The Relationship between Trauma and Paranormal Experiences

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by

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Abstract

This research explores how traumatic experiences throughout one’s lifetime can potentially affect having a paranormal experience. This paper explores the independent variables of belief systems and how they can potentially contribute to the dependant variables of the certain types of paranormal experiences. The trauma connection is explored in its contribution to both having the experience and one’s belief system. This researcher makes the assumption that not only is it a possibility for one to have a paranormal experience after a trauma, it is likely. Therefore, this researcher insists that it is necessary for the mental health community to understand how to assist those having such experiences in relationship to a trauma, especially in differing cultures.

Keywords: paranormal, trauma, Holy Spirit, skeptic, beliefs, OBE, NDE, out of body experiences, near death experiences, PTSD, psychic, mediumship
Dedication:

This paper is dedicated to my friends & family (both here and on the other side) who have stuck by me, encouraged, supported and loved me throughout the last three years of school, surgeries and multiple challenges and losses.

To my children both birth and bonus, Alexandra, Cheyenne, Dharma, Benjamin and Bobbe, you have been and continue to be my inspiration for the last 24 years.

To my Bonus Dad, Gaspar Vincenzo Romano Cusumano, who left this physical world December 27, 2012; you’re one of the best people I’ve ever been blessed to know. Your love, support, gentleness, humor and kindness provided a guiding light for our family; you have made us better. Always saying, “Whaddya gonna do?” with a shoulder shrug, reminding us that we just do the best we can and let the rest go.

To my mother, LaVaune, who I know would be very proud to be present, if only to break the chains of Alzheimer’s.

My father Fred who is likely even more astonished I’ve come this far, having bodily succumbed to Alzheimer’s in 1992.

Kevin, Patti, Angela, Katherine and Melinda, your encouragement, love and compassion has given me strength to keep moving forward, for which I cannot thank you enough.

To my sister Mimi, one of the best women I have ever known. You have supported and loved me unconditionally; you have taught me to be better even when I didn’t want to be.

Mostly, to my Creator and my Spirit Guides, and all those who have passed to the spirit world and routinely provide challenge, inspiration and mystery to my life. I ask for continued strength help and guidance to move forward.

And lastly, to those who come after me, listen to your supporters and those who would scoff; they’ll both make you better.
The Relationship between Trauma and Paranormal Experiences

Throughout time, spiritual experiences have been known to inspire, frighten and provide knowledge. The mainstream world of the dominant culture has documented interactions with the spirit realm for centuries. The Christian Bible, Torah, Talmud, and Quran all depict preternatural occurrences and involvement with otherworldly beings. Historical figures such as Nostradamus (2011) and Edgar Casey (2011) have fascinated the world over and left generations reading and re-reading their predictions and experiences. Today one could turn on any media device and find shows sharing paranormal experiences, ghost hunters and mediums.

Every culture and religion has had individuals who are appointed as the ‘go to’ people for spiritual and moral questions such as shamans, priests, ministers, and rabbis, to name a few (Wise, 1999). However, if one is neither a member of an indigenous tribe or culture nor a member of a religious tradition, where is one to turn with questions of a spiritual nature or an experience that is unexplainable by mundane means? Medicine and spiritual leaders in First Nations Tribes of the Americas are not easily accessible to the average individual, and paranormal encounters may be out of the realm of religious leaders, as well. Peoples of all nations originated from tribal and earth-connected spiritualities, and the stories that were created within these spiritualities indicate a commonly-held belief that there is more to life than that perceived by the five senses alone.

Traumatic experiences have frequently been connected with reports of the development of a psychic ability or having a subsequent paranormal experience (Kelley, 2010). These experiences could be a visit from a loved one who has passed; to visions of an ‘angel’ during a traumatic experience; a visit from a spirit guide during a time of struggle, or even a demon (Reiner, 2004). It is very important to remember that these experiences aren’t always comforting
or happy. Not only could trauma contribute to the development of experiencing the paranormal, the experience itself can be traumatizing, as well. The feeling of fear and dread is usually an initial response because it is often confusing to sort out what is happening, and then potentially leading to a sense of awe and comfort when one feels a better understanding of the experience (Rossano, 2007). It is vital for the therapeutic community to be prepared to assist individuals who have had these experiences and have nowhere else to turn and to visit the notion that the experience of a trauma could be related to a paranormal experience (Wright, 2006). If this relationship exists, it is necessary to educate the mental health community to properly treat or refer these individuals; therefore, we must have prepared and educated therapists at the ready (Mencken, Bader, & Stark 2008).

It is important that more studies are done to allow for an increased gathering of information from a cross section of the population. Within such a study one must include those of varying religious and spiritual beliefs, including atheists and agnostics. It is also vital to include multiple races, cultures, varying educational experiences and socioeconomic statuses, as well. In the United States, three out of four individuals believe that they have had an experience with the paranormal and more that believe it exists. It is, therefore, the therapeutic community’s responsibility to open-mindedly educate itself without judgment (Howard, 2010).

**Purpose and Assumptions**

The focus of this research is, “Does experiencing trauma contribute to having a paranormal experience?” Trauma will be defined as an experience that consists of a psychological impact that has a lasting effect due to a powerful emotional shock (Dictionary, 2011 & Reiner, 2004). Trauma can also be defined as mental, physical, emotional or sexual and can occur only one time or repetitively over many years. Alfred Adler theorized that when one
has a sense of loss it is felt as a minus in one’s life. Therefore, the feeling of a minus could likely lead to the desire for something better which would be perceived as a. In the case of trauma, one may feel organ inferiority, meaning a lack of functional coping skills due to one’s inability to prevent the trauma. This can lead to developing alternate coping skills, such as one’s ability to experience paranormal events (Ansbacher & Ansbacher, 1956). These paranormal events can come in many forms such as mediumship, channeling, seeing orbs, clairvoyance, clairaudience, discernment, feeling the Holy Spirit, possession, and multitudes more.

Therefore, one must then ask if the experience of trauma then contributes to compensation due to organ inferiority which will assist in moving from the felt minus to the perceived plus; does one then compensate by developing the ability to experience the paranormal (Ansbacher & Ansbacher, 1956). The importance of uncovering this knowledge lies in the fact that there are individuals who, once having such an experience, go without counsel and emotional assistance to find resolution, comfort and support. These individuals live in fear of sharing such an experience with others out of the apprehension of how they’ll then be perceived. There is nowhere for them to turn. It is vital for the therapeutic community and those served, to have the knowledge, tools and understanding in working within this specialized area (Main, 1997).

There are multiple areas of specialization within the mental health field for a therapist to choose to work and find one’s niche. Occasionally, due to the lack of experienced and trained therapists in this area of expertise, individuals have often explored the consultation of psychics, astrologers and the like for counseling on life’s issues for hundreds or thousands of years (Lester, 1982). Though comfort is sometimes found in the company of psychics, astrologers and mediums, it is of great importance to recognize that these individuals are, for the most part, not
trained and skilled therapists, nor do they possess the ability to assess and refer when further intervention is needed. There are many cultures throughout the globe that consult Medicine Men/Women or shaman equivalent that treat mental health issues and spiritual issues in culturally appropriate ways. It is unfortunate, that most individuals in today’s society do not have the resources, as such, to seek out a shaman-like individual to assist through a painful and difficult time.

The importance of this research is to uncover the possible existing need for therapeutic intervention for those with a combination of trauma and subsequent ability to experience the paranormal. If such a need is uncovered, the next order of business will be to provide education and training to interested therapists that have a compassion for situations like these. The ability to experience the paranormal as a result of trauma can, without guidance and therapy, lead to secondary trauma and subsequent mental health issues, such as depression and anxiety. An uneducated and inexperienced mental health professional may potentially inflict a tertiary trauma on an individual seeking therapeutic services for a significant paranormal event, who is, then, diagnosed by the undiscerning mental health professional as having a mental health issue, such as psychosis or schizophrenia, rather than a new ability which needs assistance in navigating.

To respond with the kneejerk reaction of prescribing medications and unnecessary hospitalization for clients with this experience is to negate many millennia of cultural experiences and beliefs. This response by the medical and mental health field could then be seen as invalidating and condescending; encouraging the client to move further away from trusting one’s self and even further away from healing. If it is established that trauma can and does contribute to the development of an ability to have paranormal experiences, it then must be
assumed that paranormal experiences are a potential outcome following a trauma experience (Swaroop-Rawat & Rivas, 2005).

Therefore, if paranormal experiences are natural occurrences, it is a responsibility of the psychotherapeutic community to recognize them as valid and rational and furthermore must ethically provide for the education and ability to discern between paranormal experiences and a true mental illness. It is vital to also not rule out the possibility that paranormal experiences and mental illness can co-occur. In the true sense of gemeinschaftsgefühl, it is the responsibility of the therapeutic community to provide room for the specialization of trauma and the paranormal and, therefore, have the knowledge of resources for potential referrals when this issue arises and when they cannot themselves assist a client most effectively.

Assumptions and Limitations

The assumption of this researcher is that trauma does contribute to the experience of the paranormal (Reiner, 2004). This researcher is a mental health professional for the last more than twenty-five years and a medical professional for the last fifteen years. She is also indigenous, having apprenticed with Native American Medicine Women. She has also studied and taught catechism within the Catholic Church. The first limitation of this research is the availability of the specific literature connecting trauma to the experience of the paranormal. Assuming that there have been enough people who have come forward to share a traumatic experience, were they equally willing to share a paranormal experience? Assuming that there are a significant number of subjects available, a new limitation could be correlating the experience of trauma with the onset of experiencing paranormal events. Other factors may not be revealed until after a pattern becomes evident following the initial study. It is possible that a pattern may be established in which a trauma is not the only event preceding a paranormal experience; the
evidence may reveal there was another co-occurring and consistent factor not previously accounted for in the literature. A sustained focus in this area of study may then be required to examine new theories.

Another limitation of this research is that there is a significant lack of studies specifically relating to the normalization of the paranormal within indigenous cultures. Indigenous cultures are well known for their understanding and relationship between the physical world and spirit world, and the impact of one on the other as an everyday occurrence (Coyhis & Simoelli, 2008). These cultures are holistic in their view of mental, emotional, physical and spiritual aspects of life; having a balance of these aspects within one’s person is vital for harmony within one’s daily life. Therefore, it is vital to see people not as individuals to be treated, but as persons who are integrations of their personal beliefs and family systems, as well as persons affected by religious, cultural and socioeconomic structures and thus avoid a reductionistic view of the individual.

An individual must not be broken down into separate operating systems that are mutually exclusive. If one were to place more importance on taking care of one’s physical needs and desires while neglecting emotional well-being, one becomes separated from others, leading to isolation and the increased likelihood of depression. If one places more importance on spiritual wellbeing without caring for his or her nutrition, this will have an impact on an individual’s mental health due to the lack of nutrients getting to the brain. When an individual, family or community weighs too much importance on one of these areas over the others, one becomes out of balance and illness becomes likely. Illnesses can be mental, physical, emotional or spiritual.

Historically speaking, indigenous cultures have had individuals to whom one can turn to with questions regarding any combination of these areas. The dominant culture often compartmentalizes these aspects of an individual, separating mental health from spiritual health,
and not taking into consideration the contribution of one’s nutrition or allergies. Compartmentalizing an individual’s mental, physical, spiritual or emotional aspects during and after a trauma (and not acknowledging the relationship between them) can lead to the individual never feeling a completion of the healing process after a trauma. Therefore, it is vital to acknowledge that fracture can occur within an individual as a result of trauma and not compound it by further by compartmentalizing the individual’s needs. It is therefore doubly vital for experienced, rained therapists, who are knowledgeable in this area, to be available without judgment while providing assessment and treatment that does not further injure or retraumatize the individual seeking therapy.

**How Beliefs Potentially Impact Having a Paranormal Experience**

It is valuable and vital to make a serious attempt to recognize what potential impact one’s preexisting belief system may have on the possibility of having a paranormal experience. It is possible that a scientist’s or researcher’s belief system may contribute to or prevent the possibility of a paranormal experience in a lab setting. In the instance of religious/cultural belief systems there is more likely a preexisting acceptance that a paranormal experience is possible. Therefore, there is a significantly increased potential that if one feels a definite relationship to the spirit world, it does allow for one’s openness to a paranormal experience; however, proving this is more challenging (Dodge, 1988).

**Skeptic**

The role of a skeptic can be quite productive. It is estimated that more than 40% of Americans believe in some sort of paranormal, including spiritual healing (Lindeman & Aarnio, 2007). A 2009 study revealed that 78% of Americans believe in life after death (Speigel, 2013). Many, but not all, of those beliefs are an outcome of one’s religion or culture. There are many
who believe they have seen or felt a ghost or a non-specific presence at one time or another during their life. It is not the role of the skeptic to convince anyone that their spiritual or religious beliefs are incorrect or even false. It is, however, the role of the skeptic to ask difficult questions, rule out alternative causes, play devil’s advocate and pose alternate hypotheses for such experiences or events. This can assist in protecting the gullible, provide for further research, education and potentially even increase the strength of the original experience or hypothesis.

The scientist within a lab setting must remain skeptical to objectively collect and interpret information, by doing this one can allow for the most accurate outcomes. It is important that one examine their own motivation or hope for a particular outcome; thus, to potentially avoid influencing the natural development of the research. When it comes to the experience of the paranormal there is great need for the skeptic’s position (Randi, 2008). The value of skeptics is born of the fact that skeptics place more responsibility on researchers to provide proof, and thereby find valuable evidence or lack therefore, rather than simply accepting all reported experiences perceived as paranormal.

The skeptic is one who focuses on the ability to maintain objectivity. A value of skeptics is to keep the rest of society from imposing personal beliefs as complete truisms without searching for a deeper understanding and rationale. Throughout the history of the world humankind has used personal beliefs and ideologies to explain and make sense of things they didn’t understand, such as seasonal occurrences, natural disasters, and human atrocities. Humans have tooted their religions as being the one and only true and valid way of believing and seeing the world as a means to control, condemn and exterminate others.
Religious and cultural belief systems have been used as excuses to create wars over land, money and slavery. Accepting something on faith alone is what is expected throughout most every world religion. Religions and spiritual beliefs are interpreted by a select few and unfortunately these individuals can become corrupted and pervert the interpretation of holy texts to suit the highest bidders. Humans have a proven tendency for taking personally another’s lack of belief in their religion or even questioning potential deeper meanings of such texts. As there are great volumes of literature and pontificators espousing their interpretation is the most accurate and that their belief system is the complete absolute truth, the skeptic thankfully remains vigilant to safeguard against such interpretations and forceful indoctrination (Randi, 2008).

When one is being skeptical of a claim, they require proof of its validity or accuracy, thus pushing the originator of the claim to delve deeper into explaining his or her position. The position of the skeptic has long since held the belief that the burden of proof is on the one making the claim (Krummenacher, Mohr, Haker, & Brugger, 2010). Of course, if it is one’s personal belief system in which one finds comfort and direction for life, one is not required to demonstrate accuracy or proof to anyone. However, if one begins to demand that their dogma is the one and only correct way, and that others must follow them without rebuff, that is when the concern comes in and skeptics can be extremely helpful.

It is important to note that one’s personal spiritual and religious beliefs are not in question; they are for that individual and like-minded to find comfort and direction. It becomes a job for the skeptic when there is an expectation that others accept a belief without question. If believing in fairies is part of one’s spiritual belief, there is no issue; if one expects everyone to believe fairies exist, enter the skeptic. If one makes a claim that fairies exist, a skeptic may
request proof, whereas the claimant can require the skeptic prove fairies do not exist. The idea that it is impossible to prove a negative becomes obsolete when presented with another situation. It becomes more difficult to prove a positive such as there is a bacterial strain of *streptococcus aurous* on the desk; in all likelihood there is that exact strain of bacteria in the room. Knowledge is limited by certainty and requires predictability. However, it becomes easy to prove a negative when one is asked to prove that there is a giraffe in the room. One simply looks around the room to see there is no giraffe (Krummenacher, Mohr, Haker & Brugger, 2010).

**Ambivalent**

The ambivalent observer of the paranormal is difficult at best to track in a review of the literature. By the very nature of ambivalence, they are likely to be simply uninterested and have neither a belief nor disbelief in otherworldly experiences or claims. There are likely those individuals, to whom it never occurred, the idea in which other dimensions either existed or could impact them. Some may go their entire life never being affected or aware they are affected by the thought of a spirit world. There are those who see themselves as simply flesh and bones, possibly being agnostic or atheist, having a limited belief, or none at all, in an afterlife and find no interest in seeking more than that. It could be assumed that many people live their lives spiritually ambivalent.

It can be assumed that many people prior to having a paranormal experience may have never expected anything such as that would occur in their life; expressing doubt until one makes the claim of having a paranormal experience. Some people don’t find comfort in the thought that there is a dimension which could exist near them, yet remain unseen and potentially impact their lives. There are those who find that thought extremely frightening. Ambivalent subjects may
remain anonymous until they either become more skeptical or have their lives disrupted by an experience, and now have “skin in the game”.

Out of Body Experiences (OBE) or Near Death Experiences (NDE) can be assumed to have previous ambivalent individuals among them (Lopez, et al., 2006). In the case of NDE, these individuals cannot be assumed to have a preexisting hope of having this particular kind of experience, as they were likely not aware of the potential threat of death. In the case of an OBE, there are meditative practices in which one can attempt astral projection or OBE; therefore, it can be assumed in this case, one hoped for the OBE. It would be necessary to distinguish a pre- and post- experience attitude; the literature is limited in making this information available.

In the future, researchers need to start asking more probing questions. In the case that one was initially ambivalent to having an experience, placing no restrictions on the occurrence, did this provide for a more open attitude to allow the experience? Is the ambivalent individual the non-religious, non-spiritual person who may have been raised in some spiritual or religious tradition but no longer attends services or ceremony, placing more emphasis on the physical world? These questions may then lead to a deeper exploration such as, did the lack of adhering to a positive and supportive religious or spiritual tradition make one more vulnerable to negative paranormal experiences?

Believer

The individual or group who has a documented belief system is, by far, the easiest group to locate in the literature, competing only with skeptics. For the purposes of this paper, the ‘Believer’ is defined as one who accepts, without question that the paranormal not only exists but has its place in ordinary everyday life. There are those who believe firmly that the evidence of an afterlife is irrefutable based on the accounts gathered, religious texts and spiritual leaders’
interpretations (Atwater, 2007). A growing body of evidence suggests that individuals who have strong Christian beliefs will more easily believe in the possibility of an otherworldly or paranormal experience (Mencken, Bader & Stark, 2008). Belief cannot be dictated by the limitations of knowledge and therefore requires faith.

In eastern philosophies, Hindus and Buddhists accept reincarnation as a basic tenet of their religion (Hindu, 2011). In India, as well as in China, there are holy men who routinely perform exorcisms. During the span from the early 1960s to the mid 1970s there was a 750% increase in exorcisms involving the Catholic Church (Betty, 2005). One speculation for this rise is due to the request made by the individual for Satan to possess them. The increased use of tools, such as a Ouija Board, to communicate with the ‘other side’ created a portal for more than just the good or positive entities to come through, but opens indiscriminately to whatever would like to come through. One who believes in the forces of good, or a holy trinity, or ‘being born again’ as a righteous Christian, these are ways of belief in a spirit dimension. There is a version of Hell in most religions, thus creating a dichotomy of dark and light forces. In these instances, one must believe in the dark side or evil, if you believe in the light or good.

In the case of Native American traditional spirituality, the paranormal is a natural and accepted occurrence of daily life. In this traditional belief system, one does not see a separation between these aspects of existence; all of creation is related and sacred and has a spiritual dimension (Hodge & Limb 2009). Native Americans see the relationship between all living things as a matter of being in and out of balance. The Red Road is a way of being which involves living in harmony with and respect for all around you. To walk the Black Road is to be in times of trial and poor choices that will bring about an imbalance in your spirit and life. Uncovering
those who believe in a spiritual dimension that is outside the physical realm are the easiest to locate of the three groups.

**Summary of Beliefs**

In the summarization of the independent variable of beliefs, the literature tends to suggest that those who have any sort of religious or cultural stories or beliefs in one paranormal experience, they are more likely to assume others exist (Kelley, 2010). Whether it is at a Catholic Mass, an exorcism, or a sweat lodge, the possibility of a paranormal experience is always present (Brittle, 2002 & Gagnon, 2008). Therefore, it is possible to conclude that those who expect a religious, spiritual or cultural paranormal experience may likely encounter a paranormal event since the likeliness of such events lies embedded within the belief systems of these individuals. However, this researcher has been unable to locate documentation that focuses specifically on the belief of the individual prior to a paranormal experience.

There is a significant limitation in the available literature to suggest that the skeptic’s belief has an impact on the possibility of an experience. It is important to see if the skeptic will refute any evidence of paranormal activity, or if they are open to a paranormal experience being just that, an event which lies outside the realm of provability. The research that is authored by those who self-identify as skeptics almost never report they are convinced they witnessed a paranormal experience or had a change in their beliefs due to an experience. This may mean that the self-identified skeptical researcher has a bias which predetermines the way in which an event is interpreted a solidified resolve which denies the possibility that the paranormal exists coupled with the preconception that their own personal beliefs or knowledge are more in line with the norm and, thus, more accurate and correct. There is a spectrum of belief, starting on one end
with the pure skeptic, with the ambivalent observer in the middle, through to the other end with
the unquestioning believer who takes everything on faith, requiring no proof whatsoever.

One could make the final assumption of these independent variables that one’s belief
system impacts whether or not one will have an experience, although this does not always seem
to be the case. Often times those who are ambivalent in their beliefs will be among those
reporting paranormal experiences; on rare occasions, a skeptic will report having an experience
they would classify as paranormal. Therefore, this does not solidify the theory that one’s
preexisting beliefs will impact the outcome. However, one could argue that people within the
ambivalent group did have paranormal experiences because of their tendency toward impartiality
regarding alternate belief systems, in contrast to the more skeptical viewpoint which carries a
more determined predisposition toward evidential proof. Thus, one could argue that an
individual who falls in the skeptic group almost never has a paranormal experience because they
refuse to acknowledge the existence of a spiritual dimension.

However, there is significant evidence available to suggest that trauma nearly always
predates a paranormal experience (Howard, 2010). Throughout the literature regarding the
paranormal, subjects who sought therapeutic intervention in order to cope with significant
paranormal experiences also reported a traumatic event as an antecedent prior to the paranormal
event. This does not conversely imply that all traumatic events will lead to a paranormal
experience, but that nearly all paranormal experiences are preceded by a traumatic event. At this
particular juncture, the reality of one’s personal belief system prior to the event becomes evident
and not before; therefore, literature reporting such beliefs is lacking.

Within the realm of the paranormal and therapy, it is vital that a skeptic hold accountable
therapists who are espousing the belief that they can work with those who experience the
paranormal. On the other hand, continuing to take the skeptical perspective with a client’s experiences could lead to a lack of the client feeling safe, reduce the amount of trust within the therapist-client relationship and cause a road block to healing. Using the example of Near Death Experiences (NDE) or Out of Body Experiences (OBE), the position of the skeptic could be harmful by invalidating the experience or, worse, assuming it is psychosis and in need of medication immediately. Therapists must focus not on whether the experience is factual but if it’s relevant to the client’s movement and growth.

**Experiences: Scientific, Religious/Cultural, and Non-Specific**

The dependent variables of experience, for the purposes of this research, refer to the different types of Paranormal Experiences. This researcher will then break ‘experiences’ into three groups: Scientific, Religious/Cultural and Non-Specific. There are several types of paranormal experiences that have been reported throughout recorded history. Carl Jung, a well-respected pioneer of psychotherapeutic theory and practice, spent a great deal of his life and career researching the effects of the paranormal on humanity and defining it as phenomena that has no rational explanation. It also appears his maternal family lineage is chock full of personal paranormal experiences. Jung began to experience his own unexplainable occurrences at the age of seven. It is to these experiences that Jung contributes his decision to enter the field of psychiatry (Main, 1997).

Jung had a strong desire to investigate, understand and rule out frauds and ‘snake oil salesmen’, as well as rule in those who were honest and open authentic. To this end, Jung attended multiple séances for several decades, investigating multiple mediums throughout that time (Main, 1997). Jung, having worked closely with Freud and Adler for some time, shared his theories of the paranormal with Freud (Ansbacher & Ansbacher, 1956 & Main, 1997). One can
only imagine that due to the fact that Freud was strictly analytical regarding his work with humans that he might have a difficult time in comprehending Jung’s postulations, let alone give credence to the possibility of a paranormal influence. Freud, originally skeptic, became more thoughtful concerning his denouncement in the paranormal as having any sort of effect on the human experience (Main, 1997). Freud began attending séances and seeing astrologers, encouraging Jung in his investigations into the occult writing: “In matters of occultism I have grown humble…my hubris has been shattered” (Main, 1997, p. 4).

**Scientific**

There are multiple groups, around the world that have set aside time, money and space for the specific goal of testing theories of paranormal experiences (Schwartz, 2007). One such theory tested is, “Can an ordinary person be trained to use the psychic senses?” (Howard, 2010, pg 101). Howard seeks to focus solely on the meaning of “consciousness” as a hypothesis; therefore, seeking to reveal exact psychic sciences that can be either falsified or verified. Howard poses to the reader that each individual has access to this psychic sense and only needs to learn to use it (Howard, 2010).

There have been experiments in a laboratory setting that focus on using multiple subjects in an attempt to test individual psychic abilities. Some of these experiments would have one subject visualize colors and numbers and hold their focus while another would be in the role of the psychic and attempt to pick up the ‘correct’ color or number; these have proven to lack consistency (Shiah, 2007). It is difficult to know if the subject was concentrating ‘enough’ or if the individual in the role of the psychic truly had developed a psychic ability. Other factors were involved, such as: Was the lab too uncomfortable and sterile? Did skeptics assume that the results would always be negative? Were the test-subjects psychic or had they tried to develop
their psychic abilities? Were the test-subjects skeptical and/or unmotivated? Beyond the lab-controlled experiments, there was more empirical data collecting research being done, using the world as one’s lab (Rhine, 1934).

In the instance of empirical data collecting, one must specifically be aware of what to look for, such as, gathering the same data from individuals with similar experiences (Swaroop, Rivas 2005). It is of the utmost importance to be consistent for the purposes of research and validity thereof. There are several cases of both Near Death Experiences (NDE) and Out of Body Experiences (OBE) in which one could formulate the same inquiries for consistency (Lopez, et al., 2006). One particular focus of interest has been children and teens who have reported having either an OBE or NDE (Lopez et al., 2006). The reason for the focus on children is due to the minimization or complete lack of having preexisting knowledge or a solidified belief system to cloud the information gathered. Carl Jung himself reported an NDE during a severe heart attack in 1944½ which became quite transformative for him (Main, 1997). Many researchers who work with human subjects require a special patience, especially in an area such as paranormal and psychical research (Rhine, 1934). Humans are unpredictable and variable, and being part of a greater social construct, require flexibility.

The fields of quantum physics and particle physics bring a curiosity that has led to the discovery of the law of superposition, in which a particle can appear in two places at the same time without the physicist being able to witness the movement (Zukav, 1980). Science has yet to be able to explain how the particle has moved, yet they know it is the same particle relocating. As science once thought the atom was the smallest particle in the universe, then protons, neutrons and electrons were discovered. Science discovered even smaller particles were discovered in the 1960s, and so it goes (Discovery, 2013).
Throughout time there have been many discoveries that have completely changed how humans see the world, the universe and themselves. There was a time it was thought the earth was flat and that the earth was actually surrounded by crystal spheres and that the sun revolved around the earth (Zax, 2009). Television shows in the 1950s, 60s, and 70s, depicted gadgets and theories thought to be fantasy and futuristic, of which, today, many of those gadgets are used daily by children. The internet, computers, cell phones and microwaves are part of nearly every household in the western world; and are such commonplace that an interruption in these services can be disruptive to daily life. In the 1900’s there was a British physicist, Lord Kelvin, who believed that everything that could be discovered had been, and all that was left is measurement (Wolchover, 2012).

Humankind has been continuing on a path of discovery and invention throughout its evolution. Inventions have been created out of necessity to make life easier and sometimes defend oneself and one’s family from outside threats. And, unfortunately, to sometimes harm others out of greed. There has often been a genuine desire to seek to understand how something works and why something happens. But along with less than altruistic motives, there have been great strides in making life better, curing diseases and saving lives. Antibiotics alone have saved millions since their inception; however, now there are growing strains of antibiotic resistant bacteria that are becoming a threat to the general public (Wassmer, Kipe-Nolt Y Chayko, 2006). Immunizations, though often debated on their safety and efficacy, have often prevented horrible disease and death.

It was confirmed earlier this year 2013, that the particle found last year is a Higgs boson, the smallest particle now known as “The God Particle.” This discovery is changing the theories in particle physics (Moskowitz, 2013). Even today astrophysicists have gathered data that
suggests there is the possibility that parallel universes exist, that what we think of as ‘the universe’ is a small patch of an infinitely large multiverse (Wolchover, 2012). Keeping an open mind and a determination and willingness to forge ahead, regardless of naysayers, is what advances science and multitudes of discoveries. The discoveries of the earth revolving around the sun, curing illnesses with antibiotics, preventing diseases with proper hygiene and immunizations, even now as they grow organs in labs to reduce potential rejection by the host, has been all due to the determination of those who do not succumb to self-limiting convictions.

Psychology has been referred to as a ‘soft science’ because it is impossible to provide measurable outcomes (Dictionary, 2013). Because psychology studies people and their behavior and reactions, it is only through experience can the skilled therapist begin to develop an intuition as to what tools will help; and then the therapist can still be wrong. The hard sciences can form a hypothesis and develop experiments that can be repeated to observe if the outcome is consistent (Dictionary, 2013). Parapsychology is the study of phenomena that science cannot explain and is usually dismissed by the harder sciences and psychology as well (Dictionary, 2013).

The field of parapsychology has continued to grow and gain interest in the past several decades (Wise, 1999). Several groups of researchers have been attempting to recreate paranormal experiences within lab settings (Howard, 2010). There are those who conclude that all individuals have access to varying degrees of psychic abilities and yet remain unaware of how to utilize them (Howard, 2010). It is difficult to successfully and methodically gather evidence from human subjects, both in and out of the lab setting; there is so much that is subjective and must be interpreted. Gathering information on the paranormal with a scientific perspective is difficult, but the areas of religion and culture become even more subjective.
It is vital to remember when focusing on the scientific forms of researching paranormal phenomena, that it and its researchers are imperfect and occasionally inaccurate. Throughout time, theorized hypotheses have been proven false and inaccurate repeatedly. Though scientific research is of great value, one should always remain skeptical and objective about this as well as any other area of experiences. Individual psychology is inclusive and holistic; whereas scientific research is reductionistic and compartmentalizes, separating the individual experiences down to singular events. Science is an ever evolving field that makes new discoveries constantly; simply because we weren’t aware that a species didn’t exist doesn’t mean it only came into existence the moment it was discovered. There is so much to discover and be amazed by that it is vital to keep an open mind to possibilities. Then and only then can one begin to see that the universe is not a detached, segmented grouping of molecules; rather, it is an infinite, ever-expanding multiverse of possibilities.

**Religious/Cultural**

There are many cultures and religions that accept reincarnation as a possible occurrence as a matter of faith (Tucker, 2005). Hinduism and Buddhism are two of the most documented spiritualities that believe in reincarnation. There are studies that suggest a belief in reincarnation actually reduces one’s anxiety regarding death (Hui & Coleman, 2012). CORTS, or ‘Cases of the Reincarnation Type’, have collected a great deal of data on children. The first focus is on the child as he or she first begins to develop the ability for speech and with this development begins to share information that they couldn’t possibly have. For example, speaking a language no one in their family knows or speaks; knowing places and names of people that live hundreds or thousands of miles away; or historical knowledge of places and people from many years ago (Kiel, 2010). It is also speculated that the reason there are more reports of reincarnation among
children is due to the fact that they only recently left the spirit world, and, as one gets older, they tend to forget more.

Indigenous peoples throughout the globe have a common core belief that every living thing is connected. If you act kindly and contribute positively to the community, it responds in kind (Wise, 1999). On the other hand, if you become selfish and self-serving, you cut off your life source and begin to pay for that spiritually as well. The Adlerian philosophy of *gemeinschaftsgefühl*, the feeling of community and social interest, is the basis upon which the Native American Indian spirituality is based (Ansbacher & Ansbacher, 1956). Taking it one step further to include the relationship of all life on earth, the holism of this belief system is significantly similar to Individual Psychology (Ansbacher & Ansbacher, 1956).

There is an understanding that what affects one affects all (Coyhis & Simoelli, 2008). In the Native American Indian culture, there is a belief in the recognition of spirit in all things from the lowest creature at the bottom of the deepest body of water, to the highest flying animal, and everything in between. Even today, when Native American Indian individuals range from traditional to acculturated and everything in between, and have varying degrees of belief, culture is always a contributing factor (Coyhis & Simoelli, 2008). Therefore, any experience that happens outside of a physical realm is accepted as spiritual and natural; and there are no such things as coincidences. In Native American Indian ceremonies such as sweat lodges, vision quests and sundances, there are many reports of sightings of spirits and guides coming to help the people, with spontaneous knowledge of how to proceed with future endeavors and guidance from the other world. These indigenous healing practices have been part of many cultures throughout the world, and have reportedly contributed significant improvement in mental, physical and spiritual health (Schiff & More, 2006).
Organized monotheistic religions have vast documentation on spiritual experiences over several millennia. Ranging from the Torah to the Bible to the Quran, there are descriptions of paranormal experiences of epic proportions (Brittle, 2002). Christians believe in a God who previously incarnated himself into a human form to be murdered for the sake of humanity (Holy Bible, 1987). Based on Christian text, Jesus was the incarnation of God. He healed the lame to walk, the blind to see and the dead to rise. He walked on water, defying several laws of classic science and came back to life three days after his execution (Holy Bible, 1987).

According to the gospels, Jesus did many miracles and then gave direction that those who followed him could do the same. Jesus cast out demons and all evil spirits and then commanded in Luke 10:18-20, “Yes,” he told them, “I saw Satan fall from heaven like lightning! Look, I have given you authority over all the power of the enemy and you can walk among snakes and scorpions and crush them. Nothing will injure you. But don’t rejoice because evil spirits obey you; rejoice because your names are glistened in heaven.” Weekly, there are male clergy, who are the only people who can, “by the power vested in them by God,” reenact the miracle of turning ordinary bread and wine into flesh and blood of God. At which point, the church attendants partake in a symbolic cannibalism and by doing so are spiritually lifted (Gagnon, 2008). In the Holy Qur’an there is the story of Moses needing water for the people, he is then told to strike a rock with his staff and upon doing so twelve springs of water came out (Qur'an, 2011).

There are references to amazing creatures, both profoundly good and evil, are sprinkled throughout every holy text. Of the three most prominent religions, Judaism, Christianity, and Islam, there are multitudes of influential stories of the miracle of healing and terrifying spirits. Monsters such as Leviathan are huge, powerful sea monsters are mentioned in both the Old and New Testaments (Torah, 2011 & Holy Bible, 1987). Even seeing a rainbow today reminds one
of the story of Noah and the ark; it represents God’s commitment to the human race that He
would never again destroy them with a flood (Holy Bible, 1987). The Jewish Torah and Hebrew
Bible are brimming over with stories such as Jonah and the whale, Moses and the burning bush,
Abraham and Sarah, and the list goes on. Moving into the New Testament, there are multitudes
of miracles sprinkled throughout scripture, such as healing the blind and deaf and returning the
dead to the living (Holy Bible, 1987).

Jesus exorcised demons, walked on water, fed five thousand with a few loaves and fish,
raised the dead and rose from the dead himself (Holy Bible, 1987). Jesus then gave his disciples
authority over demons to cast them out and to cure illnesses. In John 14:12, Jesus states, “Most
assuredly, I say to you, he who believes in me, the works that I do he will do also; and greater
works than these he will do, because I go to My Father.” (Holy Bible, 1987). In Islam there are
the Jinn, a powerful and terrifying spirit, originally meant to serve God that can cause significant
harm to humans (Quran, 2011). Jinn are created from fire, whereas humans are created from
clay; they can shift their shapes to take on many forms from humans to lizards to animals
(Quran, 2011). Last but not least are angels: archangels to guardian angels to Lucifer, God’s
most prized and loved, until he, himself, was expelled from heaven and sent to earth for trying to
take over at which time he was relegated to the realm of earth to wreak havoc on humans (Holy
Bible, 1987).

There is some literature that suggests that a belief in God and the paranormal evolved due
to anxiety people had about facing uncertain and trying times, including death (Kelley, 2010). It
begins to sound disparaging, as though all of the supernatural events documented throughout
holy texts were created solely for the purpose of comforting the hysterical or to keep people in
line who were misbehaving. However, on the bright side, there is significant literature which
also suggests that routinely attending religious services and cultural ceremonies greatly increases one’s ability to be happy and satisfied with their life (Kelley, 2010). Therefore, regardless of one’s belief about whether religions are man-made or God made, attending services or ceremonies appears to have a positive impact on the population. These individuals are reported to be more likely married, peaceful and emotionally intelligent. It’s interesting to note that research also uncovers that those who believe in the stories in the Holy Texts including angels and the Holy Spirit are more likely to believe in other paranormal phenomenon (Kelley, 2010).

**Non-Specific**

The final group of the dependent variables of paranormal experiences falls outside of the first two and into Non-Specific Experiences. To fall into the non-specific category, a paranormal experience must be neither cultural/religious nor scientific; therefore, having absolutely no connection with either of the two preceding categories, they are then validly non-specific. Locating individuals who have had a scientific view of the paranormal is not difficult, nor is locating those who have a religious/cultural experience. However, finding literature that describes those who have neither a scientific experience nor religious/cultural experience has provided more of a challenge.

In the cases of documented reincarnation, it is most likely that the child’s family already accepted it as a possibility, but not necessarily so (Kiel, 2010). It is important to investigate further that the reported case of reincarnation be completely objective and not be included in the religious cultural background of the subject. If it were a Hindu or Buddhist family, cases of reincarnation are to be expected; therefore, a case of reincarnation within one of these families would fall under the cultural/religious category. However, if there was a reported case of reincarnation among a devoted Catholic family, this would fall under non-specific due to the fact
that reincarnation does not fall within the dogma of the Catholic religion. Cases of Out of Body Experiences (OBE) or Near Death Experiences (NDE) may be reported due to the acceptance of the individual personal belief system or the family involved. Within the literature it does not clearly define if the OBE or NDE changed their view or it was a preexisting acceptance (Lopez et al., 2006). It is vital to be clear on whether one’s cultural belief or religion was pre-existing to an OBE or NDE to properly categorize it as non-specific.

There are other cases that fall within the non-specific category, such as premonitions, a haunting, clairvoyance, clairaudience, possession of non-religious person, development of mediumship abilities, and so on. If it can be established that the individual did not have a preexisting religion, culture or expectation that the event or events would happen, then it can be determined that it would fall within the non-specific category. If the paranormal event occurred, thus convincing the individual to become more religious or culturally involved it can still fall within the non-specific category.

**Summary: Experiences**

In summarizing the dependent variable of experiences, it is important to understand that the literature that has been reviewed appears to be geared primarily toward the experience of the paranormal in the scientific realm. There are many empirical studies, though it doesn’t appear to be experiences that can be replicated exactly. Scientific research plays an important role in furthering the production of scientific evidence that can be used to validate individual and group experiences. One must keep in mind, that for all intents and purposes it is not the be-all and end-all of paranormal experiences. As suggested in the literature, it is not only possible but probable that one will have a paranormal experience. This is likely not as comforting to some as it is to
others. This also does not suggest that the paranormal experience one has is going to be positive or welcomed; it simply suggests that it is a probability.

Paranormal experiences within the realm of religion or culture are often the most comforting and transformative, providing for personal direction of the individual. These experiences are not unexpected and often welcomed. However, within the religious/cultural experience of the paranormal, there are definitely negative and extremely unpleasant experiences. Stories of Satan, demons, and other evil spirits are sprinkled among them providing the contrast of good and bad experiences. Within the Catholic Church, there is a reported rise in oppression and possessions by demons that have not only been reported by Catholic or even other individuals, but also by those who appear to allow for the existence of possession in some way (Betty, 2005). The thinking behind this is not only due to the individual requesting the possession, but also the lack of positive belief system, especially in Christ. There aren’t readily available statistics found on the rates of possession in other Christian denominations.

Paranormal experiences in the non-specific realm have the ability to provide both comforting and frightening experiences. In this realm there are occasional undesired experiences, which is less likely than in the two preceding realms. The final category may be the most reliable due to the fact that those in this category are not seekers of a paranormal experience, and they also may be the most frightened by it whether it is positive or negative. This may be due to lacking a frame of reference and potentially even more traumatizing. Today it’s possible to turn on the media to find a multitude of ‘ghost hunter’, medium, psychic and paranormal shows at any hour of the day. It appears to have become a more acceptable topic for the public to watch within their homes, yet still difficult to discuss in public. Regardless of the type of paranormal experience, it continues to fascinate and mystify and ignite curiosity.
Trauma Connection

Trauma is by far not a new concept, and the type of trauma referred to in this research isn’t simply an insignificant trauma to the individual which is easily resolved. The trauma discussed in relationship to the paranormal is one that has had significant impact on the individual, disrupting the way he or she experiences life from the point of the traumatic event and forward. Though we have no documentation of first hand thoughts or experiences, ever since the beginning of humanity, there have been traumatic experiences. The threat of warring tribes, finding food, dealing with the elements and animal attacks were always part of human life. It has only been in the last five centuries that observations and experimental treatments have been consistently documented (History of PTSD, 2013). Referred to as ‘nostalgia’, ‘war neurosis’, ‘shell shock’, ‘combat exhaustion’, ‘gross stress reaction’, and ultimately referred to today as Post Traumatic Stress Disorder (History of PTSD, 2013).

It finally came into the awareness by those in the mental health profession that PTSD was not reserved only for those in combat, but also those who have been living through their own personal war. Therefore, trauma, by definition, causes a lasting change in the psyche of the victim (Dictionary online, 2011). It is important to note that trauma is relative and valid to the individual experiencing it. For one individual who experiences the loss of their child, this could be relative to the childless individual who loses a pet of 20 years. This trauma may be connected to the grief of never being able to have one’s own children. Trauma can also be experienced differently at various developmental stages, intellectual intelligence and level of vulnerabilities. It is not for the therapist to judge the value or depth of the reported trauma but to assist the client in adjusting to life after trauma.
Originally, this reaction to trauma was referred to as ‘shell shock’ to illustrate the psychological state of returning WWI soldiers. It was first thought that ‘shell shock’ was due to the soldier’s experience of repeated artillery discharge, but later it became apparent that many of the symptoms were present prior to the heavy artillery fire (History of PTSD, 2013). It wasn’t until 1980 when Post Traumatic Stress Disorder (PTSD) was entered into the diagnostic manual DSM III (Friedman, 2007). In the beginning, PTSD was categorized by only the most horrific events such as wars, bombings and torture. It wasn’t until later that the diagnostic criteria began to include exposure to mental, emotional, physical and sexual violence.

Any form of trauma such as physical, mental, or sexual is a significantly distressing emotional experience and can lead to impairment in functioning while at school, home or interpersonally. Trauma can be a singular incident or multiple and on-going, lasting hours, days or years. Even if the trauma itself is brief, the impact of the experience can last the individual’s lifetime. The lasting psychic change impacts how an individual sees the world and their place in it; one must find their equilibrium and develop a new normal. For those who develop PTSD, they develop and create new skills for functioning after the dysfunction has disrupted their lives. When one’s world is altered by trauma, it is often because routine coping skills have proven inadequate to adjust to the altered reality. Therefore, developing an alternate coping skill is necessary.

Young children who have been sexually abused and were unable to defend and protect themselves physically, not to mention the inability to navigate and cope with the stress of the compounding emotional turmoil. There is physical pain that they are unable to stop; there is the emotional pain that comes with the sense of violation by an authority figure; and there is the mental anguish that comes with not understanding the act itself and the sheer, physical terror...
inflicted upon the child’s underdeveloped body. A little body, mind and soul must make sense of this situation or find comfort in some way in order to continue. A young child doesn’t have the intellect or the physical strength needed to defend against or cope with the traumatic experience. Therefore, out of sheer desperation, another sense is developed, and this is referred to as the ‘sixth sense’.

One must make sense of this situation to be able to cope; in this case one can develop an increased intuition that provides comfort, spiritual guidance and direction. In this instance, a spirit guide or helper may appear to comfort, guide and help the child to cope with this situation. This spirit guide can assist in protecting the child from future assaults or, if unable to do that, comfort and teach the child how to cope. A skeptic may see this as the child’s imagination developing this ‘spirit guide’ to see him or her through and to provide comfort, which could be the case in some situations. However, there are those who have continued to retain this psychic ability throughout their life time, reporting the initial awareness of a psychic ability beginning during a childhood trauma. It is necessary for the skeptic to keep in mind, that, depending on the age of the child, it is likely that seeking assistance from such a ‘guide’ is well beyond the years of the child’s abilities.

Alfred Adler theorized that a felt minus was perceived when one sensed something was lacking. A felt minus could be the sense that one is physically out of shape, dissatisfied with their current position or miserable in their marriage. A felt minus can be experienced as a weakness that might be perceived mentally, physically or emotionally as a gap in comprehension and/or proper coping of current circumstances (Ansbacher & Ansbacher, 1956). Due to experiences of the felt minus, this illustrates that one may recognize that there is something
lacking, and that there is something toward which one must strive to improve oneself or one’s situation.

As movement begins, one can begin to compensate for the felt minus of organ inferiority toward something that can assist them in proper coping. The goal toward which they are moving is referred to by Adler as a ‘perceived plus’ (Ansbacher & Ansbacher, 1956). The individual has a perception that where one is going will be better than where one is. Something else will work out better than what is no longer working well. This leads one to the understanding that his or her current way of coping is no longer working and there must be something better. In the case of trauma, when one’s options are used up, such as being able to remove oneself from a situation, one might begin to overcompensate, which can lead to mental illness and other disruptions (Ansbacher & Ansbacher, 1956).

Organ Inferiority, much like a felt minus, is the state in which, if one lacks the proper use of some physical or mental skill, he or she may have the ability to compensate for that by developing greater ability in another area (Ansbacher & Ansbacher, 1956). If a child is born with a congenital disorder in which the collagen is lax and leaves the joints weak rendering the child unable to participate in physical activities without sustaining injury, the child may compensate by developing abilities in another area. This child may develop a charming sense of humor, entertaining others with anecdotes and jokes. Or, like in the case of Alfred Adler, who had a childhood illness, develop their brain with extraordinary studies. Compensation could be the development of psychic ability to see and hear things they weren’t able to before, leading to an increase in healthier coping.

Research identifies trauma as involving the entire person’s mind, body and spirit; therefore, one experiences trauma on a biochemical/neuromuscular level (Collinge, Wentworth,
& Sabo, 2005). Therefore, if the child who experienced one or more traumatic events begins to compensate for the sense of organ inferiority by developing a psychic ability, he or she could easily overcompensate and have an unfiltered influx of spiritual activity without the education necessary for controlling the onslaught of psychic stimulation. Similar to turning on a fire hydrant and walking away, this can be an overwhelming experience that could lead to a diagnosis of psychosis and other mental illnesses. It is important in cases like this that a skilled therapist can calm and reassure the individual, as well as assist in developing coping skills with this new ability.

Stress, in and of itself, can increase one’s arousal level in order to get through a particular task or situation; this can be quite effective in handling challenging situations. An elevated stress response in poor road conditions can make one a hyper-vigilant driver or, during war time when an individual needs to be paying attention to avoid certain injury and death. This stress response is caused by the sympathetic nervous system eliciting the fight or flight response. A sustained activation of this response begins to break down the body, aging it much more quickly; altering the immune system, causing anxiety, depression, and lead to poor concentration and memory (Friedman, 2007). If this arousal level does not get a chance to recede, allowing the individual to rest and rejuvenate, this increases one’s chances of many types of illnesses, including heart disease, diabetes and cancers. A traumatic event or experience can create such a lasting impression that the fear of such a threat occurring again is constant. This is when response to a trauma becomes PTSD: one’s body is reacting with a constant flooding of hormones and neurotransmitters to continue with the perceived need to stay alert.

Not just in the case of abuse does an individual need to find a coping mechanism that assists with the feeling of vulnerability, but also in the case where one cannot make sense of the
situation. If a family is in a car accident and the lone survivor is a young child who had been asleep prior to the screeching of breaks and crunching of metal only to wake to complete confusion, possibly being pulled from the wreck by rescue workers. A young child will not have the verbal skills to ask questions, emotional maturity to deal with such a situation or the psychological awareness to comprehend what had occurred. Therefore, it is not unreasonable to propose the development of an underutilized ability in an attempt to digest and cope with a traumatic experience. Much like the statement that all children are human, but not all humans are children, therefore, not all trauma survivors are psychic but most of all psychics have experienced trauma (Howard, 2010). The trend in the literature suggests that when a trauma occurs it is possible for one to compensate by developing the hidden ability to experience the paranormal (Reiner, 2004).

According to a growing body of data experiencing, not just trauma but intense stress in childhood also may heighten one’s psychic abilities. Stress may be an alcoholic parent, whose behavior is unpredictable and who is emotionally unavailable. Or, it may include poverty to such an extreme that food is scarce, leaving children hungry and malnourished. Brad Steiger, who for decades interviewed mediums and other psychically gifted individuals, reported that nearly every medium interviewed experienced some personal crisis in their life (Reiner, 2004).

Jung firmly believed that intuitive knowledge was not contrary to reason but beyond reason (Reiner, 2004). Intuition is often played off as coincidence, or simply as one being hyper-observant. Having an intuitive sense that someone is going to show up that you haven’t seen for a while, and in an hour a spontaneous visitor arrives, who happens to be the same individual that you imagined. Invited to a party, the decision is made to not attend, though it’s been weeks in the planning; later on the news is a story of the random shooting near one’s normal parking
place. It is important to not jump to conclusions when one or two of these incidences occur. However, when enough of these coincidences occur, one may question whether they are something more than simple happenstance. In 1921 Freud wrote to Jung:

There is little doubt that if attention is directed to occult phenomena the outcome will very soon be that the occurrence of a number of them will be confirmed; and it will probably be a very long time before an acceptable theory covering these new facts can be arrived at. (Reiner, 2004, p. 314)

Summary

This researcher chose this particular topic due to personal reasons. First and foremost, is that she has never known a life without a spiritual life or paranormal experiences. The researcher was raised Catholic and the expectation was to think, talk and believe as a Catholic. She learned early on that she was expected to not speak of these experiences and could not do so without ridicule. She was often told, “They’ll lock you up if you tell people things like that.” The researcher learned well growing up in a primarily white, Christian community that talk of ghosts, apparitions or demons was left for ‘fun’ at sleepovers and birthday parties to scare each other, but never to be taken seriously. She found it interesting that on one hand one was expected to believe that both God and Satan were real, but if one was to tell someone they had seen a demon or felt one or maybe suspected a spirit was haunting them, one would be told they were crazy.

As this researcher aged, it became more difficult to hide who and what she was; and she no longer wanted to. She used drugs and alcohol for many reasons, but an important one was due to the fact she was expected to hide her true self. As she grew she would test the waters to tell people things she could see or ‘know’ about others, this would often scare people enough to
no longer want to be her friend. She began to study the occult from the time of eight years old in the elementary school library when they finally allowed the children to go to any section of the library they chose. She adored reference books and soaked up everything she could on the European witch trials, The Inquisition and Salem Witch Trials. Nearly 40 years later she learned that one of her great-grandmothers, from around 1500-1600s, was arrested under suspicion of witchcraft. She now understands that both sides of her family have lineage of strong women healers, both indigenous to different lands.

This researcher loved what she learned in the stories of the bible, and loved what she learned by studying the occult and history of healers throughout the world, but knew there was something missing; she had yet to meet anyone like her. At about the age of 20 this researcher began to attend Native American Indian ceremonies and finding out it was fine to be herself; seeing and hearing and knowing things considered ‘otherworldly’ was normal. Being exposed to others like her was a freedom that was unparalleled, finally began the slow journey of self acceptance. Her struggle for self acceptance was far from over, but it was a wonderful beginning.

The second reason she chose this topic, is due to the fact that within the Native American Indian community and other indigenous communities around the world, the spirit world and the physical world are not separate but intermingle easily and often. Since the inception of adulthood she has worked in the Native American Indian community, and has seen many things that continue to make her cringe; many hurtful and invalidating or dismissive behaviors by professionals. Christianity continues to try to put a stranglehold on non-Christians. Traditional Native American’s are often expected to become Christian and act like the culture of majority to make others comfortable. If a Native American comes into treatment or therapy and are not
given the ability to fully express what they need, and find comfort in their traditions, in order to completely begin the healing process; the therapeutic community has failed.

All of mental health and the medical community are geared for the western culture of majority, white and Christian. It has been chipping away at racial bigotry, but it is still completely ignorant about cultural bigotry. It is vital that we are inclusive in treating our patients and clients in ways that will actually make a difference. For Native American Indians it is necessary to involve cultural and traditional ceremonies; if they chose not to, it’s their own choice not a paternalistic culture. The United States is far more compassionate about learning how to include the newcomers to the U.S. and yet forgets to care for the original people of North America. However slowly, the use of sweat lodge and use traditional medicines have been growing in prisons and in clinical settings, contributing to increased mental, spiritual and physical health (Garrett, Torres-Rivera, Brubaker, Agahe Portman, West-Olantuji, & Graysheild 2011).

In the three decades that this researcher has been involved in the mental health and medical field I have come to see the reductionistic views of the practitioners as detrimental to a multicultural population. She has witnessed very few cases of holism, where the practitioner does not reduce the individual to a symptom or singular issue. The healthcare field is reductionistic in its essence as it is driven primarily by white, middle class or upper middle class individuals and primarily men. Of course, it is necessary that if one is in a car wreck and brought to the emergency room, the ability of the medical staff there to prioritize and compartmentalize is absolutely necessary to save a life. At the same time, they have to see the entire system of the person to make sure they stay on top of any changes in vitals; that is where the nurses and others are all working together. It does no good to fix a compound fracture if the
heart is no longer beating; but an Indigenous person is more than their body, they are their spirit, family and community.

The general practitioner will do an annual exam and refer the patient to orthopedics, rheumatology, endocrinologist, and cardiology and also to physical therapy. Orthopedic surgeons specialize in reducing the patient to bones, joints, ligaments and tendons. An endocrinologist, who is working up one’s thyroid labs, is not concerned with the lump in her patient’s breast. Though in cases such as medical specializations it is necessary and vital that one perfect their ability assess and identify deficiencies or deformities to improve the patient’s quality of life. Unfortunately, while all of these specialty areas are helpful and necessary, it’s a rare physician that will piece together the puzzle that is the person; recognizing that to truly heal a person includes their spirit.

This researcher has worked more than one case in which a woman in her 20s, 30s, or 40s, has been treated for alcoholism, drug addiction, fibromyalgia, depression, anxiety, and borderline personality disorder. After building trust, and creating a safe place to be herself as a Native American woman, she begins to share being molested for months or years as a child. This researcher recognizes that, having been trained as a healer by Medicine Women in the Native American Indian Community, where she has holes and dark spots in her spirit; she can see where the client has evil things hanging on. She will talk to her about what tradition the client follows and what’s important to her spiritually. This researcher will ask the client if she knows or hears any spirit guides or ‘Old Ones’ that comfort her. This researcher will ask the client if she sees a Medicine Man or Woman or if she’d like a referral. And, this researcher will tell the client that she trusts her and wants her to learn to trust herself. Then this researcher and the client begin a journey of healing that the client has never taken before, talking about things she’s never told
anyone before; in the Indian Community, secrets are important as we’re told to keep our problems private. The client then tells this researcher that, this is the first time she’s told someone that she can hear her grandfather telling her to make better decisions that hasn’t suspected she’s schizophrenic.

So often, many years after the body appears ‘normal’ and there is no evidence of acute illness or injury and yet the patient continues to complain of pain, headaches, anxiety, depression, and recurring symptoms; it’s important at this point to begin to recognize what was missed. Seeing all of the necessary specialists to be told they can find nothing wrong, one will get the message that the professionals to whom they entrusted their care think they’re crazy. Then the patient will be referred to a therapist and likely at that time, treated for PTSD. If the therapist is skilled or lucky, they’ll make some progress; potentially provide antidepressants and anti-anxiety medications, once again treating symptoms and not the person. This is where the spiritually trained therapist can come in; when the fire of hope to improve one’s quality of life seems lost, a spark is seen. Working spiritually to encounter the original trauma can begin to address the gaping soul wound.

Indigenous persons must be treated with this respect. Historical trauma of the Native American Indian is compounded with lifespan trauma by denying spiritual communication which creates a tertiary trauma. The Native American Indian in today’s world carries the generational trauma of their people and their own families. The wounds of racism and genocide have left their mark in a myriad of physical diseases, addictions and mental health disorders. The rate of healthcare disparities in the country for the Indigenous peoples far over reaches the non-Indigenous. Native American Indian children over the age of 12 are nearly twice as likely to use alcohol or illegal drugs (Myhra, 2011). The trauma incurred by the Native American Indian by
the culture of majority has been generationally and historically passed down; it includes psychological and emotional injury (Myhra, 2011). Therefore, if the therapeutic community is going to be of real service to the Native American Indian population we must be truly prepared and properly educated. One must understand historical trauma and the culture of spirituality that is part of their daily life.

By moving away from trying to debunk every NDE, OBE, clairvoyance, clairaudience, etc. claim, the therapist can take the information as useful and assist the client (Dieguez, 2008). A NDE or OBE can be used much like early recollections (ER) are utilized in doing a lifestyle assessment by Adlerian therapists. Digging into why it occurred at this particular place in the client’s life; what feelings did the client have and describing the experience, what was the most vivid part (Ansbacher & Ansbacher, 1956)? An early recollection does not even have to be a real memory to be useful in assisting in creating movement of a client. By removing the defensive position of both sides of this argument one can clearly see the useful information. One can remain a skeptic and not negate the usefulness of the obtained information.

The Impact of Independent Variables on Dependent Variables

The field of parapsychology continues to face a myriad of obstacles in achieving validation from many colleagues. Historically humans have created stories and religions to comfort, explain the world around them. Regarding the area of experience, the literature suggests that there are multitudes of documented paranormal experiences. Regarding the area of one’s belief system, this is also evident in the literature that beliefs can play a role in how one perceives and possibly experiences the paranormal. However, it does not predict it if one is lacking religious or cultural references.
What is primarily significant is the issue of trauma and its relationship to the paranormal experience. The literature provides definite connections to the development of a paranormal skill due to the need to protect one’s self from the pain of a trauma. This fact alone must provide an alarm for the therapeutic community that it is ethically obligated to acknowledge this connection. Therefore, it is also obligated to further research and support the development of therapeutic theories and skills to assist those who have this experience. Many of the existing techniques used today in Adlerian therapy can be easily translated into trauma therapy with those who have a trauma/paranormal connection. Other than that, we make no assumptions; we move forward with the best interest of the client in mind and at heart; anything less is unethical.

Extrapolating from Adlerian values, Howard takes the theory of organ inferiority, and perceived plus a step further and theorizes that, during a trauma when one is vulnerable one must find a way to cope and therefore does this by developing paranormal abilities out of necessity (Howard, 2010). As mentioned earlier, intense and violent childhoods, especially sexual abuse, tend to lend itself to severe mental health issues later in life; while females internalize rage and strong emotions, males tend to project their rage and feelings of inadequacies (Martinez, 2012).

**Conclusions and Future Recommendations**

Upon reviewing the literature it suggests that though one’s preexisting belief system does play a definite role in if and how one will experience the paranormal experience. However, the literature also suggests that a belief is not always present prior to the actual experience. What the literature is lacking is the preexisting belief system noted of the scientific paranormal experimenters and whether or not it contributed to the outcome of the experiment. Scientific researchers have no need of a belief to do actual research, but it can be assumed that a keen interest, either believer or skeptic, existed to facilitate a desire to participate and carry out such
research. Even though there may not be a current experiment or scientific test to explain an occurrence, it only means science isn’t currently capable of a proper explanation (Zukav, 1980).

Upon review of the literature it is determined that there significant value in achieving a compilation of views on the paranormal prior to the experience of the paranormal.

**Suggested Research and Intended Participants**

The intended participants of a proposed study are adults over the age of 18 +, with an attempt to collect information from a general cross-section of individuals, varying in: race, age, ethnicity, religion, culture, employment status, education level, veterans, artists, etc. It is also important to include individuals who have always believed in the paranormal to those who are outright skeptics and have a scientific approach and explanation (Randi, 2007).

The goal of this particular proposed study would be to hear directly from community members about their experiences, belief and support systems for such experiences and evaluate how to best serve them. This knowledge can lead to educating therapists and psychologists on the subject of paranormal experiences and therapeutic interventions for trauma. Having a therapist purposefully trained to assist specifically with these individuals who have had paranormal occurrences can be significantly impactful in their lives. A properly trained and educated therapist can validate and create a safe environment thus encouraging the client to move from the felt minus to the perceived plus.

**Expected Results**

A Gallup Poll from 2005 revealed that 3 out of 4 Americans believe in various paranormal possibilities (Howard, 2010). The results of this particular instrument would be expected to provide information from a cross section of individuals, primarily from Minnesota, who have a similar belief as demonstrated in the Gallop Poll. It is expected from this instrument
that information will also be forthcoming revealing the need for assistance to individuals who have need for therapeutic consultation regarding such matters. The expected results should show that there is a cross section from race, culture and religious preferences that have various and life changing paranormal experiences; both positive and negative. From that information it can be determined whether or not they have had the proper resources to assist them in making the adjustment to such an experience (Atwater, 2007).

The information will include if participants had a trauma experience as well as a paranormal experience and potentially provide more information about the relationship between the two. By correlating singular or multiple trauma events with singular or multiple paranormal experiences, we are then able to better prepare individuals within the profession of psychology to more appropriately assist one through such an experience (Wright, 2006). The more information gathered, the more prepared the mental health field can be for a paranormal experience being a potential outcome following a traumatic event, and at the ready with support and guidance.

As practicing Adlerian therapists, it is important to keep in mind that we provide a place of safety and encouragement and the ideal of gemeinschaftsgfühl, social interest; this is the foundation of the therapeutic process. Individual therapy involves the theory that an individual who is in good mental, emotional and spiritual health will possess a social interest and the willingness to invest in the community around them. Therefore, one must take in the larger picture when one is given the responsibility of caring for another human being, especially one who is vulnerable. Adler described that when one experiences the inability to fully function as others, due to an deficiency of one’s body, that individual has the ability to adapt accordingly; this is referred to as, ‘organ inferiority’ (Ansbacher & Ansbacher, 1956). This falls directly into place in the theory of trauma causing one to adapt, and potentially developing a keener sense of
psychic awareness (Kelley, 2010). This awareness can play the part of potentially protecting one from future harm or comforting them during trying times.

If one claims to be an Adlerian in philosophical thought and practice, it is one’s duty to keep an open mind in assisting individuals in finding their place in the world and how to adapt to it. One must meet the client where they are, not where we want them to be. When spoken of his therapeutic skills, it was said of Adler that, “He administered science to his patients as if it were as simple as scrambling eggs.” (Ansbacher & Ansbacher, 1956). It is vital to keep therapy simple and safe enough for a client to share anything; as is knowing when we, as therapists are out of our element, and when we need to educate ourselves.

**Therapeutic Processes**

This researcher begins each relationship with a client by getting to know them through a simple intake she created that included their spiritual preference. This researcher has often found that even if the Native American Individual has chosen Christianity, they still are strongly rooted culturally to a Native belief system. After discussing what has them stuck where they are, something they can’t get past, keeps them high or drunk or homeless and then this researcher will ask the pivotal question, “Are you really ready to move on?” If the client is still contemplative they will likely get nowhere; and this researcher will move into a series of questions involving going internally for the answer. “What do you like about keeping this?” and “What are you afraid will happen if you let it go?” When the answer is that they are feeling the minus so painfully, they can perceive the plus and they are ready to start creating movement, we can get started. Always explain process to trauma survivors, they do not need surprises as those can set back trust.
Grief

1. Client assess grief level (0-10; 0: no grief/10: immobilization)

2. Music (client to choose intuitively)

3. Have client sit in comfortable chair, both feet on floor, hands on lap face up.

4. Talk through ‘diaphragm breathing’
   a. Holding grief of person/situation/abilities in a picture in mind
   b. Talk through guided imagery of what person has to say to them about letting go.
      i. At this point, both client and therapist may be receiving information from
         their helpers or the client’s helpers or loved ones: ask clients to share what
         images or statements or thoughts that are coming and going through them.
      ii. Where in their body do they feel any darkness or grief, fill it with golden
          white light and exhale the darkness.
      iii. It’s most important that the client trust what’s coming to them and what
          they experience.
      iv. When client is ready to say goodbye, help loved one cross over.
      v. Remind the Client in Native language we don’t say ‘goodbye’ we say,
         ‘we’ll see you again’.

5. Guide client back to present time with deep breaths from top of head to soles of feet,
   wiggle fingers and toes, slowly open eyes.

6. If client wants to be brushed with eagle feather or removed energy; brush with a feather
   or using one’s hands inches away from the body; do not touch client (Jain, Mcmahon,
   Hasen, Kozub, Porter, King, & Guameri, 2012)

7. Client re-assess grief level (0-10; 0: no anxiety/10: immobilization)
8. Client is then given the homework of putting out a ‘spirit dish’ every night for 4 nights to say “thank you” and “goodbye” to the person(s) or situation; thank it for its teachings.

9. Refer as necessary to appropriate Medicine Person.

**Anxiety:**

1. Client assess ANXIETY level (0-10; 0: no anxiety/10: immobilization)

2. Music (client to choose intuitively)

3. Have client sit in comfortable chair, both feet on floor, hands on lap face up.

4. Talk through diaphragm breathing

5. Walk breath through entire body and therapist observe response. Watch for twitching or shifting, if this happens, ask them what they just saw, heard, felt or experienced. “I noticed you just winced, can you tell me what happened just then?”

6. Tell the client, they are completely in charge and they are aware of what they need. They have a voice and strength to do what they need to right now.

7. You are going to think of a time you became very anxious in the last day or two. Notice in your body where that anxiety is. Now you are going to give it a shape, personality, and a name.

8. Ask the anxiety what it wants; why it’s there, and how long it’s been there. It’s likely tried to save you from something it remembers for you. Explain that anxiety holds our fears for us in an effort to help and forgets to stop when we no longer need it.

9. Anxiety truly wants to help and is afraid it didn’t do its job. Thank “NAME” for all the hard work and tell “NAME”, its job is done.

10. You are thanking that anxiety for all it taught you, for keeping you safe

11. You are now sending that anxiety away to its retirement into the universe.
12. See it wave goodbye.

13. Grounding breath, check body for signs of anxiety to be released or kept until next session.

14. Guide client back to present time with deep breathes from top of head to soles of feet, wiggle fingers and toes, slowly open eyes.

15. If client wants to be brushed with eagle feather or removed energy; brush with a feather or using one’s hands inches away from the body; do not touch client (Jain, Mcmahon, Hasen, Kozub, Porter, King, & Guameri, 2012)

16. Client re-assess grief level (0-10, 0 no anxiety/10 immobilization)

17. Client is then given the homework of putting out a ‘spirit dish’ every night for 4 nights to say thank you and good bye to the person(s) or situation; thank it for its teachings.

18. Client is then given the homework: Breath work morning upon waking/night before bed.

19. Refer as necessary to appropriate Medicine Person.

These are only two of the techniques this researcher uses in a therapy session; this researcher will tailor them as appropriate to the client’s needs. During the time the client is beginning the breathing, if the client is fidgety it is important to ask them if they are uncomfortable doing the exercise or if another position would be more comfortable. Since this researcher often works individuals who are the methadone program, she will keep in mind they may fall asleep if she doesn’t keep them engaged; therefore, it’s often not useful to do a Guided Healing process with such individuals. Most of this researcher’s clients have been sexually abused and therefore, she will tell them they have the authority to stop at anytime they are uncomfortable or don’t feel safe. This researcher will remind them that the connection is very strong to the trauma or grief and therefore it’s like giving away a best friend; there is going to be
a sense of loss because of something you are so used to having as a companion and a reason to use drugs.

This researcher has discovered that when the time is right and the client is ready, the results are phenomenal. This researcher has watched a woman who has suffered for years in her life, repeating patterns with abusive men and women and creating new patterns of pain for herself, grow into a strong Native woman who is a leader in their family and community. This Researcher has also seen young men plagued by fear and anxiety and depression since their abusive childhood learn to sleep through the night, become an amazing father and learn how to be social and employed without becoming immobilized. One can only eat an elephant one bite at a time and we can only heal a community one person at a time.

"You can only be dangerous when you accept your death. Then you become dangerous in spite of anything. You must learn to see the awake ones. A dangerous woman can do anything because she will do anything. A powerful woman is unthinkable because the unthinkable belongs to her. Everything belongs to her, and anything is possible." Andrews, 1981, p. 125.
References


Discovery, (extracted 9/14/2013). *What are the smallest particles we know about?* Retrieved from http://curiosity.discovery.com/question/smallest-particles


History of PTSD (extracted 8/14/2013) http://historyofptsd.wordpress.com/


Howard, R.G. (2011). If paranormal phenomena are information received by the conscious psyche, then what is the conscious psyche? *The Journal of Spirituality and Paranormal Studies, 34*(2), 62-72

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