreds. A midway rounded figure was aimed for and considered justified on this basis, in the first stage of collecting questionnaire data.

Participants were recruited via opportunity sampling (see section 3.7 regarding this method in relation to bereavement) and were approached at events, public places, and around the University of Northampton, while a call for participants was also placed on a social networking website, thus reaching out to people internationally. Those who agreed to take part and were comfortable in recalling a significant loss they'd suffered, were placed into two groups, being: an experiential group of 'the bereaved who believe to have encountered post-death phenomena' ($n = 50$) and a control group of 'the bereaved who never had a post-death experience' ($n = 50$). Several nationalities were included in the entire data set as participant data was submitted from the UK, USA, Canada, Australia, and Germany.

In the experiential group, participant ages ranged from 20 to 83 ($M = 50.34$) and included 12 males and 38 females. Nine different types of beliefs were stated to be held by the experiential group (with some grouped together), these included: Christian ($n = 14$), United Reform ($n = 1$), Mormon ($n = 2$), Jewish ($n = 3$), Catholic ($n = 7$), Pagan/Wiccan ($n = 3$), Spiritualist ($n = 3$), Zoroastrian ($n = 1$) and None/Atheist/Agnostic

($n = 16$). The most common beliefs held were None/Atheist/Agnostic, followed by Christian faith.

In the control group, participant ages ranged from 19 to 84 ($M = 41.22$) and included 23 males and 27 females. Ten different types of beliefs were stated to be held by the control group (with some grouped together), these included: Christian ($n = 18$), Catholic ($n = 1$), Spiritualist ($n = 3$), Muslim ($n = 1$), Gnostic ($n = 1$), Pagan ($n = 1$), Buddhist ($n = 1$), Quaker ($n = 1$), Taoist ($n = 1$), None/Atheist/Agnostic ($n = 22$). As is the case for the experiential group, the most common beliefs held by the control group were None/Atheist/Agnostic, followed by Christian faith.

3.6.3: *Materials*

Materials included a consent and debrief form (see Appendix A) and a questionnaire battery which was designed and constructed consisting of four different scales of measurement. These included questions on afterlife belief, death anxiety, hope, and, paranormal belief and religiosity (see Appendix B: green box questionnaires indicate experiential group, red box indicate control group). The questionnaire also included basic questions on gender, age, religiosity, and what relation the deceased was to the participant. Details on the selected scales are as follows.

The **afterlife belief scale** (10 item; $\alpha = .92$) included was designed by Osarchuk and Tatz (1973) in their study attempting to look at induced fear and threats on participants and their reported levels of belief in an afterlife as a result. Typical questions include: “Earthly existence is the only existence we have”; “Humans die in the sense of ‘ceasing to exist’”; and “The following statement is true: ‘There is no such thing as a life after death.’” The set of ten statements are answered on a zero to ten point Likert scale, which could be adapted to a seven point Likert scale (Carifio & Perla, 2007; Cooper, 2011b), ranging from strongly disagree to strongly agree, with a neutral option (items 1, 3, 4, 5, 7, 8, 10 are reverse scored). Possible scores on the seven point Likert scale range from 7 to 70. Participants estimates of their afterlife belief levels correlated significantly with their scores on the scale ($r = .428$, $df = 309$, $p < .001$), indicating a reasonable degree of validity for the scale (Osarchuk and Tatz, 1973).

The **death anxiety scale** (15 item; $\alpha = .77$) used is one of the most commonly used and referenced tools for investigating levels of fear regarding death. Designed by Templer (1970) for the purpose of constructing and validating a scale to measure death anxiety, due to previous assessment of death anxiety carried out via the methods of interviews, projective techniques and questionnaires. The scale provides a set of fifteen items with

answers of either True or False for participants, including: “I am not at all afraid to die”; “I fear dying a painful death”; “I often think about how short life really is”; and “The thought of death never bothers me”. Possible scores range from 0 to 15 for each participant. Following several pilot runs, Templer reported adequate test-reliability ($r = .83$) and internal consistency ($r = .76$).

The **hope scale** selected was the Nowotny Hope Scale or NHS (Nowotny, 1986). The scale was developed to measure participants levels of hope following a stressful event and consists of six sub-categories in order to measure multidimensional aspects of hope including: confidence in outcome; relates to others; future is possible; spiritual beliefs; active involvement; and inner readiness. There are a total of 29-items included, scored on a 4 point Likert scale, with 4 indicated strongly agree and 1 indicating strongly disagree (items 3, 12, 16, 26, which are reverse scored). Instructions on the instrument ask participants to think back to “that stressful event” and to imagine it occurring right now, ticking off the items on the scale which best reflect their feelings at that time. Examples of these questions are: “I feel confident about the outcome of this event/situation”; “Sometimes I feel I am all alone”; “I like to make my own decisions” and “I want to maintain control over my life and my body”. The total scores which can be obtained range from 50 to 116. Both subscale scores and a total score can be obtained from the NHS scale, with cut-off scores available – hopeful (95-116), moderately hopeful (73-94), low hope (51-72), and hopelessness (29-50). Cronbach coefficient alpha for the scale is reported to be strong at 0.90 (Nowotny, 1989).

For the **religiosity and paranormal belief scale**, Randall and Desrosiers’ (1980) “Supernaturalism Scale” was selected, which allows for both measurement of paranormal belief and religiosity within one scale. Although both items were mixed into the scale, they were to be scored separately, with items 1, 2, 5, 9, 21, 25, 29, 37 being the religious belief buffer items (items 2, 7, 8, 11, 15, 17, 18, 19, 20, 21, 22, 24, 26, 27, 29, 34, 35, 37, 39, 40, are reverse scored). There are a total of forty questions, with thirty-two representing paranormal belief and eight representing religiosity. Typical paranormal belief questions included: “It is probably true that certain people can predict the future accurately”; “In spite of the laws of science, some people can use their psychic powers to make objects move”; “Contrary to scientific belief, some people can make contact with the dead”. Typical religiosity questions included: “Religion is probably responsible for a lot of the problems of adolescents”; “Every child should have some type of formal religious training”; “The best way to help a criminal is to help them find religion”. Scoring

is based on the total sum of scores, with scores for paranormal belief ranging from 32-192 and religious belief ranging from 8-48. Reliability information for this particular scale could not be located following an extensive search.

3.6.4: Procedure

Data were collected by using opportunity sampling methods, but recruitment was restricted to those who had experienced the loss of someone close to them. Any time period since the point of loss was acceptable, but the personal loss had to be a significant one that they were comfortable in recalling. Participants were also asked whether they believe they had encountered an anomalous event attributed to the deceased or not, to determine which questionnaire they received. Therefore, one group consisted of people who had been bereaved but never had a post-death encounter (control group, $n = 50$) and people who could recall encountering some form of spontaneous contact and/or interaction with the dead during bereavement (experiential group, $n = 50$). The researcher placed requests on social networking websites (see Hewson, 2003), such as Twitter and Facebook (including psychology and parapsychology interest pages with the latter – for broad reach and specific interest) for participants to come forward and take part who matched the criteria of either of the two groups. Participants were also approached by the researcher in public places (such as libraries, parks, public lectures and the University of Northampton's park campus) and asked if they would be willing to take part and which category they fit.

After receiving a consent form (see Appendix A), each group were given a questionnaire battery, specifically designed for the two groups (see Appendix B). Following the participants completing basic questions on age, gender, religion, relation of the deceased at the beginning, this then followed with questions/scales on death anxiety (Templer, 1970), afterlife belief (Osarchuk & Tatz, 1973), paranormal belief and religiosity (Randall & Desrosiers, 1980), and a scale regarding hope (Nowotny, 1986).

The scale on hope was delivered twice but with two different sets of instructions before the participant was to answer the questions. Firstly, they were to answer the questions while thinking back to their state of mind before they lost someone close and answer the questions in relation to their memory of that mind-set. Secondly, they were asked to recall their state of mind following loss and *during* a period which they would consider as bereavement, and answer questions in relation to their memory of that mind-set. For the experiential group, the same questions were applied. However, on answering

the second hope scale, they were asked to recall their state of mind immediately following whatever spontaneous post-death event they encountered.

For the experiential group (those who reported spontaneous experiences), they were also asked to answer questions regarding their experiences, and then freely discuss in writing the experiences they encountered, what they believed it was, how they interpreted them, and how they felt about them (hence this questionnaire study being a mixed method design). This information formed the data for the second phase of this study, which shall be discussed in Chapter 4.

Anonymity was assured for all participants, however, participants in the experiential group were asked to tick a box and provide a contact email if they were interested in having their written account potentially selected to be further investigated through a follow-up interview with the researcher (see Appendix B, green box questionnaire). Any potential issues of sampling bias were minimal, given that anyone via the internet was free to contact the researcher to take part in the survey if they matched the criteria, and in handing the surveys out in person, potential participants were verbally informed of the participation criteria when approached through opportunity sampling. If the criteria did not match their life experiences, they simply declined to take part on those grounds.

Following completion of the questionnaire, all participants were debriefed. If the questionnaire was completed in person, the experimenter debriefed the participant verbally. If completed via the internet, participants had to email their completed questionnaire to the researcher, in which case debriefing was given via email.

All participants were informed that by taking part, anonymity was assured. Names were not taken, but each participant was assigned a questionnaire number (indicated in either a green or red box on the consent form and questionnaire) which was used purely for identification of each questionnaire in the analysis and for the purposes of withdrawing data. All participants were informed of their right to withdraw from the study for any reason whatsoever, within a seven day period. To do so, they were required to contact the researcher with their group colour (red or green) and participant number. All participants kept half of the consent form which contained information on the study and contact details of the researcher, should they have had any questions whatsoever after taking part.

3.7 – Ethical Considerations

The topic of bereavement and situations surrounding the topic of loss can sometimes be an emotional set of memories for anyone to recount. Therefore, ethical issues within this study were carefully considered. The codes of ethics for the British Psychological Society (BPS, 2009), the University of Northampton, and the British Association for Counselling & Psychotherapy (BACP, 2010), were taken into consideration and used as a point of reference and guidance. Accordingly, this project received ethical approval from the University's Research Ethics Committee (REC), 13th February, 2014 (see Appendix C). The guidelines referred to within this section were adhered to throughout this research. Four key issues were raised by the REC and addressed, as follows:

- 1) *Participants must be clear that by providing contact details in the questionnaire, they are consenting to potentially be contacted to further contribute to later stages of the study (i.e. interview). Issues – anonymity for participants and the right to withdraw.*

In accordance with BPS ethics section IV, subsection 1.2, *Standard of Privacy and Confidentiality*, participants had the right to full anonymity and the information they provided was only available to the researcher and relevant supervisory team. With regards to subsection 1.3, *Informed Consent*, consent was taken and participants were also debriefed as to the nature of the study. They were also made aware that their personal details were to be kept in a secure place and not shared with anyone without their permission. Participants were also made aware that they had the right to request their data to be withdrawn from the study within seven days of returning the questionnaire.

- 2) *Addressing BPS ethical issues which may concern bereavement. Issues – emotional distress for participants, researcher responsibility, and referral to professional help (i.e. bereavement counsellors).*

As the topic of bereavement and grief can be a very emotional experience to discuss, the researcher was considerate and maintained responsibility at all times (BPS code of ethics, section 3 Ethical Principles: Responsibility). Therefore, clear instructions were given to participants, informing them that should any particular questions within the

questionnaire be too uncomfortable to answer, they could omit items such as they wished. Alternatively, they could withdraw from the study altogether, without penalty, if they felt it was in their best interest – for any reason whatsoever. Contact numbers were available to be provided to participants, were they to request counselling and guidance, but as standard, the researcher maintained correspondence with participants through email if they had any follow-up questions or concerns (or wished to withdraw). Thus, participants were reassured that they were not simply abandoned once data collection was complete if they wished to follow the progress of the study. This also helped in participants contributing to any future research by having been treated with respect and dignity.

BPS Ethical Guidelines, section 3, sub-section 2 (iv), Psychologists should refer clients to alternative sources of assistance as appropriate, facilitating the transfer and continuity of care through reasonable collaboration with other professionals.

It was considered unlikely given what we know of previous research on this topic (see Krippner, 2006) that any negative reactions would arise from asking people to take part in a study on bereavement and anomalous experiences. Opportunity sampling was considered carefully by the research team and approved by the research ethics committee (see Appendix C). It was felt that given death and bereavement is a common feature of *every* life experience, people would understand the concept and be able to make a reasonable judgement on whether they felt comfortable in taking part or not (see BPS Ethical Guidelines, section 2, sub-section 2 (i, ii, v, vi)). Therefore, approaching people at events and in public places to take part was considered acceptable (also see Burton, 1982; Eybrechts & Gerding, 2012). If adverse effects arose, the researcher would have recommended they stop, and at which point their data would have been withdrawn, and contact details would be provided for relevant health care services (see BPS Ethical Guidelines, section 3, sub-section 2 and 3). Alternatively, it was made clear to participants that they could avoid any questions they so wished, if they found them too emotionally sensitive to answer. It should be noted that this never occurred, but the research team were fully aware of the possibility of such participant reactions occurring. Full awareness and respect for all participants and the sensitive nature of bereavement was maintained throughout this doctoral study.

Standards of debriefing (BPS Ethical Guidelines, Section 3, sub-section 4) were adhered to during the research and data collection with participants. Information sheets in this study phase supplied everything the participant needed to know. Their rights were

further outlined following completion either verbally (if in person) or via email (if completed online). This included information on their rights to withdraw, storage of data, anonymity, access to results, the use of quotes from their experiences, etc. (see Appendix C, for further details).

3) *Relevant researcher training and experience within the topic of death, dying and bereavement.*

For a number of years I have gained practical experience in interacting with participants for various research projects concerning spontaneous post-death phenomena. These were projects mainly conducted within the domain of parapsychology, but directly related to issues of bereavement and death. Therefore, I have obtained over the years, relevant qualifications within psychology and practical experience, to deal with ethics and research procedures to assure participant safety.

To be specific, I have engaged with the BPS code of ethics many times before concerning issues of death and bereavement, in some instances specifically concerning issues of personal afterlife views and death anxiety (Cooper, 2011b). I have also had extensive experience of collecting data on spontaneous experiences during a time of bereavement. With some of the cases I dealt with, I interviewed such experiences concerning specific anomalies, which I approached with respect, dignity and professional conduct (e.g. Cooper, 2010, 2012, 2014). Since 2013, I have also taught 3rd year BSc and Masters level psychology classes on the psychology of dying, death and bereavement within modules such as: Understanding the Social World (PSY3024), Developing Adult (PSY3011), and Advanced Developing Adult (PSYM079).

I am also fully aware of the potential sensitive nature that post-death phenomena can bring, due to rare instances of difficult issues of grief that an individual may have struggled to resolve. The procedures outlined within this ethics section were strictly adhered to, thus it was assured that bereavement issues would be dealt with appropriately if any adverse negative affects became apparent within any part of the questionnaire procedure.

4) *Addressing issues of researcher safety. Issues – Assuring researchers safety when traveling and interacting with participants during interviews.*

Personal Health and Safety – BPS Ethical Guidelines, Section 2, sub-section 2, (i) Psychologists should recognise that ethical dilemmas will inevitably arise in the course of professional practice.

BPS Ethical Guidelines, Section 3, sub-section 1, (iv) Psychologists have a responsibility to be mindful of any potential risks to themselves.

The latter point was of the utmost importance during travelling and public distribution of questionnaires. Both supervisors (Prof Roe and Dr Mitchell), were informed when data collection was to be carried out. At least one of the supervisors had my personal contact number, should there have been any potential risk or problem that could have occurred. It also ensured my safety, given that a supervisor had available instant contact methods at all times with me.

3.8 – Analysis

Once data for both sets of questionnaires had been completed and received back (N =100), the selected answers for all the scales used were summed up by hand with pen on each individual participant's questionnaire to make their feedback score clear in the margins. These scores were then fed into the statistical analysis programme (SPSS). The procedures taken for handling data and the analysis outputs are detailed in the following sections.

After the questionnaire data was feed into SPSS, it was noted that some data was missing from the questionnaires themselves, which had to be accounted for within SPSS. Missing data could have been due to certain questions being too sensitive to answer, or simply not understood by the participant. The calculation of missing data can be done via the *EM method* which takes estimates of all the participant responses and calculates an estimate of the most likely answer they would have given, to then fill in the blank items. E – calculates the expectation of the missing data given the observed values and creates estimates of the parameters, thus creating substitutes for the missing data. M – calculates the maximum likelihood estimates of the parameters, which are computed as though the missing data had been filled in. Once this was completed, analysis could begin on the dataset.

The normality of the questionnaire data was examined via visual inspection of histograms which all appeared to be normally distributed. The data provided in table 3.2 also provides descriptive statistics of the data from the hope scales used (NHS).

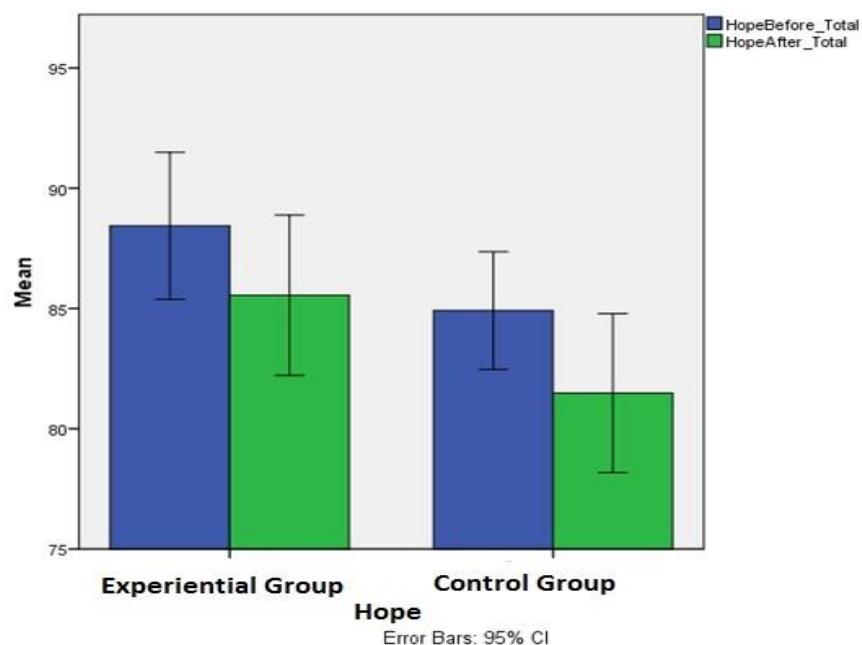
Table 3.2: Data Output for the Hope Scales

Group	NHS Scale	N	SD	Mean	95% C. I.
Experiential	Pre-Hope	50	10.75	88.44	[85.38, 91.5]
Experiential	Post-Hope	50	11.73	85.55	[82.22, 88.89]
Control	Pre-Hope	50	8.61	84.91	[82.47, 87.36]
Control	Post-Hope	50	11.63	81.48	[78.17, 84.78]

From these preliminary tests, the data was considered normally distributed with no extreme scores identified. Therefore, the data was deemed suitable without adjustments through inferential analyses required.

A 2x2 mixed factorial ANOVA was performed to investigate the change difference in levels of hope between the experiential and control groups. This method was chosen over repeated t-tests, for example, to reduce the chance of family-wise error. Two dependent variables were included Hope-Before (pre) loss/death and Hope-After (post) loss and post-death encounter. The independent variables were the experimental group (anomalous experiences reported during bereavement) and the control group (no anomalous experiences reported during bereavement).

Diagram 3.1: Histograms Showing Levels of Hope for Both Groups



Hope-After (loss/post-death encounter) scores overall appeared to be higher for the experiential group than the control group with some significant difference between the two groups found ($M = 414.992$, $F(1) = 3.04$, $p = .04$, two-tailed). However, when analysing both groups for how each differed in the Before and After Hope scales it was found that both groups encounter a drop in hope scores (see diagram 3.1). With the experiential group, no significant difference was present ($F(1) = 2.43$, $p = .125$, partial $\eta^2 = .04$) as the decrease in score was so small, yet with the control group, a significant decline in scores was found ($F(1) = 7.07$, $p = .008$, partial $\eta^2 = .136$).

To check the robustness of these findings, further tests were run to examine the main effects. These found that there was a significant main effect for hope ($F(1,98) = 8.08$, $p = .005$, partial $\eta^2 = .076$, 90% C.I. [.013, .168]), including group mean difference regardless of hope ($F(1, 98) = 4.261$, $p = .042$, partial $\eta^2 = .042$, 90% C.I. [.0008, .12]). With a non-significant interaction effect between group and hope ($F(1,98) = .061$, $p = .806$, partial $\eta^2 = .001$). It should be noted that confidence intervals in this case were set to 90% because the partial eta squared value cannot go below 0. Calculated at 95% the confidence intervals were shown as 0, yet the effect is significant because there is a chance the real difference could actually be 0. As recommended by Steiger (2004) in these circumstances, the confidence intervals were set to 90% for a better estimate, simply because a 0 is not possible in the lower confidence interval of a significant effect.

Following analysis of the hope scales, all other scales were tested to see whether differences were present between both groups for paranormal, religious and afterlife beliefs, as well as death anxiety. The general distribution of data output can be seen in table 3.3 below:

Table 3.3: Data Output for Belief Scales and Death Anxiety

Group	Scale	N	SD	Mean	95% C. I.
Experiential	Afterlife Belief	50	9.95	58.38	[55.55, 61.21]
Control	Afterlife Belief	50	16.27	45.06	[40.42, 49.71]
Experiential	Para. Belief	50	24.7	122.98	[115.96, 130.00]
Control	Para. Belief	50	25.91	96.2	[88.69, 103.72]
Experiential	Religiosity	50	8.23	24.84	[25.85, 27.20]
Control	Religiosity	50	23.69	23.64	[21.98, 25.30]
Experiential	Death Anxiety	50	2.9	6.42	[5.6, 7.25]
Control	Death Anxiety	50	2.78	7.0	[6.2, 7.8]

Independent samples t-tests were conducted to compare scales of belief in the afterlife, paranormal, religion, and also death anxiety against the experiential and control group. From the result of this, significant differences between the two groups were found for afterlife belief ($t(98) = 5.09, p < .001$, two-tailed, $d = .49$, 95% C.I. [-.06, 1.05]) and paranormal belief ($t(98) = 5.25, p < .001$, two-tailed, $d = 1.05$, 95% C.I. [.46, 1.65]). No significant differences were found between the groups with regards to death anxiety ($t(97) = -1.01, p = .32$, two-tailed, $d = -.06$) and religious belief ($t(98) = .814, p = .42$, two-tailed, $d = -.20$).

Therefore, hypotheses 2a and 2b were accepted in this case, while hypotheses 2c and 2d had to be rejected.

Further tests were carried out beyond that seeking to answer the stated hypotheses, in order to see if any other meaning findings would be present within the data. Nothing appeared to be significantly related to the age of participant, when correlations were run between both groups ages against the various scales used. However, when both group's ages were combined, there was a positive significant correlation between age and paranormal belief ($p < .001, r = .253$). Additionally, when both groups scores for religiosity were combined, and religiosity placed as a covariant in a mixed factorial analysis, significant relationships were identified to pre-hope scores ($p = .012, r = .25$) and post-hope scores ($p = .026, r = .223$).

3.9 - Interpretation of Results

From analysing the data, it appears there is a difference in scores for levels of hope between the experiential and control groups following loss and subsequent experiences. A finding which was not specifically hypothesized was that hope levels dropped in both groups. This was marginally so in the experiential group, with hope remaining somewhat consistent across the *before* and *after* conditions ($p = .125$), while a significant difference was noted in the before and after conditions for the control group ($p = .008$). This in itself is a unique finding, and supports 'hypothesis 1' that there would be a drop in hope levels for the control group that would not be reflected in the experiential group. Initially, this suggests that those who reported some form of perceived contact with the dead *maintained* levels of hope, rather than increased levels across the board. This further suggests that anomalous experiences at a time of loss support levels of hope that otherwise would decrease without such experiences, since those who suffered a loss and

had no form of spontaneous experience to suggest the deceased were still around in some form, dramatically decreased in levels of hope.

These findings add support to the therapeutic nature of anomalous experiences during bereavement (e.g. Drewry, 2002; Krippner, 2006), with regards to hope being a potential underlying cognitive mechanism aiding the coping process to events of death, grief and subsequent life transitions (e.g. Gamlin & Kinghorn, 1995; Nekolaichuk with Jevne, 2002; Snyder, 1996, 2000). This has also successfully adopted and progressed methods previously employed by Hogan (2012), where quantitative measures of a therapeutic change for *before* and *after* anomalous events were investigated, for those who had suffered some form of PTSD (including bereavement). It was also suggested by Thalbourne (1989) that such measures of pre and post loss needed to be investigated.

In relation to previous findings, it appears that from comparing both groups, anomalous occurrences within people's lives – particularly around bereavement – do not appear to directly impact on death anxiety (Aday, 1984-85; Cooper, 2011b). To some extent this demonstrates Thalbourne's (1989) views of afterlife beliefs bringing comfort from death anxiety to be somewhat false. While the beliefs (and indeed related experiences) may comfort, they are still weighted against the existing anxieties about personal mortality, which does not decrease in light of beliefs or experiences.

However, the beliefs that a person holds may be far stronger than any influence from external experiences, since both afterlife belief and paranormal belief were significantly higher for the experiential group than the control group. Such beliefs, which may have even been held *prior to their experiences* in some cases, could have been *reinforced* by the experiences themselves and acted as a buffer in coping with loss and sustaining hope.

Aday (1984-85) concluded afterlife beliefs to be a function of religion and not directly correlated with death anxiety. Yet, only when observing the results of the *combined group scores* for religiosity and hope, were there any significant findings. A theological basis for hope is rooted in many religions (see Chapter 2), and given the wide variety of religious views presented within the participant pool (sub-section 3.6.2) this may be responsible for the significant relationship between hope and religiosity – pre ($p = .012$) and post ($p = .026$) loss. Even so, it does not appear that religious belief before or after loss had any differing impact, since no significant difference was found between the two groups ($p = .42$, two-tailed). But this does at least suggest that hope and religiosity are significantly related.

From Thalbourne's (1989) research and observations of previous studies, this present study lends support to his findings in the discovery of a correlation between age and paranormal belief (which includes spirituality and beliefs in life after death), when both groups scores and ages were combined. As age increases, there is an increase in paranormal belief. This could be for a couple of reasons. Thalbourne (1989) argued that the *closer to death* people are, the more they may believe in spirits of the dead or an afterlife to bring comfort from the notion of a future life – as a defence against death anxiety. Alternatively, due to more life experience, older people have had more experiences within their lives (such as anomalous ones) to bring personal justification for such beliefs to be accepted. Therefore, the belief is not necessarily held to counteract anxieties or replace other beliefs, but is merely a reflection of accepting external life events which could not be explained.

On a final note, applicability of these findings should be considered, to understand what importance the research may hold and how the findings may be actively applied. Applicability may also be understood as 'transferability of results' to other contexts, settings, groups, and research. The applicability is dependent on external validity. Parker (2004) also considered the practical applications of the data produced from investigating post-death phenomena. The results of this study can – and have – been used to support the results of research that examined similar phenomena, and supports work being conducted within the contexts of clinical parapsychology and related therapy (e.g. Kramer, Bauer & Hövelmann, 2012), therefore enhancing external validity. The main areas in which the findings of this study are transferable are bereavement studies (and related health care), bereavement counselling, applied positive psychology, and clinical parapsychology – this is due to the fact that the study aimed to recognise and understand psychological changes during bereavement and related issues.

3.10 – Summary

In this chapter I have considered the methodological approaches to be taken in the first step of exploring the presence and role of hope in spontaneous post-death experiences. It has been explained that a questionnaire battery of validated scales was developed and distributed to two groups, those who had spontaneous experiences following loss and those who did not. This was done in order to delve deeper into some of the conclusions of previous studies which found hope to be present, while exploring a comparison group of the bereaved – which previous studies had failed to do. The findings suggest that hope

in such instances can be measured and appears to show more of a presence in those who do have spontaneous experiences following loss than those who don't. From here, it is important to learn more about *what* exactly people experience and *how* it is experienced, while considering the presence of hope, from transitions that take place following perceived contact with the dead. In the following chapter, we will begin to explore these points by analysing short answer questions and written accounts of experiences which were completed in the questionnaire of the experiential group.

Chapter 4

Content and Thematic Analysis of Survey Data

4.1 – Chapter Overview

In Chapter 3, we discussed the analysis and findings from the questionnaire scales distributed to the one hundred participants, who reported having had spontaneous post-death experiences ($n = 50$) and participants who suffered a significant loss but never encounter anomalous phenomena ($n = 50$). Among these scales were measures of hope (Nowotny, 1986, 1989) regarding the bereaved's state of mind before their loss, after their loss (for the control group) and after the first anomalous experience (for the experimental group). The findings suggested that there is a significant decrease in hope following bereavement for those who *do not* encounter anomalous phenomena and only a slight decrease in hope for those that do. The findings suggest that hope, as a dependant variable, is a response to spontaneous anomalous events following loss.

In this chapter, further investigation is made into the impact of such experiences and the presence and purpose of hope. The data analysed in Chapter 3 was constrained by fixed responses of the scales applied to both groups. In other words, the impact of such experiences can be so personal and have pervasive effects, that these are not so easily picked up on by quantitative methods. This allows us to identify general patterns in data, but does not assist us when we wish to understand unique personal experiences, thoughts, feelings and other unique features surrounding bereavement (Kruth, 2015). To provide a complement to this, eight questions were presented in the questionnaire given to the experiential group, allowing them to express themselves in their own terms (see Appendix B, green box questionnaires, section 6, questions 1-8) – adopted from questionnaire methods discussed in section 3.3. Therefore, qualitative methods must be employed to begin to explore the mechanisms of individual experiences, allowing us to dig deeper into the data than quantitative methods can provide (Kirk & Miller, 1986).

While Chapter 3 focused on measuring attributes of hope within people, this chapter will explore through qualitative methods how it might be expressed and experienced. This next stage will begin by critically considering the strengths of qualitative methods, and how they may benefit data of written responses to questions asked of participants regarding specifics of their experiences.

4.2 – Popular Spontaneous Case Analysis Methods

If we wish to know more about personal experiences, we have to turn to qualitative data which are richer and more variable than simple counts from scales in quantitative methods. Qualitative data cannot be reduced to simple counts in the same way. How then should such data be collected and analysed? Psychical researchers have adopted a variety of qualitative strategies over many decades, and in this section I will review them in order to clarify their relative merits and how they have been applied and developed over time.

Thouless (1972) discussed the fact that we cannot advance towards a scientific understanding of anomalous phenomena – and indeed any human experiences – by the mere collection of anecdotes. In other words, qualitative data should always be organised through recognised analytical methods to allow mere *anecdote* to become *experiment*. Accepting personal accounts at face value without a system of sorting through the finer details of such accounts, would not be seen favourably as a scientific practice, nor would it help address the questions we pose of the data that we seek to answer. Thouless (1972) also suggested that we can improve the conditions in which recollection of events by experiencers are obtained, in order to amass more reliable data. Not only would this involve asking various questions about the events (where, when, what, and with whom did you experience the event? etc.), but in some instances, this may even be taken further through applications of eyewitness testimony and/or cognitive interviewing (Cooper, 2008). The more accounts we accumulate via these recognised processes of data collection and analysis, the more reliable the data output becomes, and therefore gives us more justified grounds on which to generalise the qualitative findings of a given sample.

As previously discussed in sections 1.4.1 and 3.3, the classic studies by Gurney and Myers (1889) and indeed Sidgwick et al. (1894), demonstrate that much of the pioneering work in analysing accounts of spontaneous anomalous events is based on qualitative data. Both studies were based on classifying experiences and reporting on the prevalence of the themes found within the collected accounts. However, as Thouless (1972) argues, “to one trained in the methods of experimental science, it may seem that this work set psychical research on an unprofitable course” (p. 14), this is not to say that the data was worthless, but that more rigorous methods of analysis should have been put in place to test theories of the occurrence of such events. These early studies were however an important grounding for the later progression and rise of parapsychological research, as they act as the foundation and starting blocks of attempts to understand *how* such events are experienced by a wide variety of people. Even so, Thouless (1972, p.14) further argues

that all these early studies achieved is “what took place,” when the experimental sciences should be driven by developing methods of testing and guiding theoretical advance. In other words, how can we suitably use methods of standard practice within social science to test whether previous findings, or the present theories we propose, are true or not.

Given that these early experiments were devoid of such methods, leading researchers such as Joseph Banks Rhine, for example, noted that for several decades there was decline in spontaneous case research (Rhine, 1948), supporting Thouless’s (1972) argument of the early research, in that without stringent methods of analysis in place there cannot be progression of findings and further understanding. This is because such research simply stated what was occurring within accounts. Standards of practice in the methods of analysis means that we know others have followed the same paths of sorting the data, rather than simply stating what was found in the data – at face value. Rhine (1948) recognised this, and further noted that such events, if researched properly – that is, with the appropriate methods in place – can play a crucial role in understanding *what* particular phenomenon we are dealing with and *how* and *why* they occur. Therefore, despite early interest in gathering rich personalised accounts of spontaneous phenomena, these fell out of favour following the Rhine revolution (Horn, 2009), with strong focus given to laboratory experimentation instead, particularly for the reasons noted by Rhine (1948) and Thouless (1972). It took many years for interest in spontaneous phenomena to recover.

Nearly sixty years following the early studies of the Society for Psychical Research, the work of Louisa Rhine can be seen as making scientific advances in understanding spontaneous experiences further through qualitative data analysis of written accounts. This research was conducted predominately throughout the 1950s and 1960s at Duke University Parapsychology Laboratory (e.g. Rhine, 1951, 1953, 1957, 1963, 1978; also see Irwin & Watt, 2007, pp. 32-37). Cases concerned all manner of psi phenomena, from spontaneous events of precognitive visions, through to post-death events and the encountering of apparitions. Rhine’s method of data collection differed dramatically from that employed by Sidgwick et al. (1889) where reports were actively solicited from SPR members. Further to that, the accounts were subjected to rigorous authentication procedures for accuracy of reported events, details confirmed by witnesses, interviewing took place and so on. Rhine, however, did little to recruit cases, they were generally taken from unsolicited letters sent to the Parapsychology Laboratory. Little, if any, follow-up work was done to authenticate the reports or conduct thorough interviews, stating in her

first paper that she accepted any account submitted “in good faith and by apparently sane individuals” (Rhine, 1951, p. 166). Due to such methods of data collection, it was likely that fraudulent cases would be present amongst the data. Rhine was aware of this but believed that features of the genuine phenomena would emerge as patterns across the cases while the artefacts would reduce to noise. Even so, Rhine’s collection was much larger than that of the early SPR work (Sidgwick, et al., 1889) and offered greater specific details of spontaneous events that Rhine had identified (Weiner & Haight, 1986).

Within Rhine’s research we can also identify issues regarding standard practice of the scientific method, or perhaps the non-reporting of methods. The studies by Rhine (Weiner & Haight, 1986), in general, appear to show advancements from the early research by targeting specific aspects of previously categorised phenomena, further reporting on their frequencies of occurrence, and *how* they occur for people by quoting examples of various parapsychological phenomena which Rhine had categorised. But, by what process of sorting is unclear. These research reports do not appear to advance the scientific method to the extent discussed by Thouless (1972), but that is because Rhine expressed the same concerns as Thouless, as she maintained that “spontaneous cases could never establish the existence of psi – that task could only be accomplished in the laboratory – but they could serve a useful function in suggesting how to proceed with research” (Weiner & Haight, 1986, p.15). The better and stricter procedures of qualitative methods we apply to the data, the greater and more reliable are the findings of how experiential systems work.

There is at least some information on the methodological procedures regarding spontaneous cases, to be found in the Duke University Parapsychology Laboratory publications. J.B. Rhine (1948), for example, reported that the spontaneous case collections of the Parapsychology Laboratory had gone through a categorisation process as they were submitted. Therefore, whenever specific elements of spontaneous psi events were to be examined, key themes and categories of experiences were already compiled and stored. From this, it appears Louisa Rhine and other researchers could dip into specific data sets and make preliminary observations of how often such experiences occurred based on the anecdotal accounts submitted. This basic method of the time was considered useful, though time consuming and requiring multiple researchers to sift through the large amounts of qualitative data (Rhine, 1948).

In psychology research of today, Louisa Rhine’s methodological approach would not be an accepted form of standard practice, but was however an early example of dealing with qualitative data before standards of methodological practice – including clear

structure, application and processes of dealing with such data – were accepted throughout social science (e.g. Crewsell, 1998; Gage, 1989). As Thouless (1972) states, the spontaneous case studies of Louisa Rhine were “intended as collections of what people report, not of what is known to happen” (p.18) nor were they considered to present definitive conclusions as to *why* they happen. With that being so, such research can be considered a useful stepping stone for other researchers who wish to know about the occurrence of particular spontaneous events and then dig deeper into the data. Louisa Rhine presented the foundations of what spontaneous phenomena can be experienced, how common it is, and how it is experienced.

With spontaneous post-death experiences, qualitative methods have typically been the main approach to their investigation – as was the case generally for psychology research before the 1980s, until the shift in interest to quantitative methods (Gage, 1989). Even so, anomalous experiences, and particularly that of post-death events, are still researched primarily using qualitative methods. Haraldsson (2012), for example, has frequently applied qualitative methods to the investigation of spontaneous phenomena surrounding death. In one particular study by Haraldsson (1994), 357 reports of spontaneous encounters with apparitions of the dead were collected using questionnaire methods. A one page questionnaire was placed in four popular magazines, which asked “Have you ever in a waking state personally perceived or felt the presence of a deceased person?” (p.1). Participants were to answer a number of short answer questions regarding: content and circumstances of the experiences, details of the perceived entities (age, sex, cause of death, etc.), and questions about the experiencers (e.g. what they were doing at the time of the encounter, mental and physical state, whether they had been grieving or not, whether they were alone at the time, and so on). Initially, 700 questionnaires were received back with positive responses, with 357 followed up by interview. Authenticity checks were also made in which death records were checked to make sure the deceased persons reported by experiencers were genuine people. Additional witnesses to the reported spontaneous events were also interviewed whenever possible.

The analysis presented clear themes, frequencies of occurrence, and interpretation of the events, in order to investigate the nature of such experiences. However, no clear method of analysis is stated within the report. Even so, evidence of significance testing between codes generated regarding the reported events is reported as chi-square (χ^2) testing. This would suggest that at the very least, the data had been subjected to a process of content analysis focusing on cross-tabulations – which shall be defined and discussed

in section 4.3 (see Krippendorff, 2013). Such methods of data analysis demonstrate a clear distinction between the early handling of large amounts of qualitative data (e.g. Sidgwick et al., 1894) through to modern day practices and standard procedures of analysing and presenting data (e.g. Smith, 2013), which are far more sophisticated, and go beyond purely reporting frequencies of phenomena through percentages.

There are some studies by Haraldsson, however, which seem to conform more to the practices and presentation of data as seen in the work of Louisa Rhine – analytically speaking, it could be seen as taking a step back. For example, Haraldsson (1988-89) discusses in the method that participant feedback was collected from a mail survey (N = 902), and from this, the accounts were systematically sorted through for specific features of contact with the dead (such as in dreams or waking state apparitions). There is no reporting of any particular qualitative method of analysis and related systematic handling of the data. It is alluded to that a rigorous system was applied, but not specifically stated. The results only discuss frequencies and percentages of the various types of experiences reported regarding spontaneous post-death contact with the dead, with quoted examples from some experiences. Although the data from such large samples is of great importance to us in understanding the common features of such experiences, the studies are lacking in any clear standard methodological practice which would provide the ability to generalise the data across other studies and to answer specific questions about the experiences. These methodological issues also directly relate to the studies conducted by Louisa Rhine (Thouless, 1972; Weiner & Haight, 1986).

From considering the merits of qualitative methods applied in previous studies regarding spontaneous events, there are clear advantages to qualitative methods producing richer and more variable data than quantitative data can provide. If we ask questions about experiences and receive qualitative feedback, we can see deeper into the experiences, understand how they occur, and what impact they have. By choosing certain qualitative methodologies, and following standards of practice in sorting through and analysing the data, we can seek to answer questions we pose of the qualitative data, which is not possible through quantitative means, when we require finer details of the lived experience. Therefore, from considering some of the previous forms of qualitative methods which developed from Louisa Rhine's research, and similar applications of such methods to other spontaneous cases, it is important in this present study to identify exactly *what* methods of analyses could be considered as having been used by Rhine and Haraldsson for handling such large sets of data.

To recap, this present study is investigating the features and forms of anomalous experiences during bereavement and their therapeutic impact on people, including the presence and role of hope. We have become familiar with some of the most popular research strategies of classical studies into spontaneous experiences, from the early SPR work (Sidgwick et al., 1886), to Louisa Rhine's spontaneous case collection (Horn, 2009; Weiner & Haight, 1986), and Haraldsson's (2012) extensive work on post-death apparitional experiences. Haraldsson (2012) can be seen as making the most methodological advances, in terms of distributing short answer questionnaires to investigate specific details of spontaneous events, vetting people for reliability and to rule out fraud as far as possible, extensive interviewing, and searching for additional witnesses. Following this, the data was sent through a more sophisticated and stringent analytical process than that of previous researchers. Haraldsson's methods of data collection can be seen as reflected – to a large extent – in this present study (see section 3.3). Distributing questionnaires to experiencers of spontaneous post-death phenomena, that include short answer questions and the opportunity to simply write about their experiences, provides detailed individual insight into such experiences which quantitative methods cannot pick up on.

What is now essential for this present study, is to make advancements on the analytical 'process' and its 'presentation,' which can be considered a major weakness of the studies by Haraldsson, and more so those by Rhine – where the methods of analysis were simply not stated. Yet to give Haraldsson (2012) due credit, his analysis of spontaneous cases is far more sophisticated than that of Rhine's (Weiner & Haight, 1986), but even so, such methods of analysis are not clearly stated in his presentation of research (e.g. Haraldsson, 1981; 1988-89; 1994; 2009, 2012)

Therefore, the following section will consider the various forms of qualitative analyses which exist as standard practice within social science – particularly psychology and parapsychology – to identify the most appropriate methods to be applied to the data in this present study. As discussed in section 3.6.4, the data that was additionally collected in the questionnaires of the experiential group consisted of short answer questions regarding features of their experience and freely written accounts (see Appendix B, green box questionnaires).

4.3 – Considering Suitable Methods of Analysis

As discussed in the previous section, there are various reasons as to why qualitative methods would be favoured over quantitative methods, especially when dealing with data of real world experiences. In this present study, we wish to deal with written feedback to short answer questions and freely written accounts of experiencing bereavement and anomalous phenomena encountered within that time. Therefore, let us further consider why qualitative methods are a beneficial research tool in this instance; before we go on to consider the appropriate method(s) of analysis for the current data we are dealing with.

When studying behaviour and experiences, the different questions we ask require different methods to answer them. If we were to explore how people intend to vote, for example, quantitative methods may be favoured. However, when wanting to know about people's life histories or experiences they have had and what they involved, typically, qualitative methods would be favoured (Silverman, 2005). Psychology, and particularly parapsychology, has shown a preference in the past for quantitative methods, with one reason being for the scientific demand to measure behaviour, emotions and abilities quantitatively in controlled environments (e.g. Rhine, 1934).

However, as the methods of analysis we choose depends on the questions we ask, neither quantitative nor qualitative methods can be seen as superior to each other in the pursuit of scientific enquiry. Kirk and Miller (1986) argued the case for reliability and validity in qualitative research, as they described the distinction between the two methods as such: "a 'qualitative observation' identifies the presence or absence of something, in contrast to a 'quantitative observation', which involves measuring the degree to which some feature is present" (p.9). They further argued that to identify something, the researcher must know what qualifies as that 'thing,' or 'kind of thing'. Within qualitative data, this would be represented by the outcomes of questions we have asked and identifying characteristics or developing themes and sub-themes which emerge from sorting the data – which may relate directly to the study rationale or be previously unidentified features. 'Quality' is considered when we wish to understand the nature of something, 'quantity' is considered when we wish to know the amount of something. In this study – following the quantitative design of Chapter 3 to measure the presence of hope – we are now interested in the nature of the bereavement process and associated anomalous events, which means we must follow a qualitative route of investigation.

Even so, quantitative and qualitative findings often complement each other. For example, as previously discussed in section 1.4.1, the 'census of hallucination' by

Sidgwick et al. (1894) is mainly a qualitative analysis, giving various examples of people's experiences from the data and themes which were developed, but were further enforced by the quantitative data which discussed the frequency of occurrences. Roxburgh and Roe (2014) considered the application of mixed method approaches to the study of mediumship. They argued that combining qualitative and quantitative approaches helps to "capitalize on the strengths and compensate for the weaknesses of each" (p.220). In terms of mixed methods and hope research, Nekolaichuk (with Jevne, 2002) refers to this approach as offering "a wider, sweeping map of what we can learn" (p.21). Therefore, this is the approach which has been taken in this thesis to investigate post-death phenomena, hope and recovery from grief. It is further argued that qualitative methods help give "a voice" to participants, dealing with texture and quality of individual experiences. Such an approach is also data driven (a bottom-up approach), compared to quantitative research which is theory driven (top-down approach). Combining the two offers a framework for understanding a phenomenon that ensures generalisability – in this case, hope's presence (quantitative) and role (qualitative) in bereavement following anomalous spontaneous events.

The main question of this present study – without the participants being directly asked – is 'how do participants make sense of anomalous experiences attributed to deceased loved ones, and how do they impact their sense of hope?' This question is to be answered from the data gathered in the first study, in the questionnaire of the experiential participants (Appendix A: green box questionnaire, section 6, questions 1-8). Questions asked of the experiential group concerned states of mind during loss, details of anomalous events, and their written accounts of such experiences, which will be discussed in further detail in the methodology of this Chapter (section 4.4).

Let us now consider in the following sections the various forms of qualitative analysis applied within the social sciences. It is important to define and assess the applications of each method to deduce which is the most appropriate for the data gathered in the questionnaire – short answer questions and written accounts. Essentially, the type of data gathered and analysed in the studies of Rhine (see Weiner & Haight, 1986) and Haraldsson (2012), is highly similar to that which we are dealing with now. Therefore, we are looking for qualitative analyses which could be identified as the analytical methods they themselves applied. In considering the data output of studies by Haraldsson (2009, 2012), his analyses provided frequencies of various feedback, significance testing, and themes developed from written accounts.

4.3.1 Discourse Analysis

Discourse analysis concerns “what people are doing with their talk or writing, [and] what they are trying to achieve” in term of the function of their language in various social situations (Burr, 1995, p.47). For example, discourse can involve the analysis of formal or informal texts, from transcribed interviews, newspaper reviews, letters and formal documents, and how such language is used to request, persuade, or accuse.

The research typically focuses on how such accounts are constructed and create effect in their delivery for the writer or speaker (Potter & Reicher, 1987), and also what rhetorical devices are used and employed within discourse (Billig, 1991). Within discourse analysis, issues such as power, selfhood and subjectivity, are rarely topics of concern for those focused on this method of analysis, and therefore the use of traditional brands of psychology such as psychoanalysis are rejected in this case (e.g. Hunt, 1989). These different approaches merely represent how researchers wish to explore the different concerns of people living and working within social construction. Both large and small amounts of data can be worked with, but is labour intensive. Therefore, large data sets which undergo discourse analysis can be very time consuming, especially for one researcher alone.

Given the current research question is ‘how do participants make sense of anomalous experiences attributed to deceased loved ones, and how do they impact their sense of hope?’, discourse analysis would not be able to answer these questions, but would only tell us how people express, and perhaps, persuade others of their experiences. Also, in this thesis we are focusing on a somewhat large set of data from short answer question and freely written accounts. Therefore, the strengths of discourse analysis do not appear to be an appropriate fit to the research question or data.

4.3.2 Conversation Analysis

Conversation analysis has been described as “the study of talk-in-interaction [which] represents a methodological approach to the study of mundane social action that achieved these desired results” (Psathas, 1995, p.1). To take Psathas’ (1995) definition further, conversation analysis is considered a misnomer, as it is not conversation but “*talk-in-interaction* that is the broader and more inclusive characterisation of the phenomena of the study” (p.2).

The study of talk-in-interaction can involve analysing turn-taking – order / organization / orderliness – in everyday discursive practice. It can also explore errors in speech, how we initiate conversation and how we terminate it (Jefferson, 1996). Much like discourse analysis, it is not concerned with relationships to present theories of psychology, but more about understanding any given topic of ‘what humans do’ and ‘how they make sense of who they are’ in the world around them (Silverman, 2005, p.34). The application of conversation analysis has demonstrated its usefulness and worth within studies of anomalous experiences and human abilities, especially within the work of Wooffitt (e.g., 1992, 2003).

This present study involves questionnaire data, and therefore, answers to direct questions being asked, rather than conversations and natural interaction. We are also concerned with the content of the experiences, rather than *how* the participants gave feedback on elements of the experiences or freely wrote about them. The present study data is essentially only one-way dialogue. Therefore, conversation analysis would not be considered a suitable – or even workable – method of analysis for the current data set.

4.3.3 Narrative analysis

Plowright (2011) describes narrative analysis as dealing with “words and media texts, that is, still and moving imagery” (p.17), adding that “[the] data draw on conventional codes of meaning that are based on the use of language or visual or auditory imagery, with all their complexities and ambiguities” (p.18). With this in mind, Davies (2007) discusses narrative analysis as a broad term used to describe research that aims to analyse accounts of a *lived* experience – which is why media texts, photographs and video-footage may be a source of such data. This method of analysis can be used on any group of people, but typically has been applied to vulnerable or marginalised subjects (Davies, 2007), in order to understand their life experiences.

Essentially, narrative analysis deals with studying life stories. The process requires reading such narratives repeatedly to become familiar with the content while making notes and highlighting key features of the events. Secondly, features that are identified are reflected against the existing theoretical literature to develop and interpret the data.

There are clear useful links between this method of analysis and the current data set from the questionnaire – given that the participants have written about their lived experiences surrounding bereavement. However, with our current data, we are interested in direct feedback to questions, what happened during the bereavement process regarding

the anomalous experience(s), and what impact participants believed the anomalous experiences had on them during bereavement. We are not concerned with how the participants constructed personal stories of what happened in their experience.

4.3.4 Grounded Theory

Charmaz (1996) described grounded theory as a process of inductive strategies which aim to develop theories within qualitative data, stating that “you start with individual cases, incidents or experiences and develop progressively more abstract conceptual categories to synthesize, to explain and to understand your data and to identify patterned relationships within it” (p.28). Therefore, any theories developed should be grounded within the data being analysed. In this sense, grounded theory and its methodological guidelines of analysis can be applied to many different aspects of personal experience, emotions, social prejudice, motivation, and so on.

Grounded theory emerged from the work of Barney G. Glaser and Anselm L. Strauss during research they were conducting on how physicians and nurses in hospitals handled dying patients (Glaser & Strauss, 1965). Overtime, both researchers have argued their own approaches to grounded theory, with Glaser still arguing the original process of the analysis focusing on categories emerging from the data, while Strauss has focused on verification of the data (Corbin & Strauss, 1990).

The process of grounded theory analysis requires gathering the data and placing it into categories – to classify it. This is often referred to as open coding (Corbin & Straus, 1990), in which the data is analysed closely (breaking it down), in some cases, examining the detail of every word used so that nothing is missed within the details of the data. From this close analysis, the categories/codes begin to develop. The researcher may carry out the open coding while making further notes and developing ideas about the data in line with existing theories as the codes develop. This is followed with axial coding, which organises the data which has been broken down, and brings it back together into a coherent structure, where relationships between the data and existing theories (or new theories) emerge. The researcher may often return to the field to collect more data to see if the new data fit the established codes (Davies, 2007). It has been argued by Silverman (1993, p. 153) that even in publications of grounded theory, researchers have often formed anecdotal conclusions rather than addressing the theoretical grounding upon which the conclusions have been drawn.

In light of the present research questions, and data of brief answer feedback and written accounts, grounded theory shows useful potential for dealing with data. However, we know from parapsychological literature (sections 1.4, 1.5, & 1.6) that no single theory alone can account for anomalous experiences that people have, let alone following loss and during bereavement. In analysing the feedback to the brief answer questions on elements of the experiences people reported, and the written accounts of experiences, we need a method (or methods) of analysis similar to grounded theory, but which allow for categorisation of themes which do not necessarily relate to each other, and do not require a general theory for their occurrence to be developed. Therefore, in this instance, taking the research aim and type of data into consideration, grounded theory would not be an appropriate method of analysis.

4.3.5 Interpretative Phenomenological Analysis (IPA)

Interpretive phenomenological analysis (IPA) has typically been aimed at studying the individual within psychology, pitched at the idiographic level, and often concentrates on “specific *individuals* as they deal with specific *situations* or *events* in their lives” (Larkin, Watts & Clifton, 2006, p.103). In other words, IPA involves the analysis of *meaning*, and can refer to several things, such as cognition, affect, intentions and anything else regarding participant perspectives within various life situations (Maxwell, 2005). Therefore, applications of IPA become useful when we want to investigate meaning within individual experiences which have happened or are currently happening.

Interpretation of the participant perspective is not simply reiteration of the participant’s account – which is a common misconception of IPA (Larking, Watts & Clifton, 2006) – but how the researcher has come to understand these events and derived meaning from them in relation to existing research literature. The meaning is all about how each participant makes sense of events, how they fit within their world view, and the interpretation involves what the researcher can conclude from this with their knowledge of related research, literature and theory. The focus on meaning is central to the ‘interpretive’ approach of the social sciences (Maxwell, 2005, p.22). It is an ideal analysis for exploring lived experiences of which we do not fully understand the processes involved, and the thoughts and feelings of those who experience such events.

In the current questionnaire analysis, we are interested in the details of each participant’s experiences and the impact they had on individuals, from data gathered from the short answer feedback questions and the written accounts of experiences. Therefore,

with this present analysis, understanding what the experience meant to the participant is certainly useful. However, the data is somewhat substantial for an IPA to be applied ($n = 50$), and it would not be possible to effectively apply it to the short answer feedback data, where coding and frequencies would be most desirable. Much like in the studies by Haraldsson (2012), it would be desirable for the written accounts of experiences to be sent through a system of categorisation, to investigate themes which appear to exist within the data, before we consider how people interpret such themes. An in-depth semi-structured interview would provide more reliability and robust data from which to apply the IPA. Therefore, we shall discuss applications of IPA later on in this thesis, with regards to interviewing (see Chapter 5). With the present data, IPA did not appear entirely suitable in achieving the research aims.

4.3.6 Content Analysis

A qualitative content analysis has been referred to as “the selection of quotations and illustrations from the content [of data] to be used in enlivening and humanizing the report of frequencies by various categories” (Berelson, 1971, p.115). Elo and Kyngäs (2008, p.110) report the stages of content analysis as being: *preparation* (being immersed in the data, selecting the unit of analysis to present content or latent content), *organisation* (open coding, creating categories, grouping codes, formulating general descriptions of the data through category and subcategory abstracting), and *reporting* (reporting the analysis process and results through the models, conceptual systems and maps, categories and storyline). Essentially, content analysis involves quantification of data, and allows for direct comparison to previous studies. Content analysis works well especially for large amounts of textual information, where the analysis unobtrusively identifies trends, patterns of words used, relationships, structure, and discourse (Vaismoradi, Turunen & Bondas, 2013).

The application of content analysis to the present data, especially questions 1-7 consisting of limited response questions (Appendix B, green box questionnaire, section 6), would be highly useful in identifying frequencies of occurrence and the categories they may generate for themselves. For example, every time a response is given, it would be recorded and the number of times that particular feedback was given for all participants.

From searching parapsychological literature discussing the use of content analysis, some useful discussion was found. For example, Rogo (1981) argued that since the work

of Louisa Rhine, content analysis became standard practice for large sets of qualitative data concerning spontaneous events. He further argued that to make such methods more rigorous, patterns which develop within the data can be tested against each other using chi square (χ^2) analysis, which was noted in the work of Haraldsson (1994, 2009) in section 4.2, and can involve various other analytical techniques (Krippendorff, 2013). This can be seen in studies such as that of Hanefeld (1968), and Rogo and Bayless (1979), where content analysis was specifically referred to, where large bodies of qualitative data, in the form of written accounts and/or interviews were initially analysed regarding phenomena which presented little or no previous research. Content analysis also allows for direct comparison of figures from previous studies to present, and is typically referred to as a bottom up approach or data driven approach (Smith, 2013).

Therefore, with the data from short answer feedback to questions 1-7, content analysis would appear to be a most appropriate method of analysis. The findings of the content analysis will also allow for direct comparison to previous studies and the findings of question 8 containing the written accounts of experiences. However, content analysis does not appear suitable for question 8 itself, given that it involves written explanations of events and opinions on anomalous experiences followings loss. I aim is to develop categories and clear themes from this information, to help answer the question of ‘how do participants make sense of their spontaneous experiences?’ Therefore, a further method of analysis must be considered for question 8, so that data analysis of questions 1-7 may compliment the data analysis of the written accounts in question 8.

4.3.7 Thematic Analysis

Braun and Clarke (2006, p.79) describe thematic analysis as “a method for identifying, analysing and reporting patterns [themes] within data.” With that, it is evident that much like content analysis, thematic analysis is largely descriptive, but allows for fuller discussion of the data in detail after coding and the development of themes has taken place. This is done with a low level of interpretation, thus, keeping to the facts of the data at hand. It is a flexible method of analysis, but is often used in the wrong context or carried out inappropriately, due to poor understanding of the method.

Vaismoradi, Turunen and Bondas (2013) present clear distinctions between content analysis and thematic analysis and the importance of the two methods. Often, qualitative analyses differ due to the number of processes the data must go through. With thematic analysis, they note that there are twice as many stages to thematic analysis as there are to

content analysis (as reported by Braun & Clarke, 2006, p.87): *familiarising with the data* (transcribing, reading, and re-reading data and making notes), *generating initial codes* (coding interesting feature of the data), *searching for themes* (collating codes into potential themes), *reviewing themes* (check the themes work in relation to the codes – developing a thematic map), *defining and naming themes* (refining the specifics of each theme and the story the data set tell, clear definitions and names for themes generated), *producing a report* (selections of extracts may be used, relating back to the themes generated and literature, formed into a report).

Braun and Clarke (2006) argue that a number of decisions need to be made when selecting to use the thematic analysis. One decision is considering ‘what counts as a theme?’ Given the mass of research already existing for anomalous experiences within parapsychology (some of which was discussed throughout Chapters 1 and 2), assumptions can be drawn as to what potential themes may occur and that there may be several themes to deal with, rather than one over-arching theme. The choices of a detailed account of one aspect, or rich descriptions of the data as a whole, are also two analytical paths to be considered. With that, Braun and Clarke (2006) further discuss that thematic analysis can use an essentialist or realist approach, which focuses on experiences, meanings, and the reality of the participants (naturally occurring relationships), or it can use a constructionist approach focusing on the ways in which realities, meaning, experiences, etc., are the outcome of a range discourses which are found to be present in society (socially produced). For spontaneous anomalous experiences, it could be argued that both routes apply, as experience, meaning, and reality of events, can be constructed in many ways by societal influence, especially personal religion when it comes to the interpretation of such experiences.

Considering thematic analysis for the written accounts of experiences – produced from the experiential group questionnaire – it appears a highly suitable method for answering the research aims of ‘how participants make sense of their experiences’ and ‘what impact do such experiences have on them’ and developing themes of such events. As discussed in section 1.4.2 and 1.6, there are studies which have considered spontaneous post-death phenomena such as dreams (Barrett, 1991-92) and ‘sense of presence’ experiences (Steffen, 2011), for example, which have also adopted thematic analysis approaches to understanding various features of such events. Looking to some of the studies by Haraldsson (1989-99, 1994), the findings suggest that a thematic analysis was most likely used to generate the findings and the themes featured within these

reports. This is also likely to be the case in some studies conducted by Rhine (1957, 1963, 1978), which depict a somewhat crude version of thematic analysis, presented in the time before standards of analytical practice became fully developed and integrated into social science methodology (Braun & Clarke, 2006; Kruth, 2015). This might explain why specific analytical methods such as ‘thematic analysis’ are not stated in the reports of such prior research on spontaneous cases.

Having considered the principles of thematic analysis, and prior applications of its use and relevance to this present study, it appears the most suitable method of analysis for examining the written accounts of experiences from the questionnaire given to the experiential group. This will be complimented by a content analysis of the feedback from short answer questions provided to participants in the same questionnaire. Thus, offering a mixed method approach, which also compliments the quantitative findings of Chapter 3.

In this section several qualitative methods of analysis have been considered for their suitability and application in sorting and analysing additional questionnaire data, which was collected from the experiential group. This data involves short answer questions regarding their post-death experiences and hand written accounts of these experiences. Reflection was given on the research of Louisa Rhine and Erlendur Haraldsson, regarding their methodological approaches to spontaneous cases. From comparing their presentation of findings to standards of practice in qualitative analysis, it has been concluded that content and thematic analysis are the most appropriate methods for dealing with the present data and answering the current research aims – ‘how do participants make sense of their experiences’ and ‘what impact do such experiences have on them’. The following section will present the methodology in full detail regarding the present data and analytical steps. From there, the analyses and findings will be presented and discussed.

4.4 – Method

4.4.1 Participants

Participants were the same as that of the previous chapter, but focused only on the experiential group (N = 50), i.e. those who reported anomalous experiences (see Chapter 3, section 3.6.2). Therefore, they were collected by a process of opportunity sampling and approached in public places and through requests in social networking websites to take part if they met the requirement. The requirement being that they had to of had a

significant bereavement which they were comfortable in recalling, where following the loss of that person, the participant believed that they encountered some form of spontaneous interaction with that person beyond their death (i.e. sensing their presence, seeing an apparition, poltergeist type activity, dreams, and related phenomena). This group consisted of 50 individuals, including 10 males and 40 females. Ages ranged from 20 to 83 (M = 50.34). The most common of reported bereavements were for the death of a parent ($n = 16$) or a partner ($n = 10$), other personal bereavements and subsequent experiences included grandparents ($n = 7$), aunts and uncles ($n = 7$), close friends ($n = 4$), siblings ($n = 3$) and children ($n = 3$).

4.4.2 Materials

The data for this present study was collected via a questionnaire method, which included a series of eight questions (see Appendix B, green box questionnaire, section 6), including closed and short answer questions (1-7), with the final question (8) asking participants to freely write about their experiences (as discussed in section 3.6.4). A variety of questions regarding bereavement, the impact of experiences, and types of phenomena encountered, were asked, in an attempt to answer the research question of: ‘how do participants make sense of their experiences’ and ‘what impact do such experiences have on them’. The questions asked of participants were designed to answer these questions and identify any emerging themes of ‘hope’ from both the brief answer feedback and written accounts of experiences. Table 4.1 displays the exact questions asked of the participants.

Table 4.1: Experiential Group Survey Questions

1.	Briefly, how would you describe your state of mind following the loss of your loved one, but before you had a ‘paranormal’ experience:			
2.	Briefly, how would you describe your state of mind following the loss of your loved one, immediately following the first or most significant paranormal experience that you encountered (and possibly assumed to be associated with the deceased in some way):			
3.	Were you expecting <i>something</i> to happen following your loss?			
	YES	NO	UNSURE	
4.	Did you find the experience to be:			
	HELPFUL	HARMFUL (scary)	UNSURE	
5.	Please circle which category best fits how long it was between losing someone close and then having an unusual experience:			
	Within 24 hours	Within a Week	Within a Month	Within a Year
	If greater please state.....			

6. When and where did the experience occur? (i.e., during the day, the night, early morning, in the evening, while at home, while out for a walk, etc.):

7. If you were to describe your experience in just a few words, please state what form of experience you believe you encountered:

8. Please use the space below and overleaf, to describe in as much detail as possible, the exact experience that you spontaneously had and any relevant circumstances surrounding it (before or after the event) and mention any additional witnesses to the event. Please make it clear what you believe you experienced within this statement (i.e., encountering an apparition/ghost, sensing the presence of the dead (including touch and smells), dreaming of the dead, voices (or footsteps, bangs and taps), a movement or manipulation of objects, symbolic events, etc.). Please use additional sheets of paper if necessary.

Consent forms which included information on the study and contact details of the researcher were used. These were the exact same ethics forms applied in the first part of this study (section 3.6.3), as participants completed the entire questionnaire battery in one sitting, which included scales (analysed in Chapter 3) and questions regarding their experiences (table 4.1).

4.4.3 Procedure and Ethics

The procedure and ethical issues for collection of data are exactly of that discussed in sections 3.6.4 and 3.7, given that the present qualitative data was collected at the same time as the questionnaire scales analysed in Chapter 3.

Even so, to recap, the data were collected using opportunity sampling methods, but recruitment was restricted to those who had experienced the loss of someone close to them. The experimenter placed requests on social networking websites such as Twitter and Facebook (including psychology and parapsychology interest pages with the latter – for broad reach and specific interest) for participants to come forward and take part who matched the criteria of having experienced anomalous phenomena following loss. Participants were also approached by the researcher in public places (such as libraries, parks, public lectures and the University of Northampton’s park campus) and asked if they’d be willing to take part and whether they met the requirements of taking part. All participants received a consent form (see Appendix A, green box consent form), which also provided the option for participants to state their interest in being contacted for a potential follow-up interview regarding their experiences (which will be discussed in Chapter 5). Following completion of the consent form, each group was given a questionnaire battery (see Appendix B, green box questionnaire, section 6).

When participants reached section 6 of the questionnaire, they were presented with a variety of questions about their experiences. The instructions to section 6 of the questionnaire read as follows:

Section 6

In this section, we would like to ask if you'd be willing to describe any experiences that seemed difficult to explain in conventional scientific terms, which had particular personal meaning for you following the loss of someone close. This is an exercise in remembering the event to the best of your ability in as much written detail as possible, and express freely whatever you wish to say. Your insights are valuable in helping us to learn more about exceptional experiences and bereavement. Please give your account in as much detail as possible, no matter how trivial, to help us build up a picture of your experience. We would like your permission to share your experiences with others (e.g. in the research community, or counselling professionals) on the condition that we change your name, and that of any other people or places mentioned, to protect your identify.

Please tick this box if you agree to take part and have read and understood the above statement:

Following completion of the questionnaire, all participants were debriefed. If the questionnaire was completed in person, the experimenter debriefed the participant verbally. If completed via the internet, participants had to email their completed questionnaire to the researcher, in which case debriefing was given via email.

All participants were informed that by taking part, anonymity was assured. Names were not taken, but each participant was assign a questionnaire number (indicated in the green box on the consent form and questionnaire) which was used purely for identification of each questionnaire in the analysis and for the purposes of withdrawing data. All participants were informed of their right to withdraw from the study for any reason whatsoever, within a seven day period. To do so, they were required to contact the researcher with their group colour (red or green) and participant number. All participants kept half of the consent form which contained information on the study and contact details of the researcher, should they have had any questions whatsoever after taking part.

The ethical issues discussed in section 3.7 were adhered to, particularly those pertaining to bereavement and emotional sensitivity of the subjects involved. It was made clear to participants that if a question was too uncomfortable to answer, they could leave it out and move on to the next. Alternatively, if for whatever reason, they decided to stop

completing the questionnaire and withdraw from the study, they were entitled to do so without penalty. Following completion of the questionnaire, including written feedback and accounts of experience, participants were made aware that they had a seven day period within which to withdraw. Participants could withdraw for any reason whatsoever. To withdraw, they were required to contact the researcher with their participant number (located in the green box on their information/consent form: Appendix A), and their data was to be removed from the study and destroyed. All participants were informed that they were entitled to a copy of the final research report upon request.

4.5 – Content Analysis of Short Answer Questions

This section contains the results of the content analysis. In accordance with other similar studies (e.g. Smith, 2013) which applied content analysis to spontaneous case material, some sub-sections which relate to previous studies will combine results with discussion. This is done purely for the benefit of the reader, given the substantial amount of data involved, as following the content analysis is the thematic analysis of written accounts (section 4.6) with the overall main discussion of results at the very end of this chapter (section 4.6). Placing some discussion within the results of the content analysis will avoid constant referral back to this section. Even so, the content analysis findings shall be given discussion in section 4.6, alongside the thematic analysis.

4.5.1 The Process of Sorting Data

The process of conducting the analysis began by reading through all 50 completed surveys from the participants a few times to become familiar with the data. This then followed by breaking down the raw data into manageable codes – in accordance with the stages and standards of practice discussed by Elo and Kyngäs (2008) and Krippendorff (2013). For example, for each question, hand drawn grids were created to note the individual feedback of all 50 participants for each question. This method was favoured by the researcher in coding raw qualitative data and had been applied in previous research (Cooper, 2014). Once this was done, the grids could be looked through thoroughly to see how participant feedback for each question was occurring on the whole. Raw notes were placed on the grids regarding the frequency of occurrences for particular feedback, and noting any additional key features of the data, or information simply worthy of mention in the data analysis. In some instances, SPSS was required for the input of data and

statistical analysis. Other data required tables and histograms to be generated to display the overall findings.

4.5.2 States of Mind following Loss and following Anomalous Events

Questions 1 and 2 (see table 4.1) dealt with ‘states of mind’ following loss and then after the first anomalous experience reported. Question 1 asked: *Briefly, how would you describe your state of mind following the loss of your loved one, but before you had a ‘paranormal’ experience?* Written feedback from participants included recollections of feelings and emotions of those periods of time in their lives. All states of mind such as feelings and emotions were extracted as coding began. Typical feedback for question 1, included statements such as:

Panic, despair, not sure how I was going to handle parenting 2 small children on my own. I was confused and so extremely sad. [P 14]

Devastated, lost, contemplating suicide. [P 30]

An extreme feeling of emptiness – alone. Scared and vulnerable. [P 31]

Category labels began to emerge from an attempt to synthesise and make sense of the responses. Words such as: numb, shock, heartbroken, vulnerable, sad, guilt, scared, etc., were noted and given the category label of ‘negative states’ – as they were used in a negative context in response to loss. From these statements, 42 negative states were identified and also accounted for 42 (84%) of the participants who mentioned such states. Some response included words such as: bored, calm, normal and unchanged. For example:

As a very black and white person, I do not get ‘emotional’ or disturbed by stressful situations such as death. I was not in any way a different mind-set than previous to the encounter. Calm and relaxed. [P 12]

Neutral; mostly exhausted and unemotional, over tasked – loss occurred after illness.
[P 47]

My experience was a couple of years after my uncle passed so my state of mind was
'normal'. [P 7]

These developed into codes derived from the responses and suggested a balanced state of mind, being neither negative nor positive. Therefore, such statements formed the category of 'neutral states' with 10 variations of neutral codes identified. Purely neutral statements (and no others) were mentioned by only 5 (10%) of the participants within their responses. A total of 9 (18%) participants mentioned neutral states within their feedback. Further coding was derived from the responses which included words such as: positive, optimistic, happy, relief and hopeful. They were extracted from statements such as the following:

I was shaken and sad, but since I felt somewhat connected, though sceptical, from the
beginning, I was hopeful. [P 20]

I believe I was in a state of grace. [P 44]

Normal state of mind, positive, happy optimistic. [P 6]

The codes from these statements formed the category of 'positive states'. It was found that 2 (4%) of the participants reported within their responses *only* positive states of mind during their period of bereavement. However, a total of 8 participants (16%), reported positive states within their feedback. A total of 8 variations of positive code (positive expressions) were noted.

Question 2 asked: *Briefly, how would you describe your state of mind following the loss of your loved one, immediately following the first or most significant paranormal experience that you encountered (and possibly assumed to be associated with the deceased in some way)?* Coding began in the same manner for Q2 as was done for Q1. Words such as: scared, frightened, sad, depressed, bereft, tearful and angry, were noted and coded from participant responses. These were found within statements such as:

Sad and depressed, but not a depression that had effect on day to day life. Just
overwhelming feeling of loss and feeling sorry for myself. [P 6]

I was surprised, but still angry with the first event. I was stunned by the 2nd and last
event. But it still took me many months to grieve. [P 10]

I was very upset, tearful, lost and feeling angry. I took it to be that she was just trying to tell me things would be ok. [P 40]

Such responses found within feedback were given the label 'negative states'. It was found that 7 (14%) of the participants mentioned only negative states immediately following their first spontaneous anomalous experience. However, a total of 12 (24%) participants, mentioned negative states within their feedback, with a total of 11 variations of code (negative expressions) derived from the data. In further examining the feedback from Q2, words such as: relaxed, normal, neutral and unchanged, were noted and appeared in statements such as:

Relaxed, but also doubting what had just taken place, also a feeling of sadness that he would of wanted to be with us all. [P 34]

Neutral; exhausted and over tasked. [P 47]

Unchanged. I did not linger – perhaps I was slightly shocked, and left. [P 18]

Having developed such words into code, they became labelled under the category of 'neutral states'. Only 2 (4%) participants reported purely neutral states of mind immediately following their first anomalous event. Neutral states were mentioned by 6 (12%) participants overall within their feedback, which included 11 variations of code (neutral expressions) derived from the data.

And finally, words such as: comfort, reassurance, joy, love, peace, courage, coping and hope, were noted from participant responses. For example:

I felt comforted – reunited with my mum. [P 31]

After determining there was no way this could have happened naturally I was elated, over joyed that perhaps there was something beyond this life. [P 36]

I believe I was just so assured of her well-being – I felt even more peaceful. [P 44]

These codes became labelled as 'positive states'. In total, 36 (72%) participants reported only positive states and changes following their first (or only) spontaneous anomalous

event which was associated with the deceased. A total of 41 (92%) participants reported positive states within their responses, which included 41 variations of code (positive expressions) derived from the data.

As each participant could provide only brief answers to questions 1 and 2, this allowed them to mention several thoughts, feelings and emotions that may have come to them at the particular times mentioned (during loss and following their first anomalous experience). This amounted to 118 variations of ‘states of mind’ code being identified across questions 1 and 2 (different emotional/state expressions). Table 4.2 displays the individual frequencies of states of mind expressions identified, and the percentage for those frequencies.

Table 4.2: Frequency of ‘States of Mind’ in Grief and following Anomalous Experience

	Positive States	Neutral States	Negative States
Q1. In Grief	8	10	42
	13.3%	16.6%	70%
Q2. After AE	41	6	11
	70.7%	10.3%	19%
Z test scores	z = -6.3; p <.001	z = 1.0; p = .16	z = 5.5; p <.001

A z-test was also included in table 4.2, to investigate the difference between outcomes of Q1 ‘In Grief’ and Q2 ‘After AE’ (post-death event) for categories of positive, negative and neutral states. In this case, a z-test was favoured over t-test due to the large sample size (N = 50). From comparing positive states in grief (13.3%) to positive states following the first anomalous experience (70.7%) there is a significant increase in positive states (Z = - 6.3; $p <.001$). In comparing the negative states reported while in grief (70%) to negative states reported following the first anomalous experience (19%), there is a clear significant decrease in negative states (Z = 5.5; $p <.001$). Neutral states between the conditions did not appear to demonstrate any significant change (Z = 1.0; $p = .16$). This comparison of states of mind during grief and following the first anomalous experience encountered after loss is also demonstrated in diagram 4.1.

Diagram 4.1: Frequency of ‘States of Mind’ in Grief and After AE with Confidence Intervals

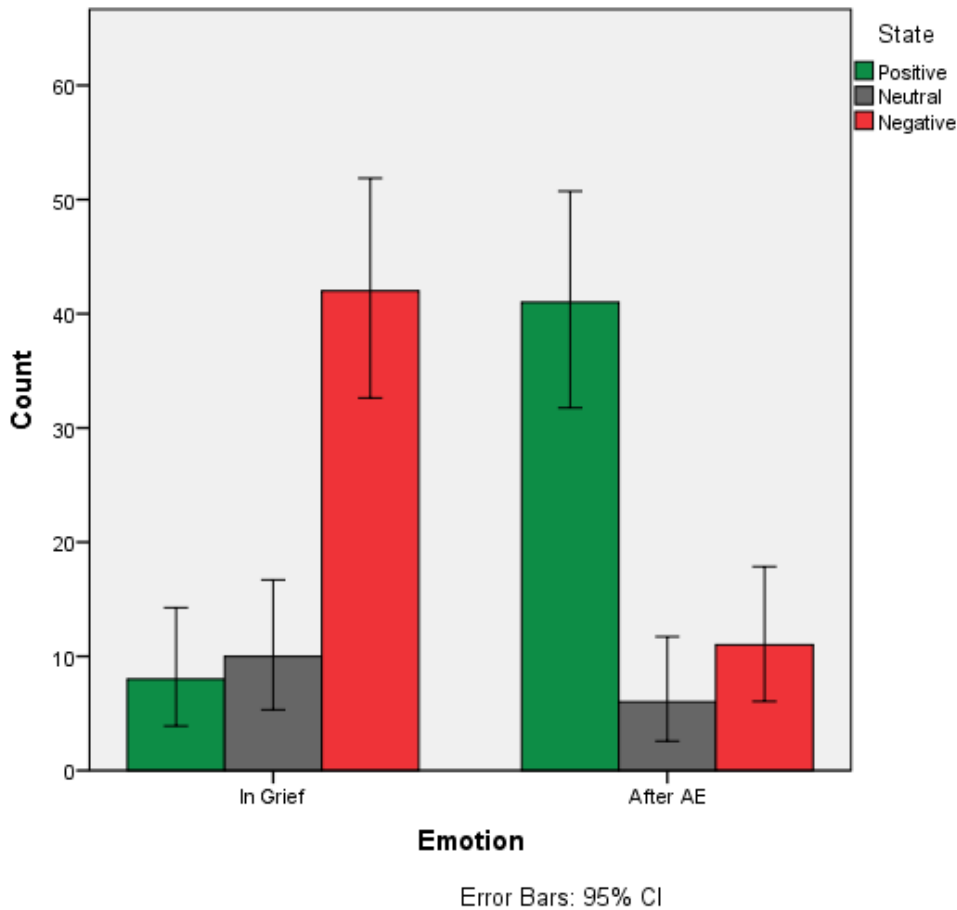


Diagram 4.1 demonstrates a clear shift of negative to positive emotions and feelings in the ‘states of mind’ of participants between the points of grief to following their first anomalous encounter attributed to the deceased (as is also demonstrated in table 4.2).

4.5.3 Expectancy of Experiences

In Question 3, participants were asked: *Were you expecting ‘something’ to happen following your loss?* In other words, were they expecting an anomalous encounter following the loss of a loved one? (Note: In a similar manner to Questions 3, Questions 4 and 5, they also ask direct questions, which are useful comparisons to previous studies which have asked similar questions regarding spontaneous experiences which complement the purely qualitative feedback receiving content analysis.). This question relates back to features of spontaneous post-death experiences noted in previous studies (e.g. Burton, 1982), and as table 4.1 shows, Q3 gave participants the option to circle one of three answers. The outcome of responses is displayed in table 4.3.

Table 4.3: Frequency of Expectancy of Experiences

Were you expecting something to happen following your loss?		
YES	NO	UNSURE
3 (6%)	35 (70%)	12 (24%)

In this case, we can see that the majority of participants reported they were not expecting any anomalous events to occur following the loss of a close loved one. This is in keeping with various studies of spontaneous phenomena (Wooffitt, 1994), but to keep to those we have covered regarding perceived interaction with the dead, Burton (1982, pp. 65-68) discussed such events occurring at the most unlikely of times, from his personal experience of entertaining guests and preparing food when he encountered the apparition of his deceased mother, to his house keeper having anomalous experiences of an unseen presence while engaging in cleaning the house. Haraldsson (1988-89, 2012) also demonstrates this from his surveys of spontaneous encounters with the dead, which found that in many instances people might encounter something while engaged in a mundane task about the home, such as cooking, cleaning, or watching television. For example, “I was washing the wooden floor in our living room when I looked up a moment to pause. Then I saw him standing some distance away from me looking towards me. I looked for a while and did not immediately realize that he had died” (Haraldsson, 1988-89, p. 107). Verbal accounts of spontaneous phenomena often appear to be communicated in this manner (Wooffitt, 1994), where few people report that they were expecting such events to happen, even if in a state of grief. The events appear to occur when engaged in some form of task, which some might describe as a state of flow (Csikszentmihalyi, 1992). These findings give reason to the Society for Psychical Research’s labelling of such events as ‘spontaneous experiences’.

4.5.4 Impact of the Experiences

In Question 4, participants were asked whether they found the experience to be helpful to them, harmful to them (also listed as scary), or unsure, as to the impact the experience had on them. Participants could select one of these three options. The question was worded exactly as displayed in tables 4.1 and 4.4, with table 4.4 displaying the feedback of this question.

Table 4.4: Frequency of Reported Impact of the Experiences

Did you find the exceptional experience to be:		
HELPFUL	HARMFUL (scary)	UNSURE
43 (86%)	1 (2%)	6 (12%)

When we look back at the feedback of ‘states of mind’ from participants in table 4.2 and the discussion of these data, 11 negative states were reported with 7 (14%) participants reporting purely negative emotional states following their first anomalous experience. However, when we look at table 4.4, only 1 (2%) participant found the overall event to be harmful and/or scary while 43 (86%) participants reported their experiences to be helpful to them. Therefore, even though negative emotional effects of bereavement remained in some participants, anomalous experiences appear to only contribute to this in 1 case. All other cases found the experience to be positive, or simply weren’t sure what to make of the experience at the time. These findings are an increase on the help such experiences provided for people when compared to the original findings of Rees (1971b), which showed that 68.6% of participants reported the experiences as helpful, 5.9% found them to be harmful/unpleasant and 25.5% were unsure what to make of the experiences.

When we take the initial negative states of mind into account (see table 4.2), they relate to the general reports of spontaneous events where typically – whether they involve instances of bereavement or not – for many people spontaneous premonitions, encountering an apparition, sensing a presence of someone not physically present, or witnessing objects move as if of their own accord, are reported to be ‘frightening’ events (Irwin & Watt, 2007, pp.38-39; Sannwald, 1963). This generally appears to be the opposite when the experiences are attributed to a deceased love one. Question 2 feedback analysed in section 4.5.1, further highlights any negative states *initially* felt from the anomalous events, including reports of being ‘scared/scary’ or ‘frightened’. For example:

At first scared (when it happened) then euphoric when I realised it was her, telling me it was going to be ok. [P 32]

The first encounter scared the daylight out of me. I didn’t know what to say or how to handle it. I kept it to myself for a long, long time. [P 14]

Scared and upset. [P 5 – only report of AE as ‘harmful’]

Some participants wanted to clarify their change in perspective when it occurred for them – similar to how participant 32 described their state of mind following their first anomalous experience. For example, participant 47, made a note on their survey that the experience was scary as it occurred, but helpful to them afterwards (‘helpful’ was their overall view). One participant in Q4 was noted as having changed their mind, in that they crossed out ‘harmful’ and circled ‘helpful’ noting on their survey “*at first [scary] – upon further experiences I began to see is as helpful*” [Ps 14]. Personal reflection on such experiences appears to highlight the positive aspects of such events, thus overpowering any initial negative states encountered. With participants 21 and 37, both wrote underneath the word ‘helpful’ which they had circled, adding the word ‘beautiful,’ with participant 21 stating: “*Beautiful would be more accurate*” [participant’s emphasis].

Although some instant reactions were negative, table 4.4 supports previous findings for such experiences to be reported on the whole as therapeutic to the bereaved (Krippner, 2006), with the majority reporting such events to be helpful, as was the case in the findings of Rees (1971b). This demonstrates a distinct difference of human response between general spontaneous psi events (which may present no personal relevance), and spontaneous events encountered during bereavement (which do present a personal connection), which are interpreted by the bereaved as personal evidence for continued survival – and the prospect of a future life.

4.5.5 Frequency of Experiences following Loss

Questions 5 asked participants: *Please circle which category best fits how long it was between losing someone close and then having an unusual experience – which were attributed to the deceased.* The options given to participants were: within 24 hours, within a week, within a month, within a year, and, if greater they were to state how long, in which participants were free to elaborate. Feedback from responses was collected and produced in the form of a histogram for visual inspection.

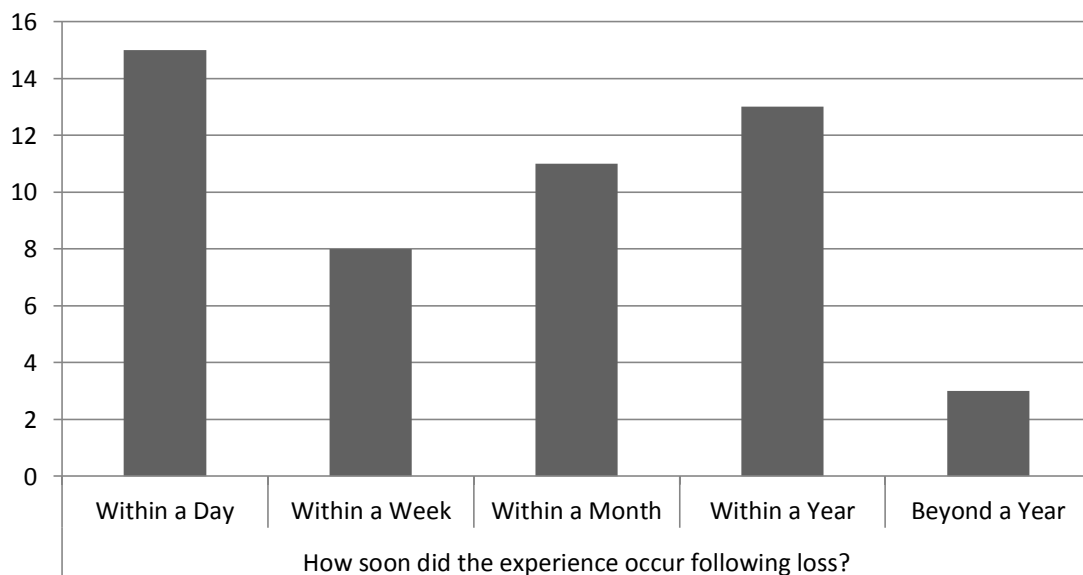
From observing diagram 4.2a, we can see that it is common for anomalous experiences to occur within the first year following loss, with only a few ($n = 3$) having reported experiences after the first year in this instance. The time frames of experiences occurring ‘beyond the first year’ included periods of 2 years, 30 years, and 32 years.

When we compare these findings to diagram 1.1 from the Gurney and Myers (1889) study (see Chapter 1, section 1.4.1), there are some similarities. Both studies appear to

demonstrate the peak of experiences occurring within the first 24 hours of loss, which has been referred to as the ‘crisis’ period (Tyrrell, 1953), and has been well noted within parapsychological research (e.g. Flammarion, 1922b; Haraldsson, 2012; Osis & Haraldsson, 1997). Haraldsson (2012, pp. 54) found that it was most common for people (N = 349) to report an encounter with the dead within a year (20.6%) to the first 5 years (20.9%) following loss – which hold similarities to the present study findings. Experiences reported within the first 24 hours of loss accounted for 14% of the participants involved in the study, 22% reporting phenomena within the first week.

The present study sample (table 4.2a) presents a peak in experiences within the first 24 hours following loss, followed by a decline, and then an increase in experiences following the first year of loss. Therefore differing in both respects to the findings of Gurney and Myers (1889) and Haraldsson (2012), with regards to the reported frequency of experiences within the first year following loss, yet the findings are consistent in the decline of reports following the first year, while their occurrences are still occasionally reported many years following loss.

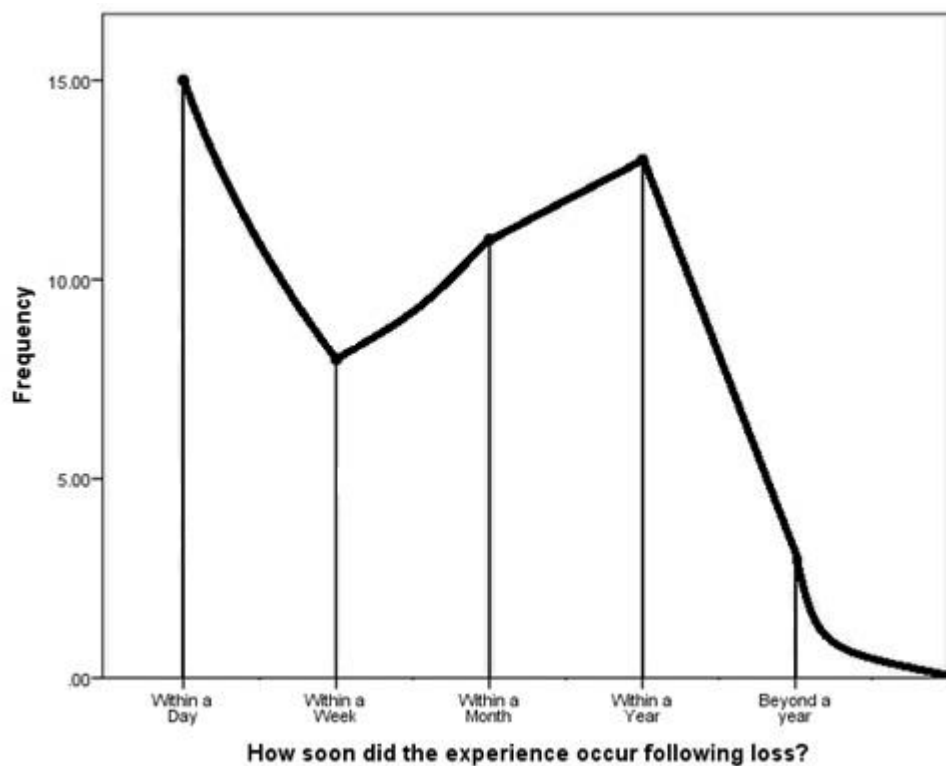
Diagram 4.2a: Frequency of Anomalous Events in Terms of Duration Since Loss



Even though the Gurney and Myers (1889) study consisted of 134 cases of spontaneous phenomena surrounding death, while this present study has focused on a sample size of 50, the time frames of experiences occurring do appear similar in the reporting of experiences within the first 24 hours following loss (compare diagram 1.1 to 4.2b). In the present data, there was a peak of experiences up to a year after the loss

(diagram 4.2b). Following the first year, experiences become less frequent, but are still evidently reported by those who suffered a loss at some point in their life. In the current data, two participants reported events which took place some thirty years following the loss, by which time states of grief would have suitably passed from what we know of the bereavement literature. Therefore, such experiences occurred in the true sense of being spontaneous, with the participants not being grief stricken or necessarily thinking about the deceased at the time of their anomalous encounter.

Diagram 4.2b: Frequency of Anomalous Events and How Soon they Occurred Following Loss (Histogram and Line Graph)



4.5.6 When and Where did it Happen?

In Question 6, participants were asked to recall at what point in the day the experience occurred and where it occurred, with the exact question being: *When and where did the experience occur? (i.e., during the day, the night, early morning, in the evening, while at home, while out for a walk, etc.).* The raw data showed that in some cases not everyone could remember what time of day it was, or where they were specifically in the house (for example) when the anomalous event occurred. Below are some typical examples of responses, which highlight how varied and spontaneous these experiences are in ‘when’ and ‘where’ they occurred:

During the day, while out for a walk. [P 27]

At Uni, daylight, outside. [P 48]

During daylight hours about 11:00am, while I was driving to an automobile repair appointment.

[P 3]

In my Mom's living room on a Wednesday evening while watching "Charlie's Angels."

[P 8]

During the day whilst out having a coffee with a friend. [P 17]

It was around 5:30 in the afternoon. I was washing tea cups at home. [P 26]

For each participant response, coding began by making notes on the typical times of day in which experiences were reported to occur, and where they were at the time the experience happened. These codes were separated into two tables. The first table (4.5) was developed to report when the experiences typically occurred. Most participants reported their experiences to have occurred during the night. Although, some reported being in bed at the time – and perhaps asleep having a dream encounter with the deceased, which some specifically stated – while others were awake and engaged in various activities, for example:

2am, I got the phone call she passed away. [P 32]

Late at night (sometime after 11 to midnight) at my late grandmother's house. [P 28]

The most significant experience happened during the night but I had several experiences of feeling a presence whilst driving my car. [P 5]

Coding of time periods continued in this fashion, until 5 periods of the day were noted as being distinct within participant responses. These are summed up in table 4.5.

Table 4.5: Frequency of When Experiences Occurred

When did the experience occur?				
Morning	Day	Afternoon	Evening	Night
5	14	3	13	22

The question of ‘where’ these experiences occurred not only compliment ‘when’ they occurred, but also compliment the findings of Q3 regarding the expectancy of experiences following loss, with 70% of participants reporting that they were not expecting something to happen. Responses to where the experients were at the time of anomalous occurrences, also included feedback on things they were engaged in at the time, which from the experient’s point of view also suggested they weren’t particularly thinking about the deceased at the time. For example:

In my Mom’s living room on a Wednesday evening while watching “Charlie’s Angels.”

[P 8]

During the day, whilst out having a coffee with a friend. [P 17]

At home during the evenings. These also occurred in various homes as I moved.

[P 47]

Evening, looking at a shop window we would frequent. [P 18]

In the evening, at home, I was was sitting on the sofa waiting for a programme to

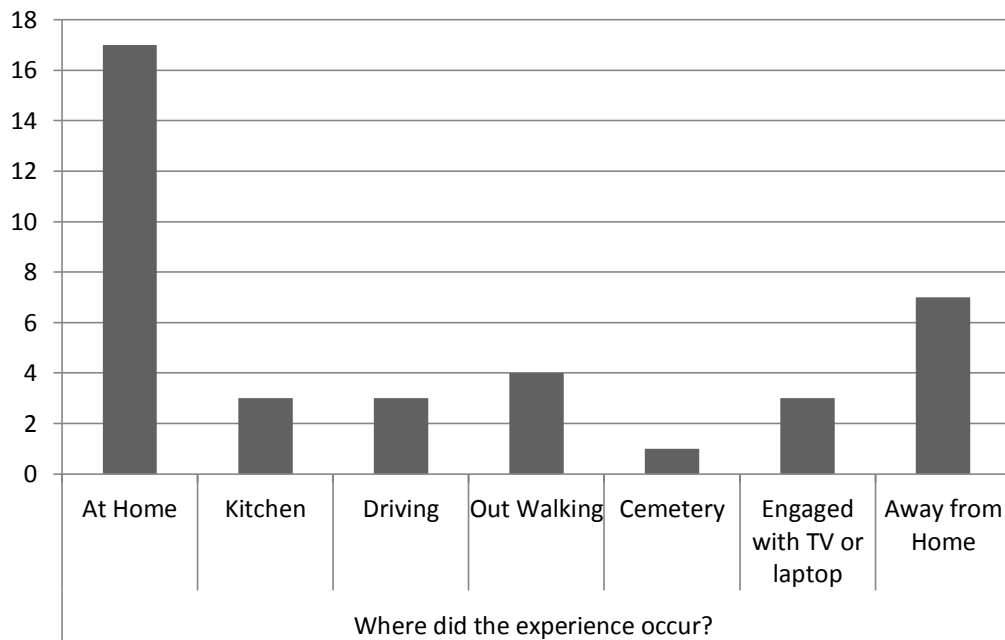
begin on TV. [P 2]

We were at a vacation home 1250 miles from our home visiting friends. It happened in the evening, while in their home. [P 36]

Coding began by extracting whatever information participants chose to mention in their written responses. In some cases they did mention ‘where’ they were, as per the request of Q6, while others simply stated what time of day it was and ‘what’ they were doing at the time – which didn’t always allude to where they were. Therefore, coding had

to be structured around where and what they were doing. Places such as university [e.g. P 48] and friend’s houses [e.g. P 36] were grouped under the label ‘away from home’ simply to refer to experients out of their own home, which could also include out shopping also [e.g. P 18], for example. Other places appeared worthy of their own label for being considered distinct from items grouped under ‘public places’. These additional categories included: driving to and from errands, out walking, or being at the cemetery. Other labels grouped activities such as being in the kitchen (and cooking/washing pots) and engaged in TV or working on a computer/laptop. Many participants purely stated being at home at the time of the occurrence, yet not all participants stated what they were doing at home. In 7 (14%) cases, it was specifically mentioned by participants that they were at home, in bed, asleep (dream encounters), yet not all dream encounters took place while asleep in their own home, or at night – this again highlights the variation of when and where, and *what* the experient was doing. Diagram 4.3 displays the frequency of coded, grouped and labelled feedback to Q6.

Diagram 4.3: Frequency of Where Experiences Occurred



In this present study, the main difference between those who had experiences during the day and during the night was the fact that most people reporting events at night claimed their experience occurred ‘during a dream’. Therefore, night time appears the most popular (table 4.5), purely on the basis of dream interaction with the dead. Again, it

should be noted that not all experiences reported at night meant the experient was dreaming, some were awake and engaged in tasks (see P 5 and P 28 above, for example).

4.5.7 *What was Experienced?*

Question 7 asked participants *'If you were to describe your experience in just a few words, please state what form of experience you believe you encountered?'* From this feedback, coding began by grouping similar types of experiences together and noting how many times throughout the participant pool each type of experience identified occurred. Categories of experiences were identified by reading through feedback from Q7, and where their feedback was not clear, their written accounts of experiences from Question 8 were also read for clarification (the analysis for Question 8 is to follow in section 4.6). It was found that exactly 25 (50%) participants reported to have only had one type of anomalous encounter, while the other 25 (50%) reported more than one anomalous experience and different types of phenomena. Even so, the overall frequency of these types of anomalous events are combined in the analysis.

The category of 'sense of presence' type experiences were derived from statements such as the following:

Immediately I sensed the presence in my mind of my Dad. [P 43]

His presence – calming and soothing, full of care and concern. [P 37]

I heard her walking down the passage and then just felt her around. [P 29]

In each instance, there are mentions of 'his/her presence,' 'sensed the presence,' and 'felt her/him around'. Therefore, such statements were given the category of 'sensing of presence' type experiences. They were also to be one of the most frequently encountered experiences.

The category of 'dream,' as a type of experience encountered, also appeared to be among the most common of experiences. The codes developed easily into the category of 'dream' in the reporting of these experiences, since experients were very direct in stating that they had encountered a dream. A couple of examples are as follows:

I believe I encountered my Mum explaining her state to me in the form of a dream.

[P 41]

A dream of a person who was much loved by me. [P 33]

Coding continued in this manner where each participant's feedback was carefully read, codes derived from the feedback regarding words and expressions used, and then were placed into groups. To give just a few more examples of the analytical process, it was noted much like in the study by Rees (1971b) that sensory experiences are not just limited to a physical or inner feeling of another presence occupying the same space as the bereaved – though not apparently present. Sensory experiences could include hearing a presence, seeing a presence (apparitions), and in some cases smelling a presence (i.e., smells associated with the deceased such as tobacco and perfumes/aftershave).

Below are some further examples of how feedback developed into categories:

I was alone, I sat on the end of my bed. I was hoping to get a reply but really didn't think I would. My Dad replied saying:- 'I am here.' [P 43]

Sat in the lounge watching TV and a very soft voice called 'Glen' 'Sandra.' Me and my wife just looked at each other and said did you hear that, someone said our names.

It felt strange that we both heard the voice. But it wasn't frightening. [P 24]

The statements above developed into the category of 'voices/sound' given the auditory nature of the experiences where it was noted that experients perceived the sound of a decease person, in the case of P 43 saying "I am here" and in the case of P 24 stating that "a soft voice called 'Glen' 'Sandra'." Thus, voice and sound perception was the main experience.

Below are a couple of different reports of experiences with visual elements:

I was trying to make my way home from running an errand and I saw him walking across the road, he looked back and saw me, I knew it was him immediately, he was wearing one of his favourite shirts and I could clearly see the scar on his face. He looked at me and smiled and waved and then he wasn't there anymore; when I looked around me, I realised I was in the middle of the road and sounds of blaring horns brought me back to reality.

[P 27]

At Uni, daylight, during the day – I thought I had seen the deceased person, they seemed happy and content. Made me feel that the deceased person felt the same and helped in the aftermath and coming to terms of the death [P 48]

The statements above describe visual experiences: ‘I saw him,’ ‘I knew it was him,’ ‘he looked back and saw me’ [P27]. In the case of P 27, they were so certain of the apparition they encountered being that of the deceased, that they could even identify the deceased’s favourite clothing and a specific scar on their face.

Some of the following examples involved physical effects to the environment, from movements of objects to electrical disturbances:

Glass fish tank being continually rattled – like by a coin. I believe this happened as my Gran wanted to let me know she had gone. [P 40]

Within the year, or less, after he died and the following year in which I moved from the house, I began to hear the phone ring faintly in the middle of the night 3 times a month. The first time I thought it must be the phone co. working on the lines. As it continued to happen, I realised it was something different. [P 46]

I experienced the TV and lights on and off and knocking at the room door. Once back in the UK, my mother had explained she experienced the same. [P 12]

These experiences were categorised as psychokinetic events (PK). They include experiences considered to be anomalous by the experient, and were attributed to the deceased, but experienced as effects of the environment and were not necessarily down to individual subjective perception. For example: ‘lights [switching] on and off,’ ‘knocking at the room door,’ ‘phone ringing faintly,’ ‘glass fish tank being continually rattled.’ The PK events were among the five highest ranked anomalies, which previous studies have also demonstrated to be a common feature of bereavement (Cooper, 2014; Wright, 1998). All of the categories/types of experiences developed are summarised in table 4.6.

Table 4.6: Frequency of Types of Experiences Encountered

Experience Type	Frequency of Reports
Sense of Presence	19
Voice/Sound	16
Apparition	15

Dream	14
PK (object movement or electrical)	14
Symbolic	7
Smells	6
Being Touched	4
Anomalous Lights	3
Synchronicity	2
Temperature Changes	1
Premonitions (of death)	1

From observing table 4.6, the sense of presence phenomenon is noted to be a dominating feature of reported spontaneous post-death experiences – as previous studies have found (e.g., Bennett & Bennett, 2000; Hayes, 2011; Rees 1971a,b; Steffen, 2011). However, in the study by Burton (1982), it was found that the highest incidence of perceived contact with the dead was reported to be through dreams (47.7%), with sensing the presence of the dead – while in the waking state – to be the second highest incidence reported (41.1%). In this present study, sense of presence experiences ranked highest, with voice/sound perception second most common, apparitions third most common and dreams equal fourth most common alongside PK experiences. All other categories formed from the analysis appeared to be distinct, but reported half as much or less, than presences, sounds, apparitions, dreams and PK.

Having now outlined the processes and findings of the content analysis in this section, these findings will be discussed further in section 4.7. The following section will now report on the analysis of Question 8, which involved a thematic analysis of the written accounts of experiences.

4.6 – Thematic Analysis of Written Accounts

This following section will present an analysis of the written accounts of experiences – from Question 8 of the experimental group questionnaires – using a thematic analysis (Braun & Clarke, 2006). This is being done in order to further answer the research questions of ‘how do participants make sense of their experiences’ and ‘what impact do such experiences have on them’. This has been answered in some regards through the content analysis, but application of a thematic analysis to freely written accounts of experiences may explain more about the process, impact, and experient interpretation of such events.

The written accounts of experiences were formed after each participant read the following question:

Please use the space below and overleaf, to describe in as much detail as possible, the exact experience that you spontaneously had and any relevant circumstances surrounding it (before or after the event) and mention any additional witnesses to the event. Please make it clear what you believe you experienced within this statement (i.e., encountering an apparition/ghost, sensing the presence of the dead (including touch and smells), dreaming of the dead, voices (or footsteps, bangs and taps), a movement or manipulation of objects, symbolic events, etc.). Please use additional sheets of paper if necessary.

Creswell (1998) outlines five traditions of qualitative research, describing the phenomenological approach as allowing the researcher to become familiar with a personal experience of a particular phenomenon. Thematic analysis can be seen as falling within this tradition. Following repeated read-throughs of all fifty accounts by the researcher, the accounts were sorted based on elements of the experiences which took place, such as recurring themes and significant statements (horizontalisation of data), with all accounts treated with equal worth. As codes were developed from the accounts by reading them through many times over, these codes were placed onto a large hand draw logic diagram to assess the codes as a whole and the generation of themes from these codes (see Appendix D for a summary table of codes and themes). This process of sorting and analysing the data was done in accordance with the published guidelines for thematic analysis (Braun & Clarke, 2006). In this instance of qualitative analysis, it was also agreed within the research team that reflexivity (see Davies, 2007, p.241), was an unnecessary procedure to carry out and present, given that the data of written accounts are so embedded within the questionnaire, quantitative findings, and content analysis. However, reflexivity is given consideration later in this thesis with respects to interviews and subjective interpretation of personal experiences (see Chapter 5).

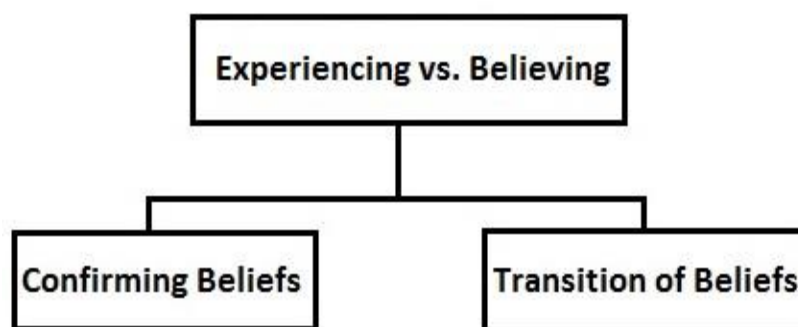
The data within this study was analysed in the same manner as previous spontaneous cases studies where thematic analysis was applied under a phenomenological approach (e.g., Cooper, 2014). It will also follow the same style of presentation. Braun and Clarke (2006) discussed how thematic analysis is useful in taking large sets of data (i.e. reports, accounts, interviews), and presenting them in a concise and condensed way through the

development of themes and extracts of examples. This is ideal for the large amount of written data produced by Question 8.

4.6.1 Theme 1: Experiencing vs. Believing

The theme of Experiencing vs. Believing was labelled as such after noting links between the way experiences interacted with personal beliefs. This theme could be further divided into two subthemes, ‘confirming’ beliefs and ‘transition’ of beliefs. The various views expressed on the anomalous experience which followed bereavement demonstrated two distinct pathways regarding the experience, and how this sat within the experient’s beliefs and world views of life and death. Therefore, experiences presented a challenge for beliefs, or at least a point at which the experient would contemplate what had been experienced. On one side, the experiences confirmed prior beliefs held making the foundation of those beliefs more solid, while on the other, experiences challenged beliefs and created transitions of views held. In other words, the experient felt it was impossible to deny the experience, in which case they would first question what they’d seen and then gradually came to terms with the event.

Diagram 4.4: Experiencing vs. Believing



4.6.1.1 Sub-theme: Confirming Beliefs

The sub-theme of Confirming Beliefs identified instances where the experience simply acted to further confirm beliefs which had already been held by the experient. The experience made those beliefs real and objective, without any real need to explore conventional explanations. In the case of participant 3, a pact was made with the deceased before they passed to give a sign of their continued existence following death. The experience occurred while driving a truck bought by the deceased ten years prior. The

experient reported spontaneously smelling the deceased's cologne and feeling his presence:

I had my mind on getting to the shop and finally the brakes taken care of, finally! I had put it off for a few months because of money. All of a sudden I caught a whiff of old spice cologne, and it was getting stronger. I had a feeling I wasn't alone and I said, out loud "Daddy, is that you?" At this exact time the notes for "Sweet Caroline" by Neil Diamond started to play on the radio station. I felt, happy, peaceful, light hearted and loved, all in a rush. I had absolutely no doubt that he was there with me. Three of my senses confirmed this (smell, sound and touch). I say touch because I could feel a palpable presence... I have always believed there was an afterlife, even though the Church didn't agree with an eight year old. But, I just knew and my father helped show me that he remembered our conversation. [P 3]

Following conversations with their son (before his untimely death) on topics of life after death, particularly reincarnation, participant 2 reported the following:

At 6:58 pm on Jan. 28, 2014 I noticed flickers of lights, like little sparkles, in my left peripheral vision. I turned to look directly but they disappeared. I looked forward, then noticed flickers to my right, just in front of my husband. We were both at home on the sofa [waiting for a program to begin on TV]. I looked forward again and thought 'I am seeing things – weird'. continued "About 24 hours after my son's passing I realised that the lights I saw occurred at the exact time of his death. I knew it was him! He came to say goodbye. I was elated that he confirmed there is life after death. [P 2]

In this case, it is described that both the bereaved and the deceased shared an interest in research and evidence for survival beyond death. Without knowing their son had passed until following the event, the bereaved on reflection took this as direct confirmation from the deceased for survival. It served to corroborate the beliefs and knowledge held about the topic, alongside the shared interests.

4.6.1.2 Sub-theme: Transition of Beliefs

The sub-theme of Transition of Beliefs was identified in which the bereaved had no prior interests in the paranormal or belief in life after death. The anomalous experiences made them face these questions about life after death for the first time, or in some instances try

to locate conventional explanations for what they were experiencing. Instead, interpretation of the events appears to acknowledge the likelihood of survival for the deceased beyond death. Participant 21 began their account by stating:

Please bear in mind I didn't believe in the afterlife at all. [P 21]

Following their first significant experience, which was both visual and auditory (seeing the face of the deceased and hearing them speak), their expressions and interpretation of the event suggest a shift in beliefs (even though with some hesitation due to prior belief):

I could also feel a surge of love and upliftment beyond anything I'd felt before. She kept repeating "Don't worry I'm alright" "I'm safe" "I love you." She gave me the sense that some of the events that I thought I may have imagined, I hadn't, and we really had merged and felt each other. [P 21]

The hesitation in acceptance of the experience is noted in that the experient thought that some of these events were purely 'imagined' yet their experiences seemed like something more, which they believe the deceased helped them confirm. The experience (and others that followed) were reported as helpful and comforting. Participant 16 expressed how their family were not interested in the paranormal, and yet significant experiences occurred following loss which they believe were devoid of conventional explanations:

The time was about 18:00 I was alone at home using a laptop which I was standing up as it was on the sideboard, my back was to the room and the house was silent. I was looking for music my father would of liked as the family had tasked me with finding some tunes for his funeral. I suddenly became aware of the feeling that I was being watched and I heard the sound of him breathing while it could be said that sound could have been anything or anyone it wasn't it was very distinctive, something I could only attribute to him... The sensation and sound lasted for about 10 to 20 seconds until I turned around to look. It slowly faded and then I turned around. My mother described seeing him going through his draw in the middle of the same night. My family are 'not' massive paranormal fans both my mother and father have had some quite disturbing experience which they spoke about when I asked them as a

child but this was not part of normal conversation, so we are not a family of paranormal seekers so to speak. [P 16]

Following this event, participant 16 also lost their mother, which again followed with anomalous events, particularly spontaneous floral perfume smells attributed to the deceased which was smelt by others but could never be located:

So why did I feel this was Mum... I don't know perhaps it was because I was expecting something 'anything' although it was strange and out of nowhere, the smell was also witnessed by my fiancée, we would pick up the smell then walk around furiously sniffing trying to locate the source for the aroma. [P 16]

In other cases, there are examples of how such experiences challenge some people's views of what they know of science, and then try to consider how such experiences may fit into that world view:

For my second wife, because there were so very many [experiences] and they were so dramatic I was a bit startled by them but not in a negative way, they were just 'challenging' of my traditional science background/beliefs. The experiences forced me to critically look at 'survival of spirit' since I was being overwhelmed with events, like being thrown in the deep end of the pool without a life preserver. [P 11]

4.6.2 Theme 2: Continued Bonds

The theme of Continued Bonds was identified in which experiencers expressed an on-going connection to the deceased. Codes for these themes were noted as developing following the first significant anomalous experiences following loss, as discovered through the construction of the previous theme Experiencing vs. Believing. The theme included re-establishing (spiritual) relationships with the deceased, while adjusting to the acceptance that the deceased's presence was now non-physical. Therefore, a bond appears to remain, for many experiencers, which brings comfort. For example:

For a split second I thought Mum was with me again and hadn't passed... literally woke up and rolled over and saw Mum next to me. Smiled at her and went to hold her – realised the figure was my partner after becoming more conscious... I felt comforted – reunited with my Mum again. [P 31]

Once I acknowledged him and joked that ‘it’s about time, huh?’ I had tears of happiness rolling down my cheeks. Slowly the smell faded just about the time that the song came to an end. I wasn’t as sad, or alone feeling after that. [P 3]

I knew in an instant what I experienced was a direct message of connection and reiterated to me the bond I had shared with my aunt (the one who died). I also felt she was ok. [P 9]

It is comforting to believe that love triumphs over death – that relationship continues. The challenge is adjusting to having a relationship with someone who is in a different form – and to know that his face, eyes, voice, hands, etc., are gone forever. [P 23]

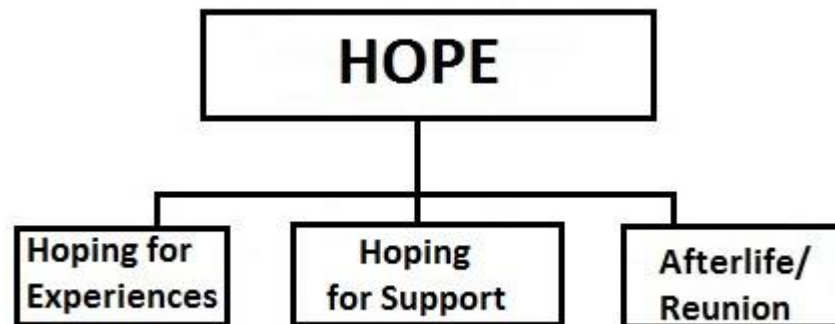
As we discussed in sections 1.2 and 1.3 at the beginning of this thesis, bereavement is a form of separation anxiety. From the examples provided above, we can see how continuing bonds, even in a none materialistic form, can help sooth grief. The anomalous experiences encountered during bereavement appear to present the experient with a transition of one relationship with the person (in a living biological form) into another, involving that same person with a non-physical presence interpreted from the phenomena encountered. For the experient, the encounter suggests there is no complete separation, merely a transition, and the relationship is learnt to be re-established in this form. In this sense, it is clear why comfort and other positive feelings are derived from the spontaneous experience, when prior to anything happening, negative emotional states would have been strong (see section 1.2 and 1.3), especially within the first few days and weeks following loss.

4.6.3 Theme 3: Hope

The theme of Hope was identified. It was also recognised to have several sub-themes in terms of how it was expressed and could be interpreted in people’s lives and towards the anomalous experiences encountered. The expression of hope in its various forms also suggested coping with the issues of loss, given the anomalous experiences gave each individual something to look ahead to (cognitive agency) and move forward in their own daily lives with this in mind (thought pathway). Hope was expressed in forms such as: looking ahead in life, ‘hoping’ more experiences would occur, and ultimately, self-confirmations that a reunion would happen with the deceased following the bereaved’s

own demise (hoping for a reunion/afterlife). These are explained further in the following sub-themes.

Diagram 4.5: Hope



As discussed in Chapter 2 (section 2.2), there is debate between the terms ‘wishing’ and ‘hoping’. In both instances, it could be argued they both suggest a need for something to be obtained. In the example accounts below, this is where hope has been interpreted, in terms of an expression for this need for something to happen again. In some instances, participants may have directly mentioned the word hope. In either case, it does not fully explain whether they have given any thought to the meaning of these two words. Hope in this analysis has been considered similar in characteristics to looking ahead to events and moving forward in life.

4.6.3.1 Sub-theme: Hoping for Experiences

The sub-theme of Hoping for Experiences was identified within the theme of Hope, where people may literally hope for further experiences. Unlike the distinct features of the Continued Bond theme, hoping for experiences included experients trying to hold on to each experience they had for as long as possible. In other words, they’d try in whatever way they thought possible to make the experience last. When it ended, they would look ahead in life with hope for more occurrences. This hope can be seen as fostered due to what the experiences gave people in terms of positive feelings, and there is expression of a need for these feelings to be repeatedly felt – like an addiction – which only the experience could induce. Below are examples of various expressions of Hoping for Experiences:

The very instant I felt she was about to leave, she flew making a shape like the infinite symbol in the air glowing with pixie dust and disappeared through the wall. I

haven't seen her again since. I wish she would come to visit me again and that she would speak to me. [P 26]

I woke up knowing it wasn't just a dream and I haven't dreamed of him since. I wish I could though... I've never had a dream that felt so real. I can't get the image of his face out of my head. So clear and almost glittery. [P 39]

In both examples of participant 26 and 39, there is an expression of hoping for more experiences to occur, as noted from statements such as "I wish she would come to visit me again" and "I haven't dreamed of him since. I wish I could though."

Participant 37 discusses an example of personal hoping for the experience to last (or holding on to the experience), and the experient doing whatever they could to extend the duration of the event:

As I drove home, his presence filled my car. When I got home, I sat in the parking lot, talking to him and sobbing. I was scared if I went inside I would lose him. After about 20 minutes, I was cold (it was Feb.) and I decided to go in. I asked him to come with me. We went straight to my room, past my room mates. When we got to my room I lit a candle and kept the lights off. I kept talking to him and crying. He felt peaceful and full of love. He was a calming presence. We stayed like that for another 30 minutes. Then the phone rang. The instant it rang, he disappeared. [P 37]

4.6.3.2 Sub-theme: Hoping for Support

The sub-theme of Hoping for Support was identified within the theme of Hope. Within this sub-theme, experients expressed hope that they are being watched over by the deceased, or hope that the experience brings guidance to their lives from the deceased. In other words, there is a need for assistance and support from the deceased which they brought in their living state. This may occur when a person feels lost and in grief and expressed the wish mentally or verbally for the deceased to give a sign of their continuation – which typically followed with some form of anomalous event. In a sense, this could be seen as working closely alongside the theme of Continued Bonds. However, from the belief of the deceased living on, and the bond already accepted, hope is expressed for the deceased offering support by means of guidance (making sure the experient/bereaved make the right life choices) and protection, in a spiritual sense (as experients expressed a hope of being watched over by the deceased). Below are some examples of the views expressed, following anomalous experiences:

My experiences have always been in dreams, they are extremely vivid, in full colour and can change in content when I choose it to. I hope he is watching over me and protecting me even though I do not believe in such things. [P 33]

I've always felt that he is watching me. [P 38]

I feel like he just wanted to make sure my aunt was safe and to say goodbye to me as I wasn't there when he passed. [P 39]

I felt my father was keeping an eye out for me. [P 3]

I believe that my Mum was there to keep me company, as I was so devastated by my loss. After this occurrence I was happy that she had come to me. My Mum died in her house, so I think she was looking out for me. [P 13]

Though it could be argued that these expressions of hope are subtle, they are nevertheless present. In some instances hope is directly expressed for support "I hope he is watching over me and protecting me" in the other instances given, there is an assumption of being 'watched over' following experiences. With participant 14, hope is perhaps the least evident in its expression, which is possibly due to the experient at first not wanting the experiences to happen, due to initially being scared by them. For example:

I would answer the phone and it would be my husband. He asked me not to hang up and said that he just wanted to know how the kids and I were doing and how we are coping. I would scream that he was dead and hang up the phone. Eventually I told myself to allow the conversation to unfold and we had a nice gentle conversation about how we were doing following his death. After that I got no more phone calls but had a 'visit' from him twice, both in our home that we shared together. [P 14]

Following acceptance of the experiences, participant 14 found that talking to the deceased, and obtaining guidance, and a belief that the deceased was checking up on them and the family, brought comfort.

4.6.3.3 Sub-theme: *Afterlife / Reunion*

The sub-theme of hope for an Afterlife / Reunion with the deceased was identified. For participant 15, a pact had already been made with the deceased before they died to return in some form and give a sign of their continuation. Several experiences led to this confirmation:

The experience the next morning in conjunction with my children's experiences gave me hope for the future. [P 15]

Within this account, hope is expressed in two ways, with the confirmation of life beyond death and the interpretation of departed love ones waiting for us to reunite with them, and with such experiences giving strength to cope and move forward in life:

My experiences have helped me to know that life exists beyond the grave. I know they love us, they help us and they are waiting for us. They understand a greater purpose in this and they want us to rise above the ashes and do good things in our lives. I believe they are permitted to visit us to bring us comfort and assurance so that we can heal and move forward and do important things with our lives. [P 15]

In this instance, the anomalous experience has confirmed for the experient that loved ones are waiting for us beyond death (a future to look forward to beyond this life), and the experiences reported generate coping, in league with hoping (see Gamlin & Kinghorn, 1995; Nekolaichuk, with Jevne, 2002), as the ability to "move forward and do important things with our lives" is noted. Other examples of expressions of hope for life after death, are mentioned as follows:

To know Mary was ok and still 'alive' beyond physical death really blew me away – in the best possible way. Nothing can ever compensate for the physical separation (felt by both sides) but knowing it's a temporary thing can real ease the grief that we feel and give us a sense of optimism. I told three or four people about what happened that night, but I definitely got the feeling that whilst they were happy for me, it wasn't that they believed the event, but that if 'I' believed it and it made me feel better, 'It couldn't be a bad thing'. I understand why they would think the way they did – only a week earlier I would have felt the same and whilst I continued to grieve I also had a sense of hope that ran alongside it. [P 21]

With participant 21, hope is specifically expressed in the final line of their statement: “whilst I continued to grieve I also had a sense of hope that ran alongside.” This sense of hope can be seen as coming from their expression that awaiting for a reunion with the deceased in an afterlife is not that far away, and anomalous experiences helped to confirm this – “Nothing can ever compensate for the physical separation, but knowing it’s a temporary thing can real ease the grief that we feel and give us a sense of optimism.” For example:

I am in no doubt when my time comes to leave this life, my family who have gone before me, will be there to greet me on the other side. [P 22]

At this point I can’t entertain any doubts about the survival of consciousness after physical death. We do go on living and if we wish to, we can reach our loved ones on Earth in many, many different ways. [P 26]

I was frightened at first but then felt an immense sense of calm and almost comfort at the thought that perhaps I wasn’t crazy, and that maybe my loved ones were still around me, comforting and guiding me. [P 28]

The examples of participant 22 and 26 demonstrate how definite they were following their experiences that a continuation of life occurs at the point of death, due to how they embraced and interpreted their own post-death experiences. For participant 28, these feelings are all shared, though on a more subtle level, which also include elements of the sub-theme Hope for Support, which appears to come with acceptance of an Afterlife / Reunion for the deceased to bring support, guidance, and comfort.

4.6.4 Theme 4: Therapeutic Gains

Therapeutic Gains was included as a theme and demonstrated how anomalous experiences can be an instant ‘first-aid’ to the pain grief can cause. This theme is further reinforced in some instances by the sense of a continued bond, and the emotions felt from having such experiences, as expressed in previous themes. To quote some examples:

I felt strength and my intense sorrow was soothed. [P 15]

I was intrigued, excited and felt more upbeat in myself. [P 22]

Elated, ecstatic, knowing I could cope and keep in contact with my life-partner.

[P 30]

His presence was calming, soothing, full of care and concern. [P 37]

I could hear her voice and felt at ease which helped me to accept the situation. [P 19]

I felt a comfort, reassurance. She hadn't completely gone. [P 1]

When breaking down the reported experiences, therapeutic gains become most evident. Experiences mention in various forms how the experience helped them during a time of loss, using words and expressions such as: strength, soothed, intrigued, excited, upbeat, elated, ecstatic, cope, calming, soothing, care, concern, at ease, comfort and reassurance. Although the impact of grief is still present in some cases, the experience appears to bring aid to 'intense sorrow' and either balances out the negative emotions felt from loss or overcomes them.

For those who never encountered anomalous phenomena before, words such as "intrigued" are most apt, as with the sub-theme Transition of Beliefs (section 4.6.1.2), the experiences brought new ways of thinking about life and death. The experience could be interpreted as bringing positive feelings for reasons of all the other themes mentioned and at the same time offer a natural distraction (somewhat like grief work, see section 1.2) at a time of great emotional pain.

4.7 – Discussion

In this chapter, previous methodologies applied to spontaneous anomalous experiences were considered. This included examining the strengths and weaknesses of such studies, and how they could better inform this present investigation of spontaneous anomalous experiences in bereavement. This was done with the aim to answer the research questions of: 'How do participants make sense of their experiences?' and 'What impact do such experiences have on them?' From considering previous research and the study aims, it was decided that a content analysis and a thematic analysis were the most appropriate methods used to sort the data and seek to answer the research questions.

The content analysis was applied to the data gathered from questions 1-7 of the survey, which supplied short answer feedback to various aspects of the experiences

reported. Following that, a thematic analysis was applied to the feedback from question 8, in which freely written accounts of varying lengths were provided by participants regarding the finer details of their experiences and anything they particularly wanted to say. In some instances, this allowed them to speak of experiences which they had never disclosed before – and was noted that this task in itself served as a useful exercise for people in really considering the impact of their experiences, while knowing that their accounts would be serving to help others and were being taken seriously.

The content analysis demonstrated that such findings drew similarities to previously reported findings regarding bereavement, and remain fairly consistent in their occurrence cross-culturally (e.g. Haraldsson, 2012). The content analysis further demonstrated that not only do the bereaved rarely expect an anomalous event to happen following loss (Burton, 1982), but also that the majority of people find these experiences helpful to the process of grief and coping (Rees, 1971b). This can especially be seen with the findings displayed in table 4.2, regarding the shift of negative to positive emotions regarding states of mind in bereavement to states of mind following the first anomalous encounter. A significant increase of positive states were found ($p < .001$) and a significant decrease in negative states was also found ($p < .001$). This in itself demonstrated the instant impact such experience can have on the bereaved. It was also noted that among these characteristics were mentions of hope, as was previously found by Drewry (2002, 2003) when assessing the various emotional outcomes reported by participants following perceived contact with the dead.

In terms of characteristics of the experiences, a peak in these experiences occurring within the first 24 hours of loss was identified, and has been previously noted (Gurney with Myers, 1889). Within the present study, this then declines over the following months, but does demonstrate another peak in experiences within the first year, and can also occur years after the loss (Haraldsson, 2012, p.54). The most common type of experience appears to be that of sensing the presence of the dead (e.g. Conant, 1992; Rees, 1971a,b; Steffen, 2011), dreams are rated highly (Burton, 1982) and so too are visual and auditory phenomena (Haraldsson, 2012; Sidgwick et al. 1894). The majority of people report these experiences to be spontaneous while engaged in daily tasks (Wooffitt, 1994). These events appear to remain relatively consistent with previous findings in terms of the general frequencies of experience types reported, and how they occur often unexpectedly for the bereaved.

The thematic analysis demonstrated various useful processes taking place within post-death encounters. Not only do such experiences appear to have an instant impact on our beliefs and the way in which we view the world – life and death – but they also present strong evidence of being an instant coping mechanism for the bereaved with therapeutic values (Krippner, 2006). In some cases the one-off event served as reassurance of continued life beyond death and soothed the impact of loss. This included, for some, the belief of being watched over by the deceased and them offering guidance in life through appearing at times of emotional need, experienced through various forms interpreted to be their presence (dreams, sense of presence, smells, a voice, a sign, etc.). This is supported by much of the previous research (Guggenheim & Guggenheim, 1995; LaGrand, 1999; Moody & Arcangel, 2001; Nowotny-Keane, 2009; Rees, 2010). Naturally, in the case of repeated experiences, continued bonds emerged as a clear theme to the experiences (e.g. Klass, Silverman & Nickman, 1996; Steffen, 2011), where comfort was taken from forming spiritual relations with the deceased and anomalous encounters associated with them became incorporated into daily life.

Following on from specific findings of researchers such as Devers (1997), LaGrand (1999) and Drewry (2002), hope appeared to be present within the bereaved following post-death encounters. In this instance, we could further elaborate as to the ways in which previous researchers may have identified hope to be present. Hope was directly spoken about and also alluded to, in terms of its mechanisms – most notably proposed by Snyder (1994). People reported the experiences to give them hope for the future (in life and beyond death), they expressed hope for further contact (which in some cases led to continued spiritual bonds with the deceased), and they also expressed hope of being watched over from another side of life, which some weren't sure of, or reported to not personally believe in, and yet hope still allowed for this *possibility*, initiated by the anomalous experiences encountered.

For the latter point, in hoping for more experiences, this relates well to Devers (1997) who described hope 'as a healer' bringing comfort to those who have anomalous experiences, with hope also acting as a "bridge to the future" (p. 149). Devers (1997) also stated "because the deceased so often return with messages of peace and comfort, fear [and negative traits of bereavement] is replaced with joy in knowing that the survivor will once again be reunited with the beloved after death and that their union will be joyous and peaceful" (p. 150). This could explain the positive shift experiences report at the point of having an anomalous experience (see table 4.2), especially if such experiences shift due to

the presence and obtainment of hope. Devers (1997) further explains that that mental imagery of the future is important, especially in the case of post-death experiences. What people obtain and perceive from such events, moves them forward with hope and helps to motivate in highly positive ways. Again, this relates well to the sub-themes of hope, with hope for the afterlife/reunion, and hope for support which brings comfort to people.

LaGrand (1999) notes two types of hope which relate to the sub-themes of afterlife/reunion and hoping for support. He stated: “There are two types of hope for the future we should be cognizant of: other-worldly hope, which the [post-death experience] directly addresses, and this-worldly hope, which is essential for maintaining health and vitality in the recovery process. Without the experience, there is no evidence of survival, only beliefs held or information gathered. For those sceptical of continued life beyond death, hope emerged from the transition of beliefs, especially where the experiences could not be explained away. At the very least, the hope fostered from the experience helped the bereaved to move forward with a positive attitude that the deceased ‘might be watching over them’ as a comforting thought to embrace. Hoping can be seen to aid coping in these instances (Gamlin & Kinghorn, 1995; Snyder, 2000).

4.8 – Chapter Summary

In this chapter, I have considered previous spontaneous case methodology in order to take the next steps and analyse the feedback on post-death events, which composed of short answer feedback and written accounts. This was done to understand how participants make sense of their experiences and what impact they have. After selection of content and thematic analyses as the most appropriate methods, the findings demonstrated various similarities to previous research with regards the characteristics of spontaneous events, with some variations in the current data. The findings further suggest instantaneous changes in states of mind following the first most significant anomalous event attributed to the deceased, with various positive emotions and feelings stated by the experients – including hope. Themes of changes and confirmations in beliefs were found, such as therapeutic gains and continued bonds from the experiences. Hope was also identified as a theme and displayed some similar characteristics in its process and purpose within spontaneous post-death experiences, as proposed by previous researchers. In the next chapter, I will consider how these findings can be taken further, using interview methods

to explore the finer details of the characteristics of experiences, their impact, and the presence, interpretation, and role of hope.

Chapter 5

Interview Study Methodology

5.1 – Chapter Overview

In Chapter 4, questions were asked as to ‘how do participants make sense of their experiences?’ and ‘what impact do such experiences have on them?’ To answer these questions, a content analysis (addressing short answer feedback) and a thematic analysis (addressing written accounts) were applied to the questionnaire feedback of the bereaved who reported having had post-death experiences. A peak in experiences was found within the first 24 hours of loss, the most common of experiences involved sense of presence experiences (see section 4.5.2), and a significant shift from negative to positive feelings and emotions were experienced between the points of loss to the first spontaneous event.

Not only do the results of the content analysis demonstrate consistent common themes within spontaneous experiences, but therapeutic gains are further identified in terms of significant shifts in emotional states as a direct result of such events. This is further enforced by the results of the thematic analysis. Themes generated expressed a continued spiritual relationship with the deceased (continued bonds – combatting separation anxiety), positive transitions of beliefs and outlook on life, and expressions of hope in relation to the experiences. However, both the content analysis and thematic analysis come with limitations. Although they provided a suitable next step from quantitative findings, where qualitative feedback could go below the surface and provide details regarding the characteristics of experiences and how they influenced people, the findings are limited and somewhat inconsistent due to the methods applied. In other words, participants were free to respond however they saw fit (especially in question 8), but only within the scope of what the questionnaire asked of them. It could not provide a sense of the subtle variations in experiences for each individual, thus, the coverage of detail is faced with such limitations. Further elaboration is required regarding the individual processes of spontaneous post-death experiences.

Therefore, in this chapter I shall argue that to understand the ‘impact of experiences’ and ‘the presence and role of hope’ in the greatest of possible detail, interviewing methods will be applied. I will further argue that interpretative phenomenological analysis (as was briefly considered in section 4.3.5), will be the best way in which to organise such

interview data, and understand how people make sense of loss and the impact of associated anomalous experiences. Digging even deeper into the quality of qualitative data will allow us to establish whether hope's presence, process, and purpose, is recognised by the experients, or whether the data has merely been interpreted this way.

5.2 – Interviewing Methods

In this section, interviewing methods will be defined and discussed. It will also be discussed how interviews can complement quantitative and qualitative questionnaire data, and therefore, help take an investigation of the research findings of Chapters 3 and 4 further. Therefore, the case will be made for the use of interviewing methods being the most appropriate next step in this fourth study phase.

There are a number of ways in which we can ask questions of people about their experiences (as Chapters 3 and 4 have demonstrated). However, what is the difference between interviewing and questionnaires? Methods of data collection have their uses, depending on what the research is trying to achieve, and as we have already discussed (section 4.3) one method can complement another. Questionnaires can be designed with ready-made items on a particular topic which can be fairly quick to answer, yet, compared to interviews; they do not typically allow participants to elaborate on the answers they give, especially in the case of questionnaires with quantitative designs (Banister, Burman, Parker, Taylor & Tindall, 1995, p.50).

In questionnaires where participants provide written responses, the experimenter may find that the things a participant has said require further questioning, or clarification in their meaning. Responses may be limited at times, as many people may find it difficult to express their ideas and put them into written words, while others might simply wish to complete the questionnaire as quickly as possible for whatever reason. Interviews allow the opportunity for those willing to take part, to fully express themselves and their ideas with the interviewer. Additionally, the interviewer can rephrase questions which are not clear to the interviewee and put them at ease, especially where the interviewee is anxious and needs encouragement, or is answering questions on an emotionally sensitive subject (Milne & Bull, 2000) – such as in the case of bereavement.

Interviews can be described as “a controlled situation in which one person, the interviewer, asks a series of questions of another person, the respondent” (Keats, 2001, p.1) – the respondent is also commonly referred to as the interviewee. The interviewer is

in charge of directing the questions which the interviewee has agreed to answer. Typically an interview structure will contain questions of a particular theme, which the interviewer wishes to understand further by structuring the questions around a particular topic from existing knowledge and research findings. In this respect, the content and style of an interview is typically designed for particular interviewees, who may have experience or knowledge of things that the interviewer wishes to know more about, and only they can answer such questions. As Davies (2007) explains, this could include questions on everyday life, specific things the interviewee knows, facts about past events, feelings, attitudes and opinions, and beliefs.

An interview can take place in a number of settings, which also changes the degree to which an interview is controlled. Interviews may be formal if conducted in a laboratory, before and after taking part in an experiment, for example. Other types of interview, which have varying levels of experimental control over the interview setting, are: telephone interviews, mass media interviews, job interviews, group discussion interviews, counselling interviews and cognitive interviews, for example (Keats, 2001). Interviews can be pre-designed to be short or in-depth (McCracken, 1988), depending on where the interview is to be carried out, the structure of the interview, and what the interview is trying to achieve.

The interviewer can control the interview structure and feedback to some degree, in terms of whether they wish the interview to follow a structured, semi-structured, or unstructured format. A structured format involves the same series of questions for each interviewee, but often the questions are specific and not open-ended, leaving little room for variation in responses (Campion, Pursell, & Brown, 1988). Semi-structured interviews still hold a formal structure, but the interviewer uses an interview guide with a list of questions and topics which need to be covered, thus allowing both the interviewer and the interviewee to stray from the questions if they feel it necessary (Bernard, 1988). The unstructured interview is still formal, with an interview place and time schedule agreed, and intended interview topic for discussion. However, this normally does not involve any kind of interview guide constructed by the interviewer. Rapport is built with the interviewee, and they are asked open-ended questions which the interviewer feels relevant, and the interviewee is free to express themselves however they wish (ethnographic in-depth interviews are typically unstructured (see Fontana & Frey, 1994)).

There has been some argument within health care research – which includes matters of bereavement – that the semi-structured interview provides the most reliable and

detailed data on participant experiences due to its format, which the structured interviews will often miss (Brugha, Bebbington, & Jenkins, 1999). In considering this argument, it is most relevant to the interviews proposed to take place within this final study/interview phase. For example, the structured interview would in many ways provide similar data to that produced from the questionnaires, which was then organised via content analysis and thematic analysis (see Chapter 4). This is because set questions are being asked, with participants replying as they see appropriate. A structured interview would not allow room for elaboration of particular features of the experiences which an interviewee so happens to mention. Therefore, individual nuances of the experiences would become lost without the ability to probe further into the response given to the set questions. Similarly, the unstructured interview would produce inconsistencies within feedback, which was found in the case of freely written accounts of experiences – alongside the inability to probe further into particular features (see section 4.6). The semi-structured approach provides the best of both features. Not only can the interview achieve consistent feedback by gathering information relating to specific set questions needing to be asked, but there is scope to stray from these questions if need be. Points made can be probed further, or interviewees can be asked to clarify or explain certain points, which in their initial explanation may not be clear.

In considering previous extensive studies on post-death experiences discussed in Chapter 1 (section 1.6) and outlined in table 3.1, there are several studies that adopted particular interview approaches over others, for the reasons discussed in this section. By considering previous studies – directly related to this thesis – we are able to get a sense of previous practice within this particular subject matter and therefore evaluate the efficacy of those approaches. For example, Conant (1992) conducted two sets of interviews with widows who reported sense of presence experiences following sudden death of their spouse. One interview was semi-structured (with a fixed question included) and the other followed a structured format. It was argued that this was done to insure “sampling of all subjects on the areas of specific inquiry and to allow [participants] the opportunity to add information or qualification” (p.81). Parker (2004) adopted a semi-structured interview approach, stating that it “[allowed] the participant to tell the story of the deceased individual, his or her grief process and the [post-death] experiences” adding, “the researcher reserved the right to ask questions not on the protocol list, but relevant to the story told” (p.73). In the research conducted by Drewry (2002), an unstructured interview approach was adopted with just two open-ended questions to initiate the interview. This

method was favoured to allow the participants to freely and comfortably express their feelings and memories of bereavement and subsequent anomalous encounters. However, as discussed, in the case of Drewry (2002) concern regarding inconsistencies in feedback can be raised, without some form of structure in place for the interviews. This is why the semi-structured approach is most appealing in offering a set interview structure to gain insight on specific points, but with room to probe further into the responses given by interviewees.

From considering interview methods, and some of their previous applications in collecting data directly related to this thesis, they appear to be a highly useful progression from short answer questions and written accounts of experience gathered from surveys. In considering the research aims of ‘what impact these experiences have on people’ and ‘the presence and role of hope,’ it is decided that an in-depth semi-structured interview format is the most appropriate and reliable method for gathering data to answer these particular questions and will be used in this fourth study phase. Therefore, construction of an interview protocol of questions and topics that must be covered in order to answer the research aims is required. This should also allow the interviewer and interviewee to stray from the interview questions where necessary in order for the interviewee to express themselves and clarify their experiences in the best way possible. The interview procedure will be given further discussion in section 5.4.

Now that a suitable method of data collection has been identified, it must now be considered what qualitative methods of analysis can best reflect the feedback from semi-structured interviews (expanding on the discussion in section 4.3.5). The analysis must help in providing further insight into the process of bereavement and recovery, where post-death events are concerned. Again, this is being done in order to answer the research questions of ‘what impact do the experiences have?’ and to understand further the ‘presence and role of hope’ within them.

5.3 – Qualitative Approaches to AEs in Bereavement

When assessing suitable qualitative methods of analysis for qualitative questionnaire data, the method of interpretative phenomenological analysis appeared useful if experiences of this study had been subjected to interviews (section 4.3.5). Given that interviews now appear to be the most appropriate way in which to take the research forward – to explore the finer details of post-death experiences and their impact – we must now consider the

interpretative phenomenological approach and its value in analysing lived experiences surrounding loss. From this, it must be determined whether the method can ultimately aid in understanding the impact of spontaneous experiences and how experients interpret hope within them, and within their lives following.

5.3.1: Considering the Analytical Method

In this section, I aim to identify the most appropriate method of analysis to deal with feedback from the semi-structured interview. I intend to achieve this by taking the lead from previous research into anomalous experiences and bereavement, where understanding individuals' interpretation of events was a key aim of such studies.

As discussed in Chapter 4 (section 4.2), with regards to Louisa Rhine's work on spontaneous cases, such qualitatively based studies have been of significant importance to us in laying the foundations for how various forms of spontaneous parapsychological experiences appear to occur and be reported. That said, with regards to qualitative methods in parapsychology, Coyle (2010, p.80) states that typically "these studies do not seek to determine the 'truth' value of the anomalous phenomena that are the focus of the accounts under analysis (as opposed to participants' interpretations of those phenomena)" adding that, "qualitative research can examine how people make sense of anomalous experiences and the considerations and resources which shape the crafting of accounts of such experiences" (p. 82). In other words, qualitative studies regarding anomalous phenomena, have primarily sought to understand the experients perspective, or the characteristics of the phenomena witnessed, as described by the experients.

Accordingly, a number of researchers have adopted a phenomenological approach to qualitative data (particularly that of interviews) to map out anomalous experiences. From the five typical traditions of qualitative methods we can adopt to approach any given data set (Creswell, 1998, pp. 148-149), Kruth (2015) explains that a phenomenological approach is favoured when we wish to understand the essence of an experience. He states "There are many different variations of the phenomenological model, but in each model, the focus is on the experience that is being examined... data collection primarily consists of interviews with individuals who have had a specific experience" (p.224). From this description, a phenomenological approach sits well within the proposed research of interviewing experients on the impact of post-death phenomena and the role of hope in their lives. This is because a phenomenological stance assists in describing "the meaning of the [participant's] experience for the researcher" (Creswell, 1998, p. 148).

As mentioned previously, Petersen (2001) conducted a historical review of apparitions perceived in the context of mourning. The analytical method chosen to deal with such data was a phenomenological analysis (see Creswell, 1998, pp. 147-150). In this case, Larkin, Watts and Clifton (2006) may argue that Petersen's (2001) findings could only produce a 'first-order' analysis, which summarises the types of events encountered, and perhaps even the impact of such events. Yet, Petersen (2001) appears to offer a step beyond this analysis, and leans heavily into interpretative phenomenological analysis (IPA). This is because the results of his interviews with nine individuals, who encountered post-death phenomena, were analysed in the context of historical and current psychological and psychiatric conceptions of anomalous experiences, thus lending *interpretation* to the analysis of data he presented.

Drewry (2002, 2003) – as discussed in section 1.6 – identified various therapeutic gains of post-death events, which included the identification of hope being present within experiences. This was achieved through the application of a phenomenological 'reduction' analysis in order to identify 'themes of the impact' that such experiences have on people. Drewry (2002) adopted Moustakas' (1994) approach to phenomenological analysis, considering their approach to be most rigorous, especially in that the methodological steps allowed for a breakdown of interview transcripts sentence-by-sentence in analysing and presenting the data.

Drewry's reasoning for a phenomenological approach involved two key arguments. Firstly, Drewry wanted to find meaning in the experiences, and therefore followed Heidegger's (1962) philosophy of phenomenology, in that the interpretation of self and understanding is handed down through language, culture, and background, which provide rules and norms of human actions and perception. *Meaning* is found in the transaction between an individual and any given situation. Secondly, in arguing the method of phenomenology, Drewry gave focused to literature that saw human experiences as capable of being scientifically tested, if the researcher were to listen to and later analyse people's spontaneous descriptions of their lived experience (their life world). Phenomenological research demonstrates that any research method must arise out of a responsiveness to any given phenomenon being researched, therefore, in order to investigate something as it is truly experienced, the researcher must approach the phenomenon with little to no preselected theoretical framework (see Munhall, 2000, p.5). It is for these reasons, that Drewry (2002) adopted a phenomenological approach to understand the impact of anomalous post-death experiences.

We could also consider Drewry (2002) to have presented a ‘first-order’ analysis, given that the phenomenological analysis focused on identification of themes which emerge from such events which triggered/aided recovery from bereavement. The focus of this analysis was not on the interpretation of the phenomena, but the direct impact it appears to have on experients (although, some interpretation is evident within the study). Drewry’s intention was for the study’s summarised findings to “point the way to future research” (Drewry, 2002, see abstract), as supported by Kruth (2015) who notes that the outcome of a phenomenological analysis typically acts as building blocks for future research.

In a similar light to Drewry (2002), Glazier, Beck and Simmonds-Moore (2015) also applied a phenomenological analysis to explore relationships between grief, stress and anomalous experiences. This approach was taken to better understand the contextual, relational, and subjective nature of such phenomena. Written accounts of anomalous experiences were analysed to learn more about the way in which anomalous experiences are encountered surrounding death and traumatic situations. This was done by breaking the accounts down into individual meaning units, and the language used by participants was transformed into psychologically sensitive expressions in a method known as free imaginative variation (Giorgi, 2009). This is essentially a thought process used in descriptive phenomenological analysis to distinguish between psychologically relevant meanings conveyed within the data, from other meanings that appear to be inconsequential to the lived aspect of the phenomenon. From this, a holistic meaning structure was formed to present as many of the descriptions as possible. This analysis produced six themes that emerged from the data focusing on the emotional impact of such experiences, meaning-making surrounding the events, and openness to further experiences. The study found that personal identity becomes a key issue, as experients begin to consider the boundaries between their prior beliefs and the experience they encountered in light of a traumatic event (i.e. grief and loss).

Such experiences open up the potential for new ways of constructing and interpreting ‘other-worldly’ phenomena in the daily life of the experient (see MacKian, 2012) – much like in the case of continuing bonds. For Glazier, Beck and Simmonds-Moore (2015), their analysis achieved their aims, where a descriptive phenomenological approach allowed them to identify personal relational meanings surrounding anomalous experiences and loss, and transitions that take place for the experients in trying to make sense of their experiences. From considering this, and the studies by Petersen (2001) and

Drewry (2002), a phenomenological approach begins to appeal even more to the present interview study, where the impact of such experiences needs to be understood from the experient's perspective, while also assessing their views on hope and its place within their experiences and lives. However, this requires a phenomenological stance that allows room for interpretation.

This brings us back to the consideration of IPA as potentially the most appropriate analysis for the present interview data. To reiterate, Kruth (2015) proposed that phenomenological models offer building blocks for the essence of a given experience, based on the initial summarisation of experiences into categories (as described in the studies by Petersen (2001), Drewry (2002) and Glazier, Beck & Simmonds-Moore (2015)). IPA adds to this by accepting that experiences are interpreted by individuals (and indeed by researchers/interviewers) and therefore seeks to add to the phenomenological analysis by considering interpretation in light of existing knowledge, theory, and research findings. Even so, the focus still remains on the phenomenon being studied (and its interpretation) while at the same time exploring the individual within each lived experiences.

Kruth (2015) found IPA to be an increasingly popular method of analysis within research on anomalous experience. In recent times there have been applications of IPA concerning parapsychological phenomena such as mediumship (Roxburgh & Roe, 2013) and near-death experiences (Wilde & Murray, 2010), for example, in order to present a clear understanding and framework of the individual lived experience of such phenomenon, via the interpretative method. To give a further example of this, Harper, O'Connor, Dickson and O'Carroll (2011) conducted a study which can be considered an overlap of issues on health care and clinical parapsychology, due to issues of continued spiritual bonds with the dead having been explored. The study aimed to identify how bereaved mothers describe their coping strategies. IPA was applied to 13 semi-structured interviews with bereaved mothers, with two key themes which emerged from the data; these being, 'continued bonds with the deceased child' and 'ambivalence to personal mortality'. Exploring the continued bonds theme in detail identified features of synchronistic experiences, which gave the bereaved a sense that their child had lived on and was watching over them – thus establishing continued spiritual bonds with the deceased. IPA allowed the finer details of these experiences to be explored through their interpretation and the impact they appear to have on the bereaved.

The studies of Roxburgh and Roe (2013), Wilde and Murray (2010), and especially Harper et al. (2011), demonstrates IPA to be a highly appropriate way forward and useful extension of other phenomenological approaches discussed. IPA would greatly benefit exploration of the impact of post-death phenomena and the role of hope in such events, by exploring their impact and experientists' psychological transitions, through the use of interpretive techniques when analysing the interview transcripts.

However, if IPA is to be applied in this present study, its application to previous ones can only tell us so much about its key principles and practice. Therefore, in order to further understand this method of analysis, and its relevance (and appropriateness) to the proposed interview study, the following section will consider its key principles.

5.3.2: Key Principles of the IPA Approach

When considering qualitative data, IPA becomes useful when we want to investigate meaning within individual experiences which have happened or are currently happening. Maxwell (2005) argues that this analysis of *meaning*, can refer to several things, such as cognition, affect, intentions and anything else regarding participant perspective. Further supporting this view of IPA, Smith, Jarman and Osborn (1999, p. 218) define the aim of IPA as “to explore in detail the participant’s view of the topic under investigation... the approach is phenomenological in that it is concerned with an individual’s personal perception or account of an object or event as opposed to an attempt to produce an objective statement of the object or event itself.” Therefore, IPA offers an ‘insider’s perspective’ of various lived events (Larkin, Watts & Clifton, 2006), which other methods of data analysis we have applied thus far simply cannot offer when we wish to explore the finer details of the events (see Chapters 3 and 4). The previous methods have limited the ability to explore exactly how people encounter spontaneous anomalous phenomena and incorporated them into their world view, and what impact they believe such events had on them. The application of thematic analysis at the very least demonstrated that such themes appear to exist – IPA can allow us to take these themes further and question them. Let us discuss how this is possible and the principles of IPA.

It should be understood that IPA is both a methodological approach and an analytical tool. In terms of a methodological approach, Smith and Eatough (2016) describe IPA as a “dynamic process with an active role for the researcher in the process” (p.51). Working with people’s experiences is dependent on the researcher, but is also complicated by the researcher’s own world views and experiences. These are required attributes of the IPA

process of ‘interpretative activity’. It is also a dual-facet approach, as the participants are trying to make sense of their world views, while the experimenter/interviewer is trying to make sense of the ‘participant trying to make sense of their experiences’. The process involves stepping into the shoes of the participant, and then standing back as far as possible (see MacKian, 2011). In other words, the researcher must embrace and understand the participants’ world view and experience as far as possible, while at the same time attempting to then stand back and place this information within the context of known theory and findings, and to provide interpretation.

A common misconception of IPA is that it is purely reiteration of the participant’s account. Interpretation is about *how* the researcher has come to understand these events and derived meaning from them in relation to psychological literature (Larkin, Watts & Clifton, 2006). The meaning is all about how each participant makes sense of events, how they fit within their world view, and the interpretation involves what the researcher can conclude from this with their knowledge of related research, literature, and theory. The focus on meaning is central to the ‘interpretive’ approach of the social sciences (Maxwell, 2005, p.22).

Therefore, IPA explores the personal meaning of an experience, in relation to the world and particular events. Larkin, Watts and Clifton (2006, p.108) give the example, that if we take the emotion of ‘love,’ an IPA researcher is not primarily interested in what the nature of love is *per se*, but with a particular person’s experience and understanding of love. We can apply this in the same sense to hope. In Chapter 2 we discussed various theories of hope, its purpose and cognitive mechanisms, but now we are concerned with its place within anomalous post-death experiences and recovery from grief. To understand this further, our concerns are with how people may (or may not) experience and understand hope within the context of the anomalous events they encountered following loss.

Interpretation is essential to the IPA process, in that the researcher must expand on the views expressed by the experients into a clear interpretative and conceptual level, through relation to psychological theory (Larkin, Watts & Clifton, 2006). Concerns have been raised particularly within health psychology that the application of IPA has led to ‘first-order analysis,’ which means participant concerns were summarised, but were not developed further into an *interpretative* analysis on the part of the researcher.

Having considered applications of phenomenological analysis, with particular interest and focus on IPA, we must remind ourselves of the rationale for this chapter, which is to

understand further the ‘impact of anomalous experiences in bereavement’ and ‘the presence and role of hope’ within this process. To achieve this, examining experientists’ *interpretation* of such events is of great importance to us, so too is their *interpretation of hope*, and whether they believe it to have played a role in their lives following such events (or not). While Drewry’s (2002) research noted the presence of hope in people, as an outcome of having anomalous experiences during bereavement, this present study is taking the next step with a finer level of analysis, in order to understand hope’s presence and purpose further. Therefore, it is concluded that no other approach could be more appropriate in addressing the aims and requirements of this final study, than adopting the methodological approach and analysis that IPA can provide.

5.3.3: Quality and Validity of the IPA Approach

In section 4.3, some discussion was made as to the use and reliability of qualitative research methods. In particular, Kirk and Miller (1986) gave focus on the reliability and validity of qualitative research in their monograph. They argue that in terms of validity, and what we mean by this, we should turn to the distinction again of quantity vs. quality. In quantitative research, validity is based on the instrument by which we measure and observe changes in what is being studied (with physical sciences we could look at this in terms of temperature changes through use of a thermometer). With qualitative research, and understanding human experiences, quality is a matter of consistency in standards of practice we apply (see section 4.2). In turn, this enhances the validity of the study findings if science applies such methods across the board (Kirk & Miller, 1986).

Elliott, Fischer & Rennie, (1999) present a set of seven guidelines by which to ensure quality and validity is being achieved in published qualitative research (and indeed quantitative), these are as follows (p.220):

- Explicit scientific context and purpose
- Appropriate methods
- Respect for participants
- Specification of methods
- Appropriate discussion
- Clarity of presentation
- Contribution to knowledge

It was appreciated that these are an ‘evolving’ set of guidelines that would be modified over time as further developments in social science methods take place. But to present day, these standards are still expected of qualitative (or quantitative) studies which demonstrate good quality and validity to its methods and findings. Elliott, Fischer & Rennie (1999, p.225) argue that these guidelines “lend themselves especially well to research on new and developing areas of psychology” which is an important point for the acceptance and integration of research on anomalous experiences into the wider sciences and health care. Equally, Yardley (2000) provides ‘flexible principles’ by which to assure a level of quality in qualitative research. These include: sensitivity to context; commitment and rigour; transparency and coherence; impact and importance. These points have been raised in various ways throughout the thesis thus far, in that we are dealing with a sensitive topic (bereavement), this study is committed to understanding anomalous experiences further within this area, it is desired that participants (and indeed the researcher) show openness and honesty in the epistemological pursuit, and the findings for which are intended to be integrated into health care, counselling, thanatology, positive psychology and clinical parapsychology contexts (impact and importance).

Smith (2011) reviewed studies which employed the IPA method carried out between 1996 and 2008 (293 papers in total). Trends in IPA over this time period were identified, including that the most prominent area of research to employ IPA had been for cases of illness experiences (accounting for approximately a quarter of the papers reviewed). In line with the work of Elliott, Fischer and Rennie (1999), and Yardley (2000), Smith (2011) presented the review with summaries of what appeared to be seen as ‘a good quality’ IPA study, through to ‘high quality’.

For this present interview study, following a standardised structure of IPA for sorting and then analysing the data must be adhered to for quality and validity of output (see section 4.2). Within this, the guidelines of Elliott, Fischer and Rennie (1999) will be closely considered, along with validity checks (member checks) with participants (carried out following participant grouping and selection via the NHS scale, as discussed in section 5.4.1).

5.4 – Method

5.4.1: Participants

In the very first study of this thesis (see Chapter 3), participants in the experiential group received a consent form (see Appendix A, green box forms) which provided the tick box option: “I am happy to be contacted for any follow up study in the near future regarding my experiences, via an interview.” Participants who ticked this box gave an email address and/or contact telephone number. This was done in case the researcher required any particular participants for further research purposes – specifically interviews. Participants had claimed unique experiences following the loss of someone close, and this consent form option and availability of contact details allowed the participant pool to be used once more if required.

Interviewees were recruited from this participant pool (used in the second and third phase of this thesis), which included 50 individuals, comprised of 10 males and 40 females, with ages ranging from 20 to 83 ($M = 50.34$). Participants had originally been collected via opportunity sampling and were approached at events, public places, and around the University of Northampton, while a call for participants was also placed on a social networking website, thus reaching out to people internationally. Several nationalities were included in the entire data set as participant data was submitted from the UK, USA, Canada, Australia, and Germany. The most common of reported bereavements were for the death of a parent ($n = 16$) or a partner ($n = 10$), other personal bereavements and subsequent experiences included grandparents ($n = 7$), aunts and uncles ($n = 7$), close friends ($n = 4$), siblings ($n = 3$) and children ($n = 3$).

From observing the consent forms, 49 participants out of the 50 selected the option of being happy to be contacted at a later date for further participation in the study via interview. However, only a select few participants would be required for interviewing purposes. Therefore, participants were selected using the method of snowball sampling, to explore the experiences further of participants who produced varying levels of hope from the Nowtney Hope Scale (Nowtney, 1989). Therefore, participants who produced varying levels of hope were invited to take part in the interview study – in order to explore any differences within their experiences and outcomes. In observing outcomes of the NHS, scores fell within the levels of **Hopeful** ($n = 14$, 28%), **Moderately Hopeful** ($n = 30$, 60%), **Low Hope** ($n = 6$, 12%), with no one scoring within the bottom category level of **Hopeless**.

It was decided that for a fair distribution of interviewees, three participants from each category would be invited to take part in an interview. Thus, including a varied yet representative sample of experiences, and potentially, varying degrees to which hope was present, which would be explored and questioned for the very first time. This met the recommendations of IPA, where inclusion of diverse representative samples is desired, as argued by Storey (2016). Participants within these categories were also selected based on unique features of their experiences, and where the impact of such events appeared as though it would benefit from further questioning. Attempts to contact two participants who were scored within the categories of Hopeful (High Hope) and Moderately Hopeful (Moderate) failed, even though they agreed to be contacted for any follow-up interview that might take place, therefore, alternatives within these categories were sought. This was achieved without bias, due to the fact that all participants were anonymous and recognised only by a unique participant number from their original consent forms (Appendix A). Each participant number was placed in the categories of High, Moderate or Low, depending on their scores from the NHS. Once a participant number was selected, the researcher re-familiarised himself with the participant's written account of experiences and made contact with the participant to see if they'd be willing to take part in an interview until enough potential interviewees had been confirmed.

A total of 9 participants agreed to take part (3 from each category) which included 8 females and 1 male. Ages ranged from 39 to 67 ($M = 50.1$), with various religions within the sample including Church of England ($n = 3$), Jewish ($n = 1$), Mormon ($n = 1$), Pagan ($n = 1$) and no religious views held ($n = 3$). Participants were from the UK ($n = 4$), USA ($n = 2$), Canada ($n = 2$) and Germany ($n = 1$). All this information per participant is summarised in table 6.1, with pseudonyms applied and the relation of the deceased loved one perceived in their experiences included.

Table 5.1: Interviewee Information

Participant	Country of Residence	Age	Religion	Deceased	Hope Level
P8 – Dawn	Germany	49	Pagan	Uncle	Moderate
P9 – Brenda	USA	48	Jewish	Aunt	High
P12 – Naomi	UK	39	C of E	Uncle	Moderate
P14 – Diane	Canada	45	None	Husband	High
P15 – Victoria	USA	40	Mormon	Husband	Moderate
P17 – Jane	UK	51	None	Husband	Low
P33 – Robert	UK	47	C of E	Grandfather	Low
P43 – Charlotte	UK	65	C of E	Father	High
P50 – Cathy	Canada	67	None	Father	Low

5.4.2 Interview Materials

Interview materials included a consent form and information sheet (Appendix E), a debrief form (Appendix F), and a digital audio recorder in which to tape the interviews and upload the sound files to a computer for transcription. For some interviews, skype was used in which to call participants, which helped in allowing face-to-face interaction between interviewee and the researcher/interviewer, especially when based outside of the United Kingdom.

An interview guide was also constructed which contained the following questions to be asked of each interviewee:

Table 5.2: Interview Questions

1. Please tell me about the first exceptional experience you encountered following loss, followed by any additional events you remember encountering.
2. What are your beliefs and what were the beliefs of your loved one who passed?
3. Did your beliefs change following your exceptional experience?
4. Had you heard of people having exceptional experiences during a time of loss before your own experience?
5. Do you feel that it was – or has been – acceptable to talk about your experience(s) freely with anyone?
6. You stated your experience to be helpful, in what way was it helpful?
7. Death has many definitions. Has the meaning of the word changed for you?
8. Would you say the experience changed you mentally and/or physically in anyway?
9. Between the moment of encountering loss, to the point of having an exceptional experience, do you believe your ability to look ahead in life – to the future – changed in anyway?
10. What does the word ‘hope’ mean to you?
11. Do you believe ‘hope’ played a role in your life following your experience?
12. Is there anything else you would like to say about your experiences, or changes that may have taken place in your life following the events?

These questions were developed and agreed upon by the researcher and supervisory team (Prof Chris Roe and Dr Graham Mitchell). The questions asked were designed to cover various aspects of the experiences and their characteristics, beliefs held, knowledge of paranormal phenomena, social acceptance, impact of the experiences, and views held on hope and its role in the interviewees’ lives. Although all interviewees had provided

written accounts previously of their experiences, the first question regarding their experiences was asked once again. This was intended to help put each interviewee at ease in the interview situation, and begin by freely expressing however they wished, their memories and views on what they encountered, which perhaps they were not able to convey previously in writing.

It should also be noted that several of these questions can be considered as ‘closed’. The research team were aware of this, and it was intended that prompts were to be provided in each interview, were there to be a break-down in communication or interviewees simply not understanding the question. The researcher/interviewer showed sensitivity at all times to what was being discussed, regarding each participant’s life event (further to this, see section 5.4.4, regarding researcher sensitivity and respect for the participants). Paying such close detail and interest led to the formation of impromptu prompts, and additional questions being asked – which resulted in good rapport between the interviewer and interviewee.

5.4.3: Procedure

The interview procedure adopted an in-depth semi-structured approach, based on interviewing guidelines previously discussed (Bernard, 1988, see section 5.2) and following IPA guidelines (see Smith & Eatough, 2016, p.55-58). This format was chosen to provide a rich depth and variety of data from each participant, in what has been discussed and argued as one of the most reliable methods in obtaining accurate accounts of experiences and participant perceptions, for the purposes of this study (see section 5.2).

Following the initial re-contacting of participants to see if they’d be interested and happy to take part in a follow-up interview, individual interview schedules were arranged at the most convenient times for them. The consent form was emailed out to participants, which had to be signed at the bottom and then sent back to the researcher/interviewer. In most cases, a photo or scanned copy of the consent returned was accepted. This had to be done before any interviews took place, so that each participant was aware of what the interview required of them, that anonymity was assured in taking part, their right to withdraw from the study at any point, and their right to a copy of the final report upon completion. They were also informed that once the study was completed; all interview recordings would be erased.

Given that some participants were based as far away as the USA and Canada, and taking working hours into consideration, the researcher had to be prepared to conduct

interviews late into the evening, which for some interviewees would only be mid-afternoon. International participants were contacted via the use of skype, to allow live video calls to take place in which to carry out the interviews. This helped with rapport between the interviewer and interviewee, as both could be seen via a web-camera, therefore helping the interviewer to gauge interviewee reactions – especially when considering emotionally sensitive information being discussed. For all other participants based in the UK, the option was given for skype, telephone, or face-to-face interviews in person. In all interviews, only digital audio recordings were taken.

Once a suitable time and method of contacting the participant for interview had been agreed, the participant was reminded verbally once more of their rights within the study. They were informed that if at any point during the interview certain questions became too emotionally sensitive to answer, recording would stop, and they had the right to continue, avoid the question asked, or withdraw from the interview altogether without penalty. It was also noted to each participant that this was an interview about their experience and opinions, and not an exercise in bereavement counselling since the researcher is not formally trained or qualified in counselling, nor were such techniques required of this study. All of this was explained before any recording began and involved also some general conversation to set each participant at ease. They were also asked before recording began if they had any questions whatsoever before the interview started. Interviews typically lasted between 45 minutes to 2 hours in duration. Following the interview, each participant was once more reminded of their rights, and were verbally debriefed regarding the study and its aims. A debrief form was also emailed to them (Appendix F).

In the case of recent bereavements, potential emotional reactions were taken into account by the researcher (see Milne & Bull, 2000, pp.111-128), and therefore each interview was handled delicately and with the upmost respect for the interviewee, their wishes, and reactions to the interview. They were asked to keep a record of the researcher's details to make sure that following the interview, the discussion of experiences surrounding bereavement had not caused any negative emotional reactions that developed following the interview. In the unlikely event that this had of happened, the researcher also had informed interviewees that they could be put in touch with suitable counselling services upon request. This possibility was considered, but never came about, as it was predicted and found that interviewees would generally feel positive

from discussion of their experiences with a researcher/psychologist who understood and accepted the experiences they had encountered (e.g. Krippner, 2006; Rees, 1971b, 2010).

5.4.4: Ethical Considerations

Full ethical approval for the interview study was given by the University of Northampton's Research Ethics Committee on 2nd July, 2015 (see Appendix G). Care of each participant, psychologically and physiologically, was considered top priority when interacting with them. Therefore, four main ethical principles had to be upheld at all times during the research, these are: respect, competence, responsibility, and integrity. Additional issues that had to be considered when dealing with issues of bereavement are as follows (BPS, 2009, p.19):

BPS Ethical Guidelines, Section 3, sub-section 3.3, (i) Psychologists should consider all research from the standpoint of research participants, for the purpose of eliminating potential risks to psychological well-being, physical health, personal values, or dignity.

BPS Ethical Guidelines, Section 3, sub-section 3.3, (vi) Psychologists should inform research participants from the first contact that their right to withdraw at any time is not affected by the receipt or offer of any financial compensation or other inducements for participation.

BPS Ethical Guidelines, Section 3, sub-section 3.3, (ix) Psychologists should exercise particular caution when responding to requests for advice from research participants concerning psychological or other issues, and offer to make a referral for assistance if the inquiry appears to involve issues sufficiently serious to warrant professional services.

Even though permission to contact participants had already been provided by participants in the first phase of the study (see Chapter 3 and Appendix A), in following up participants for interview, further consent was required for the interview phase to make sure that each participant was aware of the interview process and their rights. They were made aware of their right to withdraw from the interview process at any time, or even have their data removed from the study entirely, so long as they contacted the researcher within seven days after completing the interviews. Most importantly, each participant was

made aware of what was to be discussed within the interviews, and if this was too raw or emotionally sensitive to discuss, they were encouraged to decline to participate.

Anonymity was assured to each participant. This protected them from being identified and also reassured them that personal information (such as names and any other personal details) could not be traced to them, especially if any part of the research report were to be developed into a published paper. In the transcripts created from their interviews, all names mentioned, including their own, were replaced with pseudonyms (see table 6.1). All interview data was kept in a locked storage unit which only the researcher could access and was to be destroyed following completion of the thesis. For researcher safety when conducting the interviews (especially in person), the supervisory team (Prof Chris Roe and Dr Graham Mitchell) were made aware of time periods in which the interviews took place. The researcher was able to contact Prof Roe by mobile telephone should any problems have developed during the scheduled interview.

In addressing BPS ethical issues which may have concerned bereavement, it was noted to the University of Northampton's Research Ethics Committee that the researcher has a background in thanatology regarding the teaching and research of related issues. This has involved visiting the bereaved, discussing their experiences, and corresponding through emails and letters. As the topic of bereavement can be very emotional for some (although not all participants had suffered a recent loss), the researcher was considerate and maintained responsibility at all times throughout the interviews (*BPS code of ethics, section 3, Ethical Principles: Responsibility*). Contact numbers were offered to be provided to participants should they request counselling and guidance (*BPS code of ethics, section 3, sub-section 2, (iv) "Psychologists should refer clients to alternative sources of assistance as appropriate"*), but as standard, the researcher kept in contact with interviewees by providing contact details to give them reassurance that they were not simply abandoned once the interview was completed. Also, it was made clear to participants that this was not an exercise in counselling (since the researcher holds no qualifications/certification within this area), and therefore, the interviews were purely being conducted to know more about their own experiences of loss and associated anomalous experiences.

The main ethical concern of this study was that issues of 'death and bereavement' were being dealt with – topics which by their very definition are considered negative. Every participant had faced a personal experience of loss and grief which they were asked to recall. Therefore, care and comfort of the participants was top priority. Participants

took part at their own discretion, after having been informed of the interview procedure by the researcher, and then read and signed the consent form. However it was predicted that the interviewees would find addressing the topic a very helpful task to take part in, giving them freedom of expression without criticism or bias (e.g. Krippner, 2006; Rees, 1971b, 2010). Participants were each reminded several times that their well-being was of the utmost importance, and if they wished to stop the interview for whatever reason, avoid a question, or take a break, they had the right to do so without penalty. The researcher was sensitive to this and was constantly aware of their needs and wellbeing.

Standards of debriefing (*BPS Ethical Guidelines, Section 3, sub-section 4*) were adhered to. As already discussed, following the interviews, participants were reminded of their right to withdraw. Participants were also reminded to keep the contact details of the researcher following their interview should they have had any further questions or issues they wished to be addressed. This was also explained in their debrief form (Appendix F).

5.4.5: Reflexivity

Experimenter bias is an important issue to take into consideration when investigating a particular phenomenon within a set of human experiences. It is possible, that people would argue that the investigator reached their aim in many cases, because when you ‘go looking for something’ you will find it by adjusting the interpretation of the data to meet that of the hypothesis (Broughton, 2015). In the setting of qualitative research, MacKian (2011) identified similar issues for the researcher when exploring spiritual experiences of people within the social world, stating “as a researcher, seeking, encountering and interpreting these worlds, this multi-dimensional lived experience has implications for the way in which I understand and represent those experiences; because they cannot be extracted from how we think and theorise about the visible and material worlds we think we know” (see abstract). It was further discussed that such issues, to some extent, can be overcome if the researcher is aware of the boundaries they must cross (similar methodological views are shared by Conant (1992, p.103) and Steffen (2011, p. 238)). In other words, while conducting interviews, a researcher will benefit by immersing themselves into the world of the participant and developing full understanding and respect for the phenomenon being investigated/questioned – which for the participant *did* occur. The researcher must step back over these boundaries when it comes to interpretation and reporting of the data in an academic context, which can be considered as ‘experimenter neutrality’ (see Parker, 2004, pp.69-70).

However, the term 'reflexivity' is the most commonly accepted term used in this instance, which Davies (2007) defines as a statement of "clarifying the nature of your role as a research analyst, it is important to recognise the 'reflexive' element in what you do" adding that "beyond the interpretive attempt to get beyond the literal surface of what you receive, there are questions about your own role, the impact you have on the situation and how you may be perceived by the subject of your interview or observation" (p.241). Essentially, the reflexive process of qualitative research requires the researcher to openly present any knowledge, experiences or personal biases they may have which may influence the way in which the data may be interpreted. Banister et al. (1995, pp.13-14) argue that the pretence to neutrality is disingenuous of any research, and that reflexivity and subjectivity is a resource to be used, rather than a problem to be identified within the research. The researcher should consider their position in relation to the phenomenon under investigation and the way in which the researcher interacts with the material to produce a particular type of sense/interpretation.

Taking these points into account, I attempted to maintain a high awareness for the need for objectivity and freedom from bias, to ensure the trustworthiness of the research and its validity. I believed I could achieve this in qualitative research through prolonged contact with the research participants, all of which at least maintained correspondence with me in this study through the interest of the study findings, and follow-up studies. I believed greater reliability could be achieved by making prolonged interviews in-depth, and through the design of certain questions creating greater internal validity by making participant definitions of certain key constructs as clear as possible. In the construction of interview questions, time was taken to write out the questions intended to be used, and identify any potential experimenter biases within them. This was achieved by writing out my own personal answers to the questions to identify any bias.

Further to the points raised on reflexivity by Banister et al. (1995) and Davies (2007), I acknowledged that speaking about any given phenomenon impacts on the way others understand it. To the interviewees, before interviews began, I may have been seen as someone wanting to challenge their experiences. I attempted through the procedure and ethical concerns outlined, to make it as clear as possible to experients that I wanted to understand what they had been through, and that it was not my aim to understand the ontology of their experiences, but the *impact* they had on them. With that, I respectfully acknowledged – and personally accepted – that they had had experiences of some form and that I personally wanted to immerse myself in their world and recollections of events

in each and every interview I conducted (see MacKian, 2011), in order to understand the processes they went through as best as possible.

I also attempted to address issues of reflexivity (and personal biases) in this study predominantly through documenting and debriefing my supervisors on these issues via regular meetings to discuss the research and its progress – including the development of the interview questions (see table 6.2). Any potential biases were noted in my journal that was kept throughout the process of the thesis from start to finish. Although I am familiar with anomalous experiences, having investigated them for just over twelve years, I cannot directly relate to having had anomalous experiences following a significant bereavement. However, I have had experiences while conducting research that I *could* personally and professionally interpret as being *unexplained* (responsive PK events in purportedly haunted locations, while in the company of police officers). For the reflexivity I feel it is important to state this point. Even though I feel that it does not directly relate to understanding the impact of spontaneous experiences during a time of loss, I can understand what it feels like to witness something that seemingly defies current scientific understanding.

By becoming immersed in the interviewees' experiences and perceptions, this was considered a useful focus in which to draw me away from any potential personal biases I may have, regarding the phenomena that were investigated. For example, this might have included putting to one side any attempts/urges to explain the experiences away in conventional terms. This would not have helped myself, and it especially would not have helped the interviewee, both in terms of the impact it may have had on their well-being and the aims of the research. Therefore, the origin of such experiences, their veridicality or non-veridicality, were not aims or issues to be focused on in this study. The key focus was on the *process* and *changes* within individuals created by the experiences and their *perceptions* of hope within them.

Additionally, it was considered difficult and/or unlikely for any bias – on my part as the interviewer – to be imposed on any participant's recall of past events. However, it was understood that the way in which interviewees perceived me and my place within the interview/study, may have impacted on the way in which they presented and described recollections of their experiences and/or related views. Again, this is why attempts to establish caring and sincere rapport with interviewees was developed as described in the procedure, to help produce the most open and honest dialogue from interviewees as possible.

5.5 – Chapter Summary

In this chapter, I aimed to identify a way to gather richer qualitative data, taking the lead from previous research in the areas of anomalous experiences and bereavement. From this, I identified the semi-structured interview and IPA methods as the most appropriate. These were considered the best approaches in which to investigate participants' experiences and views of the impact of spontaneous post-death phenomena upon them, and their views on the presence and role of hope. Therefore, the aims of this chapter have been achieved, whereby an in-depth semi-structured interview was considered the most appropriate approach in obtaining rich and authentic data from the interview process. And it was argued that an IPA approach to the data, would be the most suitable and effective analytical approach in answering questions regarding the experiential impact and role of hope within this process. Therefore, the interview method and ethical considerations were presented. The following chapter shall discuss and present the findings.

Chapter 6

Interpretive Phenomenological Analysis

6.1 – Chapter Overview

In Chapter 5, I argued that in order to best achieve the project aims then the quantitative approach adopted to gather and analyse survey data in phase 1 and the mixed method approach to analyse case studies in phase 2 and 3 could be usefully complemented by a richer investigation based on interviews with a much smaller sample whose accounts could be explored in a greater depth using IPA. I described the method of data collection and provided a rationale for the adoption of IPA as an appropriate analytic approach. In this chapter, I will describe the application of that analysis and present the outcomes. The analysis is oriented around answering the research question of ‘what impact do post-death experiences have on people’ and ‘what process and purpose hope is perceived to have within them’.

6.2 – Data Analysis

The analytic process of IPA has demonstrated itself to be extremely flexible given the variation of routes through the process which have been offered (e.g. Larkin, Watts & Clifton, 2006, p.104; Smith, Jarman, & Osborn, 1999; Storey, 2016; Willig, 2001). However, this is largely due to the analytical process of IPA being considered more of ‘stance’ than a distinct ‘method/procedure’, when it comes to sorting through the qualitative data (Larkin, Watts & Clifton, 2006).

A major benefit the IPA – especially when used in conjunction with data from semi-structured in-depth interviews – is that the openness and dialogue generated means that the researcher is less likely to misinterpret participant responses (Storey, 2016). However, from these sources, the researcher is required to become familiar with the material after gathering it by repeatedly reading through such material and making notes. Then, patterns of meaning are developed, and reported in a thematic form. It is at this point that the researcher must address the two requirements of IPA. They must aim to understand their participants’ world (the *phenomena* encountered and questioned) and be able to describe ‘what it is like’ (*interpret*).

With these two aims of IPA, Smith, Jarman and Osborn (1999) make it clear that there are concerns to be taken into account. Firstly regarding the phenomenon being researched, the analytical process can never achieve a truly first-person account. This is because even the memory recall of the event is partial and complex, no matter how in-depth the interview may have been. The account is always constructed by the participant/experient *and* researcher. Therefore, the objective of IPA in the first instance is to produce a coherent third-person, and psychologically informed description which tries to get as close to the participant's view as possible (Larkin, Watts, & Clifton, 2006). The second aim of IPA is to develop an overtly interpretative analysis. Therefore, the initial descriptions of the phenomena encountered must be placed within the wider social, cultural and/or theoretical context. This second aim of IPA should also include a critical and conceptual stance surrounding participants' incorporation of the phenomena they discuss within their views of the world – their 'sense-making' (Smith, Jarman & Osborn, 1999).

Although approaches to IPA vary (which provide researchers with some flexibility in their analytical route), to give one example of its standard practice, Storey (2016) outlines four stages to the analysing process of IPA, which are as follows:

- The **first stage** is considered to be the 'initial readings of transcripts'. This is done to get an overall feel for the data and gain familiarity with the data, beyond the interviews conducted (or other method of data collection). The researcher may note familiarity with the experiences the participant has been through against their own lives (i.e. reflexivity), emotional responses to questions and topics may be noted, and any other issues and details raised believed to be of importance.
- The **second stage** is 'identifying and labelling themes'. This is what we have mentioned in terms of indenting patterns of meaning and themes which are reported in a thematic form. These are developed from the notes we make in the initial readings. Themes may derive from psychological theory or be identified at face value as psychological processes of note within the phenomenon being explored. Storey (2016) considers it best at this stage to focus on the psychological processes identified, rather than fog the participants' subjective world view with known concepts – otherwise we over-write participants'

phenomenologies in the analysis. The key point here is identifying themes which we believe most relevant and of importance to our research question.

- The **third stage** is ‘linking themes and identifying thematic clusters’. In this stage the themes generated are considered in terms of links, and whether some themes can be amalgamated. However, it could be the case that the initial themes we generate stand-alone perfectly, yet reconsideration of the themes can allow us time to consider whether some themes are simply two-sides of the same coin, and therefore we have no need to completely separate them. Ultimately, our data gives us the best indication at this stage whether a theme is supported, or should be dropped entirely (whether it be a key theme or subtheme).
- The **fourth stage** is ‘producing a summary table of superordinate themes’. Here themes are placed into tables along with illustrative quotations. From this point, interpretation continues in whatever form the researcher decides to present the themes, supported alongside theoretical concepts and/or psychological theory to *interpret the phenomenon* which has been sent through analysis. Given that normally more than one interview is analysed in this process, cross-case comparisons are made and presented, which can also demonstrate how prevalent certain themes may be and perhaps why.

Coyle (2010) suggests that “further insight can be gained by considering how meaning-making may be at least partly shaped by the context in which a person offers his or her account” (p.81). Within this thesis, and previous related studies, we know this ‘context’ in which meaning-making is developed from anomalous experiences, and is contained within the overarching process of bereavement. Therefore, we must maintain awareness that meaning derived from anomalous events is shaped to varying extents by the impact of loss and grief for each individual. One event influences the next, but the meaning derived from them can also be shaped by other factors such as personal beliefs, the situation in which events occurred, prior experiences, additional witnesses, veridical information, and other points which may arise.

In this fourth phase of the thesis, IPA’s guidelines were followed (Storey, 2016). Following completion of all interviews (N = 9), the recordings were then transcribed word for word by the researcher. Participant identities were protected by using

pseudonyms. Organisation of the data was based on the analytical steps described by Storey (2016), which include: (1) initial reading of transcripts, (2) identifying and labelling themes, (3) linking themes and identifying thematic clusters, and (4) producing a summary table of superordinate themes. Therefore, the first stage involved reading through the transcripts several times and becoming familiar once again with each experient's case following the initial interviewing, and making notes about unique points of the experiences, ideas and emerging themes. Paralinguistic communications were noted, including emphasis on particular words, long pauses (...), and emotional responses (e.g. laughing, sadness, etc.).

A hand drawn logic diagram (on a large piece of paper) was created as themes began to immerse from the first interview transcript to keep track of any significant points. To clearly separate themes, colour co-ordination was used for each theme relating to highlighted examples within each interview transcript. All information from the logic diagram was reflected on following analysis of the first transcript, examining links and organised into clusters. The remaining eight transcripts were examined for any additional themes which may have emerged, unique features, commonality, and divergence (Smith, Jarman & Osborn, 1999, p.224-225). A holistic psychological meaning-structure was formed to present a summary of themes that were developed and thematic clusters. These are presented in three parts as 'superordinate themes', 'sub-themes' and examples of 'illustrative quotations'/psychological expressions (see Appendix H).

Although in Chapter 2 we discussed psychological theories for the processes of hope, which would be tempting to explore against the experient interviews as they unfold, care was taken not to violate IPA's phenomenological commitment (see Storey, 2016, p.72) in overriding each subjective experience with specific theories of interest to myself and this study. To keep this divide, generated themes and illustrative examples shall be presented first, followed by the discussion which will reflect on relevant literature and theory. Additionally, given that so many elements of each individual's experiences were discussed throughout the in-depth interviews – and so as to make the following analysis as clear as possible to the reader – short profiles for each experient's anomalous encounters are provided in Appendix I. This is in keeping with related presentations of phenomenological approaches (Drewry, 2002, pp. 56-59) and for clarity of qualitative data presentation (Wolcott, 1990). It must be re-emphasised that the present interview study aims to investigate 'what impact do post-death experiences have on people' and 'what process and purpose hope is perceived to have within them'.

6.3 – Findings

Five superordinate themes, all containing sub-themes, emerged from the analysis of data. The themes reflect on various levels, how participants made sense of their own sense-making and the world around them, following loss, and subsequent spontaneous anomalous events attributed to deceased loved ones (Appendix H). Table 6.1 provides a summarised version of themes generated.

Table 6.1: Summary of IPA Themes Generated

Superordinate Themes	Sub-themes	Definitions for Themes Generated
1. Grief Reactions	Mental	Mental reactions to grief
	Physical	Physical reactions to grief
2. Tests of Belief	Confirmations	AEs confirmed prior beliefs
	Transitions	AEs caused a transition of beliefs
	Sustained	AEs did not influence beliefs
3.Recovery	Validation	AEs validated survival – therapeutic/comforting
	Coping	Signs and expressions of coping with loss
4. Hope Emerging from AEs	Hope from Anomalous Experiences	AEs directly influenced a sense of hope for experients
	Hope from Prior Influences	AEs buffered hope already acquired by prior influences
5. Freedom to Share	Negative Outcomes	Sharing experiences was faced with negative reactions
	Positive Outcomes	Sharing experiences was faced with positive reactions

6.3.1 Theme 1: *Grief Reactions*

This superordinate theme reflects how grief was experienced to have an impact on the mind and body, regarding *mental* (i.e. emotional and behavioural) and *physical* reactions (both typically negative). However, some experients reported a sense of growth and coping in adjusting and adapting to the situation of loss when reflecting on their grief. Seven of the nine interviewees specifically gave some form of mention to grief reactions.

6.3.1.1: Mental

Reactions to grief in the first instance left several of the experients at a complete loss, with that immediate realisation that the loved one could never be physically encountered again. This was particularly felt in the case of relationships, where the deceased helped with the running of the home and the partnership required this teamwork to survive (in the sense of the running of the household physically and financially):

I knew they were gone in that moment and it was [sigh], like you know how people say their life flashes before their eyes, it was like my future flashed before my eyes, where I saw two paths, I saw like myself sinking down into this dark, this like dark depth of despair and just giving up, I knew they could just like put me in the hospital and, my family would take care of the kids, but I just saw this dark path and I knew like how it would destroy them and how it would just destroy my family. [Victoria, lines 53-59]

Victoria also gave mentions of feeling in 'shock' [line 92] and 'numb' [line 117] as instant reactions to grief. Victoria's quote expresses the instant mental impact grief can have, with her life to come flashing before her eyes. She expresses a sense of giving up, which relates to the feeling of shock and feeling numb. This further demonstrates how purely negative grief is on first impact, and how sporadic thoughts can become in trying to grasp the reality of the situation. In the case of Brenda, she also expressed these instant psychological impacts:

I was just falling apart, I could not stop crying all day. [Brenda, line 56-57]

In the case of Jane, she felt personal (psychological) isolation and the sense that it was simply not possible for anyone to relate to what she was going through:

I find that because of the amount, not everybody understands, the thing is grief is like giving birth, you only understand it if you've been through it, and every single, like if you have children, every single birth is different, if you lose someone, every loss is different, and it doesn't matter, it doesn't matter who you lose, every single reaction to every single loss is different, it does isolate you because nobody understands what you've been through. [Jane, lines 381-385]

Jane's isolation is expressed through the individuality of bereavement experiences, whereby she describes a mental barrier of personal loss that she believes people cannot break through and 'understand' unless, to some extent, they have had a loss of their own. Isolation in this case, can be seen as a psychological expression of grief. Jane also described her loss as like a personal *possession*, something she wouldn't necessarily wish to share, but something which has changed her and has defined the way she behaves and her outlook on life:

I think that you just learn to live with the isolation and with the fact that nobody else understands the way you think, and I just think I don't want other people to understand, because it's my loss, it's my situation and I do sometimes find that I've become very, I just do my own thing, if I want to do something I don't worry what other people think about and I'm a bit eccentric. [Jane, lines 397-401]

In the case of Brenda's mental grief reactions, she reflected on her own work as a medium. She had never suffered a close personal loss before, and due to her line of work (as well as a yoga therapist) she expressed the mental pain that loss can bring and self-doubt in what she does professionally:

I lost it, I y'know kinda fell to my knees, I knew I had to teach a class later that day, I didn't know how I was going to gather my composure to do it y'know everything that someone feels upon the immediate loss of somebody and also I have to admit this of course was the first time I'd ever lost anybody really, really, really close to me, so for the first time ever I was experiencing something that people usually come to me for and I also felt like a fraud like all of a sudden 'how could I possibly be doing what I'm doing, for as long as I've been doing without completely one hundred per cent understanding what it's like to experience that?' so I had terrible waves of emotions and 'I'm never going to do what I do again' y'know coupled with this just, as if I'd just been, literally every single thing I thought I knew about being human and living on the planet and all the spiritual work I'd done didn't matter, all that went out the window upon her death. [Brenda, lines 35-46]

Brenda's grief reaction is a unique position. Firstly because it was the first personal loss she'd ever really suffered, and secondly because it made her cast doubt over her own abilities and profession as a medium. The way in which Brenda describes her grief reaction shows that she experienced and interpreted her reaction in much the same way as

other bereaved individuals – regardless of profession and purported abilities. The same reaction of psychologically ‘giving up’ at the point of realisation of loss is expressed (‘all that went out the window upon her death’), much like in the case of Victoria, where floods of thoughts regarding personal reflections, family, profession, moving forward in life without the deceased, all come to a halt. This instant reprocessing of the situation could be interpreted as the development of hopelessness, as emotional reactions to motivation appear exhausted.

6.3.1.2: Physical

Physical grief reactions were mentioned by three experients, in terms of its physical impact upon the body. In the case of Diane and Victoria, both reported that the impact of grief led to poor diet and weight gain through what could be understood as ‘comfort eating’:

I’ve learnt that grief is really hard on your body [Victoria, lines 585-586]

I do think there’s a physical aspect of grief that, that stresses your body out and makes things fall apart a little sooner I guess, I don’t know, (...) so yeh physically, I mean after my husband died I put on weight, I mean I’m not, I’m still within the, I was too skinny before I mean obsessively skinny, probably borderline anorexic skinny, and I probably had some issues, and now it’s gone the other way where food became a comfort for me. [lines 592-595]

Victoria believed that suddenly engaging in eating more acted to mask the grief. Being of Mormon faith she could not turn to drink, smoking, drugs or sex (the latter out of wedlock), so food became an outlet and comfort:

A lot of stress, a lot of things people turn to, we don’t do drugs, a lot of things that people turn to, to mask their grief were not options for me, I was just not going there, so food was the only option left. [Victoria, lines 596-599]

Diane’s case demonstrated similar grief responses. However, she described eating and weight gain as a stress reaction, rather than a comfort in soothing the gap of loss, as was described by Victoria. But in both cases it can be seen as something which can become quickly habitual, in helping or ‘masking’ or ‘soothing’ the thoughts and mental pains of loss:

Well physically the whole experience of loss changed me a lot because I all of a sudden started to put on weight and all sorts of things [laughs], but it was I think just the stress of it all of that right, and I had a four and a two year old child to look after on my own. [Diane, lines 304-306]

6.3.2 Theme 2: *Tests of Belief*

This superordinate theme represents the ways in which anomalous experiences attributed to the deceased, impacted upon the experient's belief system. As this theme emerged from the data, three sub-themes appeared evident. These included: *confirmations* of belief, in which the experiences acted as a confirming buffer to prior beliefs and knowledge held about such experiences and life after death being a possibility; *transitions* of beliefs, due to the experiences challenging the experient's previously held views of life and death and causing a change, and *sustained* beliefs, in which the experient believed their beliefs and values regarding life and death had not changed following their experiences (particularly in the sense that the experiences had no clear impact on prior beliefs held).

6.3.2.1: *Confirmations*

Four participants described their experiences to have been confirmed in some manner, made concrete, or expanded existing knowledge and beliefs held. Of interesting note, Dawn, Victoria and Naomi all scored as moderate hoppers in the NHS, with Jane being the outlier in this instance having obtained a score of low hope.

With Victoria, she had expressed views of eternal life through closely held Mormon faith, and therefore, described the experiences as having expanded in the knowledge and beliefs she already held, therefore, acting as further confirmation:

I don't know as much as changed as its expanded, or that more understanding has come, the core beliefs are all there, I just didn't understand them at the level I understand them now. [Victoria, lines 292-293]

[S]o I guess as I've had those questions, and I've studied the scripture and I've prayed, then this, this understanding has just come into me, where you just are like 'ah, this makes sense'. [lines 306-308]

Similarly, Dawn found confirmation in her beliefs through the experiences she encountered, referring to this confirmation as making the beliefs held as ‘more concrete’ and ‘more solid’:

I’m trying to think if they really changed I can’t really say they changed I think they probably just got more concrete because I had always been one of those flaky little kids who believed in things that other people didn’t believe in, I mean I think that it sort of validated what I kind of thought already, and erm, yeh I don’t really think a big change happened, it just made it more solid for me. [Dawn, lines 96-100]

In the case of Jane, she described her experiences to be very influential, and had had prior anomalous experiences in her medical profession as a nurse, relating to the loss of patients to which she’d administered care:

I’ve always believed, because I’m a nurse I’ve had experiences in the past with things, with patients, and I firmly believe in it, and also my mother and father who have died, but not having anything strong like this. [Jane, lines 147-149]

Jane believed the death of her husband to be different to the others she’d witnessed and subsequent anomalous events, describing a combination of experiences occurring over time. Her first experience related to her husband was while at her husband’s bedside when he passed away, which began with electrical interference with her mobile phone. Although her NHS score was that of low hope, her answer to changes in beliefs, following these events attributed to her deceased husband, was in line with the views of other interviewees – but albeit brief:

No, it just confirmed it (...) it just confirmed it. [Jane, line 158]

Again, her experiences can be viewed as confirming what is already known or believed, based on prior experiences.

6.3.2.2: Transitions

Four interviewees described their experiences to have caused some form of transition of beliefs and outlook on life. Of further interesting note, Diane, Charlotte and Brenda all

scored as high hoppers in the NHS, with Cathy being the outlier in this instance having obtained a score of low hope.

In the case of Diane, it was clear that one of the grief reactions was that it made her feel fraudulent in her own mediumship. However, it appears that both grief and self-doubt were both helped following anomalous events associated with her deceased aunt, causing a slight shift in her views and beliefs, but nevertheless causing what can be seen as a transition:

Yeh they actually did (...), not so extreme but they changed for a bit in the sense that I felt like a phoney because I'm a medium by trade. [Diane, lines 336-337]

[T]hat shifted though after a while, my belief then too (...) so my belief about Earth bound spirits. [lines 341-342]

On reflection of her experiences, Diane felt she shouldn't completely remove herself from mediumship, and following what she thought was a reading that didn't go well with a sitter, the sitter got back to her pleased with the reading and several hits, which prompted positive feelings and motivation in Diane. The reaction helped in reflecting on her views following her own loss and experiences:

[M]y belief around that completely changed (...) my belief around (...) let's see, I would say it's basically that, it's actually a big belief for me, my belief around my abilities changed because I went from being (...) y'know really resistant to doing what I do, every time I try to stop doing [mediumship], the universe will push me, push me, push me. [lines, 396-399]

In some instances, expressions of transitions of beliefs following anomalous encounters could be very direct and clear. For Charlotte and Diane, their experiences followed with personal meaning-making, in terms of considering the reality of life, death and survival beyond:

Well I realised it was true and that it's all about truth, accepting, accepting their existence and that the mind goes on, I suppose that's the scientific side of it but, as people want to, you know, draw logical conclusions, (...) but its more (...) I suppose for me it became more of a religious, it become more of a, not religion, but, an energy thing, I began to believe more in energies that were around people and that we either

attract them or repel them, so I began to embrace the beliefs more, whereas I'd turned away from religion years ago, you know, in my teenage years, I began to believe more. [Charlotte, lines 31-37]

Yeh, it really made me feel like (...) I, that there was something to that, to like the whole concept of life after death, what happened for me was that after those incidents I really started to research the whole area of the paranormal and things like and look at it, because I needed to understand what happened to me and why I had those experiences coz it kinda freaked me out in the beginning. [Diane, lines 132-136]

Even though in the case of Cathy, her NHS score was that of low hope, her expressions of changes in belief are similar to that of Charlotte and Diane. A difference from other accounts, which she explains, is that she held no prior beliefs in life after death (or holds any religious affiliation). For Cathy, the transition in beliefs from nothing to something, following her anomalous dream events, suggests the experiences and their personal meaning, had quite a profound impact:

[The experience] changed me so much because I felt somehow that there was life after death is what I felt, in some form, because it was so real for me, it changed, I never believed in that before, I actually didn't believe, I mean I was a believer that there was a great spirit or a God, but didn't have any real experience around life after death, I didn't believe that you could contact spirits. [Cathy, lines 345-348]

6.3.2.3: *Sustained*

Robert, who obtained a score of low hope in the NHS scale, was the only interviewee who believed that his beliefs did not change at all following dream encounters with his grandfather:

No (...), no,no, I just (...) I knew I've always been a lucid very vivid dreamer and before he passed away I still used to dream about scenarios with him, but they were revolving around him coming to his end, so there was always dreams. [Robert, lines 248-250]

Although Robert found the dreams to be influential and positive events, he did not consider them to be anomalous in their nature or any form of true contact with the dead. He related dreams of his grandfather, back to dreams he'd had of his grandmother shortly

after she passed away back when he was a child. Robert presents his views of death in what could be described as a firm materialist perception, believing body and mind to be one, and that one cannot survive without the other. His sustained beliefs following interaction with his deceased grandfather in dreams, shows the contrast in outcomes of such experiences can have, given that in the case of Cathy, she too did not believe in life after death, but her dream encounters demonstrated an opposite impact on beliefs, meaning-making, and views on life and death than compared to Robert. Various examples on this are given throughout his interview, but for these reasons given, his views were interpreted as being *sustained* (rather than confirmed/buffered) following spontaneous dream encounters with the deceased:

Death is death still, always will be death. [Interviewer: And what is that?]. Gone, you're times over, it's done. [Interviewer: What's gone?]. Your, your life force, you've you've, you've ended your life, your time on Earth has finished, that's it, you've been here, you've had the opportunity, you've had your sixty years, seventy years, eighty years, and now your body can't take it anymore, you've gone, and that's it, you're buried, you're cremated, and jobs done. [lines, 544-551]

[H]aving the dreams about him is lovely, but it's just a dream. [lines 695-696]

6.3.3 Theme 3: **Recovery**

This superordinate theme considers key issues which suggest recovery from bereavement taking place following their spontaneous experiences. This superordinate theme produced two sub-themes. Firstly, *validation*, in which validation of the experiences from others or wanting others to experience the same appeared to improve personal well-being. And secondly, *coping*, which considers evidence of the experients appearing to independently deal with their situations and move on in life thanks to the aid of anomalous events. It should be noted, that none of the interviewees reported any negative outcomes of the experiences they had. Positive transitions were expressed in all cases, which in varying levels, appeared to aid recovery from personal loss.

6.3.3.1: *Validation*

The sub-theme of validation considers how some experients wished others could have such experiences and see the reality and importance of them. Validation also came from realising other people had had similar experiences. In other instances of validation, people

besides the main experient had also been witness to the events, which for the experient was an important factor in their sense of the reality of the phenomena.

Experients found validation to be important for two main reasons, firstly for themselves in evidencing their own beliefs, which often came from anomalous events and challenged their beliefs in the first instances. And secondly, knowing they were not alone, and that others had had such experiences, or that they could be shared by others, brought comfort, acceptance of the phenomena, and understanding from others. For the experient, this meant that the phenomena could be seen as objective and not a psychological creation of grief. It also served in providing supporting evidence of the reality of continued life beyond death for the experient. This created a stronger sense of validation.

In the case of Charlotte, she expressed the desire for more people to have such experiences, so they too could gain from them and appreciate the experiences of those who have had such encounters. Charlotte's first experience came 30 years after loss and involved a 'sense of presence' of her deceased father, all other interviewees had encounters typically within 24 hours, but overall no later than a year:

I'd just like to say that (...), I wish more people could believe, as I now believe, and have those experiences that I had with my dad, I wish that people who have passed on, spirits of family who have passed on, could come through to people sooner, but (...) I know that, I've got a feeling though that things happen not according to what we want (...), the time has to be right and it was right for me then. [Charlotte, lines 158-162]

I mean if it's just death you've got to look forward to it has a really negative effect on people, but if you believe in spiritual life then (...) which I do now, it's a knowing, like it's a knowing (...), so the sceptics, I just ignore the sceptics and the non-believers, but people who have had experiences like I have had, then (...) they know it and I know it, so the non-believers, people who believe you die and that's it, my mum used to say 'I believe you die and that's it' but (...), she must have changed her views now in spirit, because there is no death. [lines, 164-171]

Cathy can also be seen as finding reassurance and validation in her own experiences, from knowing that others have had, and are having, similar experiences too. The validation gained also helped Cathy to dismiss assumptions of mental health issues related to grief causing the events she encountered, which involved detailed dream interactions and sense of presence experiences attributed to her father. For example:

I'm exploring and it helps me to hear that I'm not really just a weirdo, or I didn't dream this up, so to speak, but that other people have had such experiences that kind of becomes reassuring to me, that I'm not just creating and manufacturing this because of my sense of loss that I'm keeping him alive somehow y'know, although I guess in a sense I do. [Cathy, lines 498-502]

Jane reflected on the experience of nine witnesses to a glass moving as if of its own accord off a table and falling on to the floor at her husband's funeral. Given that Jane had already had experiences from the very moment of her husband passing away, and then various other instances up until the point of the funeral, this provided further validation for her of continued life for her husband beyond death. In such an instance for the bereaved, it can suggest that the experiences that they are encountering (as Cathy stated) cannot be entirely explained away as a grief reaction. The main witness to the funeral event was Jane's brother-in-law who remained sceptical, but was taken back by the experience, which in turn had an impact on Jane's interpretation of these events and the desire for others to encounter them:

I think anybody who is sceptical about the afterlife if they had experienced all the things that I had experienced, they would be doubtful as to whether or not their doubts (...), they would lose their doubts, and even my brother-in-law who was very sceptical about the afterlife, when he saw the drink landed on the floor he, y'know, nine people saw it, nine people saw it, and if that isn't my husband speaking through I don't know what is. [Jane, lines 568-572]

6.3.3.2: Coping

The sub-theme of coping formed from elements of experiences which gave clear expressions of recovery from personal loss, in the form of dealing with the situation of loss and subsequent anomalous experiences. From this, experiencers expressed how they were moving forward in life. This was seen, within recovery, as evidences of coping.

In Jane's case, coping was expressed by the fact she reported to no longer rely on the experiences occurring, as they would occur spontaneously most days around the time of loss. The way in which Jane expresses her grief moving forward and the experiences decreasing, also demonstrates her personal understanding of these anomalous events being a natural part of the bereavement phase, which eventually run their course – to

some extent. When they occur, they're a helpful psychological crutch to pain of grief. Jane did note that these experiences do still occur spontaneously from time to time.

I don't as I said, I no longer rely on it now, in the early days I was getting them every single day for those first two weeks, every single day something would happen, and it got to the point where I really used to rely on them because that kept him close to me, and then gradually as grief takes you forward you slowly become less dependent on it, because the reality of the matter is physically he's not here, spiritually he is. [Jane, lines 505-509]

In other cases, examples of coping are all rooted in the reassurance of a continued bond with the deceased. Knowing this relationship still exists in some form, and is even progressing, giving confidence to move forward in life. If a continued bond is established, separation anxiety cannot be seen as being truly present, or at least it is reduced, as the bereaved have learnt to re-establish their relationships on a spiritual – rather than physical – level. For example:

I felt more capable, I felt like he was actually there, that he hadn't abandoned me, so that I could y'know sort of call on him if I need to (...), it changed everything, it made me feel like I was going to be ok, whereas prior to that, I was like 'I don't think I'm gonna be ok', yeh. [Diane, lines 338-341]

[M]ajor changes, I don't feel so alone, I don't feel so alone on the planet, I feel it's like a lifeline, y'know, then I guess what would be the biggest joke would be to find out that it's all not real, there is no such thing [laughs]. [Cathy, lines 643-645]

I do believe I am closer to my husband, I feel like we are more one, than, than even before he died (...), and I, and I think I appreciate him more than I did before he died, I think I love him deeper than I did before he died. [Victoria, lines 654-656]

So (...) I guess the understanding that has come to me about why this needed to happen has helped me (...), cope and deal and have purpose and focus and a reason to keep going. [lines, 670-671]

With several interviewees, they also expressed coping in terms of how the experiences had led to personal, social, and professional changes and progression. The

impact of their experiences essentially be seen as having given them confidence to make such changes happen. For example:

[I]ts changed my life and as I said before (...), I'm a different person now, it's made me a different person because I had the closure and a beginning of a different life, it's given me hope for the future. [Charlotte, lines 162-164]

[W]ow, my aunt, the death, liberated me, and elevated me, and gave me literally greenlighted, full on one hundred per cent greenlighted and gave me permission I needed to do (...), I needed to keep doing what I do professionally, so no I wouldn't change a thing [laughs]. [Brenda, lines 675-679]

6.3.4 Theme 4: *Hope Emerging from AEs*

This superordinate theme represents how experients described hope to play a role in their lives, from the point of their anomalous experiences and then in life following. As in the sub-theme of coping, if the bereaved developed positive gains and a support system from the anomalous experiences, displayed as coping with loss, then hoping was also typically expressed and emerged from the data. When asked if they believed hope played a role in their lives following anomalous events, six of the nine interviewees responded in the affirmative. Three interviewees did not believe hope played a role in their lives, as such, following anomalous events, but presented scores of moderate to high levels of hope in the NHS scale. This does not mean that positive things did not come of the anomalous events, but previous influences had shaped and fostered their beliefs and hopes (this links in with section 6.4.2.). Therefore, two sub-themes were developed. Firstly, *hope from anomalous experiences*, in which hope was promoted as a direct result of anomalous events, and secondly, *hope from prior influences*, in which prior experiences, knowledge or beliefs surrounding phenomena, suggesting life after death, provided the initial sense of hope that experients expressed.

6.3.4.1: *Hope from Anomalous Experiences*

As mentioned, six of the experients answered in the affirmative that hope played a role in their lives following their significant anomalous experiences attributed to their deceased loved one. Hope in these instances can be seen in action from several angles, not only has the impact of the experiences made experients confident of a future existence beyond death, but it also had repercussions on how the experient chose to live out the rest of their

life, with a mind-set of what is ultimately to come, i.e. a reunion with the deceased, while for some, continued spiritual bonds with the deceased were also established from the offset of the anomalous event. For example:

Well most defiantly, yeh, it just changed my life. Instead of thinking 'oh well this is it this is all there is, what's the point in learning about something knew, let's just watch TV and (...), I'm never going to be any better than I am now, this is it, I'm gonna get winter colds and flu' (...), no it changed my life, I'd say it changed my life, hope, it went from no hope to thinking 'let's get on with it, let's learn, let's be happy, let's enjoy life' and that's what I've done since then [laughs], even at my age, I'm in my sixties now, I do dancing, and I do karaoke, and I do lots of things, instead of you know, most of my friends are retired and they don't work, and they just, you just hear 'moan, moan, moan' [laughs], I just [laughs] really enjoy life whenever, obviously I still get colds and things, but (...) I'm much healthier so it's had that effect as well, yeh hope makes you healthier and it changes your future and day to day life, it's definitely changed me [laughs]. [Charlotte, lines 145-155]

Cathy was sure of hope being obtained from her experiences attributed to her father, as they took her out of a state of depression. She also went to see a medium following the events, which gave her further confirmation of her father's continued existence, which led to positive drives expressed in the form of hope:

I did, I was ready to die actually, I went to see a psychic because when my dad died, but there were several other things that happened around that time, my dad died, I lost my job, my husband ran off with another woman, my dog died, and I lost my home. [Cathy, lines 542-544]

I didn't realise it but I knew that I, I didn't have a zest for life anymore, and I went to a psychic, and (...), she did channel and I didn't believe in channel either, but the thing that she said was father's message through her gave me hope too, and then it was pretty soon after that that he came to me in dreams [again], but (...), the messages from, that was, I don't know, it wasn't even what he said, it was his presence that was like a beacon of life for me. [lines 546-551]

My life became resurrected, I ended up getting a fantastic new job, I ended up starting my own business, I (...), everything turned around after that. [lines 554-555]

Cathy also expressed hope for more experiences to occur. This could be seen as attempting to reinforce the hope she felt and strengthening the continued bond with her father:

Yeh, I would say so, I have a lot of hope, I'm not always sure what I have hope for but I have hope that he's (...), what do I have, hope for me is still about having that strong belief, and 'I hope' goes with 'I believe', that I'm on the right path, that the things that I've experienced were not figments of my imagination, I have connected with my father in spirit and I believe that and I hope that continues. [Cathy, lines 630-634]

With other interviewees, experiences helped confirm beliefs held surrounding religious affiliations and promoted hope. In the case of Victoria, hope is seen to have been obtained from her experiences, and is the driving force behind her continued family life without her husband:

[I]t's the driving force behind everything because it's (...), it is what fuels my faith, and my faith is what helps me to act and keep going so y'know that hope keeps fuelling and as I act in faith then I see little things that renew my hope y'know, that these evidences that this hope is real and I really think that the experiences that's what they are, they are evidence that my hope is real, and they make the hope stronger so that I can act in faith more, and the more I act in faith the more it puts me in a position to have these experiences that are strengthen by hope. [Victoria, lines 703-709]

Diane expressed the view that the experiences she had following the loss of her husband were so influential in promoting hope, that it eased the thought of anything happening to her children or herself, which could be considered a decrease in death anxiety and anticipatory grief. This feeling of hope is expressed as death untimely leading to a reunion of family (her husband):

[T]he experience itself gave me hope, and I hung on to that y'know regarding what happens, me and the kids are going to be ok (...) and there were tough times, I mean following that my son got sick with that same issue a cardiac arrest at seventeen years old, working through that, even still, I still remember just feeling that whole, feeling 'well there are far worse things than death', even if my son died in that process and I

still think because eventually he's going to need a heart transplant, and think that 'well even if he dies in the process, there are far worse things' death isn't an end, and it's not, it's not the worst thing that could ever happen to him, and so that gave me hope, right, it makes me feel that everything is going to be just fine with him, with me, with my daughter, it's all good (...) so yeh (...), I can move forward with my life now [Diane, 347-356]

Diane's views surrounding hope were expressed as a directional motivation to overcome negative states, which sits well with how it appeared to operate following her experiences as a psychological lifeline:

Well it means that, you have something to look to and that there's a light at the end of the tunnel, that there's a way out, that it won't always be this way, that it can change, that's what it means. [Diane, lines 343-345]

For Diane, hope is expressed as something that if embraced, can help us move forward in life and overcome the worst of events we might face. Hope is seen as having emerged from her experiences. In other expressions of hope emerging from experiences, Cathy's definition and views on hope also incorporated a sense of an afterlife following the anomalous experiences attributed to her deceased father. In Cathy's case, it can be seen that her views of hope were not only regarding life and moving forward, but that there may even be progression beyond, based on her experiences:

Researcher: What does the word hope mean to you?

Cathy: Hope?

Researcher: Yep.

I hope my father is exactly where I think he is, because that hope it gives me, that gives something, hope to me is something that keeps me alive, it keeps me going, it gives me drive it's a life forces for me, it's like a lifeline actually, that's what it means to me, a lifeline. [Cathy, lines 529-531]

6.3.4.2: *Hope from Prior Influences*

Dawn presented views that anomalous experiences prior to her bereavement had already had an influence on her. This is not to say post-death experiences did not have an influence on her, but further ‘cemented’ the knowledge she’d acquired from reading books on the topic at a young age, and prior anomalous experiences which had not been attributed to loss. The experiences related to her uncle, just further confirmed conclusions she had already reached, and subtly buffered this sense of hope, where she is now ‘convinced’ survival is a certainty:

[N]o, no because, like I said, it had cemented what I had thought all along, (...), and it was like y’know there is an afterlife, ‘do I hope there is an afterlife?’ well there’s that contradiction, sure I hope there is, but on the other hand I’m more ‘convinced there is’ than having to ‘hope there is’. [Dawn, lines 267-270]

In asking Dawn to restate where this prior knowledge and belief in life after death came from, her descriptions suggested a deep rooting of hope, which had many influencing factors, such as; books, her aunt’s influence, personal outlook on life, and prior experiences:

I was probably born believing in this stuff, because it just all confirmed everything that was deep inside anyway, I think that if you had spoken to me when I was ten years old and said ‘do you believe that there is life after death?’ I probably would have said ‘of course, why shouldn’t there be?’ y’know I think there was something I just inherently believed or y’know the way my great aunt dealt with metaphysical things, maybe that influenced me, I don’t know, but it was never that big of an ‘ah ha!’ moment, it was just something that was just always there, and I think that more than, y’know, more than having an ‘ah ha!’ moment I’ve always looked for validation, ‘yes this really exists’ y’know ‘yes, I had this experience’ it just validates what I’ve felt all along. [Dawn, lines 283-292]

Naomi’s views on hope in relation to events suggesting life beyond death had also developed from previous influences. In her explanations of the difference between ‘hopes’ coming true and ‘beliefs’ coming true, Naomi expressed that life after death and certain anomalous phenomena had already established a foundation of acceptance within her thought process. And therefore, any additional anomalous experience simply further

confirmed what could be considered deeply rooted beliefs, or deeply rooted hopes for future life, in the case of survival beyond death:

I think from a young age I was never, I was never aware of being hopeful that ghosts exist, it was just something that you had in your mind that did exist, so to have something, to experience something that did happen (...), sort of made it very very real, I don't think growing up with the knowledge that I have had never really made me hopeful of things y'know, I was just very aware of things that could happen.
[Naomi, lines 232-236]

Much like in the superordinate theme of Tests of Beliefs, with the sub-theme of confirmation, hope appeared to be buffered in a similar manner to the confirmation process. Not only did practical experiences of spontaneous phenomena surrounding loss lead experients to reassess their beliefs – and ultimately served to expand, strengthen and confirm them – but this can also be seen as buffering feelings of hope through perceived confirmation of life beyond death.

6.3.5 Theme 5: Freedom to Share

This superordinate theme represents how the experients felt their attempts to share their experiences with others had been received. In other words, what freedom they felt they had to discuss such events with others. Many problems are typically assumed to be faced when experients think about sharing their experiences with others. Experients may withhold sharing their experiences as they fear ridicule, with people potentially believing them to be weird or mad, or simply hanging on to the deceased through grief. Others may refrain from sharing their experience, due to having had such a negative reaction. Experiences may also be withheld when reflecting on bereavements of others who do not appear to express having had anomalous phenomena, which would further emphasise the previous points.

Robert and Victoria expressed they'd never discussed their experiences that they did in the interview, with anyone else before. With all of the other interviews, feelings on this issue, and experiences were generally quite mixed. Even so, positive and negative experiences of sharing experiences were expressed. Therefore, experients thoughts and experiences of their freedom in sharing are encapsulated under the sub-themes of *negative outcomes* and *positive outcomes*.

6.3.5.1: Negative Outcomes

All of the issues regarding perceived negative outcomes of sharing experiences with others, appeared to be driven by fear of the unknown reactions. Some reasons that emerged from the data, included: the experiences to be too personal to share, clashes of religious views, and social/professional reputation being at risk.

Victoria found her experiences to be *too personal* to share, believing in some way that some experiences come to *you* for a reason, and not to others, therefore it could lose meaning or personal importance if shared:

I think that spiritual experiences are sacred, I think that you have to be careful not to throw your pearls before the swine because I think that they can be misconstrued
[Victoria, lines 406-408]

[A]t first I shared a lot (...), and I learned that sharing a lot was not always good
[lines, 413-414]

Victoria expressed hesitation in sharing her experiences, which she believes came from her attempts to share them with her mother-in-law. Victoria's husband and father-in-law died in the same plane crash, and so Victoria's mother-in-law had also suffered a loss, and Victoria thought that sharing experiences suggestive of her husband still being around (her mother-in-law's son surviving in some form) would help. The reaction she received was the feeling 'distancing' between herself and her mother-in-law for having done so. Her mother-in-law at that time was not having any anomalous experiences relating to her son or husband, but these apparently began to occur later. Victoria further commented on these particular issues of sharing:

I've learnt that if people aren't spiritually prepared and you share these things with them, it doesn't help them, and sometimes if you share too much and people aren't having those experiences themselves they can be mad about it, and it can cause them to get angry and that's not going to help them to have spiritual experiences at all, so (...), so I try to listen to how I feel, and whether it's appropriate to share and whether its not appropriate there are some experiences that I have shared with no one, that I have absolutely kept private. [Victoria, lines 426-432]

Robert, like Victoria, also shared this feeling of the experiences being too personal to share. To share them with family, such as talking about the dreams of his late grandfather to his own father, he presumed may have caused his father to feel uncomfortable:

Yeh they're very personal [Robert, line 463]

I feel that one, he would feel, he would have felt uncomfortable talking about things like that, and I think my father would feel uncomfortable talking about scenarios like that, because knowing my father and my grandfather, as I did, they would judge me as being different 'why would he want to be talking about that sort of stuff?' y'know, now whether they'd be strong enough to admit to me that they'd do the same, I don't think they would. [lines 465-470]

There is the assumption that discussion of such experiences is somehow against social etiquette, something you just don't do, something which is seen as different and rejected by others because they can't relate to it and because of it being non-conventional in their view:

[W]ith how we're discussing it now, it's been fine because it's you and it's confidential (...), I don't discuss, and you know the thing is, is the fact if you look at, people don't like people that are different, people like people that are all the same. [Robert, lines 417-419]

In other experient cases, it was simply felt that it was not at all easy to speak to anyone about such experiences. This led to only a select few people being told, sometimes with the closest of relatives *not* knowing about such events. Delicate approaches were taken in some cases to try to engage with people on the matter, if it was not clear how they would react. To give a few consistent examples of this:

Yeh, it has to be very (...), delicate approach if you're talking to other people, because if they're not interested they just think you're a bit crazy or a looney. [Charlotte, lines 64-65]

Yeh I have a couple of friends I could talk to about it and I've shared like I said with a psychologist and that kind of stuff, but that was about it, I haven't talked to my kids about it, because I don't want to freak them out. [Diane, lines 268-270]

Not with anyone, I can personally do it yes with anyone, but is anybody willing to listen? No. [Brenda, lines 443-444]

I could never talk to my sisters about this kind of stuff, even my own sisters would not want to have this conversation, but interestingly enough, y'know their friends would want to talk to me about it all day long, so y'know you just have to kind of pick and choose. [lines 444-447]

I mean certainly my husband thinks I'm totally mad, he doesn't believe in anything like that, so we just do not talk about sort of an afterlife or anything like that, a lot of my friends are of the opinion that it's not true and doesn't happen. [Naomi, lines 103-105]

So there is a very limited amount of people that sort of know anything about my past experiences. [lines, 108-109]

In all of these cases, experiencers came to a realisation that there is a selective amount of people that can be approached and spoken to about such experiences. It is also noted that no one expressed any clear frustration towards friends or family members outright denying such experiences happening to the experient – when evidently they'd experienced *something*. In others scenarios, family and friends tried to explain away the phenomena (especially in the case of dreams). Typically, the experiences of negative reactions came from people who had never had such encounters themselves. Therefore, instead of trying to understand the experiences and sympathise with the bereaved, denial or rejection is faced as a consequence – which for the person hearing about the event is possibly their own way of dealing with something seemingly inexplicable.

Some experiencers felt restricted in sharing their experiences due to *religious views* of close family. Like some of the previous instances of rejection faced from sharing with people who doubted the experiences or did not believe in life after death, some religious faiths follow the belief in their being no Earthly survival beyond death. Experiencers found equal rejection in attempting to share with people of such faiths or at least knowing that they would not sympathise. This is especially expressed in Jane's case, who although faced rejection in such cases, did not let this impact on her own thoughts and feelings since the experiences:

Some people are quite interested (...), the ones I don't do it with is Jehovah's Witnesses [laughs], the thing is, the problem I have, I've got members of my family who are JW's and they don't recognise it at all, they just think it's completely evil [laughs]. [Jane, lines 220-223]

In the case of Dawn in Germany, some of her reasons for not talking about such experiences involved reasons of religious views and *social reputation*, which her mother tried to enforce upon her in earlier life:

[M]y mother discouraged me talking about it because of our environment, my mom still lives in the same neighbourhood as, y'know, that's still very Fundamentalist Christian and anything like that y'know is 'of the devil' and so she's like 'well, don't really talk about it because people will think we're crazy' or y'know, so no I didn't really talk to anybody about it. [Dawn, line 133-137]

Caution in protecting personal reputation was also described as having taken place within the *professional setting*. Though only one interviewee openly expressed their experiences with a work colleague (Diane, with a fellow psychologist), both Cathy and Jane received 'caution' from colleagues about discussing their experiences, which led to being cautious within the working environment:

I was with [my professor], and he was about the only one, and he just cautioned me in talking about them. [Cathy, lines 426-427]

[I]t's like some of my medical professionals I won't talk to them about, certainly not the doctors, because they hate getting, how can I explain it, erm (...) it's too close for them, I think they just, it's very very strange, I certainly wouldn't discuss it with one of my medical colleagues no, I'd discuss it with the nurses, and people that are at work y'know [Jane, lines 256-261]

Additionally, Jane went on to discuss her thoughts on why medical doctors are not generally interested in hearing about such experiences. She described the resistance to be a combination of fear and a professional mask, so they could distance themselves from such personal matters of the many people they care for and keep that professional boundary clear and separate. If they didn't, it would possibly impact on their performance in the working environment

[I]f you think about the amount of times that they see somebody die, or when they have to break bad news to families, they have to have some sort of armour in able to cope otherwise they'd just end up falling to pieces, and I find that doctors like that, that's what they do, and that's why doctors are so sceptical about it. [Jane, lines 287-291].

6.3.5.2: *Positive Outcomes*

Positive outcomes of sharing experiences appeared to be less common, due to the fears and assumptions (over actual experiences) of sharing expressed with *negative outcomes*. Even so, some positive experiences of sharing were deduced, and also, positive attitudes about what would happen if people were to breakdown some of their own personal barriers and be prepared to listen to these experiences with an open mind. In the case of Victoria, she described that at times she has sat next to people on planes (for example) and wondered about the losses those people have suffered. She admitted to frequently engaging in conversations in these settings with strangers regarding her anomalous experiences surrounding death. Such interactions have received positive reactions, and sometimes the stranger would open up about their own thoughts around personal loss:

I just start talking, I share my experiences, I share, I just share, I just I don't know, whatever I think I should share [laughs] I share, and pretty soon they're in tears I'm in tears and they're telling me about y'know some problem in their life and how something I've shared with them has just been the answer that they needed, and so I have just learned that if I feel that I should share, I should share. [Victoria, lines 459-464]

This also suggests that sharing has positive gains on other people (including their own personal losses in life), if the experient speaks to people who so happens to be open to listening and discussing such experiences. In similar ways to what Victoria described, Charlotte felt drawn to other people, who when she spoke to them about her experience, she found that they too had experienced something similar, which led to a positive social situation of sharing:

[B]ut you find once you approach a subject with someone 'Oh I had something weird happen to me, blah de blah' then they usually come out with something, so it's almost

like you're drawn to other people who have had similar experiences. [Charlotte, lines 65-68]

The examples also demonstrate how common anomalous experiences can be, in that interviewees' experiences of turning to strangers and recounting these events, has led the stranger to in turn share their own accounts. This demonstrates that not every instance of sharing is a negative one, or at least, a lot of reasons for people withholding discussion of their experiences, is based on presumptions of negative reaction, rather than actual experiences of such rejection – which only a few interviewees expressed.

6.4 – Discussion

The analysis of data from in-depth semi-structured interviews with experiencers of spontaneous post-death phenomena, have now been presented, following the application of IPA. Five key themes were generated and explained. In considering the findings, there appear to be several features comparable to existing research findings, while at the same time, the data has demonstrated new findings with regards to the therapeutic mechanisms of post-death events, especially where hope is concerned. People find anomalous experiences impactful, they change their relationship with the deceased, and improve their experiences of bereavement, and they instil a greater sense of hope in going forward, both in terms of continued bonds, but also for living life here and now. Therefore, this interview study achieved the aims of investigating 'what impact post-death experiences have on people' and 'what process and purpose hope is perceived to have' within them. The findings shall now be discussed in light of the wider literature.

Grief Reactions identified and reported appeared to be typical of the classic features reported in the literature on bereavement, combining psychological and physiological reactions to being in a state of grief. Interviewees reported being in shock, feeling numb and physical reactions of weight gain through changes in behaviour to distract from the loss they were faced with or act as a form of comfort (e.g. Peretz, 1970; Staudacher, 1998). Others reported disbelief, or a reluctance to accept in some cases, that the deceased was physically gone (Hall, 2014; Kübler-Ross, 1969). Research has shown that this is typical in situations of high grief death, where death is completely sudden and unexpected (Fulton, 1970). These findings further reinforce how difficult, stressful, and psychologically draining the impacts of grief can be upon various individuals, which is why the health implications and sources of recovery demands attention.

With the theme of *Tests of Belief*, it appears that issues of belief transitions due to spontaneous experiences have not been given much depth of consideration within the existing literature. This is possibly due to many of the previous studies (see section 1.6) focusing on the phenomenology of experiences, the frequency of events, and their impact, rather than the personal beliefs of experiencers and related transitions which may have occurred as a result of such experiences. However, Burton (1982) and Devers (1994), did find that post-death experiences appeared to alter personal views on life and death, and in some instances made people question their own religious views. But this did not give specific focus to what experiencers believed and how the experiences were perceived in line with those beliefs. *Tests of Beliefs* as a theme, included sub-themes of *Confirmations of belief* in which the experiences acted as a confirming buffer to prior beliefs and knowledge held about such experiences and life after death, *Transitions of beliefs* due to the experiences challenging and shifting the previously held views of life and death, and *Sustained beliefs*, where in the minority of cases, experiencers' beliefs (and in this case sceptical views of life and death) were not impacted by the experiences in terms of them considering the possibility of survival due to what they encountered.

The theme of *Tests of Beliefs* compliments the theme of *Hope Emerging from AEs*. Both demonstrate the highly influential impact anomalous experiences can have on people, in terms of making them think, question, change their mind set, and their outlook on life, and then behave in accordance with how they intend to move forward in life to achieve their goals. This depends on how they interpreted the experience and what they personally took from it which also depends on the circumstances and type of experience encountered. Confirmations and transitions in beliefs provide good indicators for the levels of hope that may also be obtained by such events, and in turn, the impact such experiences may have on individual well-being.

The impact of grief and spontaneous experiences on individual beliefs gave light to features and codes which led to the development of the theme of *Recovery*. Within recollections of grief following anomalous experiences, forms of what could be considered recovery (or healing) were expressed within the scope of two sub-themes, *Validation* and *Coping*. *Validation* of experiences represented recovery in terms of how therapeutic gain was taken from the reassurance that other people had had such experiences, and therefore, the experiences were not a sign of personal mental health issues and/or a bio-product of grief. This relates well to Rees (2010, pp.192-210), and Murray and Speyer (2010), where it has been found that comfort can be gained from

people sharing their anomalous experiences following loss with others who could also relate to them. Hearing about other peoples' experiences, reading about how common they are, and wanting others to experience the exceptionality and emotional benefits of such events were expressed by experiencers as important points of validation following loss, and therefore, are features indicative of being on route to recovery. This is also supported by the findings of Roxburgh and Evenden (2016a), who reported that validation of experiences, was considered important by experiencers in their path of coping and recovery.

The sub-theme of *Coping* was formed from expressions of dealing with the situation of loss and subsequent anomalous events, which were interpreted as coping which could include applications of hope (Gamlin & Kinghorn, 1995). Some interviewees expressed that over time they no longer relied on spontaneous events occurring, in order to get by in day to day life, whereas before, they had acted as a daily positive emotional and motivational boost.

Snyder (1996, 2000) believed from exploring the notion of hope within bereavement that in such circumstances hope is lessened because the goal (i.e., a thing, experience, or person) is thought to be unobtainable. It was argued that over time a person may recapture a sense of willpower on the situation they face (cognitive agency) which gives them the motivational strength to move forward on whatever stimulus begins to give them focus. In post-death events, the experiences provide cognitive agency/focus (i.e. experiencing what is believed to be the deceased living on). The deceased is believed to be still around but in a spiritual sense, forming continued bonds. Alternatively, interviewees expressed the belief that one day they will be reunited with their loved ones, with anomalous experiences bringing promise of that – plus hope and the ability to cope and move forward with life (involving various thought pathways towards this ultimate goal). Therefore, loss is facilitated by this hope, and as Nikolaichuk (with Jevne, 2002) suggested, hoping leads to personal coping. As Devers (1997) argued in regards to loss and subsequent anomalous experiences “a hopeful belief system has the power to strengthen and heal” (p.150), thus, hoping leads to coping with the situations we face – such as bereavement. In this respect, coping may be a sign of hoping, and vice versa.

These findings act in somewhat opposition to Kübler-Ross (1969) who describes hope – in part – as a temporary fix during bereavement, and a mask to the lack of willingness to face open dialogue on death and loss. The findings of this study suggest that although grief can bring feelings of despair; no one is ever without the cognition of hope (e.g. Feldman & Kubota, 2012). Some experiences – due to a variety of prior

experiences and beliefs held by individuals – have greater impact on some experiants than others, with definite expressions of hope embraced and used to self-motivate. Only from this point, when coping is expressed, could it be assumed that open dialogue on death and loss would help the bereaved, since the anomalous event presents a new way of looking at life and death, with the prospect of something beyond rather than extinction for conscious existence.

Adding to these points, the theme of *Hope Emerging from AEs* presents some unique findings which have never formally been investigated within the context of anomalous post-death experiences. Hope was seen by most interviewees as highly important, a life force, a reason to keeping living and acting. Following anomalous experiences interpreted as being linked to deceased loved ones, some interviewees expressed hope being involved in their lives from this point onwards, which was interpreted in several ways, with such codes clustering to form two distinct sub-themes. The sub-themes suggested that hope is not fostered by every anomalous experience during bereavement as previously suggested by some (e.g. Guggenheim & Guggenheim, 1995), but still have a natural presence within everyone which anomalous experiences only seem to strengthen, as LaGrand (1999) has argued, and was also suggested in the findings of Drewry (2002).

For example, the sub-theme of *Hope from Prior Influences* demonstrated that from interviewees interpretation of hope, they believed it had been generated within them before experiences associated with the deceased. Three interviewees fell into this sub-theme. This could have come from religious beliefs held, prior anomalous experiences, or obtaining information on such anomalies from having read about them in books, or in some cases, reading the available research findings. Similarly, Hayes (2011) found that experiants gained comfort from knowledge of psychology research and spiritual literature concerning events matching their own. However, Hayes found that this exploration for such literature appeared to take place *following* post-death events rather than typically being known beforehand. Even though hope was believed to have been previously acquired in relation to post-death events, experiencing them following personal loss only served to support or strengthens such feelings.

In the theme of *Hope from Anomalous Experiences*, hope was interpreted to have been gained from the post-death events. Six of the interviewees fell into this sub-theme. Hope was expressed for a reunion with the deceased in some form of afterlife, and personal assurance was gained from the experience that the deceased still existed in some

form. The experiences also inspired hope in experients lives for day to day living, moving forward and setting goals – working in line coping.

This compliments LaGrand's (1999, p.218-219) theory of their being two kinds of hope produced from spontaneous experiences surrounding death and loss, these being (1) otherworldly hope (hope for something more beyond this world/life), and (2) this worldly hope (which helps personal health and vitality). The present study findings give support to the previously proposed theories for hope in post-death experiences put forward by LaGrand (1999). It should be well noted that hope has been formally examined in this present interview study and analysed through the standardised practice of IPA. LaGrand's (1999) theory developed from collections of such accounts presented in an informal manner, but even so, the findings of this present study give support to this theory through a formal structured and standardised method of qualitative research.

In further considering the themes of *Grief Reactions* and *Recovery*, they appear to complement the final theme of *Freedom to Share*, in that it has been noted that experients of post-death phenomena in the past have been told, or made to feel, that they should not share their experiences with others (Burton, 1982; Devers, 1994; Rees, 1971b). As Burton (1982, p.70) noted:

I'm afraid a bias still exists which considers it unacceptable to deal at face value with experiences such as 'seeing ghosts'. The patient is trained to deny the experiences or to explain it away as 'holding on' to the loved one.

These issues formed the sub-theme of *Negative Outcomes*. Being seen as abnormal, or told that the experiences were not acceptable to discuss, was a common feature and fear for interviewees. However, in this study, interviewees did not report issues in their sharing of experiences with others to have come from the (ill-)advice of health care specialists or counsellors telling them not to talk to anyone about them, as Burton (1982) previously suggested was the case. In this study, issues of sharing experiences focused on other reasons. Some experients felt that such events were too personal to share, which is why they had withheld or rarely discussed them. This did however coincide in some cases with fears of ridicule or rejection if they were to relay anomalous experiences to their friends or family – as was noted by Rees (1971b). This led to some individuals being purposefully cautious around particular individuals, with whom they believed accounts of their experiences would not be welcomed.

In some instances, religious views meant that it was not acceptable to discuss such experiences. This was more so the case in situations where religious views held within the experient's family denied the occurrence of anomalous experiences perceived to be the dead or were seen as evil and demonic. This does not appear to have been given any considerable amount of previous research attention, but has been noted by LaGrand (1999, p.57-58) with reactions from certain faiths seeing anomalous experiences in bereavement as "initiated by the devil." Even though the occurrence of perceived interaction with the dead has been noted for many thousands of years, it is clear that certain religious faiths interpret such experiences as negative and *not* as signs of survival for the deceased (e.g. Cooper 2011a).

On the other hand, other negative outcomes were identified in which interviewees described withholding discussion of their experiences, due to concerns about professional reputation. This has been known in some prior instances to be the case with anomalous phenomena surrounding death and loss. For example, Rogo and Bayless (1979) noted that when contacting professional colleagues involved in various areas of scientific research to inquire about cases of anomalous telephone calls (where the caller is typically perceived to be a known deceased person), they were surprised to learn how many of these colleagues admitted at that point to having had such experiences themselves. This was not expected, as it was assumed that these professionals would have simply provided examples of cases sent to them by members of the public, which had subsequently been stored in their files. Professional reputation was seen to be at risk if such experiences were shared, and therefore, only surfaced when other professionals inquired about them and took them seriously. Even so, in previous decades, it has been argued that for professional members of society to report anomalous phenomena simply serves to add validity to the phenomena themselves (Prince, 1928). The idea of sharing such experiences in the professional setting was only perceived a negative by the interviewees of this study, in some case because they were told not to.

Although the interviewees expressed many negative views on the outcomes of sharing experiences, these outcomes rarely appeared to have actually been experienced. The negative views expressed were typically assumptions of the 'possible outcomes' of sharing, rather than actual negative experiences. However, in this instance, the IPA did provide a few examples of what reaction is actually received by sharing with people who did not consider it acceptable for the experients to discuss their accounts. The main outcome appears to merely be a cold reception. Some interviewees noted that they

thought those who they'd told didn't believe them, but presented the attitude that if the experiences helped, it wasn't their place to question or deny it.

Krippner (2006), Knight (2010) and, Murray and Speyer (2010) all stress the importance of sharing these experiences, and that the outcome of doing so is rarely as bad as assumed by the experiencers. This was certainly found to be the case within the sub-theme of *Positive Outcomes*, regarding *Freedom to Share*. Sharing experiences at the very least allows others who have encountered similar phenomena to realise that they are not alone, and that the experiences are very common. This was found to be the case in instances where experiencers spoke to strangers, as it was discovered that they too could relate and had had similar encounters, or had suffered a recent bereavement and were open to listening about post-death experiences. This made experiencers feel like they were doing a good service, letting other people who suffered a loss know that such experiences are common and that it is good to talk about them. As was found in the positive outcomes of sharing, the recollection of experiences can be a therapeutic transition for the experiencer, and indeed to those who listen to such accounts (Murray & Speyer, 2010).

In conclusion, this study explored the 'impact of spontaneous post-death experiences' and 'what process and purpose hope is perceived to have' by experiencers. From the five themes generated from the extensive interview data and IPA, these aims appear to have been achieved. While some findings regarding the impact of such experiences directly relate to previous literature and findings as discussed, new discoveries are argued to have been made with regards to the impact of experiences on beliefs and how hope is seen to act in people's lives from the point of having an anomalous experience. The findings give further rise to the argument that health care professionals and counsellors should be educated about post-death experiences and the impact they have on experiencers (e.g. Keen, 2010; Hayes, 2011; Murray & Speyer, 2010; Nowatzki & Kalischik, 2009). Creating such wider acceptance of these common experiences would lead to environments in which the bereaved would feel supported and faced with understanding, rather than in previous decades where experiencers were made to feel judged, delusional, or to simply keep these experiences to themselves. Hope appears to be a driving force for most people in recovery from grief, fostered by the post-death experience. This is arguably the key to the therapeutic gains reported from such experiences (Krippner, 2006). And yet, even when experiencers did not report hope to be present, the meaning of such experiences in suggesting continued bonds or life after death had already been held as a personal belief, or had been accepted through knowledge of parapsychological literature on such events.

Therefore, these experiences serve to buffer our natural and constant ability to seek hope in life and move forward from negative life situations – such as grief.

6.5 – Chapter Summary

In this chapter, I presented the results of the IPA of in-depth semi-structured interviews with experiencers of spontaneous post-death phenomena. This highlighted the complexities of such experiences through the various themes which developed from the data, and were accordingly discussed. The key aims of this chapter were to assess ‘what impact post-death experiences have on people’ and ‘what process and purpose hope is perceived to have’ on experiencers. From the interview analysis, I presented the case for hope not only being promoted or strengthened within people as a direct result of such experiences, but also that it has a strong positive impact in terms of personal motivations and coping. Hope appears to be unavoidable in most cases, especially where personal beliefs in survival beyond death are deeply rooted, or are developed through prior knowledge of such phenomena. Hope’s purpose appears to be at least twofold in: (1) making us look ahead to a future reunion with loved ones, which in the present can exist as expressions of continued bonds, and (2) gives us the drive to make positive changes, set goals and move forward from grief. In the following chapter, I will present a discussion of all of the combined findings of this thesis, its implications, limitations and considerations for future research directions.

Chapter 7

Discussion

7.1 – Chapter Overview

In reviewing the literature and empirical studies on bereavement, I have shown that it is a difficult and complex process, and that people vary greatly in how well and how quickly they come to terms with a personal loss. From this, I demonstrated that anomalous experiences during such times are highly common experiences and are typically interpreted as evidence of survival, with case collections suggesting they provide hope and comfort. This prompted the need to interrogate such claims more systematically within this thesis, combining quantitative and qualitative methods to enable me to explore the range and pattern among such experiences but also to represent their nuance and personal impact. In this discussion chapter I will consider the aims of this thesis which were initially presented, and a summary of the outcomes of the chapters which developed. I will then go on to consider research implications and offer suggestions for future research.

7.2 – Summary of Chapters and Findings

In the introduction (Chapter 0), I argued that bereavement is an important and complex issue for everyone at some point in our lives. I also presented the case that for many people, spontaneous anomalous experiences within such times have been reported and concluded to offer therapeutic values and healing. Therefore, I wanted to understand the process of bereavement further, and attempt to further understand the impact of spontaneous experiences for those who encounter loss. Thus, the following aims were presented:

1. Are such experiences following loss therapeutic?
2. What impact do they have on those who have suffered a personal loss?
3. Do they have specific therapeutic values?

In **Chapter 1**, bereavement was discussed in light of its psychological and physiological symptoms. It was identified as being varied from person to person, involving complex psychological and physiological outcomes. These outcomes are

dependent on the relationship to the deceased, personal circumstances, social support networks, and individual coping mechanisms. This followed by discussing early reports and research findings of anomalous experiences within the time of loss, through to present day research. Since the 1970s, there has been a clear shift in focus of interest from the phenomenology and ontology of such encounters suggesting contact with the dead, to what impact they have on those who encounter them – to explore any natural purposes they may serve. Several studies concluded that out of the variety of positive gains and adaptive outcomes of such experiences suggesting to the bereaved survival of the deceased; hope was reported as amongst these outcomes (section 1.6). Hope was either reported by experiencers or interpreted by researchers to be present following such events, and therefore a therapeutic value. However, hope's purpose, processes, and role, were never discussed or taken further beyond concluding remarks of its presence following the experiences. I therefore argued that the role of hope should be investigated as to its place in recovery from grief, as the literature review suggested that it was promoted by the post-death events.

In **Chapter 2**, I reviewed academic literature regarding the various epistemological constructs of hope, particularly from the standpoint of psychology – most notably Snyder's (1994) model was considered. It was noted that hoping plays an important role in coping (e.g. Nekolaichuk with Jevne, 2002), especially with regards to bereavement (e.g. Gamlin & Kinghorn, 1995; Snyder, 1996, 2000). Therefore, hope has an important place within the bereavement process, recovery and moving forward in life. With that, I reconsidered literature on anomalous experiences during grief which suggested survival of the deceased for experiencers. Links to hope were identified in the therapeutic gains reported, including hope's often instant promotion and assumptions as to its role in recovery following spontaneous events. However, beyond the existing literature and research theorising hope's place within such events, this notion had not been formally tested. Therefore, it was learned from this chapter that hope is strongly suggested to be a key mediator in aiding recovery from grief, specifically when the bereaved report anomalous events. It was concluded that methodological approaches should be considered in order to formally test this theory.

In **Chapter 3**, I presented the research aims, which was to investigate whether (1) hope is measurably present within the bereaved, (2) hope is promoted by the anomalous experience, and (3) hope is perceived by experiencers to be responsible for coping and recovery during bereavement. From considering previous methodological approaches in

extensive studies of post-death phenomena, it was argued that a questionnaire design incorporating a mixed method design was the best way to investigate the impact of such phenomena and the potential presence and role of hope. From previous literature on bereavement, it was predicted that personal loss would lead to a decline in personal well-being due to the negative symptoms of grief – as previously discussed. However, given the claims of the effects spontaneous experiences have on the bereaved, I predicted that the adverse effects of grief might be ameliorated in those bereaved persons who report post-death phenomena. Using validated scales in the first phase would allow measures of hope to be taken from two groups of the bereaved who did report experiences ($n = 50$) and those who didn't ($n = 50$). The measure of hope was combined with measures of religiosity, paranormal belief, afterlife belief and death anxiety. As predicted, a significant difference between group levels of hope for before and after loss and experience ($p = .04$, two-tailed) was identified. There was a significant drop in hope levels following loss for the control group ($p = .008$), while in the experiential group this drop was only marginal and was not significant ($p = .125$). It was concluded that hope has a measurable presence between those who do and do not report anomalous events following loss. To understand its role and presence further, I argued that written feedback from the experiential group regarding their experiences needed to be examined in finer detail than quantitative methods alone could provide.

Chapter 4 described a content analysis and thematic analysis of the characteristics and outcomes of spontaneous events reported by the experients (experiential group, $N = 50$). A content analysis was used as it provided a deeper overview of the characteristics of such experiences reported in short answer questions (1-7). In other words, more detail could be gained on the process of bereavement and recovery – where spontaneous events are concerned – than purely quantitative findings can provide. It was found that there are consistent features of spontaneous experiences, which are comparable to previous studies (e.g. Haraldsson, 2012; Rees, 1971b). The most commonly reported event was that of sensing the presence of the deceased (see Hayes, 2011; Rees, 1971b; Steffen, 2011). The majority of experients reported their experiences to be unexpected and helpful in their recovery. Emotional 'states of mind' expressed by experients led to the identification of a significant shift in negative to positive emotional expressions, from the point of loss to following the first anomalous experience encountered.

The thematic analysis was used to organise written feedback of experiences submitted. Theme 1, *Experiencing vs. Believing*, involved instances where experients

spoke of their post-death experiences either confirming their prior beliefs, or causing them to go through a transition due to a shift in beliefs where experiences challenged/contradicted beliefs held. Theme 2, *Continued Bonds*, involved instances in which experients described continued relationships with the deceased to have taken place, in a spiritual sense, due to the experience suggesting the deceased was still around. Theme 3, *Hope*, noted three different ways in which hope appeared to be expressed within post-death events. Firstly, hope may be expressed for more experiences to occur, due to the initial encounter creating such a positive impact on the experient. Secondly, hope was expressed for the deceased – through continued bonds – to support and give guidance within the experients' lives (as the deceased did when alive). And thirdly, hope was expressed for an eventual reunion to take place. Given that the experience suggested the deceased had survived beyond death in some form, experients expressed hope for there to be an afterlife and a reunion with the deceased following their own eventual demise. Theme 4, *Therapeutic Gains*, highlighted general positive outcomes expressed from the experiences, in which comfort, strength, healing, coping, and similar expressions, were noted in the aftermath of personal reflections on the post-death events.

From the results of the content analysis and thematic analysis, greater detail was provided about the process of grief, the impact of spontaneous events, and the presence of hope. It was concluded that these experiences do produce therapeutic qualities for the vast majority of people. The findings also suggested that hope is indeed expressed as being present as a result of spontaneous events. However, I argued that to know more about hope's presence and place within recovery from grief, interviewing methods would be the most appropriate next step in obtaining finer detail about the lived experience of bereavement and related anomalous experiences.

In **Chapter 5**, I argued that the next empirical phase would be to conduct interviews in order to achieve a deeper understanding of the types of impacts post-death phenomena have on the bereaved. This led to discussion of interviewing methods and their uses, especially in relation to this thesis and its aims. Given the focus on the ways in which people make sense of their loss and related anomalous experiences, I elected to analyse interview material using an interpretative phenomenological analysis. Interviewees were selected based on their scores of hope levels, from the outcome of the Nowotny Hope Scale (Nowotny, 1989), which included an equal distribution of interviewees with scores of low hope ($n = 3$), moderate ($n = 3$), and high ($n = 3$). This followed with **Chapter 6**, where I discussed the process of sorting and analysing the interview data via the IPA

method and presented the results. The IPA generated five distinct themes, which are summarised as follows:

- Theme 1, *Grief Reactions*, related to mental and physical reactions identified and discussed by interviewees with regards to the personal experience of loss and its impact.
- Theme 2, *Tests of Belief*, represented how post-death experiences impact upon personal beliefs held, which gave examples of beliefs being either confirmed, transitioned or sustained.
- Theme 3, *Recovery*, considered expressions of what helped experiencers, beyond the initial positive feelings they felt from anomalous experiences attributed to the deceased. Validation of the experiences was seen to be helpful by objectifying the experiences, which made the experiencers feel the phenomena were not a subjective product of their own grief. Validation came from veridical information and/or cues within the experience which suggested they could not have created the event themselves. Additional witnesses also gave validation. Coping was also identified within recovery. This sub-theme gave examples of dealing with the situation of loss, and the support experiencers felt following anomalous events, especially with regards to carrying on and moving forward in life (which related well to expressions of hope).
- Theme 4, *Hope Emerging from AEs*, formed from examples of how hope was believed to have played a role in interviewees' lives following anomalous events. Two sub-themes emerged which gave examples of how hope appeared to have been fostered by the experiences themselves, or was already fostered by prior influences (i.e. prior experiences, prior knowledge, and prior beliefs).
- Theme 6, *Freedom to Share*, represented what reactions experiencers believed they would face from friends, family or strangers, if they were to share examples of anomalous experiences they had had. These came in the form of beliefs and experiences of negative and positive outcomes. Some outcomes were presumptions on the part of the experiencers of what would happen, while other instances were recollections of what had happened.

The use of in-depth semi-structured interviews and IPA allowed a close and personal examination of individual experiences with grief, subsequent anomalous events encountered, and what impact they had on experiencers. This also allowed for direct questioning on the topic of hope and its place within such events. This could not have been achieved by the methods of the previous three phases, as they could only provide

surface material and limited feedback on events and processes that take place. Interviewing and IPA could be seen as delving deeper below the surface of such events, to discover the true mechanisms of the processes involved. This was achieved by personal sharing in the retelling of events that experients encountered, and the ability to directly question their experiences, the outcomes, and interpret them.

It was concluded that hope appears to be a powerful tool for some experients, especially when they had no prior knowledge or experiences of such parapsychological events. This was also the case when prior beliefs rejected the notion of such experiences being a possible reality. Although not all interviewees viewed hope as being promoted by their experiences, it was found to be present in all interviewees in varying degrees, regarding its assistance in helping cope with life events and moving forward. Spontaneous post-death events were further concluded to act as a buffer to feelings of hope, which had varying levels of impact depending on prior beliefs and experiences. Expressions of hope were interpreted as being crucial in allowing individuals to move forward in life following times of tragedy. For some, it was seen as being their reason to live, as hope for the future gave them purpose. Without hope, negative factors of bereavement would be more prominent and lasting, which anomalous experiences help to heal and eradicate, given that they are interpreted by many as continued life and personal evidence of a future existence.

7.3 – Research Implications

In considering each chapter, and the findings of all four analyses, it is concluded that this thesis achieved the goals set out in the introduction. Spontaneous post-death experiences are of comfort and therapeutic benefit to the bereavement process and recovery. Additionally, they promote and/or buffer feelings of hope, which provide a natural aid to our primal instinct to keep moving forward in life, cope, and adjust to new life situations, and ultimately, overcome the negativity that bereavement creates.

A key question to ask here is ‘what benefit do the findings of this thesis have?’ There are several strong implications of the research findings, most importantly of all for the clinical setting. It has been noted that textbooks for thanatology rarely ever discussed such experiences until around the late 1980s (e.g. Staudacher, 1998). This is possibly due the experiences in previous decades being unjustly dismissed as delusional bi-productions of grief (Rees, 2000). However, the research findings of this thesis may help change these issues, and have practical implications in terms of helping those working with the

bereaved to understand these experiences better, rather than deny them. The duty first and foremost of any therapist should be with the personal needs and well-being of the bereaved, whom appear – as research has found – to be willing and eager to discuss these experiences. Therefore, discussion should be encouraged to take place.

Not only can anomalous experiences be accommodated within the therapy setting as argued by clinical parapsychology (Roxburgh & Evenden, 2016), but the presence of hope generated and mediated by such experiences can be used by therapists also to inspire positive psychology within the bereaved. For example, Cutcliffe (2004) argued that although hope is one of the most powerful attributes we have (as Feldman & Kubota (2012) and Snyder (1994) would also argue) it cannot sustain itself. Our levels of hope constantly fluctuate, as a response to all kinds of life situations we are faced with (as the result of phase one in Chapter 3 demonstrated). However, Cutcliffe goes on to argue that hope can be nurtured and fostered within the counselling setting. Counsellors and psychotherapists can assist people in realising signs of hope within clients' lives, in much the same ways as experiencers recognised the positive gains of their own experiences. In many cases, the bereaved can be helped by therapy interventions in further identifying these forms of hope from their experiences and how to nurture them. This would be of huge benefit to the recovery process of bereavement, aside from the natural assistance spontaneous events bring. Both the spontaneous experiences and any therapy sought following events would complement each other well, as it has been made clear in the previous literature that just being given the chance to discuss such experiences openly and with someone who understands, has great positive benefits to the experiencer (e.g. Krippner, 2006; Knight, 2011; Murray & Speyer, 2010).

The interview study noted that for some interviewees, it was the first time they had discussed their experiences in any real depth. Their freedom to share information for the first time, or more openly than usual, was encouraged by several factors: (1) the interviews provided anonymity, (2) interviewees knew they were being taken seriously, (3) the interviewer was personally and professionally interested in their experiences, and (4) they knew that the interview study was being conducted in order to understand such experiences better and in turn help others who report such encounters.

In a similar light to the counselling setting, the findings of this thesis also have implications within hospitals and the palliative care setting. Robinson, Sayers and Swift (2011) further argued for hospitals to recognise anomalous experiences of the dying and the bereaved. Dismissal of such experiences by health care professionals only appears to

hinder the personal well-being of the experient, rather than help (e.g. Burton, 1982). Given that the findings of this thesis have supported the notion of hope being promoted by such experiences, there are some clear links to how hospital staff can help. As previously discussed by Adams and Proulx (1975), for a number of years, nursing staff have been using various methods to foster hope within the dying and the bereaved. Spontaneous anomalous experiences simply offer another dimension to this, which hospital staff should become aware of, in order to be sympathetic to these experiences, and help patients to work with the positive attributes of such events – particularly in realising the presence of hope. The findings strongly suggest that such integration would increase personal well-being and positive drives within the bereaved.

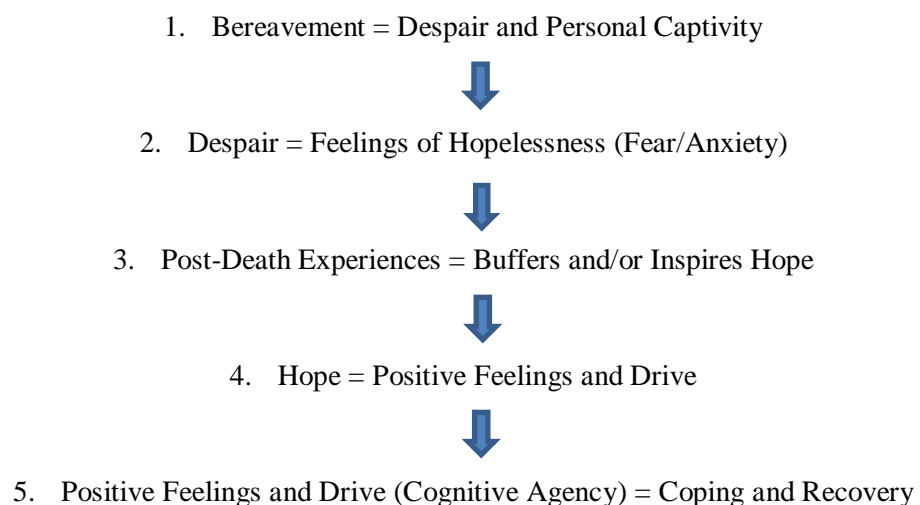
These research implications stand a good chance of being merged into today's health care setting. This is because the general literature on 'death and loss' is beginning to increasingly recognise parapsychological experiences within the bereavement process (e.g. Hall, 2014; Klass et al., 1996). Thus, information on their commonality and the comfort they can provide is reaching wider audiences and opposing previous assumptions of the experiences being harmful or scary (Alderson-Day, 2016). Such research findings are also increasingly being shared outside of the parapsychological community, to inform and engage those involved in professional healthcare about such experiences and their impact (e.g. Roxburgh, 2014). From this, it has been seen that specialists have failed to draw links at times to parapsychological findings – with regards their bereaved clients – due to limited available information in thanatology and related healthcare literature. Therefore, it is clear in many cases that the bereaved are indeed made to understand that their experiences are self-generated due to a longing to see the deceased once more, as Burton (1982) also noted. The research findings should serve to counteract these previous issues and common assumptions, or ideally, gradually dismiss them altogether within the healthcare setting.

This thesis has also demonstrated the diverse crossover parapsychology can have with other disciplines, particularly in this instance, with thanatology, counselling, clinical practice and positive psychology. This research has also served to enforce the links between parapsychological research and applied positive psychology, in terms of the human need to set goals, act on them, and strive forward (Cooper, 2016). While some individuals within certain professions may have personal trouble/biases in appreciating the methods and practice of parapsychology, the impact of parapsychological experiences on individuals becomes difficult to ignore when explored through clinical practice

(Kramer, Bauer & Hövelmann, 2012), thanatology (Cooper, Roe & Mitchell, 2015), and positive psychology (Cooper, 2016; Steffen, Wilde & Cooper, in press). On these grounds, I would further argue the importance of the findings of this thesis, and their place within health care and well-being literature and practice.

Another outcome of this thesis which should be noted here is the importance and benefits of mixed method approaches to research. Investigating the presence and process of hope within post-death experiences has been achieved through what could be considered a funnelling method of dealing with quantitative data through to qualitative. This method and the resultant findings allow for reconsideration of diagram 2.4, regarding the theorised framework for the path of hope in post-death experiences. It would appear that point 3 ‘post-death experience = hope and a transition of life and death views’ is the only point in this proposed path which cannot be fully accepted. Results of this study suggest that hope can be inspired by experiences, or can be supported by them. Significant changes do not occur for everyone. The experiences at the very least – for those who found them helpful – create a variety of positive gains which vary in intensity, due to individual circumstances related to the loss and subsequent experiences, and the social life of the experient. Based on the findings, the framework of cognitive processes can be better justified in the revised diagram (7.1), as follows:

Diagram 7.1: Revised Framework of Hope within the Post-Death Experience



As Nikolaichuk (with Jevne, 2002) argued, with regards to mixed method approaches to hope, “we need to blend quantitative and qualitative perspectives to get a wider, sweeping map of what we can learn” (p.21). This thesis alone has provided a singular

independent sweeping map as to the presence and role of hope within post-death experiences, providing several methodological perspective and outcomes to be considered. Therefore, not only does the mixed method approach offer a sweeping map of the possible processes of any given phenomena (in this case, hope within spontaneous post-death experience), but combining disciplines in the same manner as this thesis, may help integration of the findings back into applied practice within thanatology, positive psychology, healthcare and any relevant clinical practice. In doing so, it is hoped that the benefits of anomalous events in bereavement, and the power of hopeful thinking, can be appreciated on a multi-dimensional level – in terms of the nature of such experiences, individual well-being and recovery from grief.

7.4 – Research Limitations

Within the studies conducted, discussed throughout Chapters 3 to 6, some research limitations have been noted on reflection, which may require attention in any future study replications. Criticism could be raised for example, with regards to the application of the hope scales (Nowotny, 1989), to explore levels of hope before and after loss and after anomalous events – discussed in Chapter 3. To obtain a measure of ‘hope levels’ from the states of mind of individuals before and after loss (and after anomalous experiences), they were asked before completing each questionnaires to place themselves *mentally*, in the state of mind they recall being in, at those significant times in their lives. Not only could this just be argued as an exercise in memory recall, it could also be argued as not truly reflecting the hope levels of each participant at those significant points in their lives, given that the event (and the states of mind at the time) had passed by the time of filling in the questionnaire. Therefore, the feedback may lack in ecological validity. Concern might also be given for familiarisation with the questionnaire, given that each participant was required to complete it twice, even though each questionnaire began with a different set of instructions regarding moments in their lives, recall and mind-set.

This issue is not straight forward to resolve. For the first attempt at measuring hope within individuals who reported post-death events (and those who did not), the method applied in Chapter 3 was the most practical way of beginning to understand measures of hope levels and differences between the bereaved. To obtain more accurate and fair hope levels within each participant at specific points in time, would require a great deal more ethical consideration and research effort in terms of a possible longitudinal study. It

would require participants to be recruited who have not suffered a loss to fill in the hope scale for a base level of hope before loss. They would then have to agree to be involved in the study shortly following the loss of a close friend or relative, at which point they would have to contact the researcher to inform them of their loss. From that point, participants would have to be given a waiting period for any potential anomalous events to take place (without them knowing the reason for this waiting period so as not to influence them), such as a cut-off point of a year. A further hope scale could be given at that point, depending on whether they did, or did not, believe to have encountered anomalous events attributed to the deceased within that period. The implications are certainly not practical, but at the same time, they're not outside of the realms of possibility for any researcher willing to go to such lengths to apply hope measures in before and after comparisons. It might be worthy of consideration for thanatologists.

In terms of time periods and loss, it might be argued that in some instances, participants within this study could not be considered a 'bereaved' person, which might apply to the three participants who reported their anomalous experiences to have taken place 2 years after loss, 30 years after loss, and 32 years following loss. It appears that Parker (2004) was interested in trying to avoid this debate, by only including participants within her study that had been bereaved for no longer than a year, all of whom had reported anomalous events. Burton's (1982) discussion of spontaneous post-death experiences demonstrates that it is difficult to clearly define when grief can be considered as no longer present within an individual. When losing someone close, unconscious feelings of loss may always remain in those individuals. In Burton's case, seven months were stated to have passed before his own spontaneous encounter of an apparition of his mother, at which point he was certain that any feelings of grief had subsided.

Therefore, it is argued that even though the time periods following loss might be seen as a limitation for understanding recovery from bereavement in some cases, grief could be argued as always remaining within individuals, that is, until a person is faced with having to consider the notion of loss being merely a transition, due to anomalous events suggesting survival. From the results of the thematic analysis (Chapter 4) and the IPA (Chapter 6), transitions in beliefs were noted (with some people's beliefs being confirmed or sustained). In the IPA, one interviewee, who had also gained an NHS score of high hope (Charlotte), reported significant positive gains from her experience of sensing her father's presence and hearing his voice, which occurred 30 years following his death. Therefore, it is likely that the duration following loss, does not appear to be a significant

issue with regards to participant recruitment and defining the bereaved. Losing someone close has a lasting impact, until anomalous events suggest – for many – a continuation of life rather than an end, which brings comfort. There is some evidence to suggest that the sooner anomalous experiences occur following loss, the more positive gains are reported by the bereaved (e.g. Evenden, Cooper & Mitchell, 2013). However, this matter requires further examination.

7.5 – Future Directions

In considering areas of this thesis which would benefit from further research, I have noted several future directions of which there is currently limited or no existing data within healthcare and social science. As mentioned within Chapter 3, Thalbourne (1989) urged more research to be carried out between the differences in groups of bereaved individuals. These differences could be in terms of *beliefs held* and *experiences reported* to have been encountered. I would argue that this thesis is the first to have considered the differences that the impact of anomalous experiences have on hope levels, between the bereaved who do report post-death experiences and the bereaved who claim to have had none. By taking research on these group comparisons further, more could be understood in terms of the benefits of post-death experiences for the bereaved. One route of further exploration might consider how recovery from grief and personal beliefs operate, within the bereaved that perhaps *do believe in life after death* but *do not have experiences* to confirm the beliefs they hold. What implications do such instances have on personal feelings of hope and subsequently coping surrounding loss?

Taking group comparisons further, there is certainly more scope in which to explore the applications of hope scales (Farran, Herth & Popovich, 1995) within the bereaved. Given that this study attempted this for the first time with regards to hope levels and reports of post-death events in a time of loss, it would be useful to explore within groups who do not report anomalous experiences, what factors lead to any perceived maintain or regained hope, and led to their ability to cope. Although Snyder (1996, 2000) argued that hope does become regained during bereavement, it would be useful for healthcare professionals and counsellors to know what cues appear to inspire hope within the bereaved aside from anomalous events suggesting survival. This in itself would complement the work of Cutcliffe (2004) regarding how counsellors might inspire hope within clients. Spontaneous post-death events could be argued to assist the majority of

bereaved individuals given that between 50-60% of people appear to report them (Castelnovo et al., 2015; Rees, 1971a,b). However, what appears to assist and inspire hope in other individuals who don't appear to encounter such phenomena should be understood and documented.

There is also scope to explore the place of other emotional states and their place in recovery from grief, which have been reported by people following post-death events. Drewry (2002, 2003) noted that besides hope, there were outcomes of the feeling of love and joy. These expressions were also noted in this present study (see section 4.5.2), but given hope had been theorised as the main stimulus behind recovery, other emotional states were not explored in their role and meaning for individuals. Therefore, further research could certainly consider these emotional states and their purpose and processes following experiences of post-death phenomena.

Finally, an aspect of the post-death experience which has clearly been noted but not explored in any independent study, is the impact of negative experiences, or instances in which they were simply not found to be helpful to the bereavement process (e.g. Parker, 2004; Rees, 1971b; Sannwald, 1963). It can be understood that while these experiences have been seen to be helpful, and research attention has focused on understanding the frequency, features, and impact of these experiences, it has also been a complete oversight to date in terms of any research focus on what happens to those who do not have pleasant anomalous experiences during grief. We are currently unaware of why such experiences may be perceived as unpleasant, besides the instant shock they may cause due to the nature of the event and their spontaneity (i.e. an unexpected fright). Therefore, we are also unaware of the long-term effects of experiences which are deemed to be negative. In the study by Rees (1971b) eight participants (5.8% of the participant sample) reported their experiences to be unpleasant (harmful/scary), while in Parker's (2004) study, one out of the twelve participants interviewed did not deduce positive gains from their experience. Although it is clear that negative reactions occur in the minority of cases, it cannot be denied that they do occur for some, and therefore it would be useful to understand what is happening in these instances. Once again, if research was carried out into this matter by clinical parapsychology and/or thanatology, the findings would be of practical use to relevant healthcare specialists and counsellors in palliative care when assisting the bereaved to cope and recover.

References

- Adams, C.L., & Proulx, J.R. (1975). The role of the nurse in the maintenance and restoration of hope. In B. Schoenberg, I. Gerber, A. Wiener, A.H. Kutscher, D. Peretz, & A.C. Carr (Eds.), *Bereavement: Its psychosocial aspects* (pp.256-264). New York: Columbia University Press.
- Aday, R.H. (1984-85). Belief in afterlife and death anxiety. *Omega, Journal of Death and Dying*, 15 (1), 67-75.
- Alderson-Day, B. (2016). The silent companions. *The Psychologist*, 29 (4), 272-275.
- Aldridge, A., & Levine, K. (2001). *Surveying the social world*. Milton Keynes: Open University Press.
- Alexander, H. (1997). *Experiences of bereavement*. Oxford: Lion.
- Arcangel, D. (2005). *Afterlife encounters*. Charlottesville, VA: Hampton Roads.
- Auerbach, L. (1994). Psychic frontiers: Mirror, mirror on the wall. *Fate*, 47 (9), 9-10.
- Averill, J. (1980). A constructivist view of emotion. In R. Plutchik, & H. Kellerman (Eds.), *Theories of emotion* (pp.305-339). New York: Academic Press.
- Averill, J. (1982). *Anger and aggression: An essay on emotion*. New York: Springer.
- Averill, J.R., Catlin, G., & Chon, K.K. (1990). *Rules of hope*. New York: Springer-Verlag.
- Badham, P. (1991). Death and immortality: Towards a global synthesis. *Christian Parapsychologist*, 9 (2), 53-59.
- Badham, P. (1993). The Christian hope and parapsychological research. *Christian Parapsychologist*, 10 (1), 2-11.
- BACP (2010). *Ethical framework for good practice in counselling and psychotherapy* (revised ed.). Leicestershire: British Association for Counselling and Psychotherapy.
- Bains, C.J. (2014). *A Thematic Analysis Exploring the Effects of Mediumship on Hope, Resilience, and Post-Traumatic Growth in the Bereaved*. Unpublished master's thesis, Bucks New University, Buckinghamshire, UK.
- Baker, R. A. (1996). *Hidden memories: Voices and vision from within*. New York: Prometheus Books.

- Banister, P., Burman, E., Parker, I., Taylor, M., & Tindall, C. (1995). *Qualitative methods in psychology: A research guide*. Buckingham: Open University Press.
- Barber, T.X., & Silver, M. J. (1968). Fact, fiction, and the experimenter bias effect. *Psychological Bulletin*, 70 (6, Pt.2), 1-29.
- Barrett, D. (1991-92). Through a glass darkly: Images of the dead in dreams. *Omega, Journal of Death and Dying*, 24 (2), 97-108.
- Barrett, W. (1926). *Deathbed visions*. London: Rider & Co.
- Bartolini, N., Chris, R., MacKian, S., & Pile, S. (2016). The place of spirit: Modernity and the geographies of spirituality. *Progress in Human Geography* [Early Access: Open University, Milton Keynes, UK].
- Bennett, G., & Bennett, K.M. (2000). The presence of the dead: An empirical study. *Mortality*, 5 (2), 139-157.
- Berelson, B. (1971). *Content analysis in communication research*. New York: Hafner.
- Berk, L.E. (2006). *Child development* (7th ed.). New York: Pearson.
- Bernard, H.R. (1988). *Research methods in cultural anthropology*. London: Sage.
- Billig, M. (1991). *Ideologies and opinions*. London: Sage.
- Biondi, M. (1984). Le telefonate dall'Aldilà': Una nuova fenomenologia paranormale? *Quaderni di Parapsicologia*, 15 (1), 60-67.
- Botkin, A.L., with Hogan, R.C. (2005). *Induced after death communications: A new therapy for healing and trauma*. Charlottesville, VA: Hampton Roads.
- Bowlby, J. (1961). Process of mourning. *International Journal of Psychoanalysis*, 42, 317-340.
- Bowlby, J. (1980). *Loss, sadness and depression*. New York: Basic Books.
- BPS (2009). *Code of ethics and conduct*. Leicester: British Psychological Society.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.
- Breznitz, S. (1986). The effect of hope on coping with stress. In M.H. Appley, & P. Trumbull (Eds.), *Dynamics of stress: Physiological, psychological and social perspectives* (pp.295-307). New York: Plenum.

- Broughton, R.S. (1992). *Parapsychology: The controversial science*. London: Rider.
- Broughton, R.S. (2015). President's letter: The experimenter effect bombshell. *Paranormal Review*, 74, 4-5.
- Brugha, T.S., Bebbington, P.E., & Jenkins, R. (1999). Editorial: A difference that matters: Comparisons of structured and semi-structured psychiatric diagnostic interviews in the general population. *Psychological Medicine*, 29, 1013-1020.
- Bruininks, P., & Malle, B.F. (2005). Distinguishing hope from optimism and other related affective states. *Motivation and Emotion*, 29 (4), 327-355.
- Burr, V. (1995). *An introduction to social constructionism*. London: Routledge.
- Burton, J. (1980). *Survivors' Subjective Experiences of the Deceased*. Unpublished doctoral thesis, International College, Los Angeles, CA, USA.
- Burton, J. (1982). Contact with the dead: A common experience? *Fate*, 35 (4), 65-73.
- Campion, M.A., Pursell, E.D., & Brown, B.K. (1988). Structured interviewing: Raising the psychometric properties of the employment interview. *Personal Psychology*, 41 (1), 25-42.
- Carifio, J., & Perla, R.J. (2007). Ten common misunderstandings, misconceptions, persistent myths and urban legends about Likert scales and Likert response formats and their antidotes. *Journal of Social Science*, 3 (3), 106-116.
- Carr, A.C. (1975). Bereavement as a relative experience. In B. Schoenberg, I. Gerber, A. Wiener, A.H. Kutscher, D. Peretz, & A.C. Carr (Eds.), *Bereavement: Its psychosocial aspects* (pp.3-8). New York: Columbia University Press.
- Cassem, N.H. (1975). Bereavement as indispensable for growth. In B. Schoenberg, I. Gerber, A. Wiener, A.H. Kutscher, D. Peretz, & A.C. Carr (Eds.), *Bereavement: Its psychosocial aspects* (pp.9-17). New York: Columbia University Press.
- Castelnuovo, A., Cavallotti, S., Gambini, O., & D'Agostino, A. (2015). Post-bereavement hallucinatory experiences: A critical overview of population and clinical studies. *Journal of Affective Disorders*, 186, 266-274.
- Charmaz, K. (1996). The search for meanings – grounded theory. In J.A. Smith, R. Harré, & L. Van Langenhove (Eds.), *Rethinking methods in psychology* (pp. 27-49). London: Sage.

- Chow, A.Y.M. (2010). The role of hope in bereavement for Chinese people in Hong Kong. *Death Studies*, 34 (4), 330-350.
- Clayton, P.J. (1975). Weight loss and sleep disturbance in bereavement. In B. Schoenberg, I. Gerber, A. Wiener, A.H. Kutscher, D. Peretz, & A.C. Carr (Eds.), *Bereavement: Its psychosocial aspects* (pp.72-77). New York: Columbia University Press.
- Conant, R.D. (1992). *Widow's Experiences of Intrusive Memory and "Sense of Presence" of the Deceased after Sudden and Untimely Death of a Spouse During Mid-Life*. Unpublished doctoral thesis, Massachusetts School of Professional Psychology, Newton, MA, USA.
- Cooper, C.E. (2008). Apparitions and eyewitnesses. *Paranormal Review*, 45, 16-20.
- Cooper, C.E. (2010). Spontaneous cases concerning telephone calls and text messages. *Australian Journal of Parapsychology*, 10 (2), 178-193.
- Cooper, C.E. (2011a). The Ka of ancient Egypt. *Paranthropology: Journal of Anthropological Approaches to the Paranormal*, 2 (3), 43-45.
- Cooper, C.E. (2011b). *Creativity, Belief in an Afterlife, and their Relationship to Death Anxiety: A Preliminary Investigation*. Unpublished master's thesis, Sheffield Hallam University, Sheffield, UK.
- Cooper, C.E. (2012). *Telephone calls from the dead*. Old Portsmouth: Tricorn Books.
- Cooper, C.E. (2014). An analysis of exceptional experiences involving telecommunication technology. *Journal of Parapsychology*, 78 (2), 209-222.
- 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.
- Corbin, J., & Strauss, A.[L.] (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology*, 13 (1), 3-21.
- Costello, J. (1999). Anticipatory grief coping with impending death of a partner. *International Journal of Palliative Nursing*, 5 (5), 223-231.
- Cousins, N. (1989). *Head first: The biology of hope*. New York: E.P. Dutton.
- Coyle, A. (2010). Qualitative research and anomalous experiences: A call for interpretative pluralism. *Qualitative Research in Psychology*, 7 (1), 79-83.
- Creswell, J.W. (1998). *Qualitative inquiry and research design*. London: Sage.

- Csikszentmihalyi, M. (1992). *Flow: The psychology of happiness*. London: Rider.
- Cutcliffe, J.R. (2004). *The inspiration of hope in bereavement counselling*. London: Jessica Kingsley.
- Daniel, T. (2012). Losing faith vs. gaining perspective: How trauma and loss can create a more spacious form of spiritual awareness. *Journal of Spiritual and Paranormal Studies*, 35 (1), 18-22.
- Davies, M.B. (2007). *Doing a successful research project: Using qualitative or quantitative methods*. New York: Palgrave.
- Dawkins, R. (2006). *The god delusion*. New York: Bantam Books.
- Day, J.P. (1969). Hope. *American Philosophical Quarterly*, 6 (2), 89-102.
- de Boismont, A. B. (1860). *On hallucinations: A history and explanation of apparitions, visions, dreams, ecstasy, magnetism, and somnambulism*. Columbus, O.: Joseph H. Riley & Co.
- Delin, P.S. (2002). Scepticism and credulity. *Australian Journal of Parapsychology*, 2 (1), 28-36.
- Depue, R. (1996). A neurological framework for the structure of personality and emotions: Implications for personality disorder. In J. Clarkin, & M. Lenzenweger (Eds.), *Major theories of personality* (pp. 347-390). New York: Guilford Press.
- Devers, E. (1987). *Experiencing an Encounter with the Deceased*. Unpublished master's thesis, University of Florida, Gainesville, FL, USA.
- Devers, E. (1994). *Experiencing the Deceased: Reconciling the Extraordinary*. Unpublished doctoral thesis, University of Florida, Gainesville, FL, USA.
- Devers, E. (1997). *Goodbye again*. Missouri: Andrews and McMeel.
- Dingwall, E.J. (1930). *Ghosts and spirits in the ancient world*. London: Kegan Paul, Trench, Trubner & Co.
- Doka, K.J. (1984-85). Expectation of death, participation in funeral arrangements, and grief adjustment. *Omega: Journal of Death and Dying*, 15 (2), 119-129.
- Doka, K.J. (1989). Grief. In R. Kastenbaum, & B. Kastenbaum (Eds.), *Encyclopedia of death* (pp.127-131). Phoenix, AZ: Oryx Press.

- Downie, R.S. (1963). Hope. *Philosophical and Phenomenological Research*, 24 (2), 248-251.
- Drewry, M.D.L. (2002). *Purported After-Death Communication and its Role in the Recovery of Bereaved Individuals: A Phenomenological Analysis*. Unpublished doctoral thesis, California Institute for Human Sciences, Encinitas, CA, USA.
- 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.
- Eagleton, T. (2015). *Hope without optimism*. Charlottesville: University of Virginia Press.
- Edwards, T., Catrevas, C.N., & Edwards, J. (Eds.)(1934). *The new dictionary of thought*. London: The Waverley Book Co.
- Elliott, R., Fischer, C.T., & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62 (1), 107-115.
- Engel, G.L. (1961). Is grief a disease process? A challenge for medical research. *Psychosomatic Medicine*, 23 (1), 18-22.
- Erikson, E.H. (1964). *Insight and responsibility*. New York: Norton.
- Evenden, R.E. (2013). *A Counselling Approach to Mediumship: Adaptive outcomes of Grief following Bereavement*. Unpublished master's thesis, The University of Northampton, UK.
- 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.
- Eybrechts, M.V., & Gerding, J.L.F. (2012). Explorations in clinical parapsychology. In W.H. Kramer, E. Bauer, & G.H. Hövelmann (Eds.), *Perspectives of clinical parapsychology* (pp. 35-48). Bunnik: Stichting Het Johan Borgman Fonds.
- Falkenhain, M., & Handal, P.J. (2003). Religion, death attitudes, and belief in afterlife in the elderly: Untangling the relationships. *Journal of Religion and Health*, 42 (1), 67-76.
- Farran, C.J., Herth, K.A., & Popovich, J.M. (Eds.)(1995). *Hope and hopelessness: Critical clinical constructs*. Eugene, OR: Wipf and Stock.
- Feldman, D.B., & Kubota, M.M. (2012). Hope. In T. G. Plante (Ed.) *Religion, spirituality, and positive psychology* (pp.49-61). Oxford: Praeger.
- Flammarion, C. (1922a). *Death and its mystery: Before death*. London: T. Fisher Unwin.

- Flammarion, C. (1922b). *Death and its mystery: At the moment of death*. London: T. Fisher Unwin.
- Flammarion, C. (1923). *Death and its mystery: After death*. London: T. Fisher Unwin.
- Fontana, A., & Frey, J.H. (1994). Interviewing the art of science. In N.K. Denzin, & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp.361-376). London: Sage.
- Fontana, D. (2007). Why the opposition to evidence for survival? *Network Review*, 93, 3-6.
- Fulton, R. (1970). Death, grief, social recuperation. *Omega: Journal of Death and Dying*, 1, 23-28.
- Gage, N.L. (1989). The paradigm wars and their aftermath: A 'historical' sketch of research on teaching since 1989. *Educational Researcher*, 18 (4), 4-10.
- Gamlin, R., & Kinghorn, S. (1995). Using hope to cope with loss and grief. *Nursing Standard*, 9 (48), 33-35.
- Gillham, J.E. (Ed.)(2000). *The science of hope and optimism: Research essays in honor of Martin E.P. Seligman*. London: Templeton Foundation Press.
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.
- Glaser, B.G., & Strauss, A.L. (1965). Temporal aspects of dying as a non-scheduled status passage. *American Journal of Sociology*, 71 (1), 48-59.
- Glazier, J.W., Beck, T., & Simmonds-Moore, C. (2015). A phenomenological analysis of the relationship between grief, stress and anomalous experiences. *Mortality*, 20 (3), 248-262.
- Gottschalk, L. (1974). A hope scale applicable to verbal samples. *Archives of General Psychiatry*, 30 (6), 779-785.
- Guggenheim, B., & Guggenheim, J. (1995). *Hello from heaven!* New York: Bantam Books.
- Gurney, E., with Myers, F.W.H. (1889). On apparitions occurring soon after death. *Proceedings of the Society for Psychical Research*, 5, 403-485.
- Gurney, E., Myers, F.W.H., & Podmore, F. (1886). *Phantasms of the living* (2 vols.). London: Trübner.
- Hall, C. (2014). Bereavement therapy: Recent developments in our understanding of grief and bereavement. *Bereavement Care*, 33 (1), 7-12.
- Hanefeld, E. (1968). Content analysis of spontaneous cases. *Proceedings of the Parapsychological Association*, 5, 7-8.

- Haraldsson, E. (1981). Apparitions of the dead: A representative survey in Iceland. In W.G.Roll, & J. Beloff, with J. McAllister (Eds.) *Research in parapsychology 1980* (pp. 3-5). Metuchen, N.J.: Scarecrow Press.
- Haraldsson, E. (1988-89). Survey of claimed encounters with the dead. *Omega: Journal of Death and Dying*, 19 (2), 103-113.
- Haraldsson, E. (1994). Apparitions of the dead: Analysis of a new collection of 357 reports. In E.W. Cook, & D. Delanoy (Eds.) *Research in parapsychology 1991* (pp. 1-6). Metuchen, N.J.: Scarecrow Press.
- Haraldsson, E. (2009). Alleged encounters with the dead: The importance of violent death in 337 new cases. *Journal of Parapsychology*, 73, 91-118.
- Haraldsson, E. (2012). *The departed among the living: An investigative study of afterlife encounters*. Guilford: White Crow Books.
- Harper, M., O'Connor, R., Dickson, A., & O'Carroll, R. (2011). Mothers continuing bonds and ambivalence to personal mortality after the death of their child – An interpretative phenomenological analysis. *Psychology, Health & Medicine*, 16 (2), 203-214.
- Hastings, A. (1983). A counselling approach to parapsychological experience. *Journal of Transpersonal Psychology*, 15 (2), 143-167.
- Hastings, A. (2012). Effects on bereavement using a restricted sensory environment (psychomanteum). *Journal of Transpersonal Psychology*, 44 (1), 1-25.
- Hayes, J. (2011). *Experiencing the Presence of the Deceased: Symptoms, Spirits, or Ordinary Life?* Unpublished doctoral thesis, University of Manchester, Manchester, UK.
- Heathcote-James, E. (2003). *After-death communication*. London: Metro.
- Heidegger, M. (1969). *Being and time* [Macquarrie & Robinson Trans.]. San Francisco: Harper & Row.
- Henderson, L. (1955). *Strange experiences*. London: Psychic Book Club.
- Hendin, D. (1973). *Death as a fact of life*. London: W.W. Norton & Co.
- Herth, K. (1990). Fostering hope in terminally-ill people. *Journal of Advanced Nursing*, 15 (11), 1250-1259.
- Hewson, C. (2003). Conducting research on the internet. *The Psychologist*, 16 (6), 209-293.
- Hogan, R.C. (2012). The resolution of grief by guided afterlife connections. *Journal of Spirituality and Paranormal Studies*, 35 (2), 74-80.
- Horn, S. (2009). *Unbelievable*. New York: HarperCollins.

- Hume, D. (1739/1941). *A treatise of human nature* (Abridged ed.). Oxford: The Clarendon Press.
- Hunt, J.C. (1989). *Psychoanalytic aspects of fieldwork* [Monograph No. 18]. London: Sage.
- Hutschnecker, A.A. (1981). *Hope: The dynamics of self-fulfillment*. New York: G.P. Putnam's Sons.
- Irwin, H.J. (2009). *The psychology of paranormal belief: A researcher's handbook*. Hertfordshire: University of Hertfordshire Press.
- Irwin, H.J., & Watt, C.A. (2007). *An introduction to parapsychology* (5th ed.). Jefferson, NC: McFarland.
- Jefferson, G. (1996). On the poetics of ordinary talk. *Text and Performance Quarterly*, 16 (1), 1-61.
- Jevne, R.F. (1991). *It all begins with hope: Patients, caregivers & the bereaved speak out*. San Diego, CA: LuraMedia.
- Jevne, R.F., & Miller, J.E. (1999). *Finding hope: Ways to see life in a brighter light*. Indiana: Willowgreen.
- Jordan, D.S. (1926). *The philosophy of hope*. Portland, Maine: The Mosher Press.
- Jourard, S.M. (1964). *The transparent self*. Princeton: D. Van Nostrand.
- Kalish, R.A., & Reynolds, D.K. (1973). Phenomenological reality and post-death contact. *Journal for the Scientific Study of Religion*, 12 (2), 209-221.
- Kast, V. (1991). *Joy, inspiration, and hope*. Texas: Texas A&M University Press.
- Kastenbaum, R. (1989). Stages of dying. In R. Kastenbaum, & B., Kastenbaum, (Eds.), *Encyclopedia of Death* (pp.220-222). Phoenix, AZ: Oryx Press.
- Kavanaugh, R.E. (1974). *Facing death*. Baltimore, MD: Penguin Books.
- Keats, D.M. (2001). *Interviewing: A practical guide for students and professionals*. Buckingham: Open University Press.
- Keen, C. (2010). *A qualitative exploration of sensing the presence of the deceased following bereavement*. Unpublished doctoral portfolio, Lancaster University, UK.
- Kirk, J., & Miller, M.L. (1986). *Reliability and validity in qualitative research* [Monograph No. 1]. London: Sage.

- Klass, D., Silverman, P.R., & Nickman, S.L. (Eds.)(1996). *Continuing bonds: New understandings of grief*. London: Taylor & Francis.
- Knight, M.[T.] (2010). *Whispers of the bones, echoes from an embodied life: Communiqué as a process of emotional, psychological and spiritual growth and education*. Paper presented at the 2nd Annual Exploring the Extraordinary Conference, University of York, York.
- Knight, M.T. (2011). *Ways of Being: The Alchemy of Bereavement and Communiqué*. Unpublished doctoral thesis, University of Sydney, NSW, Australia.
- Knight, M.T. (2013). *Personal communication, 26th July*.
- Kramer, W.H., Bauer, E., & Hövelmann, G.H. (Eds.) (2012). *Perspectives of clinical parapsychology*. Bunnik: Stichting Het Johan Borgman Fonds.
- Kraus, A.S., & Lilienfeld, A.M. (1959). Some epidemiologic aspects of the high mortality rate in the young widowed group. *Journal of Chronic Diseases, 10* (3), 207-217.
- Krippendorff, K. (2013). *Content analysis: An introduction to its methodology* (3rd ed.). London: Sage.
- Krippner, S. (2006). Getting through the grief: After-death communication experiences and their effects on experiencers. In L. Storm, & M.A. Thalbourne (Eds.) *The survival of human consciousness* (pp.174-193). London: McFarland & Co.
- Krippner, S., Bogzaran, F., & de Carvalho, A.P. (2002). *Extraordinary dreams and how to work with them*. New York: Suny.
- Kruth, J.G. (2015). Five qualitative research approaches and their applications in parapsychology. *Journal of Parapsychology, 79* (2), 219-233.
- Kübler-Ross, E. (1969). *On death and dying*. New York: Macmillan.
- Kübler-Ross, E., & Kessler, D. (2005). *On grief and grieving*. New York: Scribner.
- LaGrand, L.E. (1997). *After death communications*. Minnesota, Llewellyn.
- LaGrand, L.E. (1999). *Messages and miracles: Extraordinary experiences of the bereaved*. Minnesota: Llewellyn.
- Lang, A. (1897). *The book of dreams and ghosts*. London: Longmans, Green, and Co.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretive phenomenological analysis. *Qualitative Research in Psychology, 3* (2), 102-120.

- Larsen, D. (2014). *Personal communication, 15th January*.
- Lewis, C.S. (2009). A grief observed. In S. Earle, C. Bartholomew, & C. Komaromy (Eds.), *Making sense of death, dying and bereavement: An anthology* (pp. 127-129). London: Sage.
- Lifton, R.J., & Olson, E. (1975). *Living and dying*. New York: Bantam.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry, 101* (2), 141-148.
- Lynch (1965). *Images of hope*. Baltimore: Garamony/Trichemah.
- MacKian, S. (2011). *In possession of my senses? Reflections from social science on engaging with the otherworldly*. Paper presented at Exploring the Extraordinary 3rd Annual Conference, 23rd – 25th September, Holiday Inn, York.
- MacKian, S. (2012). *Everyday spirituality: Social and spatial worlds of enchantment*. New York: Palgrave.
- Marcel, G. (1951). *Homo Viator: Introduction to a metaphysics of hope*. Chicago: Henry Regnery.
- Marris, P. (1958). *Widows and their families*. London: Routledge and Kegan Paul.
- Maxwell, J. A. (2005). *Qualitative research design: An interactive approach*. London: Sage.
- McAdams, E.E. & Bayless, B. (1981). *The case for life after death: Parapsychologists look at the evidence*. Chicago: Nelson-Hall.
- McCarthy, J.B. (1980). *Death anxiety: The loss of the self*. London: Gardner Press.
- McCracken, G. (1988). *The long interview* [Monograph No. 13]. London: Sage.
- McLay, R.N., Deal, W.E., Murphy, J.A., Center, K.B., Kolkow, T.T., & Grieger, T.A. (2008). Letter to editor: On-the-record screenings versus anonymous surveys in reporting PTSD. *American Journal of Psychiatry, 165* (6), 775-776.
- Melton, J.G. (Ed.) (2001). *Encyclopedia of occultism & parapsychology* (5th Ed., 2 vols.). London: Gale Group.
- Menninger, K., with Menninger, J.L. (1942). *Love against hate*. New York: Harcourt, Brace and Company.

- Milne, R., & Bull, R. (2000). *Investigative interviewing: Psychology and practice*. West Sussex: Wiley.
- Moody, R.A. (1992). Family reunions: Visionary encounters with the departed in a modern-day psychomanteum. *Journal of Near-Death Studies*, 11 (2), 83-121.
- Moody, R.[A]., & Arcangel, D. (2001). *Life after loss*. London: Rider.
- Moody, R.A., with Perry, (1993). *Reunions: Visionary encounters with departed loved ones*. New York: Ivy Books.
- Morgan, J.C., & Morgan, R.L. (2005). *Psychology of death & dying*. Eugene, OR: Wipf and Stock.
- Morris, S. (1971). *Grief and how to live with it*. London: George Allen & Unwin.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oakes, CA: Sage.
- Mowrer, O.H. (1960). *Learning theory and behaviour*. New York: Wiley.
- Munhall, P. (1994). *Qualitative research proposals and reports: A guide*. Sudbury, MA: Jones & Barlett.
- Murray, M., & Speyer, J. (2010). *Integrating extraordinary bereavement experiences into everyday life*. Paper presented at the 3rd Annual Exploring the Extraordinary Conference, Holiday Inn, York.
- Nekolaichuk, C., with Jevne, R. F. (2002). Hope and research. In R. F. Jevne (Ed.) *Hope in practice: Selected conversations* (pp. 4-21). AB, Canada: Hope Foundation of Alberta.
- Nowatzki, N.R., & Kalischuk, R.G. (2009). Post-death encounters: Grieving, mourning, and healing. *Omega, Journal of Death and Dying*, 59, 91-111.
- Nowotny, M. (1986). Measurement of hope as exhibited by a general adult population after a stressful event. *Dissertation Abstracts International*, 47 (08), 3296-B. [University Microfilms No. 8626494]
- Nowotny, M. (1989). Assessment of hope in patients with cancer: Development of an instrument. *Oncology Nursing Forum*, 16 (1), 75-79.
- Nowotny-Keane, E. (2009). *Amazing encounters: Direct communication from the afterlife*. Melbourne: David Lovell.
- O'Connor, F. (2012). Our hope for immortality. *Psychical Studies*, 81, 6-7.

- Osarchuk, M., & Tatz, S.J. (1973). Effect of induced fear of death on belief in afterlife. *Journal of Personality and Social Psychology*, 27 (2), 256-260.
- Osis, K., & Haraldsson, E. (1997). *At the hour of death* (3rd ed.). Norwalk, CT: Hastings House. [First published in 1977, Avon Books].
- Östlund, U., Kidd, L., Wengström, Y., & Rowa-Dewar, N. (2011). Combining qualitative and quantitative research within mixed method research designs: A methodological review. *International Journal of Nursing Studies*, 48 (3), 369-383.
- Parker, J.S (2004). *After Death Communication Experiences and Adaptive Outcomes of Grief*. Unpublished doctoral thesis, Saybrook Graduate School, San Francisco, CA, USA.
- Parsons, S.T., & Cooper, C.E. (Eds.)(2015). *Paracoustics: Sound and the paranormal*. Hove: White Crow Books.
- Peretz, D. (1970). Reaction to loss. In B. Schoenberg, A.C. Carr, D. Peretz, & A.H. Kutscher (Eds.) *Loss and grief: Psychological management in medical practice* (pp.20-35). New York: Columbia University Press.
- Petersen, B.A. (2001). *Psychology and Ghosts: A Historical Review and Phenomenological Analysis of Apparitions Perceived in the Context of Mourning*. Unpublished doctoral thesis, Massachusetts School of Professional Psychology, Newton, MA.
- Plowright, D. (2011). *Using mixed methods: Frameworks for an integrated methodology*. London: Sage.
- Poo, M-c. (Ed.)(2009). *Rethinking ghosts in world religions*. Boston: Brill.
- Potter, J., & Reicher, S. (1987). Discourses of community and conflict: The organisation of social categories in accounts of a 'riot'. *British Journal of Social Psychology*, 26 (1), 25-40.
- Price, C. (2005). *Emotion*. Milton Keynes: The Open University.
- Prince, W.F. (1928). *Noted witnesses for psychic occurrences*. Boston: Boston Society for Psychic Research.
- Prince, W.F. (1930). *The enchanted boundary*. Boston: Boston Society for Psychic Research.
- Psathas, G. (1995). *Conversation analysis: The study of talk-in-interaction* [Monograph No. 35]. London: Sage.
- Radford, C., & Hinton, J.M. (1970a). Hoping and wishing. *Proceedings of the Aristotelian Society* [Supplementary Volumes], 44, 51-70.

- Radford, C., & Hinton, J.M. (1970b). Hoping and wishing. *Proceedings of the Aristotelian Society* [Supplementary Volumes], 44, 71-88.
- Randall, J. (2009). The biggest question of all: And one man's search for an answer. *Paranormal Review*, 52, 3-12.
- Randall, T.M., & Desrosiers, M. (1980). Measurement of supernatural belief: sex differences and locus of control. *Journal of Personality Assessment*, 44 (5), 493-498.
- Randi, J. (1980). *Flim-flam!* New York: Lippincott/Crowell.
- Reading, A. (2004). *Hope & despair: How perceptions of the future shape human behaviour*. Baltimore, Maryland: The John Hopkins University Press.
- Rees, W.D. (1971a). *The Hallucinatory Reaction of Bereavement*. Unpublished doctoral thesis, University of London (King's College), London, UK.
- Rees, W.D. (1971b). The hallucinations of widowhood. *British Medical Journal*, 4, 37-41.
- Rees, W.D. (1975). The bereaved and their hallucinations. In B. Schoenberg, I. Gerber, A. Wiener, A.H. Kutscher, D. Peretz, & A.C. Carr (Eds.), *Bereavement: Its psychosocial aspects* (pp.66-71). New York: Columbia University Press.
- Rees, [W.]D. (1998). *Death and bereavement: The psychological, religious and cultural interfaces*. London: Whurr Publishers.
- Rees, [W.]D. (2000). The bereaved and the dead. *Christian Parapsychologist*, 14 (3), 81-86.
- Rees, [W.]D. (2010). *Pointers to eternity*. Ceredigion: Y Lolfa.
- Rees, W.D., & Lutkins, S. (1967). Morality of bereavement. *British Medical Journal*, 4, 13-16.
- Rhine, J.B. (1934). *Extra-sensory perception*. Boston: Boston Society for Psychic Research.
- Rhine, J.B. (1948). Editorial: The value of reports of spontaneous psi experiences. *Journal of Parapsychology*, 12 (4), 231-235.
- Rhine, L.E. (1951). Conviction and associated conditions in spontaneous cases. *Journal of Parapsychology*, 15 (3), 164-191.
- Rhine, L.E. (1953). The relation of experience to associated event in spontaneous ESP. *Journal of Parapsychology*, 17 (3), 187-209.

- Rhine, L.E. (1957). Hallucinatory psi experience. II. The initiative of the percipient in hallucinations of the living, the dying, and the dead. *Journal of Parapsychology*, 21 (1), 13-46.
- Rhine, L.E. (1963). Spontaneous physical effects and the psi process. *Journal of Parapsychology*, 27 (2), 20-32.
- Rhine, L.E. (1978). The psi process in spontaneous cases. *Journal of Parapsychology*, 42 (1), 20-32.
- Robertson, L. (2012). Dreamiumship. *Psi Review*, 5, 7-10.
- Robinson, J.H. (1972). Hope springs eternal. In A.H. Kutscher, & L.G. Kutscher (Eds.), *Religion and bereavement: Counsel for the physician – advice for the bereaved, thoughts for the clergyman* (pp. 193-194). New York: Health Sciences Publishing.
- Robinson, S., Sayers, S., & Swift, C. (2011). *A sense of presence in the land of medicine: How hospital staff respond to encounters with the extra-ordinary*. Paper presented at Exploring the Extraordinary 3rd Annual Conference, 23rd - 25th September, Holiday Inn, York.
- Roe, C.A. (2009). The role of altered states of consciousness in extrasensory experience. In M. Smith (Ed.), *Anomalous experiences: Essays from parapsychological and psychological perspectives* (pp.25-49). Jefferson, NC: McFarland & Co.
- Rogo, D.S. (1974). Parapsychology – Its contributions to the study of death. *Omega, Journal of Death and Dying*, 5 (2), 99-113.
- Rogo, D.S. (1981). Letter to editor: Author responds to book review. *Journal of Religion and Psychological Research*, 4 (1), 75-80.
- Rogo, D.S. (1990a). Spontaneous contact with the dead: Perspectives from grief counselling, sociology, and parapsychology. In G. Doore (Ed.) *What survives?* (pp.76-91). Los Angeles: Jeremy P. Tarcher.
- Rogo, D.S. (1990b). *Beyond reality*. Northamptonshire: The Aquarian Press.
- Rogo, D.S., & Bayless, R. (1979). *Phone calls from the dead: The result of a two-year investigation into an incredible phenomenon*. Englewood Cliffs, NJ: Prentice-Hall.
- Roll, W.G. (1972). *The poltergeist*. New York: Nelson Doubleday.
- Romanoff, B.D. (2010). Rituals and the grieving process. *Death Studies*, 22 (8), 697-711.

- Rose, M.C. (1999). Christian hope and the ethos of bereavement. *Proceedings, Annual Conference of the Academy of Religion and Psychical Research, 1999* (pp. 74-79). Bloomfield, CT: Academy of Religion and Psychical Religion.
- Rosen, E.J. (1988-89). Family therapy in cases of interminable grief from loss of a child. *Omega, Journal of Death and Dying, 19* (3), 187-202.
- Roxburgh, E.C. (2014). "There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy": Making sense of anomalous experiences. Symposium given at the 5th Qualitative Research on Mental Health Conference 2nd – 4th September, Chania, Greece.
- Roxburgh, E. C., & Evenden, R. E. (2016a). "They daren't tell people": Therapists experiences of working with clients who report anomalous experiences [Special Issue]. *European Journal of Psychotherapy and Counselling, 18* (2), 123-141.
- Roxburgh, E. C., & Evenden, R. E. (2016b). "Most people think you're a fruit loop": Clients' experiences of seeking support for anomalous experiences. *Counselling and Psychotherapy Research, 16* (3), 211-221.
- Roxburgh, E.C., & Roe, C.A. (2013). Say from whence you owe this strange intelligence: Investigating explanatory system of spiritualist mental mediumship using interpretative phenomenological analysis. *International Journal of Transpersonal Studies, 32* (1), 27-42.
- Roxburgh, E.C., & Roe, C.A. (2014). A mixed method approach to mediumship research. In A.J. Rock (Ed.), *The survival hypothesis: Essays on mediumship* (pp. 220-234). Jefferson, NC: McFarland.
- Ruehlman, L.S., & Wolchik, S.A. (1988). Personal goals and interpersonal support and hindrance as factors in psychological distress and well-being. *Journal of Personality and Social Psychology, 55* (2), 293-301.
- Sannwald, G. (1963). On the psychology of spontaneous paranormal phenomena. *International Journal of Parapsychology, 5* (3), 274-292.
- Schulz, R. (1978). *The psychology of death, dying, and bereavement*. London: Addison-Wesley.
- Scioli, A., Scioli-Salter, E.R., Sykes, K., Anderson, C., & Fedele, M. (2015). The positive contributions of hope to maintaining and restoring health: An integrative, mixed method approach. *Journal of Positive Psychology, 11* (2), 135-148.
- Sheldrake, R. (2004). The need for open minded scepticism: A reply to David Marks. *The Skeptic, 16* (4), 8-13.

- Sidgwick, H., Sidgwick, E., & Johnson, A. (1894). Report on the census of hallucinations. *Proceedings of the Society for Psychical Research*, 10, 25-422.
- Silverman, D. (1993). *Interpreting qualitative data: Methods for analysing talk, text and interaction*. Thousand Oaks, CA: Sage.
- Silverman, D. (2005). *Doing qualitative research* (2nd ed.). London: Sage.
- Slade, N. (2012). *Tickle your amygdala: The easiest and most pleasurable way to turn on the best part of your brain!* Lakewood, CO: Qualimage.
- Smalley, S.S. (2005). *Hope for ever: The Christian views of life and death*. Milton Keynes: Paternoster Press.
- Smith, J.A., & Eatough, V. (2016). Interpretative phenomenological analysis. In E. Lyons, & A. Coyle (Eds), *Analysing qualitative data in psychology*, 2nd ed. (pp. 50-67). London: Sage.
- Smith, J.A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray, & K. Chamberlain (Eds.) *Qualitative health psychology* (pp. 218-240). London: Sage.
- Smith, M.D. (Ed.)(2010). *Anomalous experiences: Essays from parapsychological and psychological perspectives*. London: McFarland.
- Smith, R. (2013). *A Century of Apparitions: Revisiting the Census of Hallucinations in the 21st Century*. Unpublished doctoral thesis, Coventry University, UK.
- Snyder, C.R. (1994). *The psychology of hope*. London: Free Press.
- Snyder, C.R. (1996). To hope, to lose and to hope again. *Journal of Personal and Interpersonal Loss*, 1 (1), 1-16.
- Snyder, C.R. (2000). The hope mandala: Coping with the loss of a loved one. In J.E. Gillham (Ed.) *The science of optimism & hope: Research essays in honor of Martin E.R. Seligman* (pp. 129-142). London: Templeton Foundation Press.
- Snyder, C.R., & Lopez, S.J. (2007). *Positive psychology: The scientific and practical explorations of human strengths*. London: Sage.
- Snyder, C.R., Rand, K., King, E., Feldman, D., & Taylor, J. (2002). "False" hope. *Journal of Clinical Psychology*, 58 (9), 1003-1022.
- Spurr, F.C. (1926). *Death and the life beyond*. London: Hodder and Stoughton.

- Staats, S.R. (1989). Hope: A comparison of two self-report measures for adults. *Journal of Personality Assessment*, 53 (2), 366-375.
- Staudacher, C. (1998). *Beyond grief*. London: Souvenir Press.
- Steffen, E. (2011). *'Sense of Presence' Experiences and their Role in Meaning Making Processes Following Bereavement*. Unpublished doctoral portfolio, University of Surrey, Surrey, UK.
- Steffen, E., & Coyle, A. (2011). Sense of presence experiences and meaning-making in bereavement: A qualitative analysis. *Death Studies*, 35 (7), 579-609.
- Steffen, E., Wilde, D., & Cooper, C.E. (in press). Affirming the positive in anomalous experiences: A challenge to dominant accounts of reality, life and death. In N.J.L. Brown, T. Lomas, & F.J. Eiroá (Eds.) *International Handbook of Critical Positive Psychology: A Synthesis for Social Change*. London: Routledge.
- Steiger, J.H. (2004). Beyond the *F* test: Effect size confidence intervals and tests of close fit in the analysis of variance and contract analysis. *Psychological Methods*, 9 (2), 164-182.
- Stoney, W.E. (2012). The scientific evidence for post-mortem survival. *Proceedings, Annual Conference of the Academy of Spiritual and Paranormal Studies, 2012* (pp. 109-123). Bloomfield, CT: Academy of Spiritual and Paranormal Studies.
- Storey, L. (2016). Doing interpretative phenomenological analysis. In E. Lyons, & A. Coyle (Eds.) *Analysing qualitative data in psychology*, 2nd ed. (pp. 68-83). London: Sage.
- Stotland, E. (1969). *The psychology of hope*. London: Free Press.
- Tanous, A., & Gray, T. (1990). *Dreams, symbols and psychic power*. New York: Bantam Books.
- Tart, C.T. (1975). *States of consciousness*. New York: E.P. Dutton & Co.
- Taylor, A.E. (1946). *The Christian hope of immortality*. London: The Centenary Press.
- 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 (1), 53-61.
- Templer, D.I. (1970). The construction and validation of a death anxiety scale. *Journal of General Psychology*, 82 (2), 165-177.

- Thalbourne, M.A. (1989). On the psychology of belief in life after death. In G.K. Zollschan, J.F. Schumaker, & G.F. Walsh (Eds.), *Exploring the paranormal: Perspectives on belief and experience* (pp. 215-236). Bridport, Dorset: Prism.
- Thouless, R.H. (1972). *From anecdote to experiment in psychical research*. London: Routledge & Kegan Paul.
- Tweed, R.G., & Tweed, C.J. (2011). Positive emotion following spousal bereavement: Desirable or pathological? *Journal of Positive Psychology*, 6 (2), 131-141.
- Tyrrell, G.N.M. (1953). *Apparitions* (Revised ed.). London: Gerald Duckworth & Co.
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, 15 (3), 398-405.
- Walter, J. (2008). Mourners and mediums. *Bereavement Care*, 27 (3), 47-50.
- Wayland, S. (2014). Hope in the liminal space. *Grief Matters: The Australian Journal of Grief and Bereavement*, 17 (1), 25.
- Weiner, D.H., & Haight, J. (1986). Charting hidden channels: Louisa E. Rhine's case collection project. In K.R. Rao (Ed.), *Case studies in parapsychology in honor of Dr. Louisa E. Rhine* (pp. 14-30). Jefferson, NC: McFarland & Co.
- West, D. (1990). A pilot census of hallucinations. *Proceedings of the Society for Psychical Research*, 57, 163-207.
- Wilde, D., & Murray, C.D. (2010). Interpreting the anomalous: Finding meaning in out-of-body and near-death experiences. *Qualitative Research in Psychology*, 7 (1), 57-72.
- Willig, C. (2001). *Introducing qualitative research in psychology*. Milton Keynes: Open University Press.
- Wink, P., & Scott, J. (2005). Does religiousness buffer against the fear of death and dying in later adulthood? Findings from a longitudinal study. *Journal of Gerontology*, 60B (4), 207-214.
- Wolcott, H.F. (1990). *Writing up qualitative research* [Qualitative No. 20]. London: Sage.
- Wooffitt, R. (1992). *Telling tales of the unexpected: Organization of factual discourse*. Hemel Hempstead: Harvester Wheatsheaf.
- Wooffitt, R. (1994). Analysing verbal accounts of spontaneous paranormal phenomena: A sociological approach. *European Journal of Parapsychology*, 10, 45-65.

- Wooffitt, R. (2003). Conversation analysis and parapsychology: Experimenter-subject interaction in ganzfeld experiments. *Journal of Parapsychology*, 67 (2), 299-324.
- Wright, S.H. (1998). Experiences of spontaneous psychokinesis after bereavement. *Journal of the Society for Psychical Research*, 62, 385-395.
- Wright, S.H. (2002). *When spirits come calling: The open-minded skeptic's guide to after-death contacts*. Nevada City, CA: Blue Dolphin.
- Wright, S.H. (2006). Lights, radios and telephones that misbehave. In A. Cardoso, & D. Fontana (Eds.) *Proceedings of the Second International Conference on Current Research into Survival of Physical Death with Special Reference to Instrumental Transcommunication* (pp.283-294). Vigo, Spain: ITC Journal Productions.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15 (2), 215-228.

Appendix A – Questionnaire Consent Forms



Psychology Division
Boughton Green Road
Northampton
NN2 7AL
Email: callum.cooper@northampton.ac.uk

Dear participant,

The following survey is exploring issues of spontaneous exceptional experiences during bereavement. Taking part is at your own discretion and you are free to decline to answer any questions which may be too stressful to address, or to withdraw your data up to 7 days after returning this questionnaire.

The following survey is being carried out as part of a psychology doctorate degree project. The surveys themselves will be concerning issues of life, death, bereavement, beliefs, emotions, and personal views/beliefs and/or experiences. A full debrief will be provided on completion of the questionnaire.

All information is anonymous and no personal information about you will be taken. Please consider the issues involved in this survey, particularly if matters of death are a sensitive issue, before agreeing to take part.

.....

Please tick to confirm:

- By taking part I understand that all information is anonymous.
Qualitative information might be published. I understand that no personal information will be published due to being anonymous.
Questions will be asked regarding death and bereavement. I understand that I can avoid such questions should they be too stressful to address.

I agree to take part in this study [signed]





Psychology Division
Boughton Green Road
Northampton
NN2 7AL
Email: callum.cooper@northampton.ac.uk

Dear participant,

The following survey is exploring issues of spontaneous exceptional experiences (i.e., paranormal) during bereavement. Taking part is at your own discretion and you are free to decline to answer any questions which may be too stressful to address, or to withdraw your data up to 7 days after returning this questionnaire. If you wish to withdraw, please email me with your relevant participant number, which you will find in the top left hand corner of this page.

The following survey is being carried out as part of a psychology doctorate degree project. The surveys themselves will be concerning issues of life, death, bereavement, beliefs, emotions, and personal views/beliefs and/or experiences. A full debrief will be provided on completion of the questionnaire.

All information is anonymous and no personal information about *you* will be taken. Please consider the issues involved in this survey, particularly if matters of death are a sensitive issue, before agreeing to take part.

.....
Please tick to confirm:

- By taking part I understand that all information is anonymous.
- Qualitative information might be published. I understand that no personal information will be published due to being anonymous.
- Questions will be asked regarding death and bereavement. I understand that I can avoid such question should they be too stressful to address.
- I am happy to be contacted for any follow up study in the near future regarding my experiences, via an interview.

My email address is.....

My contact number is.....

I agree to take part in this study [signed]



Appendix B – Questionnaires



Psychology Division
 Boughton Green Road
 Northampton
 NN2 7AL

Email: callum.cooper@northampton.ac.uk

Thank you for agreeing to participate in this survey regarding spontaneous exceptional experiences during bereavement. Please keep in mind that although you have given your consent, you are still free to decline to answer any questions or to withdraw your consent up to 7 days after returning this questionnaire. If you wish to withdraw, please email me with your relevant participant number, which you will find in the top left hand corner of this page.

The following surveys are being carried out as part of a psychology doctorate degree investigating spontaneous strange experiences following the death of someone close to you. The surveys themselves will be concerning issues of life, death, bereavement, beliefs, emotions, and personal views/beliefs and/or experiences.

Taking part in this survey is at your own discretion. All data are given anonymously and no personal information about *you* will be taken. Please consider the issues involved in this survey, particularly if matters of death are a sensitive issue, before agreeing to take part.

Please follow all of the instructions outlined in each section carefully, responding as honestly and openly as possible. Should you have any questions following this survey, there will be an opportunity to raise these following its completion. Your time is greatly appreciated.

Section 1

Please state the following:

Age..... Gender..... Religion.....

Please circle which category best fits the person you lost during your most significant bereavement and post-death experience:

Partner/Spouse Parent Sibling Friend

Section 2

For the following statements, please circle or tick off the answer which you feel most suits your views regarding an 'afterlife'. Please try not to spend too much time thinking about your response and go with your first thoughts.

Earthly existence is the only existence we have.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

In the premature death of someone close some comfort may be found in knowing that in some way the deceased is still existing.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

Humans die in the sense of 'ceasing to exist'.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

The idea of there existing somewhere some sort of afterlife is beyond my comprehension.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

When a human dies, that something called "life" dies with him.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

There must be an afterlife of some sort.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

Some existentialists claim that when man dies he ceases to exist: I agree.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

The following statement is true: "There is no such thing as a life after death."						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

Millions of people believe in a life after death: they are correct in so believing.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

Enjoy yourself on earth, for death signals the end of all existence.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

Section 3

These questions address your views and thoughts on death. Please answer each statement by circling True or False:

I am very much afraid to die.	TRUE	FALSE
The thought of death seldom enters my mind.	TRUE	FALSE
It doesn't make me nervous when people talk about death.	TRUE	FALSE
I dread to think about having to have an operation.	TRUE	FALSE
I am not at all afraid to die.	TRUE	FALSE
I am not particularly afraid of getting cancer.	TRUE	FALSE
The thought of death never bothers me.	TRUE	FALSE
I am often distressed by the way time flies so very rapidly.	TRUE	FALSE
I fear dying a painful death.	TRUE	FALSE
The subject of life after death troubles me greatly.	TRUE	FALSE
I am really scared of having a heart attack.	TRUE	FALSE
I often think about how short life really is.	TRUE	FALSE
I shudder when I hear people talking about a World War III	TRUE	FALSE
The sight of a dead body is horrifying to me.	TRUE	FALSE
I feel that the future holds nothing for me to fear.	TRUE	FALSE

Section 4

This section explores issues of emotions and motivation specific to each individual, and how you might deal with different life situation or view them.

Please think back to a significant point in your life BEFORE you encountered the loss of someone close. Imagine your state of mind then. Please circle or cross your level of agreement or disagreement to each statement. There is no right or wrong answer.

In the future I plan to accomplish many things.

Strongly Agree Agree Disagree Strongly Disagree

I can take whatever happens and make the best of it.

Strongly Agree Agree Disagree Strongly Disagree

I have difficulty in setting goals.

Strongly Agree Agree Disagree Strongly Disagree

My family (or significant other) is always available to help me when I need them.

Strongly Agree Agree Disagree Strongly Disagree

I feel confident about the outcome of this event/situation.

Strongly Agree Agree Disagree Strongly Disagree

I know I can make changes in my life.

Strongly Agree Agree Disagree Strongly Disagree

I think I can learn (or have learned) to adapt to whatever limitations I have (or might have).

Strongly Agree Agree Disagree Strongly Disagree

I am ready to meet each new challenge.

Strongly Agree Agree Disagree Strongly Disagree

I feel the decisions I make get me what I expect.

Strongly Agree Agree Disagree Strongly Disagree

My religious beliefs help me most when I feel discouraged.

Strongly Agree Agree Disagree Strongly Disagree

I feel confident in those who want to help me.

Strongly Agree Agree Disagree Strongly Disagree

Sometimes I feel I am all alone.

Strongly Agree Agree Disagree Strongly Disagree

I see a light at the end of the tunnel.

Strongly Agree Agree Disagree Strongly Disagree

I share important decision making with my family (or significant other).

Strongly Agree Agree Disagree Strongly Disagree

I use prayer to give me strength.

Strongly Agree Agree Disagree Strongly Disagree

I like to sit and wait for things to happen.

Strongly Agree Agree Disagree Strongly Disagree

I like to make my own decisions.

Strongly Agree Agree Disagree Strongly Disagree

I want to maintain control over my life and my body.

Strongly Agree Agree Disagree Strongly Disagree

I expect to be successful in those tasks that concern me most.

Strongly Agree Agree Disagree Strongly Disagree

I use scripture to give me strength.

Strongly Agree Agree Disagree Strongly Disagree

When faced with a challenge, I am ready to take action.

Strongly Agree Agree Disagree Strongly Disagree

I have confidence in my own ability.

Strongly Agree Agree Disagree Strongly Disagree

I know I can go to my family or friends for help.

Strongly Agree Agree Disagree Strongly Disagree

I look forward to the future.

Strongly Agree Agree Disagree Strongly Disagree

I like to do things rather than sit and wait for things to happen.

Strongly Agree Agree Disagree Strongly Disagree

I lack confidence in my ability.

Strongly Agree Agree Disagree Strongly Disagree

I have important goals I want to achieve within the next 10 to 15 years.

Strongly Agree Agree Disagree Strongly Disagree

I know I can accomplish this task.

Strongly Agree Agree Disagree Strongly Disagree

I have a positive outlook.

Strongly Agree Agree Disagree Strongly Disagree

Please think back to the significant point in your life AFTER the loss of someone close (that stressful period of grief). Imagine the event occurring right now. Please circle or cross your level of agreement or disagreement to each statement as it would apply at that time. There is no right or wrong answer.

In the future I plan to accomplish many things.

Strongly Agree Agree Disagree Strongly Disagree

I can take whatever happens and make the best of it.

Strongly Agree Agree Disagree Strongly Disagree

I have difficulty in setting goals.

Strongly Agree Agree Disagree Strongly Disagree

My family (or significant other) is always available to help me when I need them.

Strongly Agree Agree Disagree Strongly Disagree

I feel confident about the outcome of this event/situation.

Strongly Agree Agree Disagree Strongly Disagree

I know I can make changes in my life.

Strongly Agree Agree Disagree Strongly Disagree

I think I can learn (or have learned) to adapt to whatever limitations I have (or might have).

Strongly Agree Agree Disagree Strongly Disagree

I am ready to meet each new challenge.

Strongly Agree Agree Disagree Strongly Disagree

I feel the decisions I make get me what I expect.

Strongly Agree Agree Disagree Strongly Disagree

My religious beliefs help me most when I feel discouraged.

Strongly Agree Agree Disagree Strongly Disagree

I feel confident in those who want to help me.

Strongly Agree Agree Disagree Strongly Disagree

Sometimes I feel I am all alone.

Strongly Agree Agree Disagree Strongly Disagree

I see a light at the end of the tunnel.

Strongly Agree Agree Disagree Strongly Disagree

I share important decision making with my family (or significant other).

Strongly Agree Agree Disagree Strongly Disagree

I use prayer to give me strength.

Strongly Agree Agree Disagree Strongly Disagree

I like to sit and wait for things to happen.

Strongly Agree Agree Disagree Strongly Disagree

I like to make my own decisions.

Strongly Agree Agree Disagree Strongly Disagree

I want to maintain control over my life and my body.

Strongly Agree Agree Disagree Strongly Disagree

I expect to be successful in those tasks that concern me most.

Strongly Agree Agree Disagree Strongly Disagree

I use scripture to give me strength.

Strongly Agree Agree Disagree Strongly Disagree

When faced with a challenge, I am ready to take action.

Strongly Agree Agree Disagree Strongly Disagree

I have confidence in my own ability.

Strongly Agree Agree Disagree Strongly Disagree

I know I can go to my family or friends for help.

Strongly Agree Agree Disagree Strongly Disagree

I look forward to the future.

Strongly Agree Agree Disagree Strongly Disagree

I like to do things rather than sit and wait for things to happen.

Strongly Agree Agree Disagree Strongly Disagree

I lack confidence in my ability.

Strongly Agree Agree Disagree Strongly Disagree

I have important goals I want to achieve within the next 10 to 15 years.

Strongly Agree Agree Disagree Strongly Disagree

I know I can accomplish this task.

Strongly Agree Agree Disagree Strongly Disagree

I have a positive outlook.

Strongly Agree Agree Disagree Strongly Disagree

Section 5

This section explores your views and thoughts on beliefs regarding the paranormal and religious issues. Please answer on impulse to avoid spending time thinking through each statement, thus presenting a more open and honest answer.

Below you will find a number of statements of opinion. Since these are opinions and not statements of fact, there are no right or wrong answers. For each statement of public opinion please indicate *how strongly* you agree or disagree with that statement using the following scale and placing a tick in each box.

Every child should have some type of formal religious training.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Religion probably has done more to hurt the generation gap than to help it.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

It is probably true that certain people can predict the future quite accurately.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

It is often possible to make valid personality judgments about people by knowing their astrological sign.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

The best way to rehabilitate a criminal is to help them find religion.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

It is possible for certain people to have a mental power to manipulate others.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Basically, there is no truth to the belief that the Earth is being watched by aliens or spacemen.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

For the most part, people who claim to be psychic are in reality very good actors.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Belief in a Supreme Being is essential for human existence.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

In spite of what the 'experts' think, there is more to magic than quick hands and fast talking.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

With regard to one's health, it is always best to place confidence in the ability of a trained physician rather than to tamper with the unknown, like so called Faith Healing.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

It is quite possible for planetary forces to control personality traits.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Contrary to scientific opinion, there is some validity in fortune telling.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

In spite of the laws of science, some people can use their psychic powers to make objects move.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Rather than to rely on astrology, it might benefit one more to rely on the opinion of trained, professional counsellors.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Plants, although not as sophisticated as humans, do have a way to respond or communicate.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

As a general rule, a fortune teller's predictions which come true are a result of coincidence.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Generally speaking, people who live their lives according to astrological predictions are basically insecure or naïve.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Regardless of what you might read in the magazines, people who actually believe in 'magical' ritual ceremonies are just wasting their time.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

As a general rule, UFO sightings can best be explained as overreactions by people to naturally occurring events.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Religious training often does as much harm as good for a child's development of morals.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

For the most part, most fortune teller's predictions are general and vague. It is just the situation that makes them believable.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

It is more than likely that UFOs are visits from superior beings who could have control over the planet Earth.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

For the most part, people who believe that music and talking can influence growth of plants are deceiving themselves.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Without religion the world would probably be in a state of total disruption.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

For the most part, the study of astrology is not a very efficient way of dealing with life.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

In spite of what some people say, the full moon has no 'special powers' to make people act peculiar.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Generally speaking, people who believe that only, sun, soil, and water, influence the proper growth of a plant are not being realistic.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Religious people are just as responsible as atheists for much of the evil in society.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

In spite of what many people think, card reading, for example tarot cards, can tell a lot about a person and their future.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

If people were really honest, they would admit that there are ways of curing that modern medicine cannot explain.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Cosmic forces (like astrology) can still influence people's lives even though they don't believe in it.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

The experience of 'déjà vu', or having vague feelings of reliving a past experience, is probably a memory of a previous life.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Although some people believe there still are people who can actually put a hex on or cast a love spell on someone, such belief is only superstition.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Matters of health are far too important to be risked at the hands of an unlicensed 'healer'.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Contrary to scientific belief, some people can make contact with the dead.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Religion is probably responsible for a lot of the problems of adolescents.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Generally, the way people turn out in life is dependent upon the position of the planets and stars at the time of their birth.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Most people who believe in the predictions of a fortune teller are usually of low self-direction.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

There is nothing more to the belief in reincarnation than just people who are afraid of dying.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>



Psychology Division
 Boughton Green Road
 Northampton
 NN2 7AL

Email: callum.cooper@northampton.ac.uk

Thank you for agreeing to participate in this survey regarding spontaneous exceptional experiences during bereavement. Please keep in mind that although you have given your consent, you are still free to decline to answer any questions or to withdraw your consent up to 7 days after returning this questionnaire. If you wish to withdraw, please email me with your relevant participant number, which you will find in the top left hand corner of this page.

The following surveys are being carried out as part of a psychology doctorate degree investigating spontaneous strange experiences following the death of someone close to you. The surveys themselves will be concerning issues of life, death, bereavement, beliefs, emotions, and personal views/beliefs and/or experiences.

Taking part in this survey is at your own discretion. All data are given anonymously and no personal information about *you* will be taken. Please consider the issues involved in this survey, particularly if matters of death are a sensitive issue, before agreeing to take part.

Please follow all of the instructions outlined in each section carefully, responding as honestly and openly as possible. Should you have any questions following this survey, there will be an opportunity to raise these following its completion. Your time is greatly appreciated.

Section 1

Please state the following:

Age... Gender... Religion...

Please circle which category best fits the person you lost during your most significant bereavement and post-death experience:

Partner/Spouse Parent Sibling Friend

Section 2

For the following statements, please circle or tick off the answer which you feel most suits your views regarding an 'afterlife'. Please try not to spend too much time thinking about your response and go with your first thoughts.

Earthly existence is the only existence we have.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

In the premature death of someone close some comfort may be found in knowing that in some way the deceased is still existing.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

Humans die in the sense of 'ceasing to exist'.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

The idea of there existing somewhere some sort of afterlife is beyond my comprehension.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

When a human dies, that something called "life" dies with him.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

There must be an afterlife of some sort.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

Some existentialists claim that when man dies he ceases to exist: I agree.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

The following statement is true: "There is no such thing as a life after death."						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

Millions of people believe in a life after death: they are correct in so believing.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

Enjoy yourself on earth, for death signals the end of all existence.						
<u>Strongly Agree</u>	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

Section 3

These questions address your views and thoughts on death. Please answer each statement by circling True or False:

I am very much afraid to die.	TRUE	FALSE
The thought of death seldom enters my mind.	TRUE	FALSE
It doesn't make me nervous when people talk about death.	TRUE	FALSE
I dread to think about having to have an operation.	TRUE	FALSE
I am not at all afraid to die.	TRUE	FALSE
I am not particularly afraid of getting cancer.	TRUE	FALSE
The thought of death never bothers me.	TRUE	FALSE
I am often distressed by the way time flies so very rapidly.	TRUE	FALSE
I fear dying a painful death.	TRUE	FALSE
The subject of life after death troubles me greatly.	TRUE	FALSE
I am really scared of having a heart attack.	TRUE	FALSE
I often think about how short life really is.	TRUE	FALSE
I shudder when I hear people talking about a World War III	TRUE	FALSE
The sight of a dead body is horrifying to me.	TRUE	FALSE
I feel that the future holds nothing for me to fear.	TRUE	FALSE

Section 4

This section explores issues of emotions and motivation specific to each individual, and how you might deal with different life situation or view them.

Please think back to a significant point in your life BEFORE you encountered the loss of someone close. Imagine your state of mind then. Please circle or cross your level of agreement or disagreement to each statement. There is no right or wrong answer.

In the future I plan to accomplish many things.

Strongly Agree Agree Disagree Strongly Disagree

I can take whatever happens and make the best of it.

Strongly Agree Agree Disagree Strongly Disagree

I have difficulty in setting goals.

Strongly Agree Agree Disagree Strongly Disagree

My family (or significant other) is always available to help me when I need them.

Strongly Agree Agree Disagree Strongly Disagree

I feel confident about the outcome of this event/situation.

Strongly Agree Agree Disagree Strongly Disagree

I know I can make changes in my life.

Strongly Agree Agree Disagree Strongly Disagree

I think I can learn (or have learned) to adapt to whatever limitations I have (or might have).

Strongly Agree Agree Disagree Strongly Disagree

I am ready to meet each new challenge.

Strongly Agree Agree Disagree Strongly Disagree

I feel the decisions I make get me what I expect.

Strongly Agree Agree Disagree Strongly Disagree

My religious beliefs help me most when I feel discouraged.

Strongly Agree Agree Disagree Strongly Disagree

I feel confident in those who want to help me.

Strongly Agree Agree Disagree Strongly Disagree

Sometimes I feel I am all alone.

Strongly Agree Agree Disagree Strongly Disagree

I see a light at the end of the tunnel.

Strongly Agree Agree Disagree Strongly Disagree

I share important decision making with my family (or significant other).

Strongly Agree Agree Disagree Strongly Disagree

I use prayer to give me strength.

Strongly Agree Agree Disagree Strongly Disagree

I like to sit and wait for things to happen.

Strongly Agree Agree Disagree Strongly Disagree

I like to make my own decisions.

Strongly Agree Agree Disagree Strongly Disagree

I want to maintain control over my life and my body.

Strongly Agree Agree Disagree Strongly Disagree

I expect to be successful in those tasks that concern me most.

Strongly Agree Agree Disagree Strongly Disagree

I use scripture to give me strength.

Strongly Agree Agree Disagree Strongly Disagree

When faced with a challenge, I am ready to take action.

Strongly Agree Agree Disagree Strongly Disagree

I have confidence in my own ability.

Strongly Agree Agree Disagree Strongly Disagree

I know I can go to my family or friends for help.

Strongly Agree Agree Disagree Strongly Disagree

I look forward to the future.

Strongly Agree Agree Disagree Strongly Disagree

I like to do things rather than sit and wait for things to happen.

Strongly Agree Agree Disagree Strongly Disagree

I lack confidence in my ability.

Strongly Agree Agree Disagree Strongly Disagree

I have important goals I want to achieve within the next 10 to 15 years.

Strongly Agree Agree Disagree Strongly Disagree

I know I can accomplish this task.

Strongly Agree Agree Disagree Strongly Disagree

I have a positive outlook.

Strongly Agree Agree Disagree Strongly Disagree

Please think back to the significant point in your life AFTER the loss of someone close (that stressful period of grief) – followed by any strange activity and/or experiences you encountered. Imagine the event occurring right now. Please circle or cross your level of agreement or disagreement to each statement as it would apply at that time. There is no right or wrong answer.

In the future I plan to accomplish many things.

Strongly Agree Agree Disagree Strongly Disagree

I can take whatever happens and make the best of it.

Strongly Agree Agree Disagree Strongly Disagree

I have difficulty in setting goals.

Strongly Agree Agree Disagree Strongly Disagree

My family (or significant other) is always available to help me when I need them.

Strongly Agree Agree Disagree Strongly Disagree

I feel confident about the outcome of this event/situation.

Strongly Agree Agree Disagree Strongly Disagree

I know I can make changes in my life.

Strongly Agree Agree Disagree Strongly Disagree

I think I can learn (or have learned) to adapt to whatever limitations I have (or might have).

Strongly Agree Agree Disagree Strongly Disagree

I am ready to meet each new challenge.

Strongly Agree Agree Disagree Strongly Disagree

I feel the decisions I make get me what I expect.

Strongly Agree Agree Disagree Strongly Disagree

My religious beliefs help me most when I feel discouraged.

Strongly Agree Agree Disagree Strongly Disagree

I feel confident in those who want to help me.

Strongly Agree Agree Disagree Strongly Disagree

Sometimes I feel I am all alone.

Strongly Agree Agree Disagree Strongly Disagree

I see a light at the end of the tunnel.

Strongly Agree Agree Disagree Strongly Disagree

I share important decision making with my family (or significant other).

Strongly Agree Agree Disagree Strongly Disagree

I use prayer to give me strength.

Strongly Agree Agree Disagree Strongly Disagree

I like to sit and wait for things to happen.

Strongly Agree Agree Disagree Strongly Disagree

I like to make my own decisions.

Strongly Agree Agree Disagree Strongly Disagree

I want to maintain control over my life and my body.

Strongly Agree Agree Disagree Strongly Disagree

I expect to be successful in those tasks that concern me most.

Strongly Agree Agree Disagree Strongly Disagree

I use scripture to give me strength.

Strongly Agree Agree Disagree Strongly Disagree

When faced with a challenge, I am ready to take action.

Strongly Agree Agree Disagree Strongly Disagree

I have confidence in my own ability.

Strongly Agree Agree Disagree Strongly Disagree

I know I can go to my family or friends for help.

Strongly Agree Agree Disagree Strongly Disagree

I look forward to the future.

Strongly Agree Agree Disagree Strongly Disagree

I like to do things rather than sit and wait for things to happen.

Strongly Agree Agree Disagree Strongly Disagree

I lack confidence in my ability.

Strongly Agree Agree Disagree Strongly Disagree

I have important goals I want to achieve within the next 10 to 15 years.

Strongly Agree Agree Disagree Strongly Disagree

I know I can accomplish this task.

Strongly Agree Agree Disagree Strongly Disagree

I have a positive outlook.

Strongly Agree Agree Disagree Strongly Disagree

Section 5

This section explores your views and thoughts on beliefs regarding the paranormal and religious issues. Please answer on impulse to avoid spending time thinking through each statement, thus presenting a more open and honest answer.

Below you will find a number of statements of opinion. Since these are opinions and not statements of fact, there are no right or wrong answers. For each statement of public opinion please indicate *how strongly* you agree or disagree with that statement using the following scale and placing a tick in each box.

Every child should have some type of formal religious training.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Religion probably has done more to hurt the generation gap than to help it.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

It is probably true that certain people can predict the future quite accurately.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

It is often possible to make valid personality judgments about people by knowing their astrological sign.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

The best way to rehabilitate a criminal is to help them find religion.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

It is possible for certain people to have a mental power to manipulate others.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Basically, there is no truth to the belief that the Earth is being watched by aliens or spacemen.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

For the most part, people who claim to be psychic are in reality very good actors.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Belief in a Supreme Being is essential for human existence.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

In spite of what the 'experts' think, there is more to magic than quick hands and fast talking.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

With regard to one's health, it is always best to place confidence in the ability of a trained physician rather than to tamper with the unknown, like so called Faith Healing.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

It is quite possible for planetary forces to control personality traits.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Contrary to scientific opinion, there is some validity in fortune telling.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

In spite of the laws of science, some people can use their psychic powers to make objects move.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Rather than to rely on astrology, it might benefit one more to rely on the opinion of trained, professional counsellors.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Plants, although not as sophisticated as humans, do have a way to respond or communicate.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

As a general rule, a fortune teller's predictions which come true are a result of coincidence.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Generally speaking, people who live their lives according to astrological predictions are basically insecure or naïve.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Regardless of what you might read in the magazines, people who actually believe in 'magical' ritual ceremonies are just wasting their time.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

As a general rule, UFO sightings can best be explained as overreactions by people to naturally occurring events.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Religious training often does as much harm as good for a child's development of morals.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

For the most part, most fortune teller's predictions are general and vague. It is just the situation that makes them believable.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

It is more than likely that UFOs are visits from superior beings who could have control over the planet Earth.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

For the most part, people who believe that music and talking can influence growth of plants are deceiving themselves.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Without religion the world would probably be in a state of total disruption.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

For the most part, the study of astrology is not a very efficient way of dealing with life.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

In spite of what some people say, the full moon has no 'special powers' to make people act peculiar.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Generally speaking, people who believe that only, sun, soil and water influence the proper growth of a plant are not being realistic.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Religious people are just as responsible as atheists for much of the evil in society.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

In spite of what many people think, card reading, for example tarot cards, can tell a lot about a person and their future.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

If people were really honest, they would admit that there are ways of curing that modern medicine cannot explain.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Cosmic forces (like astrology) can still influence people's lives even though they don't believe in it.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

The experience of 'déjà vu', or having vague feelings of reliving a past experience, is probably a memory of a previous life.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Although some people believe there still are people who can actually put a hex on or cast a love spell on someone, such belief is only superstition.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Matters of health are far too important to be risked at the hands of an unlicensed 'healer'.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Contrary to scientific belief, some people can make contact with the dead.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Religion is probably responsible for a lot of the problems of adolescents.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Generally, the way people turn out in life is dependent upon the position of the planets and stars at the time of their birth.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Most people who believe in the predictions of a fortune teller are usually of low self-direction.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

There is nothing more to the belief in reincarnation than just people who are afraid of dying.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Slightly Disagree</u>	<u>Slightly Agree</u>	<u>Agree</u>	<u>Strongly Agree</u>

Section 6

In this section, we would like to ask if you'd be willing to describe any experiences that seemed difficult to explain in conventional scientific terms, which had particular personal meaning for you following the loss of someone close. This is an exercise in remembering the event to the best of your ability in as much written detail as possible, and express freely whatever you wish to say. Your insights are valuable in helping us to learn more about exceptional experiences and bereavement. Please give your account in as much detail as possible, no matter how trivial, to help us build up a picture of your experience. We would like your permission to share your experiences with others (e.g. in the research community, or counselling professionals) on the condition that we change your name, and that of any other people or places mentioned, to protect your identity.

Please tick this box if you agree to take part and have read and understood the above statement:

1. Briefly, how would you describe your state of mind following the loss of your loved one, but before you had a 'paranormal' experience:

2. Briefly, how would you describe your state of mind following the loss of your loved one, immediately following the first or most significant paranormal experience that you encountered (and possibly assumed to be associated with the deceased in some way):

3. Were you expecting *something* to happen following your loss?

YES NO UNSURE

4. Did you find the experience to be:

HELPFUL HARMFUL (scary) UNSURE

5. Please circle which category best fits how long it was between losing someone close and then having an unusual experience:

Within 24 hours Within a Week Within a Month Within a Year

If greater please state.....

6. When and where did the experience occur? (i.e., during the day, the night, early morning, in the evening, while at home, while out for a walk, etc.):

7. If you were to describe your experience in just a few words, please state what form of experience you believe you encountered:

.....

8. Please use the space below and overleaf, to describe in as much detail as possible, the exact experience that you spontaneously had and any relevant circumstances surrounding it (before or after the event) and mention any additional witnesses to the event. Please make it clear what you believe you experienced within this statement (i.e., encountering an apparition/ghost, sensing the presence of the dead (including touch and smells), dreaming of the dead, voices (or footsteps, bangs and taps), a movement or manipulation of objects, symbolic events, etc.). Please use additional sheets of paper if necessary.

Appendix C – Questionnaire Ethical Approval

Cover Letter to the Research Ethics Committee

Dear Committee Members,

Thank for recently considering the research design within my PhD proposal, and the relevant ethical issues which it raises. The feedback was most useful, and is reflected in the now revised set of ethical issues for the proposal, which have been acted on and amended.

The feedback from the REC outlined several points which must be addressed within the ethics, and therefore, these exact issues have been addressed in the same manner, point by point, to each issue raised. However, at this stage I am only requesting ethical approval in principle, and so when each phase of the project is ready and being addressed (and relevant questionnaire designs have been structured) approval in practice will be requested through the REC. These individual requests will outline in detail what each phase of the study intends to do and information such as participant information sheets, questionnaires, interview questions, and so on, will be provided within each request for ethical approval in practice.

One particular request of the REC which should be discussed here is my bio and experience within thanatology and work with the bereaved. Previously, I have obtained around eight years of practical experience of working with people who have had anomalous post-death experiences. This has involved meeting and interviewing people who claimed to have experienced haunting type phenomena following a bereavement, to spending time with people who visit mediums for spiritual bereavement counselling, and a two-year project of interviewing people who claimed to have experienced telephone calls from people known to be dead. This involved a full social scientific investigation which was conducted in a full and professional manner, with complete respect for all participants involved and the relevant consent obtained. All of the latter study has been documented and published in several articles, a peer reviewed theoretical paper (Australian Journal of Parapsychology) and a book (*Telephone Calls from the Dead*, 2012, Tricorn Books). A full research paper which will be subjected to publication in a peer reviewed journal, is currently in production. My curriculum vitae outlines my complete background of practical experience with spontaneous cases and dealing with issues of death, dying and bereavement, and how anomalous experiences surrounding these issues are dealt with by psychology and parapsychology. In addition to this, I hold an MRes in psychology/psychological research methods (Sheffield Hallam University, 2011) and have experience in practical and philosophical issues of research methods and ethical considerations. My dissertation for the MRes explored afterlife beliefs and issues of death anxiety.

Attached are the requested amended ethical issues which the REC asked to be addressed.

Kind Regards

Callum E. Cooper

16/01/2013

Dear Cal

The REC received your response to earlier feedback and has given you approval in principle for the research. The response was thorough, very reassuring and easy to consider. The REC look forward to your application for full approval in future, including informed consent forms, participant information sheets, etc.

Best wishes

David (cc'd Chris Roe and Graham Mitchell)

David Watson
Research Student Manager
The University of Northampton
Boughton Green Road
Northampton
NN2 7AL

Ethical Considerations for First Data Collection

RE: Methods and Procedure of data collection for consideration of the Research Ethics Committee (REC)

Name: Callum Elliot Cooper

Degree Type: PhD by Research

In 2013, 'approval in principle' was awarded by the Research Ethics Committee for the outline and aims of this study, including the consideration of data collection and issues of dealing with the bereaved. I should now like to request full ethical approval for the first part of data collection of the PhD thesis. Below are the proposed methods and procedures for data collection, ethical considerations, and reference to the scales intended to be used. These scales have also been applied to two questionnaire batteries (a collection of relevant scales which gather specific information addressing the aims of the study) which have also be provided for the convenience of the REC.

Participants

Participants must over the age of 18 to take part. There is a pre-requirement of taking part in this study for one group. Participants should profess that at some point in their life following a bereavement that they have encountered what they believe to be an Exceptional Experience (EE) which in some way they can relate to the deceased (i.e. sensing the presence of the dead, apparitions, strange phone calls, dreams, unexplained sounds or movements in the home, etc.). The other group consists purely of people who are willing to recall the period of time during a memorable bereavement.

Participants will be gathered from a variety of places and public settings. For the one questionnaire simply involving issues of bereavement, this can be distributed to anyone who has suffered bereavement willing to take part (opportunity sampling). While the other questionnaire addressing issues of bereavement and post-death experiences (EEs) will be distributed to people who believe they have had some form of experience/contact with the dead during the time of bereavement. These participants will be gathered through various contacts of the researcher in the media, paranormal societies, bereavement support groups, etc. (using snowball sampling).

(There are issues of bereavement and potential emotional harm by recalling past events and therefore these have been considered below in accordance with BPS ethical guidelines.)

Materials, Methods and Procedure

For this first part of data collection, the main emphasis will be on distributing a questionnaire battery for participants to fill in (i.e. participants will be asked to fill in surveys addressing afterlife beliefs, death anxiety, motivation and emotion (hope), and religious and paranormal beliefs).

The consent form, and beginning of the questionnaire, will explain what the questionnaire involves (see example questionnaire and consent form), while participants have an opportunity following the questionnaire to address any issues or questions they might have for the researcher during the written and verbal debrief.

Participants will be required to provide basic details including: gender, age, religion, time period between the point of death/loss and having a post-death experience (i.e. dreaming of the dead, strange activity in the home, sensing the presence of the deceased, hearing voices or footsteps, etc.). Asking about the duration between death and exceptional experience (EE) will assist in the understanding of whether experience(s) occurred immediately, within a few hours, days, weeks, months or years.

An additional consent slip will be provided for participants to fill in with their contact details, should they be willing and interested in taking part in further studies (i.e., a later phase of data collection such as interviews). It will be made clear that none of the data they provide will be shared with anyone apart from the supervisory team who may see data for analysis and results purposes. All information provided within the questionnaires is anonymous, and this is made clear to the participants. The raw data for each participant will only be identifiable by a code word or unique number, thus securing the anonymity of the participants involved.

Data is gathered using Likert scales and no personally identifying information is gathered so that participants are assured anonymity. However, please note, that there is scope for participants to give additional data in the form of free response answers to open questions about their experiences. Here the cover letter assures them that the intention is to include verbatim quotes in presentation of the results of this study, on the condition that if this is done, any potential personally identifying information will be substituted so as to protect their identity.

Participants will also be informed of a 7 day period in which to withdraw from the study should they wish to do so for whatever reason. They will also be made aware that they are entitled to avoid questions which may be too distressing (should such a situation arise, though doubtful). Participants can fill in the questionnaires in their own time and are advised that there is no pressure to sit down and work through the questionnaire in one sitting (they may fill it in bit by bit and return to it when they wish (i.e. returning a week or so after they receive it is perfectly acceptable)).

Summary of Data Collection:

Data Collection	Ethical procedures
Access	Permission and consent will be obtained from all participants. The terms and conditions of the questionnaire make clear that by reading through the information and filling in the questionnaire they agree to be part of the study. A separate permission slip will be supplied in which the participant can supply contact information if they are willing to be contacted for any follow up studies at a later date (i.e. interview).
Video and tape recordings	In the first parts of data collection, no video/audio taping will be required or used.
Storage	In keeping with The Data Protection Act (1998), all collected data will be kept by the main researcher (myself) and stored away in a secure area where no one else can gain access. This data will only be shared with my supervisors in reviewing and analysing the results. Any personal data which has not received permission to be kept (permanently) will be destroyed upon full completion of the study.
Data Analysis and Reporting	<p>All participants' details will be held confidentially and securely and anonymised in reporting/publishing by the researcher (myself) including the names of the institutions / organisations mentioned unless permission is obtained to reveal names. Typically a numbering system or code word will be used to differentiate the questionnaires which in no way can lead to any 3rd party identifying a participant. Participants will be 18 years of age or over.</p> <p>The Data Protection Act (1998) must be observed.</p>

BPS Ethics to Consider

Below are some further ethical issues for consideration in accordance with BPS ethical guidelines:

1) It will be made clear to participants that by providing contact details, they are consenting to potentially be contacted for follow-up studies.

Issues – anonymity for participants and the right to withdraw.

In accordance with BPS ethics section IV, subsection 1.2, *Standard of Privacy and Confidentiality*, participants will have the right to full anonymity and the information they do provide will only be available to the researcher and relevant supervisors. With regards to subsection 1.3, *Informed Consent*, consent will be taken and the participants will also be debriefed as to the nature of the study.

The consent form will also contain information explaining that participants may be contacted for further study (interviews), should they fill in a contact form. They will also be made aware that their personal details will be kept in a secure place and not shared with anyone without their permission. Personal details and data from each participant can be destroyed/erased following completion of the research project.

Participants will be made aware that they have the right to withdraw from the study at any time and their data and information provided will be removed from the study and destroyed/erased.

2) Addressing BPS ethical issues which may concern bereavement.

Issues – emotional distress for participants, researcher responsibility, and referral to professional help (i.e. bereavement counsellors).

(It should be noted here my own background in dealing with issues of death and bereavement in psychology. I have a long standing interest in the research area of exceptional experiences (EEs) occurring around the point of death, of which I have published on extensively (see CV). This has involved visiting the bereaved, discussing their experiences, having people email me about their experiences, or people sending me written accounts. I teach classes with Developing Adult (PSY3011) on Death, Dying and Bereavement and I am also a member of the Society for Psychical Research's Survival Research Committee, which deals with issues of death and bereavement and experiences suggestive of the continuation of consciousness beyond death.)

As the topic of bereavement and grief can be a very emotional experience to discuss, the researcher must be considerate and maintain responsibility at all times (iBPS code of ethics, section 3 Ethical Principles: Responsibility), therefore, the research/data collection should stop during any point in which the researcher believes that it may become too emotionally damaging for a participant to recall particular events surrounding a bereavement. Relevant contact numbers will be provided to participants should they

request counselling and guidance, but as standard, the researcher will keep full contact by providing their contact details for participant reassurance that they are not simply abandoned once data is collected (this would also hopefully encourage participants to contribute to any future psychology research by having been treated with respect and dignity). The bereavement experienced by the participants need not be recent, and therefore revisiting it in memory is not intended to be traumatic.

BPS Ethical Guidelines, section 3, sub-section 2, (iv) Psychologists should refer clients to alternative sources of assistance as appropriate, facilitating the transfer and continuity of care through reasonable collaboration with other professionals.

Care of each participant, psychologically and physiologically, will be top priority when interacting with them. Therefore, the four main ethical principles must be upheld at all times during the research, these are: respect, competence, responsibility and integrity. Additional issues to consider when dealing with the topic of bereavement are as follows:

BPS Ethical Guidelines, Section 3, sub-section 3, (i) Psychologists should consider all research from the standpoint of research participants, for the purpose of eliminating potential risks to psychological well-being, physical health, personal values, or dignity.

BPS Ethical Guidelines, Section 3, sub-section 3, (vi) Psychologists should inform research participants from the first contact that their right to withdraw at any time is not affected by the receipt or offer of any financial compensation or other inducements for participation.

BPS Ethical Guidelines, Section 3, sub-section 3, (ix) Psychologists should exercise particular caution when responding to requests for advice from research participants concerning psychological or other issues, and offer to make a referral for assistance if the inquiry appears to involve issues sufficiently serious to warrant professional services.

Standards of debriefing (BPS Ethical Guidelines, Section 3, sub-section 4) should be adhered to at all times during all three phases of the research project.

The main implication of this study is that issues of 'death and bereavement' are being dealt with, topics which by their very definition are considered negative. Everyone will have faced a different personal experience of loss and grief. Therefore, care and comfort of the participants is top priority. Any participant taking part does so at their own discretion after having read and signed the consent form. However, they *might* find addressing the topic a very helpful task to take part in, giving them freedom of expression without criticism or bias. They will be made aware of their right to withdraw (with 7 days) and avoid anything they do not wish to discuss.

Feedback from Research Ethics Committee	
Student: Callum Cooper	Date: 13 th February 2014

Action required	Tick
No action required	✓
Submit amendments for Chair's Action	
Submit amendments for consideration by members by email	
Resubmit application to future REC meeting	

Decision relating to the proposal	Tick
Full approval was given	✓
Advisory comments were given	✓
Amendments are required before full approval can be given	
Approval in principle was given	
Amendments are required before approval in principle can be given	
In its current form, approval could not be given	

Feedback on proposal
<p>The Committee gave full approval for the research subject to some amendments:</p> <ol style="list-style-type: none"> 1) The Committee would like each item on the consent form to be initialled 'yes' or 'no' to enable choice and positive decisions. 2) Data storage and data protection should be included in the information sheet 3) The paperwork should include the title of the study 4) The vocabulary could be changed to increase its accessibility 5) Some spelling errors needed attention 6) The layout of the questionnaire was not easy to follow and it was recommended that it be formatted differently.

Advice and guidance:
<p>Please note that if you have been asked to make amendments then you should include a cover note with your resubmission that notes the way(s) in which you have responded to RDB comments and suggestions. You should also highlight any changes made to the proposal (e.g. by using a different ink colour).</p>
<p>The Chair of the Board/Committee can be contacted via the Graduate School if you have any questions about this feedback.</p>

Appendix D – Table of Themes
(Thematic Analysis)

Themes	Sub-themes	Codes
Experiencing vs. Believing	Confirming Beliefs	“I have always believed there was an afterlife”
		Prior agreements before loved one’s demise to gives signs following death
		Prior knowledge of research findings in parapsychology
		Prior religious beliefs
	Transition of Beliefs	“Please bear in mind I didn’t believe in the afterlife at all”
		No prior interested in the paranormal
		Family were never interested in the paranormal
		Challenging knowledge of sciences/professional backgrounds
Continued Bonds		“I felt comforted – reunited with my Mum again”
		No longer felt alone following post-death experience
		Experience brought the same bond felt when the deceased was alive
		“That relationship continues”
Hope	Hoping for Experiences	“I wish she would come to visit me again”
		Wishing same dreams to occur
		Attempts (action) to make experience last longer
		Need to repeat emotions felt during experience
	Hoping for Support	“I hope he is watching over me

		and protecting me”
		“I’ve always felt that he is watching me”
		A need for the deceased to give guidance in hard times
	Afterlife/Reunion	“experiences gave me hope for the future”
		“My experience helped me know that life existed beyond the grave”
		Hope to reunited beyond death
		Firm beliefs of loved ones still existing around the deceased in spiritual form
Therapeutic Gains		“Strength”
		“Soothed”
		“Cope”
		“Calming”
		“Reassurance”
		“helped me to accept the situation”
		“His presence was calming, soothing, full of care and concern”

Appendix E – Interview Consent Form

Dear participant,

Thank you for agreeing to take part in this interview. The interview is being carried out as part of a research doctorate in psychology that explores the impact of anomalous experiences during the bereavement process. The interview develops the themes of the questionnaire you completed and will focus on your experiences and beliefs concerning life, death, bereavement, and their emotional effects. There are no right or wrong answers; I simply want to understand your personal perspective and hope that sharing it with others will help them to cope with their own losses.

Taking part is at your own discretion and you are free to decline to answer any questions which may be too stressful to address. Interviews will be recorded and the material transcribed and analysed so as to identify common or essential themes that might be of benefit to others. I intend to report on the outcomes in talks and in published papers and would like to include excerpts from your interview with the stipulation that any identifying information will be changed so as to protect your identity. Nevertheless, should you complete the interview but then later decide that you would not want your data to be used (i.e., certain parts of it or the entire interview), you may do so within 7 days after interview. If you wish to withdraw, please email me with your relevant participant number, which you will find in the bottom right hand corner in the green box.

A full debrief as to the nature of the interview and study will be provided upon completion. All information is anonymous and no personal information about *you* will be taken. Please consider the issues involved in this interview, particularly if matters of death are a sensitive issue, before agreeing to take part.

.....
Please tick to confirm:

	Yes	No
By taking part I understand that all information (written/recorded) is anonymous		
Qualitative information might be published. I understand that no <i>personal</i> information will be published due to being anonymous		
Questions will be asked regarding death and bereavement. I understand that I can avoid such question should they be too stressful to address		

I agree to take part in this study [signed]

Ps. #



Appendix F – Interview Debrief Form

INTERVIEW DEBRIEF FORM

Dear Participant,

Thank you for taking part in this study and the interview. Your involvement and co-operation has been greatly appreciated and will contribute to our further understanding of psychological and parapsychological events surrounding bereavement, which in the past have been seldom considered by main stream research. The findings will help support those in need of coping and recovery from bereavement, and will assist researchers and counsellors working with the bereaved to better understanding the positive gains that exceptional experiences can provide those in a time of grief.

The study you have taken part in has been designed to investigate the role of ‘hope’ as a potential emotional state promoted by anomalous events, allowing the bereaved to pass through the bereavement stage with greater ease compared to those who do not have such encounters. The initial questionnaire findings have suggested that hope is present within people who have such encounters – and to a greater extent than those who don’t. The experiences appear to promote hope and assists in facilitating the loss. Previous studies have mentioned such experiences to be therapeutic, but without explanations as to why the experiences *are* therapeutic, in terms of what cognitive changes (i.e. processes in the mind) take place. This study has investigated hope to be largely responsible for this change and the expression of therapeutic gain. The evidentiality of the anomalous phenomena has not been investigated in this study. It is down to those who witnessed it to form their own conclusions.

You have 7 days in which to contact me and have any element of your data removed from the study (or the entire interview) should you change your mind about taking part for whatever reason. Your interview material will be kept by me only and stored away. Your information will be made anonymous and no *personal* information will be used or published (i.e., identification details, addresses, etc.). Following transcription of the interview and analysis, and upon completion of the research project, your audio recording will be destroyed. Remember that you are entitled to a copy of the full study upon completion.

Please keep this brief form as a record of your involvement in the study. It contains my contact details should you have any further questions you would like to ask me at any time. Alternatively, you may contact my director of studies Professor Chris Roe, should you wish to discuss the study with an independent party: chris.roe@northampton.ac.uk

Once again, thank you for taking part.

Callum E. Cooper, CPsychol., FHEA

Appendix G – Interview Ethical Approval

Ethical Considerations for Final Data Collection

Name: Callum Elliot Cooper (CPsychol, FHEA)

Degree Type: PhD by Research

Supervisors: Dr Graham Mitchell and Professor Chris Roe

RE: 'Follow-up Interviews' of Existing Participants, for Consideration of the Research Ethics Committee (REC)

Dear REC,

On 16th January 2013 approval in principle was granted for my PhD project, an investigation of 'post-death experiences and the emotion of hope'. On 13th February 2014, full approval was given for data collection regarding the first two phases of my project involving matters of bereavement, anomalous experiences and positive psychology. This included two sets of questionnaire batteries comprising of scales measuring death anxiety, beliefs in religion, the paranormal, and an afterlife, and a scale measuring levels of hope. One of the sets of questionnaires included closed and open questions at the end, given to people who believed that during the time of a significant bereavement they encountered anomalous phenomena attributed to the deceased. This written feedback from half of the participants formed the second and third analysis. The fourth and final empirical phase consists of interviews with selected participants, and it is here that we write to request full ethical approval for this stage.

Summary of Research Thus Far

Questionnaires were collected from two groups of participants (N = 100). The control group ($n = 50$) consisted of bereaved persons who had never encountered an anomalous experience, and the experiential group ($n = 50$) consisted of bereaved persons who had experienced anomalous events following their loss. The scales within the questionnaire battery included measures of beliefs, death anxiety and hope, and formed the first analysis of the project where levels of beliefs and a sense of 'hope' between the two groups could be analysed. For the anomalous experience group, additional questions were provided for participants to elaborate on their experiences during bereavement. These additional data formed the second (and third) phase of data analysis where the varieties of experiences and their impact on participants could be explored by content and thematic analyses.

In this final empirical phase I intend to explore these issues of wellbeing and hope obtained from anomalous experiences through in-depth interviews. As part of the questionnaire that was distributed, respondents were asked if they would be willing to take part in these interviews (participants within this group ($n = 50$) ranged from 20-83 years of age (M = 50.3)). Those who responded affirmatively – and based on their questionnaire feedback – will be selected and emailed. They will be invited to take part in

an interview regarding their experiences. Those who accept the invitation will be provided with a further consent form containing information about the interviews, including assurances of anonymity and reminding them of their right to withdraw (included at the end of this submission).

Aims of the Interviews

- To investigate some of the more specific details of life, outlook, and wellbeing transitions for individuals following loss and gain from the anomalous experiences encountered.
- Questions will be asked which expand on the content and thematic analyses, in order to establish what changes – if any – the participants believe took place for them following anomalous experiences during bereavement.
- The meaning of ‘hope’ will be discussed with participants to establish whether they believe such an emotional state played a role for them or not. This will also involve questioning participants on their individual definitions of hope in relation to their lives (before loss, during bereavement, and after an anomalous experience).

Procedure

This final stage will involve an in-depth semi-structured interview with participants regarding their thoughts on death, bereavement, their anomalous experience, and what their anomalous experience(s) meant to them. With the latter line of questioning, this will involve questions regarding positive psychology and what certain positive traits mentioned in their questionnaire and anomalous experience(s) written feedback, actually means to them (such as the emotion of hope, for example). A draft of indicative questions to be addressed is included at the bottom of this submission. It is predicted that between 8-12 participants will be recruited for this final stage.

Interviews will take place in whatever environment participants are most comfortable with; where appropriate, Skype interviews will be arranged, but for those based in the UK who would prefer to be interviewed in person, I will travel to meet them or they will be invited to come to the University of Northampton. Location depends on what is feasible and most comfortable for the participant. Where interviews are face to face, the supervisors of this study (Professor Chris Roe and Dr Graham Mitchell) will be contacted when the interview begins and when it ends, so as to ensure the health and safety of the researcher and participant.

At the beginning and end of each interview, participants will be assured that their material will be kept anonymous, adding that no personal information will be used or published (i.e., identification details, addresses, etc.). Participants will be reminded that their wellbeing is of the utmost importance, and if they wish to stop the interview for whatever reason, avoid a question, or take a break, they have the right to do so and as the researcher I will be sensitive to that and constantly aware of their needs and wellbeing. An audio recording device will be used during interviews. The semi-structured interview design allows for more freedom of discussion, regarding participants’ thoughts and opinions

following each main question asked. All recordings will be kept securely by myself and locked in my office. Following transcription of the recordings, and completion of the PhD (i.e. on graduation), the recordings will be destroyed/erased.

When writing up quotes from participants, first names only or pseudonyms will be used, neither of which would lead anyone to be able to identify the participant. Interview recordings will be kept only by the experimenter and full transcripts may only be seen by the experimenter and supervisory team. Therefore, materials required for this phase during interviews include: an audio recording device, a consent/information form, and a list of questions for the interview.

It must also be reiterated here – as has been highlighted by the REC before and confirmed by myself and supervisory team – that this is not an exercise in counselling the bereaved. This has already been made clear to participants, and will be made clear again for the purpose of the interviews. I hold no formal qualifications in counselling and am not attempting to offer counsel. It will be made clear that this is an interview specifically on anomalous experiences following loss and what impact such experiences had on people, in order to better understand the process. Previous studies have found that the bereaved felt relief in knowing more about what research has been carried out into spontaneous post-death experiences (Krippner, 2006). Based on previous published findings, the interview process in this study is anticipated to be a positive experience for those who will take part. With anomalous experiences, there is a unique story to tell, to which not everyone is prepared to listen. These interviews will allow participants to express their thoughts and feelings concerning what happened and how they interpreted it, which will be treated seriously and with the utmost respect.

Following the interviews, participants will be reminded of their right to withdraw. Participants will still have contact details of the researcher following their interview should they have any further questions. They will also be provided with details of any relevant counselling services should they require them. As in the case of the first and second phase of data collection, following the interview the participants will have 7 days in which to withdraw their data should they choose to do so for whatever reason. Once all interviews have been carried out, the recordings of the interviews will be transcribed and analysed.

- Krippner, S. (2006). Getting through the grief: After-death communication experiences and their effect on experients. In L. Storm, & M. Thalbourne (Eds.) *The Survival of Human Consciousness* (pp. 174-193). London: McFarland

Summary of Data Collection:

Data Collection	Ethical procedures
Access	Permission to contact existing participants for a follow-up interview has already been obtained from all participants. An additional consent form will be supplied in which the participant signs permission for

	<p>the interview to be carried out. The consent form will also contain further information about the study and their right to withdraw within a 7 day period following interview.</p>
Audio tape recordings	<p>Audio recording will be required. Depending on this situation due to participant location, this might either be a face to face recording or via skype.</p>
Storage	<p>In keeping with The Data Protection Act (1998), all collected data will be kept by the main researcher (myself) and stored away in a secure area where no one else can gain access. This data will only be shared with my supervisors in reviewing and analysing the results. Any personal data which has <i>not</i> received permission to be kept permanently will be destroyed upon full completion of the study.</p>
Data analysis and reporting	<p>All participants' details will be held confidentially and securely and anonymised in reporting/publishing by the researcher (myself) including the names of the institutions / organisations unless permission is obtained to reveal names.</p> <p>The Data Protection Act (1998) must be observed.</p>
Addressing BPS ethical issues which may concern bereavement	<p>The researcher has a background in thanatology regarding the teaching and research of related issues (see CV). This has involved visiting the bereaved, discussing their experiences, exchanging emails, corresponding through letters. As the topic of bereavement can be very emotional for some (although not all participants will have suffered a recent loss), the researcher must be considerate and maintain responsibility at all times throughout the interviews (BPS code of ethics, section 3, Ethical Principles: Responsibility). Contact numbers will be provided to participants should they request counselling and guidance (BPS code of ethics, section 3, sub-section 2 (iv), "Psychologists should refer clients to alternative sources of assistance as appropriate"), but as standard, the researcher will keep full contact by providing their contact details for participant reassurance that they are not simply abandoned once the interview is completed.</p>
Participant well-being and safety	<p>Participant wellbeing, psychologically and physiologically, is top priority. Therefore, the four main ethical principles must be upheld at all times</p>

	<p>during the interviews, these are: respect, competence, responsibility and integrity. Additional issues to consider when dealing with issues of bereavement are as follows:</p> <ul style="list-style-type: none"> • BPS Ethical Guidelines, Section 3, sub-section 3, (i) Psychologists should consider all research from the standpoint of research participants, for the purpose of eliminating potential risks to psychological well-being, physical health, personal values, or dignity. • BPS Ethical Guidelines, Section 3, sub-section 3, (vi) Psychologists should inform research participants from the first contact that their right to withdraw at any time is not affected by the receipt or offer of any financial compensation or other inducements for participation. • BPS Ethical Guidelines, Section 3, sub-section 3, (ix) Psychologists should exercise particular caution when responding to requests for advice from research participants concerning psychological or other issues, and offer to make a referral for assistance if the inquiry appears to involve issues sufficiently serious to warrant professional services. <p>Standards of debriefing (BPS Ethical Guidelines, Section 3, sub-section 4) should be adhered to at all times during all three phases of the research project.</p>
<p>Researcher safety</p>	<p>For health and safety reasons of the researcher and participant, the supervisors of this study (Professor Chris Roe and Dr Graham Mitchell) will be informed of dates when interviews plan to take place. They will be contacted when the interview begins and when it ends, and of when I leave the participant if the interview is conducted in person.</p>

<p>Positive/therapeutic gains for participants</p>	<p>The main implication of this study is that issues of ‘death and bereavement’ are being dealt with – topics which by their very definition are considered negative. Everyone will have faced a different personal experience of loss and grief. Therefore, care and comfort of the participants is top priority. Any participant taking part does so at their own discretion, after having discussed the interview procedure with the researcher, and read and signed the consent form. However, it is likely that the participants will find addressing the topic a very helpful task to take part in, giving them freedom of expression without criticism or bias (as previously noted by Krippner (2006)). Participants will be reminded that their wellbeing is of the utmost importance, and if they wish to stop the interview for whatever reason, avoid a question, or take a break, they have the right to do so without penalty. As the researcher, I will be sensitive to this and constantly aware of their needs and wellbeing.</p>
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Draft of Indicative Questions for Interview

- Please tell me about the first exceptional experience you encountered following loss, followed by any additional events you remember encountering.
- What are your beliefs and what were the beliefs of your loved one who passed?
- Did your beliefs change following your exceptional experience?
- Had you heard of people having exceptional experiences during a time of loss before your own experience?
- Do you feel that it was – or has been – acceptable to talk about your experience(s) freely with anyone?
- You stated your experience to be helpful, in what way was it helpful?
- Death has many definitions. Has the meaning of the word changed for you?
- Would you say the experience changed you mentally and/or physically in anyway?
- Between the moment of encountering loss, to the point of having an exceptional experience, do you believe your ability to look ahead in life – to the future – changed in anyway?
- What does the word ‘hope’ mean to you?
- Do you believe ‘hope’ played a role in your life following your experience?
- Is there anything else you would like to say about your experiences, or changes that may have taken place in your life following the events?

Feedback from Research Ethics Committee	
Student: Callum Cooper	Date: 2 nd July 2015

Action required	Tick
No action required	✓
Submit amendments for Chair's Action	
Submit amendments for consideration by members by email	
Resubmit application to future REC meeting	

Decision relating to the proposal	Tick
Full approval was given	✓
Advisory comments were given	✓
Amendments were required before full approval can be given	
Approval in principle was given	
Amendments are required before approval in principle can be given	
In its current form, approval could not be given	

Feedback on proposal
The Committee received the documentation for the final phase of the project and gave full approval. It was noted that the consent form should be on a separate page to the information sheet or on a tear-off slip so that participants can retain the researcher's contact details on the information sheet.

Advice and guidance:
Please note that if you have been asked to make amendments then you should include a cover note with your resubmission that notes the way(s) in which you have responded to RDB comments and suggestions. You should also highlight any changes made to the proposal (e.g. by using a different ink colour).
The Chair of the Board/Committee can be contacted via the Graduate School if you have any questions about this feedback.

Appendix H – Table of Themes
(Interpretative Phenomenological Analysis)

Superordinate Themes	Sub-themes	Examples of Illustrative Quotes/ Psychological Expressions
Grief Reactions	Mental	“nobody understands what you’ve been through”
		“I saw myself sinking down into this dark, this like dark depth of despair and just giving up”
		“I was falling apart”
		“I could not stop crying”
		“the idea of him being non-existent, was very difficult for me”
		“all the spiritual work I’d done didn’t matter, all that went out the window upon her death”
	Physical	“I’ve become more isolated”
		“I’ve learnt that grief is really hard on your body”
		“loss changed me a lot because all of a sudden I started to put on weight and all sorts of things”
		“food was the only option left”
		“I do think there’s a physical aspect to grief that, that stresses your body out and makes things fall apart”
Tests of Belief	Confirmations	“I’d known a lot about spiritualism, I hadn’t come into much contact, so this sort of said to me ‘yes, I’m definitely on the right tracks with my beliefs there”

		<p>“it just confirmed it”</p> <p>“I can’t really say they changed I think they probably just got more concrete”</p> <p>“it sort of validated what I kind of thought already”</p> <p>“I don’t know as much as changed as its expanded”</p>
	Transitions	<p>“my beliefs around that completely changed”</p> <p>“that shifted after a while, my beliefs then too... so my belief about Earth bound spirits”</p> <p>“I realised it was true and that it’s all about truth, accepting, accepting their existence that the mind goes on”</p> <p>“I began to believe more”</p> <p>“it really made me feel like... that there was something to that, to like the whole concept of life after death”</p> <p>“changed me so much because I felt somehow that there was life after death”</p>
	Sustained	<p>“Death is still death, always will be death”</p> <p>“now your body can’t take it anymore, you’ve gone, and that’s it, you’re buried, you’re cremated, and jobs done”</p> <p>“I am not a believer in the paranormal per se”</p> <p>“what happens in my head the vivid dream I can associate a lot of dreams to things that I’ve seen in my day to day life”</p>
Freedom to Share	Negative Outcomes	<p>“spiritual experiences are sacred... I think that they can be</p>

		misconstrued”
		“I learned that sharing a lot was not always good”
		“he would have felt uncomfortable talking about things like that”
		“I try to listen to how I feel, and whether it’s appropriate to share”
		“delicate approach if you’re talking to other people, because if they’re not interested they just think you’re a bit crazy or a looney”
		“I haven’t talked to my kids about it, because I don’t want to freak them out”
		“I could never talk to my sisters about this kind of stuff”
	Positive Outcomes	“I share, and pretty soon they’re in tears I’m in tears and they’re telling me about y’know some problem in their life and how something I’ve shared with them has just been the answer they needed”
		“you find once you approach a subject with someone... it’s almost like you’re drawn to other people who have had similar experiences”
		“Some people are so open to these conversations and you can have them all day”
		“[to share] I think it would be like a very big opening of emotion, and I think that it would be a good thing for things like that to happen”
		“it clears a lot of pent up frustration”

Hope Emerging from AEs	Hope from Prior Influences	“I didn’t need hope, because I, I’d had the phenomena, and I’d already had the level of awareness that I had at the time”
		“do I hope there is an afterlife?’ well there’s that contradiction, sure I hope there is, but on the other hand I’m more ‘convinced there is”
		“I was probably born believing this stuff”
		“it was never that big of an ‘ah ha!’ moment, y’know, it was just something that was just always there”
		“it validates what I’ve felt all along”
	Hope from Anomalous Experiences	“I’m much healthier so it’s had that effect as well, yeh hope makes you healthier and it changes your future”
		“father’s message gave me hope”
		“Well most defiantly, yeh, it just changed my life”
		“his presence that was like a beacon of life for me”
		“I would say so, I have a lot of hope”
“hope for me is still about having that strong belief, and ‘I hope’ goes with ‘I believe’, that I’m on the right path”		
“Absolutely, the experience itself gave me hope”		
Recovery	Validation	“I’m exploring and it helps to me to hear that I’m not really just a weirdo, or I didn’t dream this up, so to speak, but that

		<p>other people have had such experiences becomes reassuring to me”</p>
		<p>“I just ignore the sceptics and non-believers, but people who have had experiences like I have had, then (...) they know it and I know it”</p>
		<p>“my brother-in-law who was very sceptical about the afterlife, when he saw the drink landed on the floor, he, y’know, none people saw it, nine people saw it, and if that isn’t my husband speaking though I don’t know what is”</p>
	<p>Coping</p>	<p>“I don’t rely on it now”</p>
		<p>“cope and deal and have purpose and focus and a reason to keep going”</p>
		<p>“It’s changed my life and as I said before (...) I’m a different person now”</p>
		<p>“it changed everything, it made me feel like I was going to be ok”</p>
		<p>“[the experience] full on one hundred per cent greenlighted and gave me permission I needed to do (...), I needed to keep doing what I do professionally”</p>
		<p>“gradually as grief takes you forward you slowly become less dependent on [the experiences]”</p>

Appendix I – Interviewee Profiles

Dawn, age 49, from Germany, Pagan, lost her uncle. Her first anomalous experience attributed to the deceased, occurred within a week of her uncle's death. At the time of her uncle's death, her mother returned to Germany to attend the funeral. Dawn gave her mother a quartz crystal to put in the coffin. Not knowing when the funeral was, Dawn dreamt about her uncle around the same time her mother placed the crystal in the coffin – which she found out about from her mother. When her mother returned home, they sat watching TV together talking about Dawn's uncle, when suddenly the room became cold. A 'black oval shaped mass' then appeared in the living room. The black mass travelled out of the living room and into the kitchen. Both witnesses saw the mass and followed it. The black mass moved up into the ceiling and passed through a trap door (without leaving residue, markings, or damaging the door's structure). The door began to vibrate, yet the witnesses claimed there was no wind or draft to cause that to happen, nor had it done that before, nor has it since. Dawn was told soon after by her mother that her uncle had a pact with her mother that whichever one died first would give a sign to the other of their survival beyond death. Dawn's NHS score was *moderate hope* following anomalous events.

Brenda, age 48, from the United States of America, Jewish, lost her aunt (described as 'like a mother figure'). Her first anomalous experience attributed to the deceased, occurred within 24 hours of her aunt's death. The first experience appeared to be a combination of synchronicity and symbolic, upon reflection (and debatably psychokinetic). Brenda awoke at 2am to the sound of a gunshot. Getting out of bed she looked out of the window expecting to find a dramatic scene outside. There was no sign of anything, no smell of gunfire (the experient has experience with guns), so Brenda proceeded to investigate thinking there was a break in at the front door. It turned out the closest had burst open with all items flying out (shelves and all). Two days later, Brenda received a call from family informing her that her aunt had committed suicide, having shot herself in the early hours of the same night that Brenda had had her experience. Being a medium by profession, Brenda was surprised she didn't get a sign. Also teaching yoga, her most significant experiences followed during yoga classes in which she heard and saw her aunt. Other people attending the class claimed they 'sensed' an additional presence in the room at the same time of Brenda's audible and visual experience of her aunt (yet Brenda told no one in the group of her experiences at the time). An unusual experience also occurred while driving home one evening involving synchronicity and

problems with her phone attributed to the deceased. Brenda's NHS score was *high hope* following anomalous events.

Naomi, age 39, from the United Kingdom, Church of England, lost her uncle. Her first anomalous experience attributed to the deceased, occurred within 24 hours of her uncle's death. While on a family holiday in Egypt with her uncle, her aunt, and her mother, Naomi's uncle suddenly passed away. In the rush to get flights back home and the body transported too, Naomi had to stay behind on her own a few extra days until a flight for her was available. On the first additional night in the hotel room, the television was experienced turning itself on and off, cold and warm spells were felt, and knocks on the doors (Naomi reported this as a somewhat frightening experience). On returning home, Naomi awoke the first night to someone sitting on her bed. The figure felt like that of a male in build (perceived to be her uncle), which reached out to her – perceiving this apparition to have touched her shoulder. Naomi tried to communicate with the figure, but could not recall if the figure actually spoke, or if the communication was just mentally (telepathically) received. The figure offered words of comfort before it disappeared. Naomi's NHS score was *moderate hope* following anomalous events.

Diane, age 45, from Canada, holds no religious faith, lost her husband. Her first anomalous experience attributed to the deceased, occurred within a year of her husband's death. Repeated dreams occurred for months. These dream scenarios involved a telephone ringing at the top of a long white staircase, with a long telephone cord going up to a door at the top. The telephone would continue to ring and would not stop. Going up the stairs and through the door which the telephone cord went under, Diane found a room with nothing in it but an old rotary dial telephone. On answering the telephone, the voice on the other end would be her husband asking how everything was. Diane frequently hung up, telling the deceased: "you're dead, why are you phoning me?" Diane is a psychologist by profession, and having sought the advice of a colleague (another psychologist), she decided next time the dream occurred to let the conversation happen. The conversation finally took place, and these particular dream scenarios no longer occurred. Some other dreams followed with face to face interaction, with the deceased looking healthier, fuller, and vibrant, than recalled in life. Further conversations were had about life and the family. The dreams felt extremely real (beyond a normal dream), and other experiences were reported in relation to other family losses following the dreams of her husband

(including spontaneous smells, such as tobacco associated with her deceased father). Diane's NHS score was *high hope* following anomalous events.

Victoria, age 40, from the United States of America, Mormon, lost her husband. She lost her husband (and father-in-law) in a plane crash. Her first anomalous experience attributed to the deceased, occurred within 24 hours of her husband's death. Victoria's experiences began with hearing voices of support associated with the deceased, and vague mental visions of him. Promises were made between Victoria and her husband, for her husband to come back and give a sign if he died before her. While going to sleep voices of the deceased were heard. Communication was carried out mentally/telepathically – in her opinion. Victoria's children each individually experienced voices of their father too (and communicated), without prior knowledge of their mother's experiences. One son believed the voices to be very much external sounds rather than mental impressions. Victoria frequently felt her husband's presence around her at various times while engaged in different tasks. Victoria's NHS score was *moderate hope* following anomalous events.

Jane, age 51, from the United Kingdom, holds no religious faith, lost her husband. Her first anomalous experience attributed to the deceased, occurred within 24 hours of her husband's death. At the bedside of the deceased, and at the very moment of him passing away, Jane's mobile phone suddenly would not work properly. The phone was ringing, but wouldn't connect with anybody. Half an hour later, the phone worked fine. The most significant event came three days later while Jane was out for coffee with a friend. Discussing losses they'd both encountered, Jane suddenly saw a small yellow butterfly land on her friend's hooped earrings. It then fluttered down on to Jane's hand, landing on a ring she wore which was her husband's. The butterfly then flew off into the clouds. Jane's friend did not see the butterfly, but in Jane's opinion it was a sign from the deceased. In discussing the butterfly, both friends reacted emotionally. Following this event, further technical problems with telephones occurred, a photographic anomaly of light around Jane on a significant day was discovered, sense of presence experiences were encountered, and problems with the family car (all attributed to the deceased). At the deceased's funeral, approximately nine people (not including Jane, who was told immediately afterwards) witnessed a glass move from a central point of a table and over the edge, at which point it landed perfectly on its base on the floor (glass intact with some drink spilt). The main witness was the deceased's brother (who remained very sceptical of

the event, but was taken back by it) and his girlfriend, whose glass was the one witnessed to have moved. A promise was made with the deceased to return and give a sign of their survival. Also, Jane is a long serving professional nurse and reports to have witnessed hundreds of people die. She also claims to have witnessed apparitions of deceased people in the work setting, sometimes with other colleagues bearing witness. Jane's NHS score was *low hope* following anomalous events.

Robert, age 47, from the United Kingdom, Church of England, lost his grandfather. His first anomalous experience attributed to the deceased, occurred within a month of his grandfather's death. Robert's encounters involved dreams of his grandfather attending athletic events to watch him race (something his grandfather never actually did while alive). They would have conversations, run together, and embrace. Robert would be younger in these dreams but his grandfather still appeared old, yet was capable of running with him. The dreams occurred frequently and were very real to Robert. He also claimed them to be lucid within these dreams, knowing that he was dreaming and could change the dream scenario whenever he wanted. Robert's NHS score was *low hope* following his dream encounters.

Charlotte, age 65, from the United Kingdom, Church of England, lost her father. Her first anomalous experience attributed to the deceased, occurred thirty years following her father's death. Charlotte decided to sit on her bed and speak out to her father to see if she would get a response. She claims to have immediately felt his presence in the room, after hearing him reply "I'm here." It was described that audible conversation was had in which the deceased said that they would return again. Charlotte also recalled early experiences that occurred shortly after her loss, which involved seeing her father in her mind's eye when going to sleep. However, she stated her most significant experience to be the one thirty years following her father's death, in which she asked out and received a response and felt his presence around her. Charlotte's NHS score was *high hope* following anomalous events.

Cathy, age 67, from Canada, holds no religious faith, lost her father. Her first anomalous experience attributed to the deceased, occurred within a month of her father's death. Cathy is a PhD candidate exploring paranthropological issues of indigenous cultures, and is previously qualified in psychology. Cathy reported to have had various

precognitive dreams over time which had come true. Cathy and her father had not been talking for some time due to a fall-out, but began speaking again a month before his death. He died suddenly of a heart attack while away visiting family. Within the following month, Cathy had a dream in which she was in an unfamiliar ground floor apartment, standing beside a figure she did not recognise. She saw a car drive past the window, instinctively knowing it was her father inside and wanting him to come back and say goodbye. The car reversed back up to the apartment. Her father got out, they said their goodbyes, and he gifted her a “beautiful stunning chandelier.” Further dreams occurred in which her father would visit, and gradually the dreams didn’t occur anymore. Cathy was aware in the dreams that her father was meant to be dead. Later, sense of presence experiences were encountered, which were so prominent, that Cathy would look around to check nobody was physically stood beside her. This sense of presence even occurred in her car while driving. In all of these experiences, Cathy reported a message being delivered by her father (normally words of comfort or revisits). Cathy’s NHS score was *low hope* following anomalous events.

Published Work

This section includes copies of published work completed during the time of the PhD. Where my authorship is concerned, the material relate directly to the literature reviews of Chapters 1 and 2, and the findings of Chapter 3. The references for these works are as follows, and are provided in the following pages in order of publication:

Cooper, C.E. (2013). Post-death experiences and the emotion of hope. *Journal for Spiritual and Consciousness Studies*, 36 (1), 24-28.

Cooper, C.E., Roe, C.A., & Mitchell, G. (2015). Anomalous experiences and the bereavement process. In T. Cattoi, & C. Moreman (Eds.) *Death, Dying and Mysticism: The Ecstasy of the End* (pp.117-131). New York: Palgrave Macmillan.

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.

Steffen, E., Wilde, D., & **Cooper, C.E.** (in press). Affirming the positive in anomalous experiences: A challenge to dominant accounts of reality, life and death. In N.J.L. Brown, T. Lomas, & F.J. Eiroá (Eds.) *International Handbook of Critical Positive Psychology: A Synthesis for Social Change* (pp. XX). London: Routledge.

In the time of conducting this thesis, presentations have also been giving concerning post-death experiences and the findings of Chapters 3 and 4. For the benefit of the reader, the references for these presentations are provided below:

Cooper, C.E., Roe, C.A., & Mitchell, G. (2015). *Spontaneous post-death events: A natural process of coping and hoping*. Paper presented at the BPS Transpersonal Psychology Section's 19th Annual Conference, Cober Hill, Scarborough, UK.

Cooper, C.E., Roe, C.A., & Mitchell, G. (2015). *Examining what cognitive mechanisms make spontaneous post-death phenomena therapeutic for the bereaved*. Paper presented at the joint 58th Annual Parapsychological Association Convention and 39th International Conference of the Society for Psychical Research, University of Greenwich, UK.

Cooper, C.E. (2014). *Anomalous experiences during bereavement and their impact on recovery*. Symposium paper presented at the 5th Qualitative Research on Mental Health Conference 2nd - 4th September, Chania, Greece.

Cooper, C.E. (2013). *Helpful or harmful? Anomalous experiences in bereavement*. Presented at the 37th International Conference of the Society for Psychical Research, Swansea University, UK

Post-Death Experiences and the Emotion of Hope

Callum E. Cooper, M.Res.

Abstract: This paper briefly defines the emotion of hope and considers its role in anomalous post-death experiences. From what research is available, some findings suggest that hope may be present in the after-math of after-death communication (ADCs), along with many other positive outcomes. All of which may affect percipients psychologically and physiologically, when having been suffering with grief and bereavement. Some links between post-death experiences and hope are presented which the author intends to investigate further.

Introduction

The word hope is often thought of in a religious context and paired with other words such as faith and love, which are typically understood in psychology as emotional states. However, if we single out hope from these other states, we are left with an emotion which is possibly more powerful than any of the others combined, and hope is a relatively new area of research for psychology. Stotland (1969, p. 2) describes hope as “a shorthand term for an expectation of goal attainment.” In other words, if a person has hope, he or she will act on this emotion, move and achieve his/her goal. It is a powerful psychological drive towards whatever is expected or desired. While on the other hand, Day (1969) discusses the issue of whether hope can be considered an emotion, for which, there are several arguments for and against. However, hope is a direct passion and the opposite of fear, alongside other direct passions such as desire and aversion, and, joy and grief. David Hume (1739) proposed hope to be an emotion from this argument of direct passions, while Day personally disagreed with hope being an emotion, it was agreed that hope was formed by – and connected to – belief. This is because, hope includes a probability-estimate of things to happen, and a probability-estimate is exactly a believed-probability. Hope therefore combines desire, probability and belief, and hope may be increased when events in life support personal beliefs, desires and the probability of things to come.

Before psychology began to investigate hope as an emotional state, it was, and still is, used in the psychiatric setting. Schrank, Stanghellini and Slade (2008) reviewed the psychiatric literature on hope and its applications in the clinical setting. It was found that in numerous applications of hope in the clinical and mental health

setting, the results were varied and empirical evidence was lacking in its predictive power; however some scales for determining hope in patients were found to show a promising level of consistency (e.g., Miller & Powers, 1988). Quite often, applications of hope have been used by nurses in the hospital setting to help terminally ill patients (Adams & Proulx, 1975; Herth, 1990). In many of these cases, fostering hope has helped to reduce death anxiety in patients and maintain levels of hopefulness and optimism.

Death, Anomalous Experiences and Hope

When we look for similar places in which applications of hope may be explored and applied, one of the key fields dealing with the subject of death and dying is that of parapsychology (Rogo, 1974). Those who have died may have developed their own sense of hope for continuation of life beyond death, before they actually died, especially if hope was fostered in the hospital setting with the help of clinicians and nurses. But is hope then fostered by friends and loved ones who are left behind in a state of bereavement? Spontaneous anomalous experiences surrounding death may be the stimulus for fostering hope and overcoming grief. These experiences may involve; a sense of presence, seeing apparitions, poltergeist type activity, dreams of interacting with the dead, and so on. In fact, anything assumed by the experient to be a link or form of communication with the dead, could be considered to be a post-death experience, even if the reported phenomena have perfectly natural causes. How the experience is interpreted and influences those involved, is one issue, determining paranormality in the reported phenomena is another.

We must ask ourselves, in the case of post-death experiences which are suggestive of survival, what would be the stimulus for hope? Quite simply, the suggestion that consciousness may continue in some form beyond bodily death is likely to be the stimulus for fostering hope. Grief is often the result of personal loss, and thinking over death as a definite finality to a particular individual's existence can only make the bereavement stage worse in some cases. Bereavement is a natural process, but it is psychologically and physiologically damaging over prolonged periods (Clayton, 1975; Schulz, 1978), and therefore some form of motivation is required to overcome grief. If we turn to the testimonies of those who have had anomalous experiences following the loss of someone close, there is evidence to suggest that hope is present in some percipients, owing to possible personal acceptance that consciousness does not simply stop at the point of death. Many people that have had post-death experiences, whether they are a sceptic or a believer in the paranormal, enter some form of transition of thought, and outlook on life, from having such experiences. It all depends on how dramatic and meaningful the experience was for the individual(s) involved.

In a study by Drewry (2003) seven research participants were interviewed regarding post-death experiences they'd had (40 expe-

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riences in total collectively). Several themes were found from their reported experiences, including experiences commonly assuming themselves to be delusional about their experiences, before accepting them for what they were. Most interestingly, the bereaved individuals reported relief and comfort from the experiences, and several other emotional states, including, hope. A common response from the participants was that their experiences had given them enough grounding to get through their grief.

In another study which explored relationships between death anxiety and afterlife beliefs, participants were asked to write down their thoughts on what the afterlife would be like. Various feedback from participants was analysed, while also taking into account age, gender, race, and religious backgrounds. In some cases when participants described what they believed an afterlife would be like, it was noted that a small number of participants specifically expressed 'hope' that not only would they continue on into an afterlife at the point of death, but so would their children, family and friends (Cooper, 2011). It could be concluded from this that not only can hope from post-death experiences help to combat grief, but fostering hope before the point of death - maybe even from previous anomalous experiences - can assist in reducing death anxiety.

There are a number of texts discussing people's encounters with death and post-death communications, in which various positive emotions are expressed as being obtained following these events, which at first, terrified certain individuals in some cases. However, it is more commonly reported that the post-death experience - though startling for the experient - is a comforting experience (e.g., Arcangel, 2005, Devers, 1997, Wright, 2002). Additionally, people have reported feeling some form of connectedness to the dead and a sense of closure over any unsettled business or final goodbyes that were never had. Nowotny-Keane (2009, p. 192) in her study of after-death communications (ADCs) stated that "The reports of ordinary people can provide glimpses of an afterlife that give hope and confidence for our journey to the world of spirit." In a summary of doctoral research into ADCs and discussing various individuals' experiences, Devers (1997, p. 143) states "In the days that followed, Dee experienced her father through dreams and a sense of his presence. These experiences further added to her sense of hope and helped to ease her through a terribly difficult time." With these statements, we do have to question whether in this context the word hope is being casually used, or whether those who had post-death encounters were discovering and fostering hope emotionally from the result of their experiences. This could only be confirmed when, and if, we pursue a descriptive analysis of hope, and implications relating to those persons who would likely apply the analyses to the conditions of their own lives (Butler, 1962), i.e., those who claim to have had post-death experiences. In several cases discussed by Devers, percipients fostering hope does seem to be taken literally, for example, "The actions of

the deceased fostered hope for the future" (p. 153).

Without actually applying scales of measuring hope within a sample of participants to investigate its level of involvement, Devers (1997) does acknowledge hope as a healer in her study of ADCs from certain participants that either consciously or unconsciously described hope's involvement in their experiences. As previously mentioned, bereavement can lead to a decline in psychological and physiological health if grief continues for too long and an individual loses hope, which Snyder (1994) refers to as learned hopelessness. Devers describes ADCs as "full of hope" adding that "a hopeful belief system has the power to strengthen and heal" (p.150). This leads us back to the descriptions of hope by Day (1969) and David Hume, in that fear is present when a person believes that death terminates all form of existence, while Devers believes that fear is replaced by joy when an ADC is experienced, suggesting to the bereaved that they will be reunited in an afterlife with their loved ones at the point of death. Hope and fear are considered opposites, and yet closely linked with joy and grief, when fear and grief are dissolved by a post-death experience, some form of emotion must replace them, the closest being that of hope.

The therapeutic value of post-death experiences has been noted by various researchers, predominately since the 1970s. With the phenomenon of sensing the presence of the dead, a spiritual connection between the living and the dead is often accepted by the bereaved, and seems to help ease the grief of loss. The deceased can therefore be understood by the bereaved, not as ceasing to be, but having entered a transformation into what we may call a spiritual form. In a study by Steffen and Coyle (2011), a thematic analysis was carried out on participants' accounts of sensing the presence of deceased loved ones, which found seven overarching themes, with three central themes. For example, participants reported to have found meaning in their experiences, spiritually and religiously, and found benefit in accepting continuation of the deceased and a sense of a continued relationship with them. It is apparent, therefore, that post-death experiences can promote dramatic changes in a person's views of life and death, as Devers (1997, p.132) stated that "ADCs hold the power to alter the negative into the positive; communication with the deceased can transform anger and hatred into forgiveness and love."

Conclusion

It is reasonable to hypothesise, from available research, that the emotion of hope is a key player in post-death experiences and the road to recovery from bereavement. The research findings which have been briefly presented here, and much more in the parapsychology and thanatology literature, demonstrate that the underlying mechanisms of post-death experiences should be explored further. In doing so we could understand the exact personal transformations that take place for the percipients, emotionally and motivationally.

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Only then will we be able to fully understand the extent of the involvement of hope in such experiences, as an aid to bereavement and as a healer. Something as negative as death, when investigated, may hold more positive outcomes than many would first care to presume. These issues will be investigated further.

References:

- Adams, C.L., & Proulx, J.R. (1975). The role of the nurse in the maintenance and restoration of hope. In B. Schoenberg, I. Gerber, A. Wiener, A.H. Kutcher, D. Peretz, & A.C. Carr (Eds.), *Bereavement: Its psychosocial aspects* (pp.256-264). New York: Columbia University Press.
- Arcangel, D. (2005). *Afterlife encounters*. Virginia: Hampton Road.
- Butler, N.L. (1962). *A theory of hope based upon Gabriel Marcel with implications for the psychiatrists and the ministers*. Unpublished Doctoral thesis, Boston University, USA
- Clayton, P.J. (1975). Weight loss and sleep disturbance in bereavement. In B. Schoenberg, I. Gerber, A. Wiener, A.H. Kutcher, D. Peretz, & A.C. Carr (Eds.), *Bereavement: Its psychosocial aspects* (pp.72-77). New York: Columbia University Press.
- Cooper, C.E. (2011). *Creativity, belief in an afterlife, and their relationship to death anxiety: A preliminary investigation*. Unpublished Master's thesis, Sheffield Hallam University, UK.
- Day, J.P. (1969). Hope. *American Philosophical Quarterly*, 6 (2), 89-102.
- Devers, E. (1997). *Goodbye again*. Missouri: Andrews 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.
- Herth, K. (1990). Fostering hope in terminally-ill people. *Journal of Advanced Nursing*, 15 (11), 1250-1259.
- Hume, D. (1739). *A treatise of human nature* (2 vols.). London: Printed for John Noon, at White-Hart.
- Miller, J.F., & Powers, M.J. (1988). Development of an instrument to measure hope. *Nursing Research*, 37 (1), 6-10.
- Nowotny-Keane, E. (2009). *Amazing encounters: Direct communication from the afterlife*. Melbourne: David Lovell.
- Rogo, D.S. (1974). Parapsychology - Its contributions to the study of death. *Omega, Journal of Death and Dying*, 5 (2), 99-113.
- Schrank, B., Stanghellini, G., & Slade, M. (2008). Hope in psychiatry: A review of the literature. *Acta Psychiatrica Scandinavica*, 118, 421-433.
- Schulz, R. (1978). *The psychology of death, dying, and bereavement*. London: Addison-Wesley.
- Snyder, C.R. (1994). *The psychology of hope*. London: Free Press.
- Steffen, E., & Coyle, A. (2011). Sense of presence experiences and meaning-making in bereavement: A qualitative analysis. *Death Studies*, 35 (7), 579-609.
- Stotland, E. (1969). *The psychology of hope*. San Francisco: Jossey-Bass.
- Wright, S.H. (2002). *When spirits come calling: The open-minded skeptic's guide to after-death contacts*. California: Blue Dolphin.

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Anomalous Experiences and the Bereavement Process

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The Process of Bereavement

Bereavement can be described as a universally experienced set of negative emotional stages following the loss of an object we hold dear.¹ This typically involves the loss of people through physical separation or biological death, but can occur in a variety of circumstances, including separation from childhood toys or the loss of a limb through accident and amputation.² To be able to experience such a personal loss we must first have formed an attachment to *something*, or typically *someone*. A psychological attachment is “the strong, affectionate tie we have with special people in our lives that leads us to feel pleasure when we interact with them and to be comforted by their nearness during times of stress”.³ Bowlby presented a general theory of attachment between people, particularly with regard to understanding attachments between child and caregiver.⁴ He considered terminations of attachment through death, and observed that people commonly experience emotional shock, and then physiological stress and anxiety from such loss (termed *separation anxiety*).⁵ However, over time the bereaved will come to accept the loss, readjust to the situation, and form new attachments.

This process of bereavement may be experienced in several stages before coping and any form of recovery takes place.⁶ Based on interviews and observations with the dying and bereaved, Kübler-Ross

characterized these stages as involving shock, disorganization, volatile emotions, guilt, loss and loneliness, relief, and reestablishment.⁷ It should be noted that individual cases need not involve all the stages put forth by Kübler-Ross, or have them occur in a set sequence.⁸

Effects of the Bereavement Process

As well as the emotional and psychological impact of bereavement, the loss of someone can lead to tangible physical effects. Initial feelings represent a form of fear reaction, which can include stomach disorders, feelings of sickness, dizziness (reported as a drunken feeling), breathing difficulty, and a tightening of the throat, and can last from several hours to a few days.⁹

Bereaved individuals have been found to be psychologically preoccupied with an image of the deceased and feelings of guilt, and express hostility toward friends and relatives. Their behaviour was unfocused, with restless, aimless movement and actions and with no pattern of organized activity, so that they were unable to complete tasks or sit still. The duration of bereavement depended on how well the individual carried out their grief work; they had to acknowledge and work with the distress of bereavement before adjustment was possible and the loss could be accepted.

Fulton referred to *low grief death* (in which death was predictable and could, to a degree, be prepared for) and *high grief death* (in which death was sudden and unexpected).¹⁰ The former allows for the bereavement process to begin even before the dying individual passes away.¹¹ Where an unanticipated bereavement occurs, there may be the additional fear that other sudden deaths could occur to friends or family members, so that the sufferer avoids things associated with the death (e.g., travelling in cars if the deceased died in a car accident) and often avoids socializing or attempting to reform relationships.¹²

If a person struggles to accept the loss of a loved one through death, then healthy adjustments to the loss may become difficult and this inability to refocus can prove psychologically damaging. Morgan and Morgan¹³ found this to be the case, particularly with the loss of a lifelong partner in the elderly, where the bereaved found it difficult to establish new interests in life, leading to depression, loneliness, despair, and ultimately a decline in health. Hendin¹⁴ refers to this as “broken heart syndrome”, and describes a study of the deaths of 371 people in which the death rate among people whose spouses had died in the

previous twelve months (12%) was higher than a baseline for those who had lost another family member (5%). The death rate for widowers was higher than that for widows, which was attributed to males having greater difficulty in expressing emotions or sharing feelings. Less severe outcomes include weight loss, sleep deprivation, depression, and anger.¹⁵

Although in a majority of cases natural resources and social support allow the grief to run its course, some may require medical advice or treatment.¹⁶ In such cases, “it is as if the home and way of life were enshrined at the time of loss, and the return of the deceased is awaited”. Such an expectancy effect could lead to prolonged “disbelief and numbness”¹⁷ and also give rise to experiences of “sensing the invisible presence”, which the mainstream would typically attribute to delusional or psychotic episodes induced by the trauma of bereavement. However, research that has focused on such experiences has suggested that they can have a therapeutic value, particularly where they are interpreted as evidence of the continued existence of the deceased person. We will review some of this work in the remainder of this chapter, looking initially at the range of spontaneous experiences that are regarded by the experient as signs of postmortem survival, and go on to consider attempts to induce such experiences under more controlled conditions.

Spontaneous Post-Death Experiences

An exceptional experience (or anomalous experience) can be described as an occurrence that appears to be “out of the ordinary”. As Smith¹⁸ explains, “It can be anomalous in the sense that it may appear as unusual to the person having the experience or in the sense that the processes involved in the experience appear to be ‘non-ordinary’.” Experiences classed as anomalous by the experient might include unusual auditory phenomena, apparitions, poltergeist-type activity, and dreams that seem to incorporate communication with others. The first formal studies of such occurrences were conducted by members of the Society for Psychical Research (est. 1882), and early work was reported by Gurney, Myers, and Podmore in the classic two-volume book *Phantasms of the Living*¹⁹ and in the “Report on the Census of Hallucinations”.²⁰ These publications describe extensive and detailed studies of exceptional human experiences among large samples of participants. Here, we shall specifically focus on the findings of experiences surrounding bereaved individuals.

Waking Experiences of the Bereaved

Exceptional experiences concerning a deceased person that are reported by bereaved individuals have been referred to as “post-death experiences” or “after-death communications” and/or contacts. The following example cases are taken from the work of Haraldsson²¹:

The night after my husband died I could not sleep and was at home in my bed and very lonely. Suddenly I sensed him standing by my bed. He seemed to be covered in a mist. I saw him and felt his hand as he stroked my head and recited part of a well-known poem that was about how good it was to rest and then wake up one day surrounded by eternal joy. I felt quite differently after this.

I lost my husband in the year 1950. It was as it usually is—quite tough. A week later his sister died. She had been a patient for a long time. I went east with the body, to Arnessysla. The weather was awful, very windy and the funeral took a long time and I was very cold. The night I came back west I put my clothes on and lay down on the bench and he appeared and held me so tight...I could not see him but I could feel it was his embrace...This was about half a month after he was buried. I felt he had come to comfort me and give me strength.

I sometimes sense my deceased husband, who died at 74 years of age, as well as my mother. I do not see them but I can hear them and feel their touch. I sometimes feel a stroke on my cheek and then I think of the dead. They also come to me when I am thinking strongly of them and if I need them. This is normal to me and I am never scared. I feel peaceful.

Burton²² conducted doctoral research on post-death experiences following his own bereavement experience regarding his late mother:

I had always felt a strong bond between us but by September most of us in the family had returned to our routines, reconciled to her death. One evening that September my wife and I were entertaining relatives. I was in the kitchen cutting a pineapple when I heard what I thought were my wife's footsteps behind me to the right. I turned to ask the whereabouts of a bowl but realized that she had crossed to the left outside of my field of vision. I turned in that direction to repeat my question *and saw my mother standing there...* ‘Ma!’ I exclaimed. She smiled—and then dissolved. She did not disappear; she dissolved. I let out a great sigh and felt as if a heavy weight had been lifted from me, a weight I had not even felt until then.

Burton related this account to his sister the next morning who was upset to hear of the experience, partly due to her not having had such

an experience herself. However, she believed Burton's account because he had described in detail a pale-blue gown that Burton had never seen before but which his mother had tried on while shopping with her daughter just two weeks before her death.

Rees reported on a longitudinal study of the effects of bereavement that focused on "The Hallucinations of Widowhood."²³ As in the *Census of Hallucinations*, the term "hallucinations" was used very broadly, referring to anomalous sensory experiences ranging from a rather vague "sense of presence," through familiar smells, touch, and voices, to full-blown visual apparitions of the dead. Rees interviewed widows ($n = 227$) and widowers ($n = 66$) and reported that a generalized sense of presence of the dead was among the most common of experiences, occurring in 39.2% of cases, while around 13–14% of respondents reported visual or auditory hallucinations. In 11% of cases, the bereaved claimed not only to have experienced the presence of the dead, but also to have spoken with them and interacted. Originally, Rees set out to study the clinical/physiological effects of bereavement including anorexia, weight loss, headaches, insomnia, tearfulness, and depression—the anomalous experiences came as an unexpected finding. Nevertheless, findings were consistent with earlier research with a sample of 72 young widows living in London, which found that 50% reported post-death experiences relating to their dead spouse.²⁴

For many participants, this was the first time they had spoken openly about such experiences²⁵; only 27.7% of participants had previously discussed their exceptional experiences (EEs) with anyone, and just 14.6% had told more than one person. No one attempted to approach their doctor and only one person sought advice from a clergyman. Although some did not share their experiences because they believed that others would be uninterested or potentially upset by them, approximately half the sample believed that they would be ridiculed, reinforcing the impression that such experiences are stigmatized. This reticence acts as a hindrance to research into the effects of anomalous experiences upon the bereavement process.

The incidence of such hallucinations was not associated with psychological abnormalities or medication, nor did they vary by age, sex, cultural, or religious background of the bereaved, or with the suddenness of death of their loved one. Experiences however, were significantly more likely in the first ten years following bereavement than after this period. People who reported having a long and happy marriage, and who had children, were more likely to experience hallucinations than the surviving spouse of an unhappy marriage. Finally,

and contrary to expectation, people with professional jobs or managerial positions were more likely to have post-death experiences during bereavement. Taken together, these findings suggest that hallucinations during bereavement are common and quite normal experiences.

Haraldsson has documented the incidence and forms of apparitional experience in a number of surveys and case collections.²⁶ The research initially aimed to investigate how soon after death people begin to experience apparitions relating to the deceased, and later the nature of such experiences was explored.²⁷ Participants were originally asked: "Have you ever perceived or felt the nearness of a dead person?" Haraldsson found that from an analysis of 337 accounts of post-death experiences, 50% occurred within the first year, 72% within four years, and 82% within ten years.²⁸ Around a third of participants reported that they had only ever had one anomalous encounter with their deceased spouse. Additionally, it was noted that widows and widowers are more likely to report such an experience than people who have lost a friend or non-spouse loved one. The experiences were described as seeming very real to them, with 29% experiencing the sense of being touched by the deceased, whereas in similar studies this figure was only 11%, and this was interpreted as a sign of the strength of the attachment and intimacy they shared in life.

Dream Encounters

There have been numerous accounts of people interacting with the dead in their dreams. For example, Barrett²⁹ carried out a content analysis of dream accounts regarding the dead and organized experiences into four categories of interaction in which the dead: (1) described their death to the dreamer/bereaved, (2) delivered a message, (3) sought to return to life through the dream, and (4) gave the loved one a chance to say "goodbye." Tanous and Gray³⁰ pointed out how real such dreams of the dead can seem, giving the dreamer the chance to interact with them in a "virtual reality", particularly to bring closure or resolution where they did not have the chance to say goodbye in the waking state, or had parted on bad terms before the death occurred. One such account of a dream encounter taken from the research of Devers³¹ concerns a woman called Katie whose partner died in a climbing accident, such that she never had the chance to say goodbye in person:

The most vivid [visitation] dream I had was a couple of nights after he had died. It took place in the mountains, in a spot he loved. In the dream

he knew he was dead, and I knew he was dead. It was an opportunity for him to talk to me. He very much wanted to make sure I was okay and to reassure me that he was going to be okay. He let me know that his death had been quick and he did not suffer... Though he didn't say it, I knew I wouldn't see him again. This was sad but I also knew he was with me spiritually and that I would be reunited with him after I died. We didn't talk much, but I felt his love. We looked at each other, and he took my hand. I could almost feel it. Then somehow we both knew it was time for him to go. He gave me a tender smile that melted my heart. It was sad and wonderful at the same time. Then I just dissolved into the darkness of sleep. That dream gave us time together. It was a beautiful way to say goodbye.

Devers refers to such dreams as being a powerful vehicle in processing grief, allowing the bereaved to feel more at peace following the experience. Unlike everyday dreams, Wright³² found that dreams involving interaction with deceased friends or loved ones were remembered in detail and had a lasting impact upon them:

It's like you're in the physical realm. I dream all the time but the minute I wake up I never remember my dream. I mean, they just pass and if I could remember little portions of them I can never put them all together and I can't really remember details. In [bereavement] dreams I can remember details. I can visually see them. And I can recall the feeling of the touch when [my late husband] put his arms around me. And each time after I woke up, I felt a glorious, deep sense of peace... The experiences are extremely intense. I mean, they're just as though the person is right there and it's happening. I mean it's very, very intense. And very wonderful when they happen, I might add. There's never been a negative effect from it. I've never had an experience of impending doom or warning or anything. Always been a very positive kind of thing.

Electrical and Physical Disturbances

Another class of phenomena that is interpreted as communication with the deceased involves objectively verifiable physical disturbances, usually at locations that were familiar to the deceased. Wright³³ discusses cases that might be collectively labelled as psychokinetic (PK) phenomena, in which the bereaved reported, for example, movements of objects in the home and electrical disturbances produced with no obvious cause. These physical effects may not be hallucinatory in nature, given that on occasion phenomena have been recorded or heard by multiple witnesses.³⁴ Although the ontology of these physical effects

remains unclear, the experient typically regards them as a sign of continued survival or an attempt at communication from the deceased, which promotes a sense of a continued bond with the deceased for the bereaved.

Wright³⁵ describes her own experience of a reading lamp that belonged to her late husband, which began to flicker immediately following his death in a manner that seemed responsive to requests or instructions. A similar experience was reported by Randall³⁶ following the loss of his partner. In both cases the electrical items were checked thoroughly, and found to be in perfect working order. Wright commented on the personally symbolic meaning of the phenomenon:

This particular mode of communication was especially dramatic not only because the lamp was associated with him personally but because the lamp's behaviour seemed to tell us this man, who had gone totally blind, now once again could tell light from dark—he could see again. Some part of him had indeed survived

One form of physical disturbance that particularly captures the symbolism of communication involves the telephone. Rogo and Bayless³⁷ collected fifty accounts of strange telephone calls with the majority purporting to be from the dead. One such case is as follows:

My daughter Eileen...died in Montgomery County Hospital, Sandy Spring, Maryland, around 9:30 a.m. on November 12, 1969, from cancer of the lungs. She died on the first anniversary of her wedding, November 12, 1942, in Washington, D.C. Her funeral was set for Wednesday or Thursday the same week. I was at her sister's home just outside of Damascus. Around 6:00 a.m. the telephone rang and I answered. It was a faint voice which I recognized as Eileen and it asked for Ann [her sister] and I could hear faint sounds in the background...By the time Ann reached the phone the voice faded but the line stayed open until we hung up. This was the morning of the funeral. (61)

In a follow up study, Cooper³⁸ found that 30% of his cases occurred during periods of bereavement and typically while that person was alone. Other cases involve the telephone constantly ringing but when answered the line is dead or only static is heard. Anomalous calls ostensibly from the dead outweighed those ostensibly from the living by a ratio of 7:1. It seems clear that the experiences have an enduring effect on the experient. Krippner³⁹ has pointed out that although research into anomalous experiences during periods of bereavement might be

regarded as controversial, it is essential in providing reassurance to experiencers that their experience is quite common—particularly with regard to telephone occurrences—and is not associated with mental health concerns. Such experiences appear to inspire hope, through emphasizing a continuing bond with the deceased.⁴⁰

Sought Post-Death Experiences

Aside from the spontaneous post-death experiences during bereavement, some experiences have been ‘induced’ in order to explore what effect they have on the bereaved within a controlled setting. This has led to preliminary explorations and theories as to the importance and reasons *why* people have such experiences, and in what way(s) they might be beneficial.⁴¹ One popular approach utilizes a technique derived from the ancient Greek and Egyptian art of “scrying,” a method of divination involving staring into a shallow pool of water under low lighting conditions. This is alleged to produce a concentrated and relaxed state (or altered state of consciousness) that gives rise to visionary experiences including apparitions⁴² that were interpreted as messages of wisdom from divine beings regarding the future of humankind.⁴³ Presenting the percipient with a homogeneous unchanging sensory environment represents a form of sensory habituation and has been found to shift attention away from external sources and to encourage internally generated imagery.⁴⁴ The imagery may be sufficiently rich for the scryer to be able to interact with it and seek advice or guidance, much as a lucid dreamer might interact with their quasi-autonomous dream environment.

The modern-day equivalent is known as the “psychomanteum” or “apparition booth” and involves a darkened room containing a large mirror, angled so that it does not directly reflect the percipient’s image. Participants who have been bereaved will sit in the psychomanteum for some time, and when sensorially habituated, may report visions of their deceased relatives.⁴⁵ Raymond Moody conducted over three hundred such trials and has found that where encounters are reported they tend to be regarded as very positive experiences that were beneficial in alleviating grief. Moody adopted stringent criteria when screening prospective participants, who had to (1) be mature, (2) not suffer from any form of mental illness, (3) eschew occult ideologies that could complicate the results, and (4) be emotionally stable, inquisitive, and articulate. Many were known to the researchers, and included counsellors, psychologists, medical doctors, graduate students, and professionals

in other fields. Results indicated that the psychomanteum could be a highly useful tool for healing grief that brought new insight into people's lives and facilitated transpersonal growth. Hastings⁴⁶ found a significant reduction in negative feelings associated with bereavement (longing, depression, anger) for those who had encounters in the psychomanteum ($n = 100$). Sixty-three percent of the sample had had spontaneous post-death experiences in their day-to-day lives. The intervention also involved writing exercises, interviews, and art work focusing on the deceased person. Thus the study combined the psychomanteum with forms of counselling and creative tasks.

The Impact of Post-Death Experiences on the Bereaved

We have seen that spontaneous exceptional experiences involving "encounters" with the deceased are relatively common and that the experient often considers them to be evidence of a continuing bond. The attempts to induce such experiences noted above also presume a beneficial effect for the bereaved. However, we have also noted that "successful" bereavement typically involves a process of letting go so as to prevent stagnation and encourage the establishment of new attachments. In this section we will consider in more detail the assessments of the impact of post-death experiences among the bereaved.

In Rees's⁴⁷ studies discussed earlier in this chapter, 82.4% of respondents found their experience comforting and helpful, with only 5.9% rating it as unpleasant, although 25.5% found them neither helpful nor unpleasant. Drewry⁴⁸ interviewed seven participants who had collectively reported around 40 instances of post-death experiences and alleged communication with the dead. Eight themes to their experiences were found, including that participants initially believed themselves to be delusional before deciding that the experience was genuine, with cues in the experiences that confirmed for them that the encounter was with their deceased friend or relative. After the experience, the percipients reported relief, comfort, encouragement, forgiveness, love, joy, and most notably hope. They were found to have reframed their views of the world since their experiences; this included the values by which they chose to live their life and their views on religion and life after death. Participants also felt a continued bond with the deceased, which was helpful when it came to coping with their loss. Experiences were considered beneficial, even if they were initially frightening.

Krippner⁴⁹ argues that anomalous experiences surrounding death can be very therapeutic, although measures of that well-being shift have tended to be subjective and inconsistent. However, some research has been more systematic in using standardized measures, such as the Subjective Units of Distress Scale (SUDS).⁵⁰ The SUDS uses a 0 to 10 response scale, with 0 representing no disturbance and 10 representing highly disturbing. Participants with a score of 8 or more may constantly feel depression, sadness, guilt, dizziness, anxiety, loss of control, pain, and other negative emotional and bodily sensations associated with trauma and bereavement. Hogan looked at changes in SUDS before and after participants had received a form of therapy called Guided Afterlife Connections, in which the bereaved is helped to form a connection with the dead through induced hallucinatory experiences. The study found that helping the bereaved to experience and bond with the dead on a sensory level dramatically reduced SUDS scores. Participants' responses to the intervention included: "I feel like mom is always around me now", "I feel calm and relaxed. I felt her saying the words. I felt her presence like when I'm dreaming" and "This was the most profound experience of my life".⁵¹

Nowatzki and Kalischuk⁵² examined the grieving, mourning, and healing process in relation to people who had reported post-death encounters. Semi-structured indepth interviews were carried out with twenty-three individuals who reported having had post-death encounters following the loss of a loved one. A phenomenological analysis showed that in making sense of their experiences, participants had shifted their attitudes toward life and death, and their opinions of life after death, but especially reported a positive impact on their grief. The healing aspect of such encounters reflected the feeling of a continued bond with the dead. Similar research by Steffen and Coyle⁵³ explored how sense-of-presence experiences are interpreted by the percipient and what impact it has on them. Semi-structured interviews were conducted with twelve participants and three themes emerged: (1) finding benefit in the possibility of survival beyond death, (2) finding benefit in a continued bond with the dead, and (3) making sense of the experiences through personal worldviews, plus spiritual and religious viewpoints. To make sense of the experience further, they adopted spiritual and religious frameworks, where it suitably accommodated the experience they had.

The adaptive grief outcomes of post-death experiences were investigated by Parker,⁵⁴ in which twelve people were interviewed who had been bereaved within the preceding year. The patients were screened

so as not to include persons with signs of mental illness. Eleven participants experienced positive changes such as personal and/or spiritual growth. Parker concluded that the experiences were not due to any form of psychopathology, but were interpreted as serving “needs” of the bereavement process, especially when the experiences were considered to be veridical in nature. Murray and Speyer⁵⁵ investigated exceptional experiences of the bereaved in both the United Kingdom and New Zealand, and argued that the bereaved must discuss such experiences to help coping and recovery, since dismissal of the experiences, either subjectively or as part of ongoing counselling, only added to their sense of isolation and depression. They argued that such experiences can contribute to spiritual and psychological healing if they can be presented and discussed respectfully.

Conclusion

In this chapter we have seen that bereavement can be a complex and life changing emotional experience, which can be accompanied by various negative psychological and physiological side effects if prolonged. However, it has become evident—thanks to research conducted over the last century—that anomalous experiences can occur as a natural part of the bereavement process, and these can be beneficial for coping and recovery. Whatever the ontological status of such experiences, they allow the bereaved to assume a continued bond with the deceased and can be a medium for closure or resolution. With this in mind, we would argue that there is a need for greater recognition of their occurrence by therapists and acknowledgment of their potential for healing as part of the therapeutic process.

Notes

1. A. C. Carr, “Bereavement as a Relative Experience,” in *Bereavement: Its Psychosocial Aspects*, ed. B. Schoenberg, I. Gerber, A. Wiener, A. H. Kutscher, D. Peretz, and A. C. Carr (New York: Columbia University Press, 1975), 3–8.
2. K. J. Doka, “Grief,” in *Encyclopedia of Death*, ed. R. Kastenbaum and B. Kastenbaum (Phoenix, AZ: Oryx Press, 1989), 127–131.
3. L. E. Berk, *Child Development*, 7th ed. (New York: Pearson, 2006); see 419 for quote.
4. J. Bowlby, *Attachment and Loss: Vol. 1. Attachment* (New York: Basic Books, 1969).
5. J. Bowlby, “Process of Mourning,” *International Journal of Psychoanalysis* 42 (1961): 317–340.

6. R. E. Kavanaugh, *Facing Death* (Baltimore, MD: Penguin Books, 1974).
E. Kübler-Ross and D. Kessler, *On Grief and Grieving* (New York: Scribner, 2005).
7. E. Kübler-Ross, *On Death and Dying* (New York: Macmillan, 1969).
8. R. Kastenbaum, "Stages of Dying," in Kastenbaum and Kastenbaum, *Encyclopedia of Death*, 220–222.
9. C. S. Lewis, "A Grief Observed," in *Making Sense of Death, Dying and Bereavement: An Anthology*, ed. S. Earle, C. Bartholomew, and C. Komaromy (London: Sage, 2009), 127–129.
10. R. Fulton, "Death, Grief, Social Recuperation," *Omega: Journal of Death and Dying* 1 (1970): 23–28.
11. J. Costello, "Anticipatory Grief Coping with Impending Death of a Partner," *International Journal of Palliative Nursing* 5. 5 (1999): 223–231.
12. R. Schulz, *The Psychology of Death, Dying, and Bereavement* (London: Addison-Wesley, 1978).
13. J. C. Morgan and R. L. Morgan, *Psychology of Death & Dying* (Eugene, OR: Wipf and Stock, 2005).
14. D. Hendin, *Death as a Fact of Life* (London: W.W. Norton & Co, 1973).
15. P. J. Clayton, "Weight Loss and Sleep Disturbance in Bereavement," in Schoenberg et al., *Bereavement*, 72–77. Schulz, *The Psychology of Death, Dying, and Bereavement*.
16. D. Peretz, "Reaction to Loss," in *Loss and Grief: Psychological Management in Medical Practice*, ed. B. Schoenberg, A. C. Carr, D. Peretz, and A. H. Kutscher (New York: Columbia University Press, 1970), 20–35; see 28 for quote.
17. C. Staudacher, *Beyond Grief* (London: Souvenir Press, 1998).
18. M. D. Smith, ed., *Anomalous Experiences: Essays from Parapsychological and Psychological Perspectives* (Jefferson, NC: McFarland & Co., 2010); see 1 for quote.
19. E. Gurney, F. W. H. Myers, and F. Podmore, *Phantasms of the Living*, 2 vols. (London: Trübner, 1886).
20. H. Sidgwick, E. Sidgwick, and A. Johnson, "Report on the Census of Hallucinations," *Proceedings of the Society for Psychical Research* 10 (1894): 25–422.
21. E. Haraldsson, *The Departed among the Living: An Investigative Study of Afterlife Encounters* (Guilford: White Crow Books, 2012), 106–110.
22. J. Burton, "Contact with the Dead: A Common Experience?" *Fate*, 35.4 (1982): 65–73.
23. D. Rees, "The Hallucinations of Widowhood," *British Medical Journal* 4 (1971): 37–41.
24. P. Marris, *Widows and Their Families* (London: Routledge and Kegan Paul, 1958).
25. Rees, "The Hallucinations of Widowhood"; "The Bereaved and Their Hallucinations," in Schoenberg et al., *Bereavement*, 66–71.
26. E. Haraldsson, "Apparitions of the Dead: A Representative Survey in Iceland," in *Research in Parapsychology 1980*, ed. W. G. Roll and J. Beloff (Metuchen, NJ: Scarecrow Press, 1981), 3–5; "Survey of Claimed Encounters with the Dead," *Omega, Journal of Death and Dying*, 19 (1988–89): 103–113;

- "Apparitions of the Dead: Analysis of a New Collection of 357 Reports," in *Research in Parapsychology 1991*, ed. E. W. Cook and D. Delanoy (Metuchen, NJ: Scarecrow Press, 1994), 1–6.
27. E. Haraldsson, "Alleged Encounters with the Dead: The Importance of Violent Death in 337 New Cases," *Journal of Parapsychology* 73 (2009): 91–118.
 28. Haraldsson, *The Departed among the Living*.
 29. D. Barrett, "Through a Glass Darkly: Images of the Dead in Dreams," *Omega, Journal of Death and Dying* 24 (1991–92): 97–108.
 30. A. Tanous and T. Gray, *Dreams, Symbols and Psychic Power* (New York: Bantam Books).
 31. E. Devers, *Goodbye Again* (Kansas, MO: Andrews and McMeel, 1997).
 32. S. H. Wright, *When Spirits Come Calling: The Open-Minded Skeptic's Guide to After-Death Contacts* (Nevada City, CA: Blue Dolphin, 2002).
 33. S. H. Wright, "Experiences of Spontaneous Psychokinesis after Bereavement," *Journal of the Society for Psychical Research* 62 (1998): 385–395.
 34. R. Bayless, "Correspondence," *Journal of the American Society for Psychical Research* 53 (1959): 35–39. B. Colvin (2010) "The Acoustic Properties of Unexplained Rapping Sounds," *Journal of the Society for Psychical Research* 74.2 (2010): 65–93. D. S. Rogo, *NAD: A Study of Some Unusual "Other-World" Experiences* (New York: University Books, 1970). D. S. Rogo, *NAD (Vol. 2): A Psychic Study of the "Music of the Spheres"* (New York: University Books, 1972).
 35. S. H. Wright, "Lights, Radios and Telephones that Misbehave," in *Proceedings of the Second International Conference on Current Research into Survival of Physical Death with Special Reference to Instrumental Transcommunication*, ed. A. Cardoso and D. Fontana (Vigo, Spain: ITC Journal Productions, 2006), 283–294.
 36. J. Randall, "The Biggest Question of All: And One Man's Search for an Answer," *Paranormal Review* 52 (2009): 3–12.
 37. D. S. Rogo and R. Bayless, *Phone Calls from the Dead* (Englewood Cliffs, NJ: Prentice-Hall, 1979).
 38. C. E. Cooper, *Telephone Calls from the Dead* (Old Portsmouth: Tricorn Books, 2012).
 39. S. Krippner, "Getting through the Grief: After-Death Communication Experiences and Their Effects on Experiencers," in *The Survival of Human Consciousness*, ed. L. Storm and M. A. Thalbourne (London: McFarland & Co, 2006), 174–193.
 40. Cooper, *Telephone Calls*, 59–60; C. E. "Post-Death Experiences and the Emotion of Hope," *Journal for Spiritual and Consciousness Studies* 36 (2013): 24–28.
 41. A. Hastings, "A Counselling Approach to Parapsychological Experience," *Journal of Transpersonal Psychology* 15 (1983): 143–167. W. H. Kramer, E. Bauer, and G. H. Hövelmann, *Perspectives of Clinical Parapsychology* (Bunnik: Stichting Het Johan Borgman Fonds, 2012). D. Rees, "The Bereaved and the Dead," *Christian Parapsychologist* 14 (2000): 81–86. D. S. Rogo, "Parapsychology—Its Contributions to the Study of Death," *Omega, Journal of Death and Dying* 5 (1974): 99–113.

42. L. Auerbach, "Psychic Frontiers: Mirror, Mirror on the Wall," *Fate* 47.9 (1994): 9–10.
43. E. J. Dingwall, *Ghosts and Spirits in the Ancient World* (London: Kegan Paul, Trench, Trubner & Co, 1930).
44. C. A. Roe, "The Role of Altered States of Consciousness in Extrasensory Experiences," in *Anomalous Experiences: Essays from Parapsychological and Psychological Perspectives*, ed. M. D. Smith, (Jefferson, NC: McFarland & Co, 2009), 25–49.
45. R. A. Moody, "Family Reunions: Visionary Encounters with the Departed in a Modern-Day Psychomanteum," *Journal of Near-Death Studies* 11 (1992): 83–121. R. A. Moody with Perry, *Reunions: Visionary Encounters with Departed Loved Ones* (New York: Ivy Books, 1993).
46. A. Hastings, "Effects on Bereavement Using a Restricted Sensory Environment (Psychomanteum)," *Journal of Transpersonal Psychology* 44 (2012): 1–25.
47. Rees, "The Hallucinations of Widowhood"; "The Bereaved and Their Hallucinations," in Schoenberg et al., *Bereavement*.
48. M. D. L. Drewry, "Purported After-Death Communication and Its Role in the Recovery of Bereaved Individuals: A Phenomenological Study," in *Proceedings, Annual Conference of the Academy of Religion and Psychical Research, 2003* (Bloomfield, CT: Academy of Religion and Psychical Research, 2003), 74–87.
49. Krippner, *Getting Through the Grief*.
50. A. L. Botkin with R. C. Hogan, *Induced after Death Communications: A New Therapy for Healing and Trauma* (Charlottesville, VA: Hampton Roads, 2005). R. C. Hogan, "The Resolution of Grief by Guided Afterlife Connections," *Journal of Spirituality and Paranormal Studies* 35 (2012): 74–80.
51. *Ibid.*, 79.
52. N. R. Nowatzki and R. G. Kalischuk, "Post-Death Encounters: Grieving, Mourning, and Healing," *Omega, Journal of Death and Dying* 59 (2009): 91–111.
53. E. Steffen and A. Coyle, "Sense of Presence Experiences and Meaning-Making in Bereavement: A Qualitative Analysis," *Death Studies* 35 (2011): 579–609.
54. J. S. Parker, *After Death Communication Experiences and Adaptive Outcomes of Grief*, unpublished doctoral thesis, Saybrook Graduate School, San Francisco, CA, 2004.
55. M. Murray and J. Speyer, *Integrating Extraordinary Bereavement Experiences into Everyday Life*, paper presented at the 3rd Annual Exploring the Extraordinary Conference, Holiday Inn, York, 2011.

The therapeutic nature of anomalous events: A union of positive psychology and parapsychology?

Callum E. Cooper

Abstract

Aside from exploring the ontology of anomalous abilities and experiences through the study of parapsychology, the recent re-emergence of clinical parapsychology has allowed researchers to explore the impact of anomalous events on those who encounter them, through spontaneous cases investigation methods, or via the counselling and therapy setting. From this new avenue of research outlook, and reflecting on laboratory experiments of psychic phenomena, links can clearly be made to positive psychology with how people face and perceive anomalous events. Various positive gains have been identified as being fostered as a result of anomalous experiences, which help with personal growth, resilience and coping, especially in the case of bereavement and related phenomena encountered in such stages of life. This paper will briefly consider the findings of such studies and the potential relationship between parapsychology and positive psychology.

Introduction

Parapsychology has typically been defined as an area of research which explores experiences and/or abilities which supposedly cannot be explained via current scientific paradigms. Parapsychological experiences, when spontaneously occurring in day to day settings, are more commonly referred to as anomalous experiences, which Smith (2010) describes as “anomalous in the sense that it may appear as unusual to the person having the experience or in the sense that processes involved in the experience appear to be non-ordinary” (p.1). It has been found that *some* spontaneous anomalous events can be scary for individuals to encounter (Sannwald, 1963) such as seeing an apparition in a purportedly haunted location, a precognitive vision of a disaster, or even a near-death experience which does not depict a pleasant state of survival for human consciousness beyond death (Irwin & Watt, 2007, pp. 164-165). However, there are many instances in which people have derived positive gains from anomalous experiences, and it is those which we shall briefly consider throughout this paper with a view to exploring links with positive psychology.

During the work of the Rhines from the 1930s onwards at Duke University (Horn, 2009; Rhine, 1934), it was evident in early instances of laboratory testing for psychic processes that the tasks people were given could be faced with varying levels of competitiveness and motivation from participants. Equally, positive emotional and motivational support could be seen coming from the experimenters, which quickly led to debates on the ‘experimenter effect’, a topic still of leading discussion in social sciences (Broughton, 2015).

Turning to another side of parapsychology, with the re-immersion of clinical parapsychology (e.g. Kramer, Bauer & Hövelmann, 2012) within the last decade – an area involving counselling and therapy for people who claim to have encountered anomalous events – the links between anomalous experiences and positive psychology are becoming increasingly stronger and widely recognised within mainstream research (Steffen, Wilde &

Cooper, in press). This is happening twofold, (1) through the professional therapy setting, showing applied positive psychological techniques and outcomes for those who encounter anomalous phenomena, and (2) naturally occurring positive emotions and resilience developed following spontaneous events – typically involving anomalous events during bereavement (Cooper, Roe & Mitchell, 2015a).

To explore these links between parapsychology and positive psychology further, let us briefly consider these three settings, in which overlaps between the two fields have come evident. Emphasis shall be given to the final section on spontaneous experiences, which has been the author's main research focus.

Laboratory experiments

Laboratory experiments within parapsychology typically explore anomalous abilities and cognitive functions within the general population. Many early studies would involve simple experiments to test for extra-sensory perception (ESP) or psychokinesis (PK). This would involve ESP experiments with participants trying to perceive symbols on the back of what are known as Zener cards (being the five symbols of circle, cross, wavy lines, square and a star), and PK experiments of dice rolling, for example, in an attempt to will the dice and what number they land on (Randall, n.d.). In many of these early experiments, and indeed more advanced modern studies (Irwin & Watt, 2007, pp. 48-82), participants are made aware of the tasks they are given and typically wish to do well.

Taking these experimental designs into account, Krippner (1980) provides a detailed discussion of the links between humanistic psychology and parapsychology, arguing that humanistic psychologists will always encounter overlaps into the field of parapsychology when adopting a holistic approach and considering issues of motivation, goal-setting, integration, and creativity, especially within parapsychology's approaches to laboratory experiments, education, and psychotherapy. In many respects, we can clearly see some of these positive psychological components at work when considering the experimenter effect within laboratory experiments of psychic phenomena.

Parapsychology considered the experimenter and participant interactions to be of great importance in their influence on the study outcomes, long before other areas of social science took note, and some have considered psychology to finally be catching up with parapsychology (Broughton, 2015). Even so, the rapport that is displayed between experimenter and participant appears to be highly influential on the participant and the data they produce. Certainly within parapsychological experiments, Krippner (1980) notes that goal-setting and personal motivation to 'want to do well' has demonstrated positive outcomes (e.g. Rhine, 1964).

Double-blind procedures are often in place in parapsychological experiments, so that neither participant nor experimenter are aware of the targets until after the experiments are completed – sometimes adopting a precognitive design with the experimental target selected via a random number generator. Yet, it has still been found that by simply developing good rapport with participants and sending them through engaging experiments in which they feel safe and relaxed with the experimenters when in strange settings of the laboratory, it can have a significant impact on the data produced suggestive of psychic processes (e.g. Roe & Hickinbotham, 2015; Wiseman & Schlitz, 1997).

There is wide scope for the investigation of positive psychology within the setting of parapsychology's laboratory studies, looking at experimenter and participant interaction and study outcomes suggestive of anomalous cognitive functioning. Understanding the experimenter effect is the first step in taking such studies forward, and merging the two fields.

Sought experiences

When referring to sought experiences, we typically mean experiences in which people want to obtain something they perceive to be paranormal (though we are not concerned with the ontology of such experience in this particular discussion), and therefore seek out the experience. This could involve experiences perceived to be communication from the dead, such as anomalous voice recordings known as electronic voice phenomena, aka EVP (Cooper & Parsons, 2015; Winsper, 2015) or communication with the dead through a living person known as a psychic medium (Beischel, 2015; Gauld, 1982).

Certainly it is a popular concept for people to visit a medium, especially after suffering a recent loss of someone close. In many ways we could look on this as an alternative form of bereavement counselling, and as such, what impact do such encounters have on those who attend a sitting?

Research by Evenden, Cooper and Mitchell (2013) investigated the role of mediums as a form of bereavement counselling, and the impact they had on those who sought out their purported ability to communicate with the dead. Semi-structured interviews were carried out on those who sought out mediumship following bereavement, with the data sent through a thematic analysis. Positive character strengths such as wisdom and gratitude were found to produce a high sense of agency, resulting in adaptive coping following bereavement and sitting with a medium. Various positive emotions were also identified from the sittings, including a sense of hope from the continued spiritual bonds developed between the bereaved and the deceased, which has also been noted and discussed in a related study by Bains (2014). As an additional finding, it was noted by Evenden *et al.* (2013) that the sooner the bereaved visited a medium following loss, the more positive gains were highlighted by the bereaved in recalling what impact the sitting had on them.

Beischel, Mosher and Boccuzzi (2014-15) also investigated the impact of sittings with mediums for the bereaved, along with other forms of induced experiences of perceived communication with the dead. By reviewing this material, they found that such experiences appear to repeatedly demonstrate diminished or even entirely alleviate grief, than compared to traditional methods of bereavement counselling. By conducting a pilot study on the impact of individual sittings with a medium of good reputation, relief was clearly noted as an instantaneous response from the bereaved. As part of their suggestions for future research, Beischel *et al.* (2014-15) noted that they intend to work on forming links between mediums and health care professionals, and create discussion and understanding on acute grief experiences of the bereaved and who may benefit most from sittings with mediums as an alternative form of therapy.

These issues of clinical parapsychology and more, were recently relayed at a symposium regarding parapsychology, mental health and clinical practice (Roxburgh 2014). Findings of on-going research on counselling for anomalous experiences were discussed, concerning a study of the range and incidence of anomalous experiences amongst clients seeking support

from a secular counselling service in the UK over a one-year period. A mixed-method design was adopted for this study in order to better understand how anomalous experiences are perceived, interpreted and managed in the therapeutic setting. Course leaders of counselling and clinical psychology programmes have also been contacted to investigate whether students receive any training in addressing anomalous experiences of clients. This has now led to increasing awareness and debate of anomalous experiences relayed in the counselling setting (Roxburgh & Evenden, 2016). Additionally, following counselling and developing an understanding about the anomalous events encountered, through discussion with therapists knowledgeable in parapsychological research findings, clients report clear positive gains from this procedure than from therapy sessions in which mentions of their experiences have suppressed by the therapist, or simply not understood. This has created further overlaps in research for parapsychology, health care, and positive psychology.

Spontaneous experiences

Spontaneous experiences typically involve anomalous events which people are generally not expecting to happen; this could involve a precognitive vision, a telepathic event, through to the witnessing of apparitions. In this section, we shall give specific focus on the latter, particularly in relation to bereavement and the therapeutic impact of such events.

Gurney (with Myers, 1889) published an extensive study on “apparitions occurring soon after death” in the *Proceeding of the Society for Psychical Research*. Both Gurney and Myers were aware that the experience of encountering sensory stimuli associated with that of deceased friends and relatives was common, while also being aware of the common ill-informed explanations for such experiences such as “the person was drunk or delusional at the time” or “emotionally excited, and perhaps misinterpreted sights or sounds of an objective kind”. They rightly noted that:

“A very little careful study of the subject will, however, show that all these hypotheses must be rejected; that the witness may be in good health, and in no exceptional state of nervousness or excitement, and that what he sees or hears may still be of purely subjective origin – the projection of his own brain.” (pp.403-404)

It was believed that there is argument for the hallucination to not be purely subjective if, for example 1) if additional people present also saw the apparition, and 2) the apparition conveyed information only known by the deceased and not by the percipient, but later confirmed to be correct. Their study set out to investigate how common apparitional experiences of the dead were and at what point after the death they are generally reported. The study took the form of a content analysis investigating the common themes of such experiences gathered from 211 personal accounts taken from cases analysed and discussed in *Phantasms of the Living* (Gurney, Myers, & Podmore, 1886).



Figure 1: (Gurney with Myers, 1889, p.427) *Frequency of Apparitions Experienced Before and Following Death.*

Of these cases, 134 spontaneous experiences were reported to have occurred within the hour of death, and 29 between 1 and 12 hours after death. (Post-mortem apparitions beyond this time were excluded from *Phantasms of the Living*.) The researchers commented:

‘the recognised apparitions decrease rapidly in the few days after death, then more slowly; and after about a year’s time they become so sporadic that we can no longer include them in a steadily descending line’ (p.427)

From this very early study by Gurney and Myers (1889), very little if any attention was given to anomalous experiences during bereavement. Many books on bereavement throughout this time simply passed such experiences off as a pure side effects of grief, and in the *Complete Psychological Works of Sigmund Freud* (25 volumes) such experiences were simply dismissed in three lines as ‘psychotic hallucinations’ (see Rees, 2000, p.83).

It wasn’t until the publication of a longitudinal study conducted as part of a medical doctorate by Rees (1971) that such experiences began to be taken seriously in the ‘main stream’. The study was entitled ‘The hallucinations of widowhood’ and appeared in the *British Medical Journal*. The term ‘hallucination’ was used very loosely, referring to anomalous sensory experiences ranging from a sense of presence, through to: smells, touch, voices, and full visual apparitions of the dead. The participant sample was collected in an area of mid-Wales (N = 293), including widows (n = 227) and widowers (n = 66), all of whom were interviewed to determine the extent of their experiences during widowhood/bereavement. Upon analysing the data, it was found that the sense of presence of the dead was amongst the most common of experiences occurring in around 39.2 per cent of cases, while around 13 to 14 per cent of cases reported visual and auditory hallucinations. In 11 per cent of cases, the bereaved claimed to have not only experienced the presence of the dead, but also conversed with them and interacted.

The Rees (1971) study led to further doctoral research being conducted surrounding the same topic, focusing on the commonality of such experiences, their purpose, and their impact on individuals. For example, Burton (1980) explored the commonality of spontaneous post-

death events by sending out questionnaires on such experiences to psychology students at three different colleges in the USA. Such experiences were reported by 50% of the participants, with 84.5 % of participants between the ages of 31 and 60 reporting contact with the dead following loss. Among other quantitative findings, Burton (1980) identified that many people found these experiences to be extremely meaningful, with 60% stating that such experiences had changed their views on life and death. Other extensive pieces of research have found anomalous post-death experiences to be a perfectly natural part of the grieving processes and *therapeutic* (Conant, 1992; Devers, 1994; Hayes, 2011; Knight, 2011; Parker, 2004; Steffen, 2011).

Drewry (2002) interviewed seven research participants who collectively claimed to have had 40 spontaneous post-death events. Eight themes to the experiences were produced using phenomenological reduction methods. Some of these themes included: authenticity of the experience being established due to it not being expected (spontaneous); the deceased presented clear cues making them recognisable to the bereaved adding to the authenticity of the experience; participants considered themselves to be deluded before realising the experience to be objective and valid. A number of positive emotional gains were reported as a result of having such experiences, which included: relief, comfort, encouragement, forgiveness, love, joy, and most notably, hope. On reviewing the conclusions of several studies regarding anomalous experiences during the bereavement process, hope has presented itself as an important humanistic mechanism and bi-product of such events (Bains, 2014; Devers, 1994; Drewry, 2002; Evenden, Cooper & Mitchell, 2013; Knight, 2011).

Snyder (1994, 2000) presented a cognitive theory for hope as a positive thinking style which involves three key elements – goals, agency and pathway. Our goals are our hopes, from which we must then form cognitive agency (aka, will power) which is essentially planting that flag of hope in our mind and setting the goal of what we need to move toward, while our thought pathway (aka, way power) allows us to develop plans of action, in terms of how we must act in order to move toward this goal and achieve it. Hope appears to be fostered as a result of anomalous experiences, as for the bereaved it suggests not a finality at the point of death, but a transition and continuation from which continued spiritual bonds with the deceased are established (Beischel, Mosher & Boccuzzi, 2014-15; Cooper, 2013; Evenden, Cooper & Mitchell, 2013; Klass, Silverman & Nickman 1996). One way of looking at the impact of anomalous experiences for the bereaved, which suggest communication with the dead, is that they present personal evidence of personality being immortal (Badham 1993). If our conscious minds enter a transition at the point of death, then there is *hope* for being reunited with deceased love ones (Rose 1999), and therefore, the experiences support this notion for those who encounter them – especially when conventional explanations cannot account for the experiences or communication received. Within parapsychology, such phenomena are investigated under the umbrella of the 'survival hypothesis' where cases may demonstrate specific information only known to the deceased being delivered to the bereaved, therefore suggesting the possibility of survival for personality beyond death (e.g. Doore, 1990; Myers 1903, Storm & Thalbourne, 2006).

Through an investigation of what role hope plays in the aftermath of spontaneous post-death events, Cooper, Roe, and Mitchell (2015b), adopted a mixed methods approach. Firstly, a sample of one hundred individuals were recruited who were comfortable with recalling a significant bereavement in their lives, and were split into two groups: fifty who had had spontaneous post-death events, and fifty who had never experienced such phenomena. All participants were asked to take part in a questionnaire which included a number of items

measuring paranormal belief, religious belief, afterlife belief, death anxiety and hope. With hope, the Nowotny (1989) Hope Scale (NHS) was used to measure personal levels of hope before the loss of someone close through death and then after, or after the spontaneous anomalous events encountered. Although there was no significant difference between the two groups in their levels of hope, it was noted that the group who had had such experiences were overall higher in hope than those who had not had spontaneous post-death experiences. However, with both groups there were drops in levels of hope following loss. For the group who had experiences, the drop was only marginal ($p = .125$), while the group who did not report such experiences presented a statistically significant drop in hope ($p = .008$). It was concluded that for those who had anomalous experiences during bereavement, hope was indeed fostered as a result and facilitated the gap of loss, and led to an immediate coping mechanism. For the other group, a void – demonstrated by the significant drop in hope levels – was still present from the loss encountered which needed to be filled by new goals in life to re-establish hope and move on from grief (see Nekolaichuk and Jevne, 2002; Snyder, 1996).

Cooper, Roe and Mitchell (2015b) continue their research through a content analysis and thematic analysis of written accounts of the experiences ($n = 50$), and through in-depth semi-structured interviews with participants ($n = 9$), to understand the process and variety of experiences of loss leading to anomalous encounters, and individuals' understanding and interpretation of *hope* and how they believe it played a role in their life following anomalous events.

Conclusion

From briefly considering the social interactions of laboratory experiments in parapsychology, through to anomalous experiences people may seek, or spontaneously encounter, links can clearly be identified between parapsychology and positive psychology – as has been previously proposed, but seldom considered (Krippner, 1980). It is also evident that much of the research suggesting such interactions of the two fields is limited, due to only having been recently identified, where research focuses on positive psychological attributes and on therapeutic values of anomalous experiences. This is perhaps thanks to the re-emergence of clinical parapsychology, which offers an alternative route to parapsychological research with broader applications. Research and practical applications of the findings is steadily increasing as researchers spread awareness for anomalous experiences and their place in the therapy setting (Roxburgh & Evenden, 2016). Given the positive impact such experiences appear to have on people, especially for the bereaved (Cooper, Roe & Mitchell, 2015b) – regardless of the ontology of such experiences – anomalous events should be taken seriously and given wider research consideration. In doing so, this could only be seen as strengthening the links between parapsychology and positive psychology.

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References

- Badham, P. (1993). The Christian hope and parapsychological research. *Christian Parapsychologist*, 10, 2-11.

- Bains, C. (2014). *A Thematic Analysis Exploring Effects of Mediumship on Hope, Resilience, and Post-Traumatic Growth in the Bereaved*. Unpublished master's thesis, Bucks New University, High Wycombe, UK.
- Beischel, J. (2015). *Investigating mediums: A Windbridge institute collection*. Tucson, AZ: Blurb.
- Beischel, J., Mosher, C., and 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.
- Broughton, R.S. (2015). President's letter: The experimenter effect bombshell. *Paranormal Review*, 74, 4-5.
- Burton, J. (1980). *Survivors' Subjective Experiences of the Deceased*. Unpublished doctoral thesis, International College, Los Angeles, CA.
- Cooper, C. E. (2013). Post-death experiences and the emotion of hope. *Journal for Spiritual and Consciousness Studies*, 36 (1), 24-28.
- Cooper, C.E. & Parsons, S.T. (2015). A brief history of EVP research. In S.T. Parsons, & C.E. Cooper (Eds.), *Paracoustics: Sound and the paranormal* (pp. 55-82). Hove: White Crow Books.
- Cooper, C.E., Roe, C.A., & Mitchell, G. (2015a). Anomalous experiences and the bereavement process. In T. Cattoi, & C. Moreman (Eds.) *Death, Dying and Mysticism: The Ecstasy of the End* (pp.117-131). New York: Palgrave Macmillan.
- Cooper, C.E., Roe, C.A., & Mitchell, G. (2015b). *Spontaneous post-death events: A natural process of coping and hoping*. Paper presented at the BPS Transpersonal Psychology Section's 19th Annual Conference, Cober Hill, Scarborough, UK.
- Conant, R.D. (1992). *Widow's Experiences of Intrusive Memory and "Sense of Presence" of the Deceased after Sudden and Untimely Death of a Spouse During Mid-Life*. Unpublished doctoral thesis, Massachusetts School of Professional Psychology, Newton, MA.
- Devers, E. (1994). *Experiencing the Deceased: Reconciling the Extraordinary*. Unpublished doctoral thesis, University of Florida, Gainesville, FL.
- Doore, G. (Ed.)(1990). *What survives? Contemporary explorations of life after death*. Los Angeles, CA: Tarcher.
- Drewry, M.D.J. (2002). *Purported After-Death Communication and its Role in the Recovery of Bereaved Individuals: A Phenomenological Study*. Unpublished doctoral thesis, California Institute for Human Science, Encinitas, CA.
- 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: Paladin.
- Haynes, J. (2011). *Experiencing the Presence of the Deceased: Symptoms, Spirits, or Ordinary Life?* Unpublished doctoral thesis, University of Manchester, Manchester.
- Horn, S. (2009). *Unbelievable*. New York: Harper-Collins
- Irwin, H.J., & Watt, C.A. (2007). *An introduction to parapsychology* (5th ed.). London: McFarland.
- Klass, D., Silverman, P. R., and Nickman, S. L. (Eds.)(1996). *Continuing bonds: new understandings of grief*. London: Taylor & Francis.
- Kramer, W. H., Bauer, E., and 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 (2), 45-77.

- Knight, M.T. (2011). *Ways of Being: The Alchemy of Bereavement and Communiqué*. Unpublished doctoral thesis, University of Sydney, NSW.
- Myers, F.W.H. (1903). *Human personality and its survival of bodily death* (2 vols). London: Longmans & Co.
- Nekolaichuk, C., with Jevne, R. F. (2002). Hope and research. In R. F. Jevne (Ed.) *Hope in practice: Selected conversations* (pp. 4-21). AB, Canada: Hope Foundation of Alberta.
- Nowotny, M. (1989). Assessment of hope in patients with cancer: development of an instrument. *Oncology Nursing Forum*, 16 (1), 75-79.
- Parker, J.S (2004). *After Death Communication Experiences and Adaptive Outcomes of Grief*. Unpublished doctoral thesis, Saybrook Graduate School, San Francisco, CA.
- Randall, J.L. (n.d.). *Tests for extrasensory perception and psychokinesis*. London: Society for Psychical Research.
- Rees, D. (1971). The hallucinations of widowhood. *British Medical Journal*, 4, 37-41.
- Rees, W.D. (2000). The bereaved and the dead. *Christian Parapsychologist*, 14 (3), 81-86.
- Rhine, J.B. (1934). *Extra-sensory perception*. Boston: Boston Society for Psychic Research.
- Rhine, J.B. (1964). Special motivation in some exceptional ESP performances. *Journal of Parapsychology*, 28, 41-50.
- Roe, C.A., & Hickinbotham, L. (2015). *Performance at a precognitive remote viewing task, with and without ganzfeld stimulation*. Paper presented at the joint 58th Annual Parapsychological Association Convention and 39th International Conference of the Society for Psychical Research, University of Greenwich, UK.
- Rose, M. C. (1999). Christian hope and the ethos of bereavement. *Proceedings, Annual Conference of the Academy of Religion and Psychical Research, 1999*. Bloomfield, CT: Academy of Religion and Psychical Religion, 74-79.
- Roxburgh, E. C. (2014). "There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy": Making sense of anomalous experiences. Symposium given at the 5th Qualitative Research on Mental Health Conference 2nd - 4th September, Chania, Greece.
- Roxburgh, E., & Evenden, R. (2016). 'They daren't tell people': Therapists' experiences of working with clients who report anomalous experiences. *European Journal of Psychotherapy & Counselling*, 18 (2), 123-141.
- Sannwald, G. (1963). On the psychology of spontaneous paranormal phenomena. *International Journal of Parapsychology*, 5, 274-292.
- Smith, M. D. (2010) (Ed.). *Anomalous experiences: Essays from parapsychological and psychological perspectives*. London: McFarland.
- Snyder, C. R., (1994). *The psychology of hope*. London: Free Press.
- Snyder, C.R. (1996). To hope, to lose and to hope again. *Journal of Personal and Interpersonal Loss*, 1, 1-16.
- Snyder, C. R. (2000). *Handbook of hope: theory, measures, and applications*. Waltham: Academic Press.
- Steffen, E. (2011). *'Sense of Presence' Experiences and their Role in Meaning Making Processes Following Bereavement*. Unpublished doctoral portfolio, University of Surrey, Surrey.
- Steffen, E., Wilde, D., & Cooper, C.E. (in press). Affirming the positive in anomalous experiences: A challenge to dominant accounts of reality, life and death. In N.J.L. Brown, T. Lomas, & F.J. Eiroá (Eds.) *International handbook of critical positive psychology: A synthesis for social change*. London: Routledge.
- Storm, L. and Thalbourne, M.A. (Eds.)(2006). *The survival of human consciousness*. London: McFarland & Co.

- Winsper, A.R. (2015). The psychology of EVP. In S.T. Parsons, & C.E. Cooper (Eds.), *Paracoustics: Sound and the paranormal* (pp. 125-138). Hove: White Crow Books.
- Wiseman, R., & Schlitz, M. (1997). Experimenter effects and the remote detection of staring. *Journal of Parapsychology*, *61*, 197-208.

Affirming the Positive in Anomalous Experiences: A Challenge to Dominant Accounts of Reality, Life and Death

Edith Steffen, David J. Wilde and Callum E. Cooper

This chapter argues for a critical positive psychology perspective towards so-called anomalous experiences (specifically the experience of sensing the presence of the deceased and out-of-body experiences), which are often welcomed by perceivers and which tend to be pathologised or dismissed in dominant Western discourses, especially in medical ones but also in general scientific discourses due to the challenge they present to dominant conceptualisations of reality. The chapter highlights some of the benefits that perceivers have reported including how these phenomena can promote transpersonal events and positive emotions as well as post-traumatic growth. However, the difficulties perceivers have as a consequence of being dismissed are also pointed out, and it is argued that an affirmative stance towards positive anomalous experiences in psychological scholarship and practice could be a way forward but that this may require a preparedness to take a questioning stance towards dominant Western understandings of reality, life and death.

Introduction

Dominant stances towards the ‘anomalous’

Unusual or out-of-the ordinary experiences that do not easily match a culture’s generally-held understandings of what is real, and what is not real tend to be dismissed and pathologised. People who hold beliefs that conflict with the common worldview are often viewed as either dangerous or mad, and those in power have often made great investments into the policing and eradication of such ‘aberration’, a prominent example being the Inquisition in much of the last millennium. In the wake of the anti-psychiatry movement, some would regard traditional medical psychiatry as having taken the place of the foremost belief-censoring authority in the Westernised world today. However, the discipline of psychology has also played its part in the oppression of what is regarded as ‘the other’ by those in power. In particular, it has done this by unquestioningly upholding dominant assumptions about what counts as real and what does not and by not challenging the pathologisation of experiences that do not fit dominant definitions of reality.

It is critical psychology with its concern for oppressed and marginalized groups (Fox, Prilleltensky, & Austin, 2009) that has taken a stand against the dominant perspective, pointing out the power dimensions that are at play when ‘truth’ claims are made by the scientific ruling class, not only with regard to positivistic psychological research but also with regard to such practices as diagnosis in mental health (Marecek & Hare-Mustin, 2009). Psychology’s ‘top down’ approach has significantly contributed to the ‘othering’ of people whose unusual experiences and beliefs do not fit the currently favoured materialist discourse of reality as exclusively physical, measurable and ultimately controllable. By siding with a powerful natural science stance towards human experiencing, psychology has therefore neglected, ignored and sidelined the perspectives of many ordinary people themselves.

Approximately 70% of the population report having had at least one unusual or ‘anomalous’ experience in their lives (Schofield, 2012). These may include not only ‘sense-of-presence’ (SOP) or ‘out-of-body’ (OBE) experiences – the main foci of this chapter – but also a whole range of other phenomena such as mystical and unitive experiences, near-death experiences, sensory experiences such as voice-hearing, precognitive visions, apparitions, poltergeist phenomena, peak and healing experiences, etc.

Definitions of anomalous experiences vary in the degree to which they delineate these from unusual experiences of those who are deemed to be mentally ill. For example, one definition states that anomalous experience is ‘an experience interpreted by the (mentally healthy) percipient to have no immediate explanation, whether scientific or informed by the traditional religious beliefs of that individual’s culture’ (Schofield, 2012, p. 154). This could be deemed problematic, as the same experience would thus be understood as qualitatively different in someone with a mental health diagnosis compared to someone without. However, the defining feature of anomalous experience as lacking culturally sanctioned ‘frames of reference’ would tally with the observation that an experience may be viewed as deviant or pathological in one culture but as intelligible and healthy or even desirable in another. Interestingly, such a cultural perspective is actually reflected in current definitions of psychotic experience within psychiatric classification systems such as the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, currently in its fifth edition. For example, with regard to diagnosing ‘Schizophrenia’, a distinction is made between ‘true psychosis’ and what is ‘normative to the patient’s subgroup’ (American Psychiatric Association, 2013, p. 103). However, despite the psychiatric profession admitting here that the main distinction between what they view as health and what they view as pathology comes down to a question of cultural sanctioning, the medical model itself with its discourse of disease and illness remains unquestioned and unchallenged, and the power of defining what is ‘true’ psychosis and what is not remains with those in positions of authority.

Listening to the voices of perceivers

In recent decades, qualitative approaches to research from a critical psychology perspective have attempted to shift this power balance by prioritising people’s own understandings. This has included listening to those holding unusual beliefs and reporting unusual experiences in a mental health context (see, for example, Romme & Escher, 1989; Romme, Escher, Dillon, Corstens, & Morris, 2009), within the general so-called ‘non-clinical’ population (e.g. Steffen & Coyle, 2011; Wilde & Murray, 2009a, 2009b), and the clinical parapsychology setting (e.g. Hastings, 1983; Roxburgh & Evenden, 2014). It is now acknowledged that unusual experiences are a widespread phenomenon and that unusual beliefs are often held in the wider population and not only in a segment of society that can conveniently be deemed ‘mentally ill’ (e.g. Al Issa, 1995, cited in Taylor & Murray, 2012; Pierre, 2010).

Anthropological research has played a significant role in developing our understanding here, pointing, for example, to parallels between Non-western cultural practices such as the (culturally sanctioned) work of shamans and the (culturally marginalized) work of mediums and psychics in Western contexts (Tobert, 2010). In recent years, paranthropology has emerged as a new discipline which seeks to understand paranormal experiences in terms of their personal and cultural significance (see, e.g., Hunter, 2012). It could be argued that one outcome of this multi-faceted research interest in the anomalous is the gradual breaking down of the dividing lines between ‘normal’ and ‘not normal’, ‘real’ and ‘not real’, ‘healthy’ and ‘not healthy’ and what is regarded as an acceptable or unacceptable focus for serious scholarly interest, further lending support to

the continuity between unusual experiences and beliefs in so-called clinical and non-clinical populations.

Why a 'positive' critical psychological perspective?

When listening to perceivers themselves, what becomes apparent is that while some of these experiences may be distressing or confusing to the perceiver, there are many such phenomena which are experienced as positive and are welcomed by those who have them. This dimension is captured by Braud (2012), who suggests that anomalous phenomena may include experiences involving 'alternative modes of knowing, doing, and being [sic] that are suggestive of enhanced human potentials', also termed '*nonordinary and transcendent experiences*' (pp. 107–108). Braud showed that the vast majority of unusual experiences are reported as positive and beneficial and are often referred to in spiritual or mystical terms by experiencers. This accords with findings on anomalous experiences in bereavement, as people tend to report greater benefits and personal growth if they are able to conceptualise the experiences by drawing on spiritual or religious frameworks (Steffen & Coyle, 2011).

However, many unusual or exceptional experiences that are perceived and described as 'spiritual' do not necessarily or immediately lead to enhancement, as their intensity may be difficult to cope with or as they challenge previously held beliefs in the perceiver. Furthermore, they may be of a distressing nature or not culturally sanctioned as spiritual or religious but viewed as signs of mental illness. The associated stress is sometimes described in terms of a 'crisis' or as constituting what has been called 'spiritual emergency' (Grof & Grof, 1989), i.e. an intense period of spiritual transformation that may resemble a psychotic breakdown in a mental health context but is here compared with the altered states of consciousness that are an expected part of Shamanic journeys (Silverman, 1969, cited in Taylor & Murray, 2012; Tobert, 2010) and that can ultimately lead to growth via a process of integration.

There is often a wish among practitioners and researchers to distinguish between experiences as either essentially psychotic and pathological or as religious or spiritual, and interested readers may draw on Johnson and Friedman (2008), who, from a realist and essentialist perspective, give considered guidance in this matter. However, from a critical psychological and constructionist perspective, the idea that constructs such as 'psychosis' and 'spirituality' refer to distinct external realities outside of value-laden discourses is problematic, and, as Dein (2012a) has discussed, it is arguable whether there are truly objective ways of distinguishing between the two constructs, which may best be seen as 'social – cultural if one prefers – ascriptions' (p. 183).

Our proposal in this chapter

What we argue here is that neither researchers, nor clinicians, nor perceivers need to make a diagnostic decision that determines pathology or health in line with a medical-model approach to human experience. On the contrary, we would argue that such diagnosis can be harmful. As the Hearing Voices movement has shown, integration and recovery are achieved not through pathologisation, medicalisation, and hospitalisation, but by accepting voices as real and making sense of them and, in case of distressing voices, by developing a different relationship with them (Romme et al., 2009).

We therefore propose taking a critical positive psychology perspective on exceptional or anomalous experiences, challenging the dominant medical-model stance and instead taking an accepting and even affirmative stance. In the following, we will highlight two areas within anomalous experience research and scholarship, firstly, bereavement-related unusual experiences such as sensing the presence of the deceased and secondly, out-of-body experiences. We will then further develop our proposal of

taking an affirmative stance towards such experiences.

Anomalous Experiences in Bereavement

Since the rise of spiritualism in the 1840s (Cooper, 2015), public awareness for anomalous experiences surrounding death, and particularly bereavement, has drastically increased in the Western world. These experiences could involve spontaneous occurrences of apparitions (Haraldsson, 1994, 1988, 2012; Tyrrell, 1953), sensing the presence of the deceased (Steffen & Coyle, 2011), physical disturbances attributed to poltergeist type activity (Wright, 1998), and dream encounters with the dead (Barrett, 1991; Saunders & Cooper, 2015), to sought instances such as mediumship (Gauld, 2005) or induced hallucinatory experiences of the deceased through methods such as eye-movement desensitisation and reprocessing, commonly known as EMDR (Botkin & Hogan, 2005) – to name but a few.

Links between anomalous experiences and bereavement have been researched by scholars further back in history than many people may realise – beginning with the formation of the Society for Psychical Research (SPR) in 1882, through scholars of Trinity College Cambridge. Some of their first major pieces of research not only demonstrated how common anomalous events are (Gurney, Myers, & Podmore, 1886) but also that experiences centred around bereavement are particularly common. These include consistent phenomena such as ‘the sense of presence’ to visual apparitions, with consistent themes such as being at their peak within twenty-four hours to a week within loss, to then steadily decreasing over the following year (Gurney & Myers, 1889). However, spontaneous experiences involving purported interaction or communication with deceased individuals for friends and loved ones were also found to occur many years after the loss. The wide variety of research that has been conducted in this area has found such findings to be consistent to this day, further demonstrating anomalous phenomena around bereavement to be a common occurrence, cross-cultural, and a natural aid to coping (Cooper, Roe, & Mitchell, 2015a).

The pathologisation of anomalous bereavement experiences

Despite such experiences having been reported in at least 50% of the bereaved population (Rees, 1971, 2001), for a long time they were a neglected phenomenon in bereavement scholarship. Prior to the already-mentioned study by Rees (1971), the main interest was in the context of psychoanalytically-orientated ‘grief work’, which viewed such experiences as ‘the clinging to the object through the medium of a hallucinatory wishful psychosis’ (Freud, 1957, p. 253). This trend was continued from an attachment theoretical perspective where this experience was regarded as the consequence of a hyper-activated attachment system functioning to restore physical proximity to the deceased and leading to ‘misperceptions’ mediated by a ‘perceptual set’ for the lost person (Bowlby, 1980; Parkes, 1970). These so-called ‘misperceptions’ have been explained as a ‘form of mitigation’ (Parkes, 1970) and as signifying ‘unresolved loss’ and not being able to integrate the reality of the death if they occur beyond one year post-loss (Field, 2008). Although attachment researchers tend to use terms such as ‘maladaptive’ rather than ‘pathological’, the effect is a similar one, namely to invalidate people’s own experiences.

Although many unfamiliar with such research findings of parapsychology have dismissed such experiences as pure hallucinations of bereavement, there are some noted events suggestive of additional processes at work, owing to the experiences, for example, having multiple witnesses or containing veridical information from the deceased (Beischel, Mosher, & Boccuzzi, 2014; Doore, 1990; Gauld, 1983; Rogo, 1990; Storm & Thalbourne, 2006). Regardless of their ontology, these experiences have been considered

perfectly natural and containing a number of therapeutic values and positive emotional gains for the bereaved.

Positive emotional responses

The Rees (1971) study led to further research surrounding this topic, focusing on the commonality of such experiences, their purpose, and their impact on individuals. For example, Burton (1980) explored the commonality of spontaneous post-death events by sending out questionnaires on such experiences to psychology students at three different colleges in the USA. Such experiences were reported by 50% of the participants, with 84.5 % of participants between the ages of 31 and 60 reporting contact with the dead following loss. Among other quantitative findings, Burton identified that many people found these experiences to be extremely meaningful, with 60% stating that such experiences had changed their views on life and death.

Drewry (2002) interviewed seven research participants who collectively claimed to have had 40 spontaneous post-death events. Eight themes to the experiences were produced using phenomenological reduction methods. Some of these themes included: authenticity of the experience being established due to it not being expected (spontaneous); the deceased presented clear cues making them recognisable to the bereaved adding to the authenticity of the experience. A number of positive emotional gains were reported as a result of having such experiences, which included: relief, comfort, encouragement, forgiveness, love, joy, and most notably, hope. On reviewing the conclusions of several studies regarding anomalous experiences during the bereavement process, hope has presented itself as an important humanistic mechanism and bi-product of such events (Bains, 2014; Devers, 1997; Drewry, 2002; Evenden, Cooper, & Mitchell, 2013).

Snyder (1994, 2000) presented a cognitive theory for hope as a positive thinking style which involves three key elements – goals, agency and pathway. Our goals are our hopes, from which we must then form cognitive agency (aka, will power) which is essentially planting that flag of hope in our mind and setting the goal of what we need to move toward, while our thought pathway (aka, way power) allows us to develop plans of action, in terms of how we must act in order to move toward this goal and achieve it. Hope appears to be fostered as a result of post-death phenomena, as for the bereaved it suggests not a finality at the point of death, but a transition and continuation from which continued spiritual bonds with the deceased are established (Beischel et al., 2014; Cooper, 2013; Evenden et al., 2013; Klass, Silverman, & Nickman, 1996). One way of looking at the impact of anomalous experiences for the bereaved, which suggest communication with the dead, is that they present personal evidence of personality being immortal (Badham, 1993). If our conscious minds enter a transition at the point of death, then there is *hope* for being reunited with deceased love ones (Rose, 1999), and therefore, the experiences support this notion for those who encounter them – especially when conventional explanations cannot account for the experiences or communication received. Within parapsychology, such phenomena are investigated under the umbrella of the ‘survival hypothesis’ where cases may demonstrate specific information only known to the deceased being delivered to the bereaved, therefore suggesting the possibility of survival for personality beyond death (e.g. Doore, 1990; Myers, 1903; Storm & Thalbourne, 2006).

Through an investigation of what role hope plays in the aftermath of spontaneous post-death events, Cooper, Roe, and Mitchell (2015b) adopted a mixed methods approach. Firstly, a sample of one hundred individuals were recruited who were comfortable with recalling a significant bereavement in their lives, and were split into two groups: fifty who had had spontaneous post-death events, and fifty who had never

experienced such phenomena. All participants were asked to take part in a questionnaire which included a number of items measuring paranormal belief, religious belief, afterlife belief, death anxiety and hope. There was a significant difference between the two groups in their levels of hope, and it was noted that the group who had had such experiences were overall higher in hope than those who had not had spontaneous post-death experiences. However, with both groups there were drops in levels of hope following loss. For the group who had experiences, the drop was only marginal, while the group who did not report such experiences presented a statistically significant drop in hope. It was concluded that for those who had anomalous experiences during bereavement, hope was indeed fostered as a result and facilitated the gap of loss, and led to an immediate coping mechanism. For the other group, a void – demonstrated by the significant drop in hope levels – was still present from the loss encountered which needed to be filled by new goals in life to re-establish hope and move on from grief. Cooper et al. (2015b) continued their research through a content analysis of written accounts of the experiences ($n = 50$) and through in-depth semi-structured interviews with participants ($n = 9$) to understand the process and variety of experiences of loss leading to anomalous encounters, and individuals' understanding and interpretation of hope and how they believe it played a role in their life following anomalous events.

Alternative theoretical frameworks - continuing bonds and meaning making

Towards the end of the 20th and beginning of the 21st century, a growing interest in the phenomenology of sense-of-presence experience from the perspective of the perceiver can be noted in the field of bereavement research (e.g. Hayes & Leudar, 2015; Parker, 2005; Steffen & Coyle, 2011; Tyson-Rawson, 1996). The seminal publication of *Continuing Bonds: New Understandings of Grief*, edited by Klass et al. (1996), heralded a paradigm shift within bereavement scholarship, as it posited that ongoing relationships with the deceased can be normal and adaptive, building on research conducted in other cultures, for example in Japan (Yamamoto, Okonogi, Iwasaki, & Yoshimura, 1969).

A particularly influential recent perspective in bereavement research and practice has been the meaning reconstruction perspective, originated by the constructivist grief therapist and scholar Robert A. Neimeyer (Neimeyer, 2001; Gillies & Neimeyer, 2006). Re-opening the dialogue with the deceased and renewing the bond with the deceased is often an important aspect of restoring meaning in the bereaved person's world (Neimeyer, 2012a), and the experience of sensing the presence of the deceased can be seen as a potentially positive resource in the meaning reconstruction process, possibly even leading to post-traumatic growth, particularly where spiritual meaning can be made (Steffen & Coyle, 2010, 2011; Tedeschi & Calhoun, 2006).

Out-of-Body Experiences

Background and incidence of OBEs

The out-of-body experience (OBE) has been defined by Irwin (1985) as an experience in which 'the centre of consciousness appears to the experient to occupy temporarily a position which is spatially remote from his/her body' (p. 5). Three core features are reported as being characteristic of an OBE: a sensation of floating or flying, viewing the physical body from a distance, and the impression of travelling to distant locations (Alvarado, 2000).

OBE incidence statistics from a small number of representative surveys (e.g. Blackmore, 1984a) suggest that between 8–15% of the general population can have an OBE during their lifetime. Demographically, anyone can have an OBE at any time in their lives, with more females reporting OBEs than males (Alvarado, 1986; Irwin & Watt,

2007). OBEs can occur under a multiplicity of circumstances (Wilde, 2011) yet contemporary OBE research prioritises confirming or disconfirming the veracity of OBEs, or explicating processes that may underpin how and why OBEs manifest themselves.

Theoretical considerations

Two main strands of theories have been developed to explain the OBE. The first of these are the ecsomatic (projection) theories, which postulate that the OBE is a literal separation of some aspect of the self from the physical body, either spontaneously or by force of will. Given the contentious dualist assumptions that underpin such theorizing these theories are largely defunct in present-day OBE research. However, they do appeal to OBEs who firmly believe they do leave their bodies during their OBEs. The second main strand are the imaginal (psychological) theories, which suggest that OBEs ‘mistake their experiences beyond their physical bodies for trips into the inner realms of dreams and visions’ (Wilde, 2011, p. 43).

Personality and individual differences

Consequently, there has been much discussion in the literature based on the theoretical assumption that the OBE is a hallucination (e.g. Blackmore, 1984b) or linked to a number of mental health disorders, for example, schizophrenia, psychosis, or depersonalisation (Wilde, 2011). However, no evidence has yet emerged confirming that OBEs are causally linked to such illnesses (Blackmore, 1986; McCreery & Claridge, 1995). On the contrary, research suggests that those who have OBEs (OBEs) appear to be as well-adjusted as those that do not have OBEs (non-OBEs) on a range of personality variables (see Alvarado, 2000 and Irwin & Watt, 2007, for reviews). Emerging from this research are several variables that have consistent and significant associations with OBE occurrence, such as psychological absorption^{□1} (with some studies showing positive correlations, e.g. Dalton, Zingrone, & Alvara, 1999; Irwin, 1985, and others not, e.g. Gabbard & Twemlow, 1984; Spanos & Moretti, 1988); psychological dissociation^{□2} (e.g. Alvarado & Zingrone, 1997; Irwin, 2000); somatoform dissociation^{□3} (e.g. Gow, Lang, & Chant, 2004; Murray & Fox, 2005a, 2005b, 2006), and the dimensional model of schizotypy (Claridge, 1997). This model proposes schizotypy as ‘encompassing a range of personality traits related to psychosis and schizophrenia, varying over a normally distributed continuum from psychological good health to psychological ill health’ (Murray, Wilde, & Murray, 2009, pp. 105–106). Research into OBEs, and other anomalous experiences, using this model of schizotypy suggests that, although schizotypy is related to psychopathology, it may also have an adaptive value. This led McCreery and Claridge (2002) to postulate the concept of the ‘healthy schizotype’, defined as a person who is fully functional ‘in spite of, and even in part because of, their anomalous perceptual and other experiences’ (p. 141).

As discussed earlier, much of the psychologically oriented OBE research findings are discussed in relation to a model of psychopathology. Additionally, the majority of this research takes a ‘top down’ approach, i.e. developing a model of the OBE and then testing that model’s hypothetical predictions (e.g. Blackmore, 1984b). Little research has been done investigating the detailed, lived experience of having had an OBE, the varied circumstances under which the experience happens, the experient’s prior- and post-OBE psycho-social being, and how these factors may coalesce to influence the person’s long and short term mental and physical well-being.

The research that has been done of this kind has shown that there are many positive aspects to having OBEs, so there are good reasons for taking a ‘bottom up’ approach instead. Furthermore, Rhea White (1997) noted that exceptional human

experiences (EHEs), such as OBEs, “extend the limits of who we are and what we perceive reality to be (i.e., what is). They extend our human being in ways that enable us to know more and do more” (p. 137). The words “extend” and “limits” here serve to highlight the transformative power that the OBE can have on an experient and that they can be “harnessed as tools for development; thus not just changing, but improving the human being” (Wilde, 2011, p. 63).

In terms of research findings, earlier survey work has shown that the majority of OBEs have reported beneficial changes to their personality following their OBEs (Osis, 1979), such as improved daily functioning (60%) and social relationships (45%). A survey by Blackmore (1984a) found that 10% of a random sample of a UK city electorate reported positive changes in their beliefs and quality of life post-OBE.

However, not all OBEs are positive in nature or lead to beneficial outcomes. For example, the aforementioned survey by Osis (1979) found that 1% OBEs reported undergoing negative changes. However, this small figure may underplay the personal importance of any adverse characteristics of having an OBE. For example, Wilde (2011) has noted that in verbal accounts of OBEs there are distinct elements of the experience which can be worrisome for individuals. Beginning with the often cited onset sensations (Irwin & Watt, 2007) where about 40% of OBEs can hear strange sounds and feel bodily vibrations, some of which can be very extreme and frightening for a first time experient. When leaving the body, in most OBEs the initial perceived departure is local enough to the body for the body to be seen, but in other cases, the initial departure may involve a sudden shift to a distant location without any sense of travelling there. This can be an extremely mystifying and disturbing experience. During their OBEs, OBEs have described meeting with other entities; mostly these meetings are reported as being benign in nature, but the presence of others can also be experienced as terrifying (Wilde, 2011). Post-OBE there may be some initial fear and confusion in the early stages while experients try to come to terms with what has happened to them. For those that reach a resolution further OBEs can be something to look forward to. However, for those that are unable to comprehend the experience, the thought of having another one can be quite frightening.

Taking an idiographic approach focusing on meaning making

More recently, Wilde (Wilde & Murray, 2009a, 2009b, 2010; Wilde, 2011) has taken an idiographic, qualitative interview-based approach in his doctoral work to examining the longitudinal effects of OBEs occurring under different circumstances, namely, whilst sleeping, whilst meditating, when facing psychological or physical threat to the self, or after ingesting drugs/alcohol, and as part of a Near-Death Experience (NDE).⁴

Several over-arching themes emerged that highlighted positive, life affirming responses to having an OBE. Most participants viewed their OBEs as experiences that helped them to cope with stressful and difficult issues and times in their lives (Wilde, 2011). For example, Mark and Cindy both had sleep-related OBEs, a prominent feature of which was that they communicated with deceased relatives during their experiences. These communications proved to be a source of comfort for them in difficult times. Mark, for example, had regular nocturnal OBEs in which he conversed with the spirit of his deceased brother. The consoling effects of these communications also radiated out to their family members upon disclosing their OBEs to them (Murray et al., 2009). However, it must be noted that knowing when, where and with whom to disclose having any kind of anomalous experience is fraught with a number of problems, as one participant, Patricia, noted ‘...it’s sort of better to keep it as a safe secret than a dirty truth’ (Wilde & Murray, 2010, p. 64), emphasising that experients are aware of the emotionally charged and mixed reactions one can receive to such revelations (see also Davis, Lockwood, & Wright,

1991).

However, the data from this series of studies suggested that it was not just the experience of leaving the body per se that had the powerful transformative effect on the participants, rather each experient found a specific feature or motif to be particularly meaningful. Jane's OBE as part of her NDE is demonstrative of this. Having nearly died in hospital, her experience beyond her body was characterised by a number of motifs, the most powerful of which was when she entered 'a form of limbo; a dark, isolating place in which she had a tangible sense of being in a space where time had no meaning' (Wilde & Murray, 2009a, p. 231). Seemingly alone in this void of nothingness Jane began to remorsefully reflect upon her life and the problems with the relationships she had with others. Post-OBE, Jane went through a period of confusion as she tried to assimilate her experiences but felt that this meaning-making process enabled her to make some headway in her understanding about relationships and her role within them.

The brief cases presented herein are but a small sample of a much wider evidence base. One that advocates that OBEs are perhaps better considered as adaptive, fulfilling experiences rather than maladaptive ones, and highlighting the potential to invigorate change and growth in a person's life, or, in the case of life threatening and near-death scenarios, to smooth the progress back to wellness. In moving forward then, perhaps it is time for psychologists and other health professionals to revolutionize their thinking about OBEs. Moving beyond pathological explanations of psychosis or the product of a malfunctioning brain, to a more constructive perspective; one which instead accentuates the meaningfulness and potential of the experience.

Taking an Affirmative Stance Towards Anomalous Experience

Anomalous experience and affirmative practice

Our proposal of taking an 'affirmative' stance towards anomalous experience consciously and intentionally borrows the term 'affirmative' from lesbian and gay affirmative psychotherapeutic perspectives, as, for example, elucidated in a paper by Milton, Coyle, and Legg (2005). The authors describe how same-sex sexuality has often been viewed as a perversion and a pathology in many psychotherapeutic perspectives, particularly in traditional psychoanalytic approaches, and how by contrast, therapists working from an affirmative position view same-sex sexuality as being 'as normal, natural and healthy as any other sexual orientation' (p. 186). Importantly, clients' sexuality is not seen as the source of distress per se; however, negative societal reactions that same-sex clients have been subject to may well be regarded as major sources of distress.

We want to be clear that we do not view sexual orientation as comparable to having unusual experiences. Sexual orientation may be compared to ethnicity or gender, but we regard it as conceptually very different from the phenomena discussed here. However, what we would regard as a parallel is that negative societal responses, pathologisation and dismissal may often be the greatest source of distress for people rather than the issue of difference per se, and a lack of validation and acceptance in both cases calls for more than a neutral or open-minded stance in therapists; it is suggested here that an affirmative stance may often be appropriate.

Below we will highlight practice recommendations for sense-of-presence experiences and practice implications for out-of-body experiences before introducing the reader to the growing specialities of clinical parapsychology and parapsychological counselling.

Practice recommendations for sense of presence experiences

Many perceivers are reluctant about disclosing their sense of presence experiences to

others and expect negative reactions from people around them including family members and friends (Hay & Heald, 1987; Parker, 2005; Steffen & Coyle, 2011). Thus experiencers are likely to be even more vulnerable to a dismissive attitude in therapists, and receiving dismissive responses from such trusted professionals may be particularly detrimental. For example, a study exploring people's experiences of counselling when they talked about having sensed the presence of the deceased, found that eight of the ten participants were dissatisfied with how their counsellors responded to them and reported feeling 'unaccepted, abnormal, not understood, unable to connect to counsellors, and that they had received no empathy' (Taylor, 2005, p. 60).

Practice advice given in the literature with regard to sense of presence generally includes the need to listen, to show respect, empathy, acceptance and validation (Sanger, 2009; Taylor, 2005), genuine interest (Chan et al., 2005), the need for normalization and reassurance (Daggett, 2005; Hoyt, 1981), the need for exploration of the meanings that the experience holds for the perceiver (Hoyt, 1981; Parker, 2005; Sanger, 2009), openness towards the continuing bonds paradigm (Doran & Downing Hansen, 2006), willingness and (cultural) competence to explore spiritual and religious implications and to become 'companions on the journey' (Steffen & Coyle, 2011; Tedeschi & Calhoun, 2006), i.e. 'companions who offer some expertise in nurturing naturally occurring processes of healing and growth' (Calhoun & Tedeschi, 2012, p. 23).

LaGrand (1999) has further elucidated how information from the experience can be used in therapeutic rituals that can serve to signal forgiveness, alleviate guilt, release feelings, act as a linking object with the deceased and/or memorialise the deceased. These can also be used in conjunction with therapeutic techniques that aim to facilitate the continuing bond with the deceased in helpful ways more generally, for example through body imagery for sustaining connections (Krawchuk, 2012), directed journaling to facilitate meaning-making (Lichtenthal & Neimeyer, 2012), correspondence with the deceased (Neimeyer, 2012b) and guided imaginal conversations with the deceased (Jordan, 2012).

Practice implications for OBEs

Historically, the OBE is a recurrent phenomenon, reports of which typically create speculation and controversy amongst lay and professional people alike concerning the true nature of the experience, be that spiritual, psychological, or organic. The drive to find this objective 'truth' has pushed forward research on all three of these fronts, but there have been problems, from a basic deficiency in more precisely defining the phenomenon, to a concurrent failure of those supporting an escamatic explanation to develop theoretical hypotheses that can be tested scientifically. Cognitive and neuroscience research, by contrast, have forged ahead in this respect but have still not produced a comprehensive, empirically supported account of the OBE. However, what is lacking is a more person-centred approach to the study of OBEs. Research exploring the personal meaning and 'dispositional power' (Corbett, 1996) of the OBE has proved insightful and can be carried out independent of the issue of veridicality.

Furthermore, there is a growing body of literature emerging on how to effectively deal with the negative after-effects of a variety of anomalous experiences (e.g., Fracasso, Greyson, & Friedman, 2013; Kramer, Bauer, & Hövelmann, 2012) yet none of these have focused specifically on OBEs. The importance of placing the person centre-stage of the experience and focusing on the "significant truth" (Bakan, 1996, p. 5) of their experience rather than an objective truth should not be underestimated. General advice about how to deal with people who are distressed by the negative aspects of an anomalous experience is a crucial starting point in helping to successfully manage and reduce suffering. However, this approach may be further enhanced by incorporating more idiographic information to

avoid misunderstandings existing between the subtleties of different phenomena, such as those experienced by one OBER, Callum, who went to two GPs for help but received leaflets on near-death experiences which contained information he could not relate to. Armed with experience/person specific information professionals can adapt emerging research findings towards cultivating personal strengths and virtues, thus enabling a better understanding of the potential for personality transformation and transpersonal growth that may arise in response to these fascinating life events (Wilde, 2011).

Clinical parapsychology & parapsychological counselling

Clinical parapsychology can be described 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 et al., 2012, p. 3).

Typically, when we observe the variety of research being conducted in clinical parapsychology (Kramer et al., 2012), it is clear that a prominent focus is on counselling for people who report anomalous experiences. Hastings (1983) found that there was value in giving the experience a label from known parapsychological phenomena. Prior to counselling, the client may have ascribed the experience to “crazy thinking” or worse. Hastings also included reality testing in his counselling sessions, thus helping clients differentiate between fantasy or wishful thinking and a psychic experience that was grounded in consensual reality. It was noted that common reactions to a psychic experience were fear, dread, anxiety, and depression. But by creating a calm, supportive atmosphere, the counsellor could turn those emotions into positive feelings of curiosity, appreciation, and wonder.

Counselling for anomalous experiences has been ongoing for a long time, not only in informal fashions through early work of the Societies for Psychical Research, but also in formal settings. For example, the *Parapsychologische Beratungsstelle* (Parapsychological Counselling Service) was founded in Freiburg in South-West Germany in 1989 (Zahradnik & von Lucadou, 2012). The therapy offered there works in much the same manner as the work of Hastings (1983), through understanding the experiences the client reports, informing them that they are not the only person to have such experiences, getting them to understand the experience further and how to move forward.

Recently, within a symposium regarding parapsychology, mental health and clinical practice, Roxburgh and Evenden (2014) presented findings of on-going research on counselling for anomalous experiences. This concerned a study of the range and incidence of anomalous experiences amongst clients seeking support from a secular counselling service in the UK over a one-year period. This will allow for better understanding of what types of anomalous experiences people seek support for, what experiences have been found helpful and unhelpful in terms of therapeutic values, and how therapists address anomalous experiences in counselling sessions. It is important to note that parapsychological counselling has demonstrated that by helping the client realise the experience to its fullest and reflect on it, many positive psychological gains have been noted (Evenden et al., 2013), creating unique overlaps for parapsychology, health care, and positive psychology.

Outlook

This chapter has considered only a small number of the variety of anomalous experiences that have been reported, and in doing so we have focused mainly on their effects on the person. However, as Braud (2012) pointed out, the wider influences of these experiences

can be seen throughout our culture and society. For example, accounts of religious visions and voices (Dein, 2012b) and a variety of mystical experiences (Wulff, 2000), including trance states and OBEs as utilized in some shamanic cultures (Peters & Price-Williams, 1980), have influenced the development of every religious and spiritual tradition across the world. Since the 1960s the practice of meditation, widely considered to be an altered state of consciousness (Farthing, 1992), has become increasingly popular in Western Europe, with about a quarter of British adults now practising the technique secularly (Halliwell, 2010). The clinical usefulness of Buddhist-derived interventions has also attracted the interest of the health disciplines, although there remains some confusion and misinterpretation of the meanings of Buddhist terms in the literature (Shonin, Van Gordon, & Griffiths, 2014). Furthermore, dreams, visions, and intuitions have all played an inspirational role in the creation of great works of art, literature, and music, as well as scientific and medical discoveries (Braud, 2012) too numerous to give our full attention to here.

From briefly discussing anomalous experiences and examples of the wide variety of research and therapy based practices which have been involved in understanding them, it is clear that the impact such experiences have on people is largely a positive one. Personal stigmas amongst the public and professionals still exist about the ontology of such experiences and the validity of the sciences studying them, and this is largely due to false media portrayals. In this light, parapsychology is often ignorantly and unjustly identified as a pseudoscience (see Watt, 2015, for an accurate description of this field of science), while many have fought continuously to educate others about the importance of parapsychology and why it is an established field of science (e.g. Neppe, 2005). Even so, we cannot ignore the increasing evidence regarding the therapeutic values of such experiences and the positive emotions and motivational drives they appear to promote.

In previous decades, people were often encouraged to ignore such experiences by health care professionals, or faced ridicule by mentioning such experiences to friends and family (Burton, 1980; Rees, 1971). The research we have presented in this chapter demonstrates that those times and opinions to some extent have changed, and that it is the duty of any health care professional or social scientist to put client well-being first – while trying to learn more about the experiences they report rather than dismissing them out of hand. In doing so, we meet in a cross-road of several overlapping fields of study, where parapsychological experiences bring together a richer understanding of how various anomalous phenomena can tell us more about: the positive psychology involved, thanatological issues, transpersonal psychology, counselling intervention, and the impact of such experiences on our well-being.

We hope that we have conveyed that there is much potential richness and meaningfulness to be found when we approach unusual experiences with openness and respect, allowing us to extend our gaze beyond narrowly defined understandings of the boundaries of consciousness, reality and existence itself.

References

- Alvarado, C. S. (1986). Research on spontaneous out-of-body experiences: a review of modern developments, 1960–1984. In B. Shapin & L. Coly (Eds.), *Current trends in psi research* (pp. 140–167). New York, NY: Parapsychology Foundation.
- Alvarado, C. S. (2000). Out-of-body experiences. In E. Cardeña, S. J. Lynn, & S. C. Krippner (Eds.), *Varieties of anomalous experience: Examining the scientific evidence* (pp. 183–218). Washington, DC: American Psychological Association.

- Alvarado, C. S., & Zingrone, N. L. (1997, August). *Out-of-body experiences and dissociation*. Paper presented at the 40th Annual Convention of the Parapsychological Association, Brighton, England.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Badham, P. (1993). The Christian hope and parapsychological research. *Christian Parapsychologist*, *10*, 2–11.
- Bakan, D. (1996). Narrative research and hurt and harm. In R. Josselson (Ed.), *Ethics and process in the narrative study of lives* (pp. 3–8). Thousand Oaks, CA: Sage.
- Bains, C. (2014). *A thematic analysis exploring effects of mediumship on hope, resilience, and post-traumatic growth in the bereaved*. (Unpublished master's thesis). Bucks New University, High Wycombe, England.
- Barrett, D. (1991). Through a glass darkly: images of the dead in dreams. *Omega: Journal of Death and Dying*, *24*, 97–108. doi:10.2190/H9G7-7AK5-15TF-2AWA
- Beischel, J., Mosher, C., & Boccuzzi, M. (2014). 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. doi:10.2190/OM.70.2.b
- Blackmore, S. J. (1984a). A postal survey of OBEs and other experiences. *Journal of the Society for Psychical Research*, *52*, 225–244.
- Blackmore, S. J. (1984b). A psychological theory of the out-of-body experience. *Journal of Parapsychology*, *48*, 201–218.
- Blackmore, S. J. (1986). Out-of-body experiences in schizophrenia: a questionnaire survey. *Journal of Nervous and Mental Disease*, *174*, 615–619.
- Botkin, A. L., & Hogan, R. C. (2005). *Induced after death communications: A new therapy for healing and trauma*. Charlottesville, VA: Hampton Roads.
- Bowlby, J. (1980). *Attachment and loss, Vol. 3: Loss sadness and depression*. New York, NY: Basic Books.
- Braud, W. (2012). Health and well-being benefits of exceptional human experiences. In C. D. Murray (Ed.), *Mental health and anomalous experience* (pp. 107–124). New York, NY: Nova.
- Burton, J. (1980). *Survivors' subjective experiences of the deceased* (Unpublished doctoral dissertation). International College, Los Angeles, CA.
- Calhoun, L. G., & Tedeschi, R. G. (2012). *Posttraumatic growth in clinical practice*. New York, NY: Routledge.
- Chan, C. L. W., Chow, A. Y., Ho, S. M., Tsui, Y. K., Tin, A. F., Koo, B. W., & Koo, E. W. (2005). The experience of Chinese bereaved persons: A preliminary study of meaning making and continuing bonds. *Death Studies*, *29*, 923–947. doi:10.1080/07481180500299287
- Claridge, G. (1997). Theoretical background and issues. In G. Claridge (Ed.), *Schizotypy: Implications for illness and health* (pp. 3–18). Oxford, England: Oxford University Press.

- Cooper, C. E. (2013). Post-death experiences and the emotion of hope. *Journal for Spiritual and Consciousness Studies*, 36, 24–28.
- Cooper, C. E. (2015). Some noisy spirits. In S. T. Parsons & Cooper, C. E. (Eds.), *Paracoustics: Sound and the paranormal* (pp. 43–54). Hove, England: White Crow Books.
- Cooper, C. E., Roe, C. A., & Mitchell, G. (2015a). Anomalous experiences and the bereavement process. In T. Cattoi & C. Moreman (Eds.), *Death, dying and mysticism: The ecstasy of the end* (pp. 117–131). New York, NY: Palgrave Macmillan.
- Cooper, C. E., Roe, C. A., & Mitchell, G. (2015b, July). *Examining what cognitive mechanisms make spontaneous post-death phenomena therapeutic for the bereaved*. Paper presented at the joint 58th Annual Parapsychological Association Convention and 39th International Conference of the Society for Psychical Research, University of Greenwich, England.
- Corbett, L. (1996). *The religious function of the psyche*. London, England: Routledge.
- Daggett, L. M. (2005). Continued encounters: the experience of after-death communication. *Journal of Holistic Nursing*, 23, 191–207. doi:10.1177/0898010105275928
- Dalton, K., Zingrone, N. L., & Alvarado, C. S. (1999, August). *Exploring out-of-body experiences, dissociation, absorption, and alteration of consciousness in the Ganzfeld with a creative population*. Paper presented at the 42nd Annual Convention of the Parapsychological Association, Stanford University, Palo Alto, CA.
- Davis, J., Lockwood, L., & Wright, C. (1991). Reasons for not reporting peak experiences. *Journal of Humanistic Psychology*, 31, 86–94. doi:10.1177/0022167891311008
- Dein, S. L. (2012a). Psychosis and religious/spiritual experience: ethnographic, cognitive and neurobiological perspectives. In C. D. Murray (Ed.), *Mental health and anomalous experience* (pp. 179–192). New York, NY: Nova.
- Dein, S. L. (2012b). Religious visions and voices. In C. D. Murray (Ed.), *Mental health and anomalous experience* (pp. 19–32). New York, NY: Nova.
- Devers, E. (1997). *Goodbye again*. Kansas City, MO: Andrews and McMeel.
- Doore, G. (Ed.). (1990). *What survives? Contemporary explorations of life after death*. Los Angeles, CA: Tarcher.
- Doran, G., & Downing Hansen, N. (2006). Constructions of Mexican American family grief after the death of a child: an exploratory study. *Cultural Diversity and Ethnic Minority Psychology*, 12, 199–211. doi:10.1037/1099-9809.12.2.199
- Drewry, M. D. J. (2002). *Purported after-death communication and its role in the recovery of bereaved individuals: A phenomenological study* (Unpublished doctoral dissertation). California Institute for Human Science, Encinitas, CA.
- 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.
- Exploring the Extraordinary (2015). About. Retrieved from <http://etenetwork.weebly.com/>
- Farthing, G. W. (1992). *The psychology of consciousness*. Englewood Cliffs, NJ: Prentice Hall.
- Field, N. P. (2008). Whether to relinquish or maintain a bond with the deceased. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 113–132). Washington, DC: American Psychological Association.

- Fox, D., Prilleltensky, I., & Austin, S. (2009). Critical psychology for social justice: Concerns and dilemmas. In D. Fox, I. Prilleltensky, & S. Austin (Eds.), *Critical Psychology: An introduction* (2nd ed., pp. 3–19). London, England: Sage.
- Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud*, Vol. XIV (pp. 252–268). London, England: Hogarth Press.
- Fracasso, C., Greyson, B., & Friedman, H. L. (2013). Near-death experiences and transpersonal psychology: Focus on helping near-death experiencers. In H. L. Friedman, & G. Hartelius (Eds.), *The Wiley-Blackwell handbook of transpersonal psychology* (pp. 367–380). Chichester, England: Wiley-Blackwell.
- Gabbard, G. O., & Twemlow, S. W. (1984). *With the eyes of the mind: An empirical analysis of out-of-body states*. New York, NY: Praeger Scientific.
- Gauld, A. (1983). *Mediumship and survival*. London: Paladin Books.
- Gauld, A. (2005). Survival. In J. Henry (Ed.), *Parapsychology: Research on exceptional experiences* (pp. 215–223). London, England: Routledge.
- Gillies, J., & Neimeyer, R. A. (2006). Loss, grief, and the search for significance: toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology*, *19*, 31–65. doi:10.1080/10720530500311182
- Gow, K., Lang, T., & Chant, D. (2004). Fantasy proneness, paranormal beliefs and personality features in out-of-body experiences. *Contemporary Hypnosis*, *21*, 107–125. doi:10.1002/ch.296
- Greyson, B. (1994). Near-death experiences. In R. Corsini (Ed.), *The encyclopedia of psychology* (pp. 460–462). New York, NY: Wiley.
- Grimby, A. (1998). Hallucinations following the loss of a spouse: common and normal events among the elderly. *Journal of Clinical Geropsychology*, *4*, 65–74.
- Grof, S., & Grof, C. (1989). *Spiritual emergency: When personal transformation becomes a crisis*. New York: Penguin Putnam.
- Gurney, E., Myers, F. W. H., & Podmore, F. (1886). *Phantasms of the living* (2 vols.). London: Trübner.
- Gurney, E., & Myers, F. W. H. (1889). On apparitions occurring soon after death. *Proceedings of the Society for Psychical Research*, *5*, 403–485.
- Halliwell, E. (2010). *Mindfulness report 2010*. London, England: Mental Health Foundation.
- Haraldsson, E. (1988). Survey of claimed encounters with the dead. *Omega: Journal of Death and Dying*, *19*, 103–113.
- Haraldsson, E. (1994). Apparitions of the dead: Analysis of a new collection of 357 reports. In E. W. Cook & D. Delanoy (Eds.), *Research in parapsychology XX1991* (pp. 1–6). Metuchen, NJ: Scarecrow Press.
- Haraldsson, E. (2012). *The departed among the living: an investigative study of afterlife encounters*. Hove, England: White Crow Books.
- Hastings, A. (1983). A counselling approach to parapsychological experience. *Journal of Transpersonal Psychology*, *15*, 143–167.
- Hay, D., & Heald, G. (1987, April 17). Religion is good for you. *New Society*, 21–22.

- Hayes, J., & Leudar, I. (2015). Experiences of continued presence: On the practical consequences of ‘hallucinations’ in bereavement. *Psychology and Psychotherapy: Theory, Research and Practice*. Advance online publication. doi:10.1111/papt.12067
- Hoyt, M. F. (1981). Clinical notes regarding the experience of “presences” in mourning. *Omega: Journal of Death and Dying*, 11, 105–111. doi:10.2190/478B-D69G-E714-CYX5
- Hunter, J. (Ed.). (2012). *Paranthropology: Anthropological approaches to the paranormal*. Bristol, England: Paranthropology.
- Irwin, H. J. (1985). *Flight of mind: a psychological study of the out-of-body experience*. Metuchen, NJ: Scarecrow Press.
- Irwin, H. J. (2000). The disembodied self: an empirical study of dissociation and the out-of-body experience. *Journal of Parapsychology*, 64, 261–277.
- Irwin, H. J., & Watt, C. (2007). Out-of-body experiences. In H. J. Irwin & C. Watt (Eds.), *An introduction to parapsychology*. (5th ed., pp. 179–196). Jefferson, NC: McFarland.
- Johnson, C. V., & Friedman, H. L. (2008). Enlightened or delusional? Differentiating religious, spiritual, and transpersonal experience from psychopathology. *Journal of Humanistic Psychology*, 48, 505–527. doi:10.1177/0022167808314174
- Jordan, J. R. (2012). Guided imaginal conversations with the deceased. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counselling the bereaved* (pp. 262–265). New York, NY: Routledge.
- Klass, D., Silverman, P. R., & Nickman, S. L. (Eds.) (1996). *Continuing bonds: New understandings of grief*. London, England: Taylor & Francis.
- Kramer, W. H., Bauer, E., & Hövelmann, G. H. (2012). *Perspectives of clinical parapsychology: An introductory reader*. Bunnik: Stichting Het Johan Borgman Fonds.
- Krawchuk, L. (2012). Body imagery for sustaining connections. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counselling the bereaved* (pp. 70–72). New York, NY: Routledge.
- LaGrand, L. (1999). *Messages and miracles: Extraordinary experiences of the bereaved*. St Paul, MN: Llewellyn.
- Lichtenthal, W., & Neimeyer, R. A. (2012). Direct journaling to facilitate meaning-making. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counselling the bereaved* (pp. 165–168). New York, NY: Routledge.
- Marecek, J., & Hare-Mustin, R. T. (2009). Clinical psychology: The politics of madness. In D. Fox, I. Prilleltensky, & S. Austin (Eds.), *Critical psychology: An introduction* (2nd ed., pp. 75–92). London, England: Sage.
- McCreery, C., & Claridge, G. (1995). Out of-the-body experiences and personality. *Journal of the Society for Psychical Research*, 60, 129–148.
- McCreery, C., & Claridge, G. (2002). Healthy schizotypy: The case of out-of-body experiences. *Personality and Individual Differences*, 32, 141–154. [http://dx.doi.org/10.1016/S0191-8869\(01\)00013-7](http://dx.doi.org/10.1016/S0191-8869(01)00013-7)
- Milton, M., Coyle, A., & Legg, C. (2005). Countertransference issues in psychotherapy with lesbian and gay clients. *European Journal of Psychotherapy, Counselling and Health*, 7, 181–197. <http://dx.doi.org/10.1080/13642530500183887>

- Murray, C. D., & Fox, J. (2005a). Dissociational body experiences: Differences between respondents with and without prior out-of-body experiences. *British Journal of Psychology*, *96*, 441–456. doi:10.1348/000712605X49169
- Murray, C. D., & Fox, J. (2005b). The out-of-body experience and body image: differences between experiencers and non-experiencers. *Journal of Nervous and Mental Disease*, *193*, 70–72. doi:10.1097/01.nmd.0000149223.77469.da
- Murray, C. D., & Fox, J. (2006). Differences in body image between people reporting near-death and spontaneous out-of-body experiences. *Journal of the Society for Psychological Research*, *70*, 98–109.
- Murray, C. D., Wilde, D., & Murray, J. (2009). Managing anomalous experience: meaning making and the OBE. In C. D. Murray (Ed.), *Psychological scientific perspectives on out-of-body and near-death experiences* (pp. 105–127). New York, NY: Nova.
- Myers, F. W. H. (1903). *Human personality and its survival of bodily death* (2 vols.). London, England: Longmans.
- Neimeyer, R. A. (Ed.). (2001). *Meaning reconstruction and the experience of loss*. Washington, DC: American Psychological Association.
- Neimeyer, R. A. (Ed.). (2012a). *Techniques of grief therapy: Creative practices for counselling the bereaved*. New York, NY: Routledge.
- Neimeyer, R. A. (2012b). Correspondence with the deceased. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counselling the bereaved* (pp. 259–261). New York, NY: Routledge.
- Neppe, V.N. (2005). Why parapsychology is amongst the most important of the sciences. *Australian Journal of Parapsychology*, *5*, 4–22.
- Nijenhuis, E. R. S., Spinhoven, P., van Dyck, R., van der Hart, O., & Vanderlinden, J. (1998). Degree of somatoform and psychological dissociation in dissociative disorders is correlated with reported trauma. *Journal of Traumatic Stress*, *11*, 711–773. doi:10.1023/A:1024493332751
- Osis, K. (1979). Insider's view of the OBE: A questionnaire study. In W. G. Roll, J. Beloff, & R. A. White (Eds.), *Research in parapsychology 1978* (pp. 50–52). Metuchen, NJ: Scarecrow Press.
- Parker, J. S. (2005). Extraordinary experiences of the bereaved and adaptive outcomes of grief. *Omega: Journal of Death and Dying*, *51*, 257–283. doi:10.2190/FM7M-314B-U3RT-E2CB
- Parkes, C. M. (1970). The first year of bereavement. *Psychiatry: Journal for the Study of Interpersonal Processes*, *33*, 444–467.
- Peters, L. G., & Price-Williams, D. (1980). Towards an experiential analysis of shamanism. *American Ethnologist*, *7*, 397–418. doi:10.1525/ae.1980.7.3.02a00010
- Pierre, J. M. (2010). Hallucinations in nonpsychotic disorders: towards a differential diagnosis of 'hearing voices'. *Harvard Review of Psychiatry*, *18*, 22–35. doi:10.3109/10673220903523706
- Rees, D. (1971). The hallucinations of widowhood. *British Medical Journal*, *4*, 37–41. <http://dx.doi.org/10.1136/bmj.4.5778.37>
- Rees, D. (2001). *Death and bereavement: The psychological, religious and cultural interfaces* (2nd ed.). London, England: Whurr.

- Romme, M. A. J., & Escher, A. D. M. A. C. (1989). Hearing voices. *Schizophrenia Bulletin*, *15*, 209–216. doi:10.1093/schbul/15.2.209
- Romme, M., Escher, S., Dillon, J., Corstens, D., & Morris, M. (2009). *Living with voices: 50 stories of recovery*. Ross-on-Wye, England: PCCS Books.
- Rogo, D. S. 1990. Spontaneous contact with the dead: perspectives from grief counseling, sociology and parapsychology. In G. Doore (Ed.), *What survives? Contemporary explorations of life after death* (pp. 76–91). Los Angeles, CA: Tarcher.
- Rose, M. C. (1999). Christian hope and the ethos of bereavement. *Proceedings of the Annual Conference of the Academy of Religion and Psychological Research* (pp. 74–79). Bloomfield, CT: Academy of Religion and Psychological Research.
- Roxburgh, E. C., & Evenden, R. E. (2014, September). Counselling for anomalous experiences. In E. C. Roxburgh (chairperson), *“There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy”*: Making sense of anomalous experiences. Symposium conducted at the 5th Qualitative Research on Mental Health Conference, Chania, Greece.
- Sanger, M. (2009). When clients sense the presence of loved ones who have died. *Omega: Journal of Death & Dying*, *59*, 69–89. doi:10.2190/OM.59.1.e
- Saunders, D. T., & Cooper, C. E. (2015, February 12). *Dreaming of the dead: evidence of survival?* Society for Psychological Research Lecture, London, England.
- Schofield, K. L. (2012). Anomalous experiences and mental health: The double-edged sword. In C. D. Murray (Ed.), *Mental health and anomalous experience* (pp. 153–178). New York, NY: Nova.
- Shonin, E., Van Gordon, W., & Griffiths, M. D. (2014). The emerging role of Buddhism in clinical psychology: toward effective integration. *Psychology of Religion and Spirituality*, *6*, 123–137. doi:10.1037/a0035859
- Snyder, C. R. (1994). *The psychology of hope*. London, England: Free Press.
- Snyder, C. R. (2000). *Handbook of hope: Theory, measures, and applications*. Waltham, MA: Academic Press.
- Spanos, N. P., & Moretti, P. (1988). Correlates of mystical and diabolical experiences in a sample of female university students. *Journal for the Scientific Study of Religion*, *27*, 106–116. doi:10.2307/1387405
- Steffen, E., & Coyle, A. (2010). Can ‘sense of presence’ experiences in bereavement be conceptualized as spiritual phenomena? *Mental Health, Religion, & Culture*, *13*, 273–291. doi:10.1080/13674670903357844
- Steffen, E., & Coyle, A. (2011). Sense of presence experiences and meaning-making in bereavement: A qualitative analysis. *Death Studies*, *35*, 579–609. doi:10.1080/07481187.2011.584758
- Steffen, E., & Coyle, A. (2012). ‘Sense of presence’ experiences in bereavement and their relationship to mental health: A critical examination of a continuing controversy. In C. D. Murray (Ed.), *Mental health and anomalous experience* (pp. 33–56). New York, NY: Nova.
- Storm, L., & Thalbourne, M. A. (Eds.). (2006). *The survival of human consciousness*. London: McFarland.

- Taylor, S. F. (2005). Between the idea and the reality: a study of the counseling experience of bereaved people who sense the presence of the deceased. *Counselling and Psychotherapy Research, 5*, 53–61. doi:10.1080/14733140512331343921
- Taylor, G., & Murray, C. (2012). The role of understanding, engagement and meaning in anomalous experience: a narrative review of the evidence from cultural research. In C. D. Murray (Ed.), *Mental health and anomalous experience* (pp. 1–17). New York, NY: Nova.
- Tedeschi, R. G., & Calhoun, L. G. (2006). Time of change? The spiritual challenges of bereavement and loss. *Omega: Journal of Death and Dying, 53*, 105–116. doi:10.2190/7MBU-UFV9-6TJ6-DP83
- Tellegen, A. (1992). *Note on structure and meaning of the MPQ Absorption Scale*. Unpublished manuscript, University of Minnesota, Minneapolis, MN.
- Tobert, N. (2010). The polarities of consciousness. In I. Clarke (Ed.), *Psychosis and spirituality: Consolidating the new paradigm* (2nd ed., pp. 37–48). Chichester, England: Wiley.
- Tyrrell, G. N. M. (1953). *Apparitions* (Rev. ed.). London, England: Duckworth.
- Tyson-Rawson, K. (1996). Relationship and heritage: Manifestations of ongoing attachment following father death. In D. Klass, P. R. Silverman, & S. Nickman (Eds.), *Continuing bonds: New understandings of grief* (pp. 125–145). London, England: Taylor & Francis.
- Watt, C. (2015). Parapsychology. In M. Cardin (Ed.), *Ghosts, spirits and psychics* (pp. 213–217). Santa Barbara, CA: ABC-CLIO.
- White, R. A. (1997). My EHE odyssey: An ongoing process of formulation. In R. A. White (Ed.), *Exceptional human experience: Background papers II* (pp. 137–138). New Bern, NC: EHE Network.
- Wilde, D. J. (2011). *Finding meaning in out-of-body experiences: An interpretative phenomenological analysis*. (Doctoral, University of Manchester, Manchester, England). Retrieved from <https://www.escholar.manchester.ac.uk/uk-ac-man-scw:158134>
- Wilde, D. J., & Murray, C. D. (2009a). The evolving self: Finding meaning in near-death experiences using interpretative phenomenological analysis. *Mental Health, Religion and Culture, 12*, 223–239. doi: 10.1080/13674670802334910
- Wilde, D. J., & Murray, C. D., (2009b). An interpretative phenomenological analysis of out-of-body experiences in two cases of novice meditators. *Australian Journal of Clinical and Experimental Hypnosis, 37*, 90–118.
- Wilde, D., & Murray, C. D. (2010). Interpreting the anomalous: Finding meaning in out-of-body and near-death experience. *Qualitative Research in Psychology, 7*, 57–72. doi:10.1080/14780880903304550
- Wright, S. H. (1998). Experiences of spontaneous psychokinesis after bereavement. *Journal of the Society for Psychical Research, 62*, 385–395.
- Wulff, D. M. (2000). Mystical Experience. In E. Cardeña, S. J. Lynn, & S. C. Krippner (Eds.), *Varieties of anomalous experience: Examining the scientific evidence* (pp. 397–440). Washington, DC: American Psychological Association.
- Yamamoto, J., Okonogi, K., Iwasaki, T., & Yoshimura, S. (1969). Mourning in Japan. *American Journal of Psychiatry, 125*, 1660–1665. <http://dx.doi.org/10.1176/ajp.125.12.1660>
- Zahradnik, F. and von Lucadou, W. (2012). A counselling approach to extraordinary experiences. In W. H. Kramer, E. Bauer, & G. H. Hövelmann (Eds.), *Perspectives of clinical*

parapsychology. (pp. 118–134). Bunnik, Netherlands: Stichting Het Johan Borgman Fonds.

¹ Psychological Absorption: Defined by Tellegen (1992) as a ‘...disposition to enter, under conducive circumstances, psychological states that are characterized by marked restructuring of the phenomenal self and world. These more or less transient states may have a dissociated or an integrative and peak-experience-like quality. They may have a “sentient” external focus, or may reflect an inner focus on reminiscences, images, and imaginings’ (p. 1).

² Psychological Dissociation: Defined in the DSM-IV as a ‘...disruption of the usually integrated functions of consciousness, memory, identity or perception of the environment’ (American Psychiatric Association, 1994)

³ Somatoform Dissociation: A failure to fully integrate bodily components of experience (Nijenhuis, Spinhoven, Van Dyck, Van der Hart, & Vanderlinden, 1998).

⁴ Near-Death Experience: Defined by Greyson (1994) as ‘a profound subjective event with transcendental or mystical elements that many people experience on the threshold of death’ (p. 460)