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A grounded theory investigation into negative paranormal or spiritual experience, based on the 'diabolical mysticism' of William James

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This study explores negative paranormal and spiritual experiences in the light of William James's concept of 'diabolical mysticism'. The aim was to investigate the characteristics of these experiences, how they are interpreted by those who experience them, the reactions of others, and their overall influence on people's lives. The methodology used semi-structured interviews to develop a grounded theory. Seven participants were interviewed, five had psychiatric admissions after their experiences, and two did not. Experiences included 'spirit possession', 'poltergeist', 'ghosts', 'alien abduction' and massive spiritual energy. Analysis generated six themes: (a) negative paranormal or spiritual experiences cannot be defined on purely affective quality, (b) they adversely affect the sense of self, (c) they unbalance or disturb, (d) they cause distress, as people cannot make sense of them, (e) other people's reactions have enormous influence, and (f) they appear to be part of a process, suggestive of problem-solving or spiritual emergency. Results suggest it is not possible to differentiate between experiences with transformative potential and those that are purely destructive, by considering them in isolation. Instead these experiences need to be considered in the wider context of social environment, and long-term influence on people's lives. The paper criticises the inadequacy of existing clinical and psychiatric approaches, and calls for transpersonal psychology to take a lead in this area.

'Let no one suppose that we meet "true" madness any more than that we are truly sane' (Laing, 1967, pp. 118–119)

Introduction

In *The Varieties of Religious Experience* (1902/1982) William James famously links mysticism and madness with the metaphor 'seraph and snake abide there side by side' (*ibid*. p. 426), suggesting that both types of experience come from the same

'subliminal or transmarginal region' of the mind (*ibid.* p. 483). He coined the term 'diabolical mysticism', and defined such experience as pathological by virtue of its negative affect: 'The emotion is pessimistic, the meanings are dreadful and the powers are enemies to life' (*ibid.* p.426). James specifically highlighted negative experiences this way in order to emphasise that mystical experience has no innate authority by virtue of its origin. Instead he stresses throughout '*The Varieties'* that such experiences can only be evaluated by their 'fruits for life' (*ibid.* p. 237). More recently Daniels (2005) suggests the same criterion for evaluating transpersonal experiences. He suggests that any experience involving transformation *beyond the realm of the personal* should be considered a transpersonal experience, irrespective of whether the experience involves positive or negative affect.

James does not differentiate between mystical and paranormal experience: 'Name it the mystical region, or the supernatural region; whichever you choose' (James, 1902/1982. p. 515). Daniels (2005) also emphasises the great overlap between what is termed mystical and paranormal experience, and points out that the paranormal has only recently been stripped of its spiritual content in Western industrialised culture. The overlap between mystical and paranormal experience is also recognised by Cardena, Lynn and Krippner (2000) who use 'anomalous experience' as a generic term to include both types, and by Grof (1993, p. 87) who specifically includes paranormal experiences within 'psychoid' types of transpersonal experiences.

Negative spiritual experiences are not uncommon. Over forty cases per thousand reported evil or fear and horror in Alister Hardy's famous survey of religious experience (Hardy, 1979). Although not dramatically high, this figure is certainly noteworthy, and Hardy suspects the numbers of such experiences may in fact be far greater, since that survey had not been designed to elicit evil or negative experiences (*ibid*. p.78). Jakobsen (1999) analysed 170 negative experiences held by the Alister Hardy Research Centre and found an overwhelming association with a sense of evil. These experiences made people feel isolated and resulted in continued anxiety. She claims this is a little researched area as people are reluctant to talk about these events. Hastings (1983) notes that paranormal experience can cause emotional disturbances as people fear they may be going mad. In a recent study among Argentinean students,

two thirds of those who experienced paranormal phenomena found them disturbing (Montanelli & Parra, 2004).

Transformative aspects

Daniels (2005) emphasises the powerful transformative potential of unpleasant or 'shadow' experiences in transpersonal psychology, and suggests that negative experiences have been neglected in research, despite the fact that suffering, spiritual struggle and evil figure prominently in the world's religious traditions.

In the Christian tradition, Underhill (1911/1993) describes the 'dark night of the soul' as utter desolation and abandonment in darkness, the spiritual aim of which is the annihilation of selfhood as preparation of the soul for union with God. Otto (1917/1950) describes a '*mysterium tremendum*' in which terror and dread are natural human responses to the 'awefulness' and power of a divine 'wholly other'. Likewise, from the Hindu tradition, Prince Arjuna is horrified when Vishnu reveals himself in the battlefield: 'Your gaping mouths, and Your great glowing eyes, my mind is perturbed by fear. I can no longer maintain my steadiness or equilibrium of mind.'(Prabhupada, 1986). Despite a prior spiritual training, Mohammed was overwhelmed and thought he was going mad when he first heard the voice of the archangel Gabriel (May, 1991). In the Eastern traditions, terrifying visions or feelings of dissolution are recognised as a possible consequence of meditation (Goleman, 1979, 1981). Western spiritual practitioners may sometimes experience psychiatric problems such as increased anxiety and panic attacks (Epstein & Lieff, 1981), or physical pain or traumatic memories resulting from releasing tension and blocked energies (Kornfield, 1989). Furthermore, experiences of death, dismemberment, resurrection and evil spirits are common across Shamanic traditions (Eliade, 1989). Schnapper (1965, pp. 91–99) compares the practice of relentless self-questioning in Zen, where everything that appears to be concrete reality is stripped away, with the Christian dark night of the soul, arguing that both practices exist in order to abolish selfhood, in the pursuit of either enlightenment, or union with God. She compares the symbolism of *the wilderness* across the world's religions and finds doubt, despair and sacrifice as essential conditions for spiritual progress. Sacrifice must entail total renunciation, as something has to die in one realm in order for rebirth to be possible in another. Spiritual experience, therefore, can be brutal, and is certainly not always

benign. This is the guiding principle behind the transpersonal concept of spiritual emergency (Grof & Grof, 1990; Perry, 1999). Here the stormy experiences described in the spiritual literature of all ages represent critical and experientially difficult stages of profound psychological transformation involving one's entire being. They can manifest in such diverse ways as spirit possession, UFO encounters and *kundalini* awakenings.

A cognitive process?

Recent findings suggest that a particular cognitive process may be operating in the interpretation of negative anomalous experiences. Using statistical path analysis, Lange and Houran (1998, 1999) found a clearly structured pattern in the relationship between paranormal fears, beliefs and experiences. In this model, a paranormal interpretation of anomalous experience may reduce some people's anxiety by providing an explanation and thereby resolving ambiguity. However, in people already highly fearful of the paranormal, a paranormal interpretation increases fear and anxiety, resulting in a self-reinforcing explanatory feedback loop which makes future paranormal interpretations of experiences even more likely.

From a clinical perspective, and specifically addressing James's concept of *seraphs and snakes*, Jackson (2001) compared case studies of two groups of people with spiritual/paranormal experiences. One group comprised people from a self-help group who had been diagnosed and treated for psychotic disorder, whereas people in the other group had not. Interestingly, Jackson's findings on the affective quality of the experiences were not clear-cut. Although the diagnosed group had slightly more negative experiences, both groups in fact had intense positive *and* negative experiences, and both groups found their experiences meaningful and valuable in the longer term. The clearest difference between the groups was that the diagnosed participants had initially been *overwhelmed* by their experiences and unable to cope. In both cases the experience appeared as part of a natural problem-solving process. In benign spiritual experience, this produces a solution, thereby reducing crisis or tension. However, in what is termed psychosis, the initial experience fails to resolve the triggering crisis and instead causes more stress or difficulty. This results in increased arousal and further intense experiences, which overwhelm the person, rendering them unable to cope. Hunt (2000) reached a similar conclusion from a

detailed review of radical personal transformation in mysticism, religious conversion and psychosis. He suggests that mysticism and psychosis represent 'different patterns of organisation of some common dimensions of experience' (p. 355). In a similar vein, Stanislav Grof (e.g. Grof, 2000; Grof & Grof, 1990) does not differentiate between the outward manifestations, or symptoms, of spiritual emergency and psychosis. Instead he sees the person's ability to contextualise and work through the experience in terms of a process of spiritual *emergence*, as the critical difference defining the two states.

There is therefore compelling evidence for the mediating role of cognitive processes in determining the consequences of negative anomalous experiences, which clearly warrants further investigation. The aim of the present study is to work towards a clearer understanding of negative anomalous experiences in the light of James's concept of *seraphs and snakes*. This will entail identifying the relevant aspects and themes of negative spiritual or paranormal experience, and discussing the results in accordance with existing theories.

The specific research questions addressed are:

1. What are the characteristics of negative paranormal and spiritual experience?
2. To what extent is the outcome influenced by the person's own interpretation and the reactions of others?
3. What influence does it have on a person's life?

Method

Pidgeon and Henwood (1997) maintain that theory is constructed through constant interplay between data and researcher. They therefore recommend that the theories and concepts informing research should be made explicit (Henwood & Pidgeon, 2003, p. 148). For the present study, these are illustrated in Figure 1.

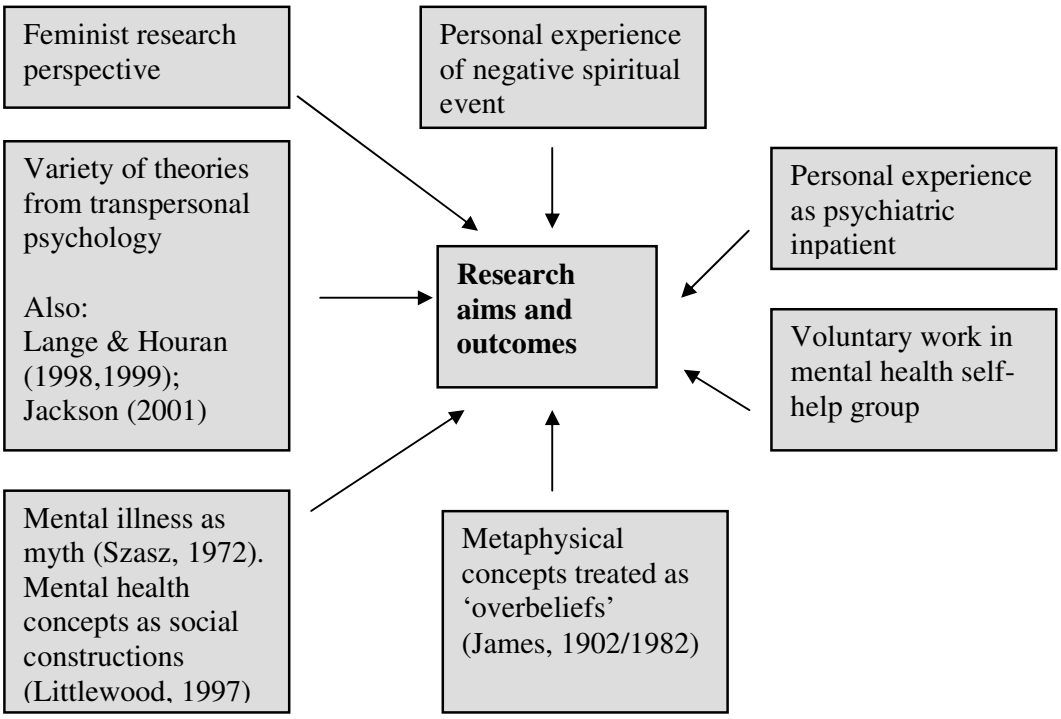

Figure 1. Theoretical sensitivities and researcher perspectives

My[1] decision to research this area has been influenced by a significant negative experience of my own which resulted in psychiatric admission (see Hartley, 2004; Hartley, Whomsley & Clarke, 2006), and by the people I have met in the voluntary sector. As a result, I find myself in agreement with Laing (1967, pp. 94–95) that insanity is a natural response to insane circumstances. Anderson (1998) considers personal experience important for empathic resonance with participants in this particular type of inquiry. I found it vital since many people in the voluntary sector have had bad experiences with 'professionals', and are unwilling to discuss their highly personal experiences with people who may see these as merely symptoms of disease. My own brief experience of insanity and psychiatric treatment has therefore been a vital asset in gaining access to a difficult and sensitive area.

Design

In this study I wished particularly to examine the sensations, thought processes and emotions involved in negative anomalous experiences, together with their

[1] In this article, the first person indicates the first author (Hartley)

contextual circumstances, actions and consequences. Strauss and Corbin (1998) emphasise the suitability of grounded theory for this purpose. Hunt (2000, p. 372) particularly recommends content-analysed interviews for investigating mystical or ineffable experience. I therefore selected semi-structured interviews for data collection and grounded theory for analysis.

This study adopts a feminist perspective. Feminist research calls for a challenge to established male-dominated constructions of knowledge, and aims for a more reflexive participant-orientated research process (Burman, 1994; Maguire, 2001). The dominant paradigm for investigating anomalous experience has consistently focussed on the cognitive and other deficiencies of people having such experiences (Targ, Schlitz & Irwin, 2000, p. 242), and has thereby systematically ensured that the views of those having them have not been properly heard. Newnes (2004, p. 372) calls for psychology and psychotherapy to stand alongside people as similar to us, and not to emphasise difference or dysfunction. In this study I am therefore ignoring traditional Western conceptions of psychopathology as unnecessary social constructions, which hinder and prevent a genuine understanding.

Participants

In *'The Varieties'* William James focussed on extreme religious experiences. By the same principle I deliberately tried to seek out dramatic *negative* experiences, and I used the principle of 'gradual selection' together with 'maximum variation' as defined by Flick (2002, p. 68). This resulted in seven participants (six males and one female) who collectively reported a wide variety of negative anomalous experiences. Five participants had received psychiatric treatment following their experiences, and two had not. Four participants were voluntary facilitators or trainers in a mental health self-help group. I conducted the study with the full collaboration and support of this group, which enabled me to only approach participants who were already confident talking about their experiences, and not in a vulnerable state. All seven participants were given the interview schedules in advance so that they could decide whether or not they wished to participate. I discussed the study with all participants prior to all the interviews, and each person assured me they were confident and happy to talk about their experiences. They were advised that they could withdraw at any time, and did not have to discuss anything they did not wish to. Written consent was obtained

from all participants. In order to preserve anonymity, all identifying information has been changed.

Voluntary workers from the mental health self-help group

Jim was 22 years old and working as a postal worker when he experienced anxiety and paranoia due to some minor involvement with a stolen motorbike. After praying for help he became 'possessed', an experience which led to hospital treatment as a psychiatric patient, a diagnosis of schizophrenia and years of psychiatric medication. Jim also reported previous mediumistic experience.

Paul was 29 years old and self-employed when he had a dramatic out-of-body experience at a time of marital and work-related problems. This was followed by further bizarre sensations and erratic behaviour which led to psychiatric admission with 'schizophrenic breakdown'. This was followed by several years of psychiatric treatment with further anomalous experiences including 'possession' and an apparition.

Warren is now an artist and writer. When he was 25 he became obsessed with a girl and had a dramatic spiritual experience while running in a park, during which he experienced unbearable extreme heat and energy. Following this he was admitted to a psychiatric hospital after throwing paint around a school where he had a vision of ancient people. This was followed by years of psychiatric treatment and further anomalous experiences. Warren also reported previous mystical type experiences.

Charles is now a counsellor in the voluntary sector. He was a 21 years old philosophy and theology student when he had an encounter with ghosts near a graveyard at night. This occurred at a time of intense study and searching for meaning. It was followed by feelings of being pursued by 'creatures' which led to further problems culminating in a psychiatric admission. Charles had a positive mystical type experience shortly afterwards.

Participants not from the self-help group

Robert is now a 56 years old psychotherapist from the Midlands. When he was 19, at a time of considerable stress and following his father's recent death, he began to

experience extreme hypersensitivity and decided to stop the insulin injections for his diabetes. As a result he nearly died, and while in hospital he had a very powerful and positive near-death-experience (NDE). Following this he was admitted to psychiatric hospital for continuing to refuse insulin, and treated with electroconvulsive therapy (ECT). Robert also had positive mystical experiences several years later.

Dave is a 30 years old store manager from the North West of England. He was 17 and a student at sixth form college when he had an 'alien encounter' with a group of friends while they were UFO watching. This was followed by a bizarre and dramatic abduction type experience involving loss of consciousness and physical injury. Dave managed to cope on his own although suffered a lot of adverse reactions from his family. He did not require any professional or psychiatric treatment. He now runs a psychic group.

Lorna is a 21 years old undergraduate psychology student from the North West of England. At age 13 she was the focus for poltergeist experiences after moving to a new house. More recently she experienced an apparition and other strange experiences while in halls of residence at university. Most of these phenomena were also experienced by the other students. She also had a very positive crisis apparition/angelic encounter experience at age 15. Lorna coped with her experiences on her own and did not require any professional or psychiatric treatment. Other family members have also experienced mediumistic and paranormal phenomena.

Procedure

I drew up a semi-structured interview schedule using an open interview style, as recommended by Pekala and Cardena (2000, p. 62) to avoid shaping participants' experience. This was designed to capture how the experience felt at the time, its immediate and long-term consequences, and how other people reacted. I used the phrase 'unpleasant or frightening' instead of 'negative' since participants may have found 'negative' ambiguous. It is also a broad enough phrase to encompass a wide range of negative experiences as required by the aims of the study, and would therefore not limit or bias responses towards any particular type. Interviews were recorded using a digital voice recorder directly onto a laptop PC with a cassette recorder as back-up.

In order to qualify for selection, participants all initially answered 'Yes' to the following question:

> 'Have you had an experience of something that you felt was either spiritual or paranormal, and that was in some way unpleasant or frightening?'

Filter questions like this are commonly used in religious experience research (e.g., Pupynin & Brodbeck, 2001). Where participants had multiple experiences I tried to focus on the first or most significant, but also considered any other subsequent ones they volunteered.

Each transcript was typed and checked thoroughly for accuracy before starting the manual coding process. Initially this comprised noting the 'open codes' based on the meanings that I felt the text conveyed. After open coding I proceeded to axial or higher-level coding, which entailed grouping the various open codes together to form broader themes for each person. Following the recommendation of Strauss and Corbin (1998), I paid particular attention to the evolving nature of events, actions, interactions and consequences.

Axial coding is an iterative process which continues until the codes cannot realistically be reduced any further. Due to the wide diversity of experiences in this study, this was quite complex and time-consuming. Once the list of codes was finalised, I produced full summaries of themes for each person, together with individual graphical time-lines to clearly show the sequence of events. I then did a cross-case comparison looking at both convergent and divergent themes. Since the objective was to investigate 'diabolical mysticism' or pathology I paid particular attention to the differences between those participants who had psychiatric admissions and those who did not.

For triangulation (reliability) and reflexivity, copies of the transcripts, analysis summaries, personal descriptions and time-lines were sent to participants for verification, together with feedback forms asking for their comments (all participants previously having agreed to this at the interviews).

Results

This study set out to investigate the characteristics, interpretations, reactions of others, and consequences of negative anomalous experiences, and to compare results against existing theories.

Participants described a wide range of negative experiences including 'ghosts', 'poltergeists', 'possession', out-of-body experience (OBE), massive spiritual energy, 'alien encounter' and 'abduction' type experience, and extreme hypersensitivity (hyperaesthesia). Although not expressly elicited, three participants reported very powerful *positive* experiences including near-death-experience (NDE), mystical experiences, and an 'angelic encounter', thus supporting Jackson (2001) who found extremes of positive and negative affect in both his groups. The unexpected positive accounts allowed useful comparisons to be made between both positive and negative experiences.

Table 1 summarises participant details, experiences and resulting themes. However perhaps the most dramatic finding came not from the grounded theory analysis, but from the time-lines of events. These showed that for every one of the five participants who had psychiatric admissions, it was the negative paranormal or spiritual experience which directly preceded their first admission, i.e., no one had had any psychiatric treatment before they had their first significant negative anomalous experience.

Table 1. Characteristics and themes of negative anomalous experiences

	Charles	**Dave**	**Jim**	**Lorna**	**Paul**	**Robert**	**Warren**
Age at time of interview	44	30	42	21	43	56	43
Main negative experience type(s)	Ghostly encounter	1. Alien encounter 2. Abduction type experience	Spirit possession	1. Poltergeist 2. Apparition of schoolboy	1. Out–of-body experience 2. Apparition, Possession (monk) 3. Apparition of stillborn child	Hyperaesthesia	Massive surge of spiritual energy
Age at time of experience(s)	21	17-18	22	12-13; 20	29; 35	19	25
Experience followed by Psychiatric admission	Yes	No	Yes	No	Yes	Yes	Yes
Experiences are shared or also sensed by others	No	Yes	No	Yes	No	No	No
Experience is isolating, with little or no meaningful discussion with others.	Yes	1. No 2. Yes	Yes	1. Yes 2. No	Yes	Yes	Yes
Confusion and inability to make sense of experience	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Experience of massive power, force or energy which is overwhelming	No	Yes	Yes	No	Yes	No	Yes
Experiences terror	Yes	Yes	No	Yes	Yes	No	No
Adverse effects on sense of self	Fragmenting	Dizziness, loss of consciousness	Emptiness, invaded	No	Fragmenting, invaded	Alienation, isolation	Splitting, emptiness, invaded, alienation
Experiences provide insight/self knowledge, or sense of purpose and direction	No	No	No	No	Yes	Yes	No
Experiences appeared to be significant or meaningful but meanings were unclear at the time	Yes	Yes	Not stated	No	Yes	Yes	Yes
Worst aspect of experience	Fear of death	Inability to understand	Lack of control	Overwhelmed	Lack of control	Psychiatry & inability to understand	Psychiatric injection
A positive outcome which is of some benefit to others: e.g., change in outlook or vocation	Voluntary work	Formation of psychic workshop	Voluntary work	Increased empathy	Voluntary work	Trained as psychotherapist	Voluntary work and writing book

Analysis

This study set out to understand the main themes in negative spiritual or paranormal experience, or 'diabolical mysticism' as defined by James (1902/1982, p. 426). Six themes were found, and these have been grouped together according to the research questions.

What are the characteristics of negative paranormal and spiritual experience?

Three themes were identified in relation to this question.

- Negative anomalous experiences may not be wholly due to negative affect.
- They adversely affect the sense of self.
- Their function is to unbalance or disturb.

To what extent is the outcome influenced by the person's own interpretation and the reactions of others?

Here, two themes were identified.

- The experiences cause distress, as people cannot make sense of them.
- The reactions of other people have enormous influence.

What influence does it have on a person's life?

One theme was identified

- Negative experiences appeared to be part of a process suggestive of problem-solving, or spiritual emergency.

These six themes will now be described and commented upon.

Negative experiences are not wholly due to negative affect

William James defined negative experiences or 'diabolical mysticisms' by their negative affect. However present findings suggest that a clear-cut distinction between positive and negative affect is not always possible. Although several experiences

contained elements of James's 'dreadful meanings' and powers that are 'enemies to life' (James, 1902/1982, p. 426), others were positive or neutral, and simply overwhelming.

The following accounts are suggestive of 'diabolical mysticism', the main affective qualities being terror and dread.

Lorna describes terror during her 'poltergeist' experience:

'I think I was more just terrified – I didn't know what this thing was – why? – I mean you can walk round and never feel anything, and yet just to feel that once it's – you don't understand it – what's this thing in my room that's making me feel like this way?'

Charles experiences an existential dread of death or non-being:

'And it's a horrible feeling and this horrible idea I had, this real dread of death – that death would just be hanging around in a limbo doing nothing – completely bodiless and unable to do anything you know.'

Paul and Robert both felt they experienced death. Death-related imagery is especially prominent in Charles's account:

'I knew that all the dead people were there in that graveyard. I could sense them in a very real sense, you know it was much more than being able to see them. I knew who – it's more than – it's like – I knew who each individual was.'

Themes of death, struggle and destruction are characteristic of spiritual emergencies (Grof & Grof, 1990). Warren's years of struggle in the psychiatric system resemble a trial, ordeal, or 'dark night' experience:

'It felt like I were – I thought about it actually – recently – you know like carrying a pail of water for mile after mile without being able to drop any – that's what it were like – day after day – year after year.'

However Warren and Jim were not afraid, but simply overwhelmed by the power and intensity of their experiences. Warren experiences a massive surge of heat and energy, which is clearly pleasurable, but so intense it is painful:

> *'And like I just said – it were like thousands of orgasms going off in my head – but like – I had to say that one of the things when I were running round was I actually felt the pain – you know real sharp pain on top of my head and it felt like my head might shoot off you know, it was just such a rush – I were running as fast as I could […] at the time it was exhilarating – it really was – it was like at that moment in time it was the greatest thing ever.'*

Paul also reports heat accompanying his 'possession' experiences:

> *'I felt I was glowing – like a Ready brek advert you know like that [right -- like a warm glow?] Warm – yeah – yeah as if I was generating heat and people could feel – it was drawing them towards me.'*

Jim and Paul's 'possession' experiences are characterised by feelings of power and strength. Jim gains enormous strength, but it is too much and wears him down:

> *'I didn't know what I was possessed by – or anything like that, but I felt the strength of ten men and I felt really strong and powerful. Over the next few days it wore me down and I had to give up working because it was taking over my physical strength – and it wore me down.'*

Dave describes a mixture of terror and excitement in his 'alien encounter' experience:

> *'Even though I was petrified – I was afraid, I was scared – scared out of my wits – there was a lot of excitement – there was a lot of adrenalin in a sense.'*

James's *diabolical mysticism* therefore appears only to account for part of the spectrum of negative experiences. These may not always be entirely due to negative affective quality, but may also depend on strength or intensity and involve powerful physical sensations, including pleasure. Where terror and dread occur they appear to

be linked to powerlessness and fear of the unknown, or with existential themes such as death and non-being.

Effects on the sense of self

The negative experiences were characterised by feelings of emptiness, alienation and isolation, splitting or fragmenting and being invaded (experienced to varying degrees by all participants with psychiatric admissions). These contrast with feelings of oneness, connecting and encompassing in the positive accounts.

Robert describes his alienation:

'It was just that <u>everything</u> was significant to me, whatever, stuff on the telly, voices on the radio, just everything significant to me. I had a sense of being quite – well quite – alienated, detached really, as if you know I was <u>alone</u> really.'

Alienation contrasts with sense of unity and connectedness in his later mystical experience in church:

'But it's like a real <u>amazing</u> sense of connectedness and it was almost being engulfed by this […] the love <u>engulfed</u> the church – it kind of <u>spread</u> you know kind of beyond me, beyond the church, beyond the neighbourhood, and it was almost like a world-encompassing experience of love.'

Paul describes 'splintering' following his OBE:

'I felt like all my body was splintering and – I always described it as er – if you can imagine a giant tuning fork – someone hitting it so it's vibrating and touching it on all your nerve endings and your body's just about to go into a black burst mattress I suppose.'

Warren describes how he felt he was splitting in two:

'In the words of the song it said 'If I could, I would let it go' and I felt I was letting my life go and it also said about splitting yourself in two, and that's what it actually felt like you know.'

Jim feels empty after his 'possession':

'When I was possessed I felt as though I had the strength of ten men and very strong, and when it left me ten days later – I felt empty – [empty – like something had gone?] Yeah. I just felt like a shell that was empty inside.'

Negative experiences therefore appeared to adversely affect the physical sense of self in those participants with psychiatric admissions. Feelings of fragmenting, splitting and alienation appear as counterparts to the reports of unity, oneness and connecting described in classical reports of mystical experience (e.g., Hardy, 1979; Laski, 1961).

Psychological function of negative experiences

The unexpected reports of positive experiences in this study allow useful comparison to be made with negative experiences. In particular, negative experiences appear as troubling and disturbing whereas positive experiences appear as resolving. Negative experiences are unbalancing and stir things up, whereas the positive experiences are balancing, serving to settle and calm.

Robert's negative experiences emphasise his lonely and miserable home life. They act as a catalyst for his potentially fatal decision to stop his insulin injections:

'I could describe it as the drip drip drip of parental criticism, and it was the first time I noticed something amiss really. I felt kind of extremely stressed, almost as if there was sensory overload around […] I was very very lonely at that time – I didn't have a girlfriend – you know my mum was very very critical.'

However, loneliness and criticism contrast with the love experienced in the NDE:

'It's like a golden world somehow. And it was as if you know every breath that I took in was like you know well just like a loving experience, it was like fabulous […] It was like breathing in love, yeah just sort of – you know this was exactly what I needed.'

Paul's OBE served as a clear wake-up call bringing difficult insights:

'In a sense I was very very upset – as I said you know I couldn't stop crying, but in a sense I'd also – I'd got – I'd achieved what I wanted to achieve because when I really look back at it something had to give in my life because things just weren't – I wasn't who I wanted to be. […] I think – the thing I do regret more than anything which – it actually gave me a wake up call […] I was very work-orientated, it really became an obsession – my son was always asking me to take him to a football match, and I said I'd never got time – I couldn't remember the years he'd grown up and that really really upset me – you know I thought "I can't get them back".'

Negative experiences therefore appear to have a disturbing function, which had a definite purpose for Robert and Paul. In contrast the positive experiences appeared to be homeostatic or balancing.

Inability to make sense of the experience

This was the most common distressing factor which, for the negative experiences, affected all participants. There was doubt and conflict between the person's own perceived reality, and the expectations and norms of the rational world.

Charles's ghostly encounter contradicts his rational beliefs:

'You really want to turn round and see and check you know, and part of me was thinking 'No this can't be true you know – this is nonsense, I'm not being followed by ghosts' – but I knew they were there.'

However this conflict is missing from his positive experience in the sea:

'As I was swimming there I was completely aware that there was a seal in the water about 5 foot away from me and I know this is the weird bit but the seal spoke to me – and it said – it said something about – 'Are you ready?' but it said something to me 'Am I ready to go along this path?' and I remember there was this quite calm feeling, a lovely feeling – 'No I wasn't' – and I didn't have to – and – and it could wait.'

Paul cannot understand his out-of-body experience:

'I thought I'd died yeah – yeah – I couldn't make sense of it at all you know – why this had happened.'

After becoming 'possessed' he attributes the feelings of power and reactions of strangers to his being Jesus:

'No I didn't know them [strangers in street]. *I felt as if they could see what was going off and – you know it just made me a different special person or something – Yeah – I felt very powerful – and in a way – I felt a bit like – I suppose that's kind of what led me onto thinking I was Jesus Christ like you know in a way and – because I felt like perhaps I was – for actually a long time I thought I was the Messiah.'*

Robert really struggles to make sense of his experiences of hypersensitivity:

'And <u>desperately</u> trying to make sense of what's happening. I was struggling – struggling and scarcely sleeping, yeah it felt like you know like a crazy world.'

However, desperation is replaced by wonder in his later mystical experience in church:

'I thought <u>everybody else</u> had had this <u>experience</u>. I thought this is one of the things that happened in this weird church – you know […]and they all said 'this is <u>wonderful</u>' and it's like 'What's this all about?' and they were kind of talking about something about Jesus saying about being born again.'

Dave describes the frustration he feels in not being able to make sense of his 'abduction' type experience:

'I think the biggest feeling of it – is I think anger also as well of not knowing for such a long time – and still not knowing the full details of what happened – the likes of in the tunnel – what happened? – what happened to this couple – was I rescued? – Was I taken out under the cover – you know under the cover of darkness? – so I think anger over that as well – [at not being able to get to the bottom of it?] Yes.'

Lorna finds a paranormal explanation for the 'poltergeist' effects in her room:

'When that girl said there was a man stood at the end of my bed – I thought "This is the man that's been sitting on my bed and moving my hairbrush and you know – moving these things about – even my make-up and just small things" – it was actually terrifying.'

However Warren is unable to understand his poltergeist type experiences in supermarkets:

'When I went to the supermarket – it's – weird actually – I actually wondered about my sanity over this particular one – it was bottles rattling – actually you know like when I walked past – for some reason the bottles would be rattling and I also remember being in pubs and the actual music would distort – and you know like – there were certain things – and they just didn't add up like – is this going on ?'

Unable to explain the sensations of extreme heat he attributes it to 'radiation sickness':

'[Did you have any changes to your body temperature when you had that?] Ooh very hot yeah – well that was a feature, I thought I'd got radiation sickness – you know I think it's very common for certain people to wear a hat and wear gloves anyway but I actually thought I had radiation sickness.'

In conclusion, therefore, a distressing inability to make sense of events, and conflict between real-world values and expectations were consistent features in all the negative experiences, but not in the positive ones. This conflict was arguably most problematic for the participants who went on to have psychiatric admissions. Lorna and Dave, who did not receive psychiatric treatment, both attributed their experiences more clearly to external (i.e., paranormal) causes, and thus did not appear to experience the same unremitting conflict and doubt as the others, although Dave particularly describes the inability to make sense of the experience as the worst part.

Reactions of other people

Participants who had psychiatric treatment following their experiences reported a prior build-up of internal troubles and problems. They had their experiences alone and were mostly unable to disclose them to others. There are many examples of unsuccessful attempts at communication, which seemed to isolate people further. In contrast, although isolated at times, Dave and Lorna had considerably more validation and social support than the 'psychiatric' participants. A large proportion of their experiences was either shared or also experienced by others.

Although Lorna initially felt that her problems were not taken seriously, she still received considerable consensual validation for most of her experiences, especially those at university:

> *'This girl was sat in my room for about five minutes and she said "I'm sorry Lorna but I'm going to have to leave because your room is horrible". She said "it's really uncomfortable, there's just something in here, I'm going to have to go", and I was like – I felt that as well. I thought it was just me.'*

In contrast none of the 'psychiatric' participants received any consensual validation for their experiences, and attempts to communicate were met by incomprehension or hostility.

Paul's family cannot understand his OBE:

> *'I told my wife and I told my parents but it was never really discussed – erm they kind of didn't know what to say.'*

Robert's mother is disapproving:

'And I was saying kind of "Mum listen to those bubbles" you know and it's like "Oh don't be so silly. Why don't you get on and do something?"'

Interactions with mental health professionals involve little or no meaningful communication. Warren and Robert rated psychiatric treatment as the worst aspects of their experiences. In hospital, Jim's attempts to communicate that his 'possession' had ended were silenced with medication:

'So what happened was I went onto the ward but when it [the spirit] *did leave me – the next five minutes all I wanted to do – I was shouting "I want to go home" and this night nurse took me into the medication room and gave me some medication to calm me down – you know. [That's when it left you?] That's when it left me, yeah. That's the time I had to go on medication.'*

In addition to the reactions of others, there is also stigma associated with the experiences themselves, as highlighted by Jakobsen (1999) in her analysis of negative reports sent to the Alister Hardy Research Centre.

Charles is unable to disclose his experiences to anyone. They adversely affect his relationships with others, thereby increasing his isolation:

'But from thereon I started – I suppose I started having this suspicion, people were obviously beginning to react to me in odd ways. I suppose I was a bit obsessive about things, but then I started to feel that people were – deliberately trying to withhold things from me, that there was something going on, and then these things – these creatures – became more real, and I started seeing them more obviously […] [Were you able to tell anyone about either of these experiences or any of these experiences?] At that time? No. No – no it was purely private – hopefully.'

Dave was forbidden to mention his 'abduction' experience:

'My Dad was going on […] "It will never be mentioned again in this house, do you understand?" and I had to agree that it would never be spoken about in this house.

Robert illustrates the shame and stigma associated with psychiatric treatment:

'I mean I remember feeling just so <u>embarrassed</u> really, you know getting a bus or walking down the street – I had a sense that people would look at me and you know – realise I'd been in a psychiatric hospital, mental hospital, and they'd know that somehow by looking at me.'

In contrast, his mystical experience in church is communicated easily and receives delighted reactions:

'I had this experience but Sally [his wife] *hadn't and I was like gabbling on about it – I was full of it, it was like wow this is something else! and spoke to Peter* [church minister] *and he said 'Oh this is fabulous I'm so glad.' He said "You've had a baptism of the holy spirit".'*

Communication helps participants sort out their ideas. Warren gained a valuable insight through discussing an experience with his father while in hospital:

'And one day I – can remember it because this bloke sat down next to me and he'd got the longest whiskers – you know like he sort of shaved in a strange way you know coz of – obviously with his illness like – but what it were, I actually thought he were the devil – for some reason and I can remember telling my Dad you know and then I thought about it, which is the way I do with these things – that I must be really ill if I'm thinking somebody's the devil – and in a way it sort of helped me because I don't really believe in sort of man gods as such and so in a way it helped me because I actually realised I was ill – you know coz like for a lot of the time I'd been saying "I'm alright" you know even though I wasn't.'

Social support and validation therefore seems to be a vital factor in helping people cope with negative experiences. However often other people either do not understand, or they react negatively. Communication is notably absent in psychiatric

hospital, where there is the additional stigma associated with receiving psychiatric treatment. Overall, the reactions of others clearly influenced the participants' interpretations of the events themselves, thus supporting Jackson's (2001, p. 170) conclusions. Dave's and Lorna's experiences both increased in intensity due to the reactions of others. Jim, who initially adopts a spiritual interpretation, accepts a medical explanation in psychiatric hospital.

Influences on life

Results appear to support a process akin to problem-solving (Boisen, 1952, p. 204) or spiritual emergency (Grof & Grof, 1990). If successfully completed this involves a build-up of internal turmoil, dramatic insight and awakening, and an integration, acceptance and readjustment of life. However, at any stage the process may be arrested or go wrong. For Charles and Warren it seemed that the experiences were too difficult, and the insights were felt but never properly understood. For Paul the insights were so devastating that enormous difficulties were probably inevitable. Psychiatric treatment appears unhelpful, and seems to have arrested the process in most cases. The most successful examples of integration appear to be Robert and Paul, since they have made the most sense of the events they experienced and have applied them to their lives. However, for Robert, this has taken 35 years including psychotherapy training. Paul has made the most dramatic changes (from self-made businessman to voluntary sector mental health worker), but still cannot understand all his experiences. All participants reported something positive from their experiences, such as changed attitudes or spiritual beliefs, and are using them in some way to benefit others.

Paul feels that his dramatic experiences were a necessary means of escaping from his previous life and discovering his identity:

> *'It got me out of a situation that I didn't like to be in. Even though I owned my own business I actually hated going to work. It was the pressure was immense, there was no let-up – and I got pressure at home and I had nowhere to turn so it was an escape.'*

Robert also takes a positive view in the context of an escape from an unhappy life:

'In the context of my life I can honestly say "I'm glad I went mad". You know it was the most sensible thing I could have done, given those circumstances.'

However Charles explains the difficulty in finding meaning:

'To be perfectly honest now then yes I think there was – there was a meaning in it – but I – but at the same time – I think I avoided looking or trying to find out what that is – I found it easier to ignore it – and just leave it as it is and explain it by illnesses or what have you – I mean I value it as an experience but I haven't come to terms with actually what it's supposed to mean.'

Similarly Warren feels a sense of significance and inevitability he is unable to explain:

'At the time I thought "Oh this is all fitting together like a tight fitting glove" and like I say I don't think even at certain aspects of – the thing not coming together whether I could have turned back anyway you know – I was at an edge even then you know – but it – like I say there seemed to be like a significance.'

Various positive outcomes were reported. Jim gained empathy with others with mental health problems:

'I can understand people that have been in a mental health hospital whether it be for a few days or a few months – and I can appreciate what they're going through – I can appreciate what they've been through because I've been in that situation myself, so in one way it's made me a stronger person and to view people in a different light.'

Lorna did not attribute any personal significance to her 'poltergeist' experiences but feels an increased empathy with other people having 'paranormal' experiences:

'I think it – it made me more aware of what people say and what people do and trying to listen to people more because I'd felt like I hadn't – you know this

thing was horrific and it had really scared me, and I was absolutely petrified of sleeping for a whole year and yet nobody had really taken any notice, and it made me think well when people said anything like to do with the paranormal – I listen to them and say "tell me -- tell me everything".'

Also characteristic of spiritual emergencies are the various reported changes to spiritual belief. All participants reported different insights based on their direct experience, e.g., 'a force' for Warren:

'I sort of – believe a bit like I suppose it's corny and everybody's saying it now like to do with Jedi you know in Star Wars you know like a force – I actually believe there is a force – the actual spirituality I actually do believe in a force you know.'

For Charles, it was understood as the lifting of a veil:

'There was a definite feeling that yes it could happen again – it was almost like you know there was some sort of veil and it could break through again.'

In summary, there are two clear examples of dramatic personal transformation (Paul and Robert), and several themes of escape from impossible or difficult circumstances, all of which may be seen as characteristic of a problem-solving or spiritual emergency process. However, it appears that psychiatric treatment, and the associated stigma, has been harmful and has arrested or hindered the process in most cases. Paradoxically, this has provided a catalyst and means of direction for those participants who are currently utilising their experiences for the benefit of others. Outside the mental health area, Dave and Lorna both feel increased empathy with people troubled by paranormal experiences.

Discussion

The themes identified in the previous section will now be discussed in the context of existing theory. The unexpected finding that all participants who had psychiatric admissions did so as a direct consequence of their negative anomalous experience will also be addressed, as will the limitations of the present study, participants' feedback, and reflections on the researcher's own perspective. In

conclusion, it will be argued that negative experiences can be beneficial, but contrary to Grof's claims (Grof, 2000, pp. 142–143; Grof & Grof, 1990, pp. 44–45), it is not possible to ascertain which experiences will have transformative potential, and which will not, due to the diversity of external factors involved.

Affective quality

Present findings indicate that James's *diabolical mysticism* represents only part of the spectrum of negative anomalous experience. They also contrast with those of Jakobsen (1999) in that none of the present participants mentioned evil, whereas Jakobsen found this was a consistent feature in the negative accounts sent to the Alister Hardy Foundation. This may have been because the Alister Hardy reports were elicited by a 'religious experience' research unit.

Results were consistent with Jackson (2001) in revealing extremes of both positive and negative affect, and also in 'psychiatric' participants being more overwhelmed by their experiences. However, whereas Jackson's study did not specifically address physical sensations, the present study found that Paul (during his possession), Jim and Warren all reported various sensations including heat, intense power and energy, and exhaustion. These experiences were not characterised by negative affect, but were problematic because of their strength and intensity. For example Jim was simply exhausted by the strength he experienced while 'possessed'. Exhaustion is recognised as an after-effect of mystical experience (Laski, 1961, p.87; Wulff, 2000, p. 403). Also, possession in other cultures may be characterised by intense arousal followed by exhaustion and relief (Ward, 1989). In other respects the heat, power and build-up of internal pressure or energy are characteristic of Laski's (1961, pp. 77–88) reports of 'intensity ecstasies'. They are also characteristic of spiritual emergencies (Grof & Grof,1990; Perry, 1999).

The terror and dread experienced mostly by Lorna, Charles and Paul appear more characteristic of *diabolical mysticism* and appear related to powerlessness, death and non-existence. Washburn (1994, pp. 246–247) describes dread as characteristic of ego 'regression in the service of transcendence'. In this way, Charles's dread of the creatures, which are initially unseen but eventually become visible, could be interpreted in terms of the ego loosening its hold.

To summarise, James's description of *diabolical mysticism* appears to represent only part of negative anomalous experience. The affective qualities experienced by the participants can perhaps be more thoroughly explained by a variety of themes from contemporary transpersonal psychology. For example, they illustrate the numinous power of spiritual experience, such as in Rawlinson's (2000) characterisation of 'hot mysticism', or the '*mysterium tremendum*' of Otto (1917/1950). Smith (2000, p. 131) describing his own entheogen experience, uses the analogy of a moth being burned by the flame, to affirm that one can be 'burned by the totally Real'.

Adverse effects on the 'self'

Various effects on the self were reported, including sensations of splitting and fragmenting, and feeling alienated, invaded or empty. These contrast with the feelings of connectedness and unity reported in traditional accounts of mystical experience (e.g., Hardy, 1979; Stace, 1960) and in the positive experiences reported here. Again these may be accounted for by various transpersonal psychological theories. Feelings of emptiness illustrate what Daniels (2005, p. 261) describes as '*loss* of the Real', which is felt acutely by Warren after the psychiatric injection: 'I felt like sort of more of a shell then – you know like a big force had left my body'. Three participants all independently use the word 'shell' to describe feelings of emptiness. Washburn (1994, p. 207) describes feelings of fragmenting and breaking as 'annihilation anxiety', representing the ego's response to its loss of worldly identity, and Grof and Grof (1990, p. 150) define ego-death as a characteristic of spiritual emergency. Likewise Paul feels that his body is 'splintering' after his OBE. Laing (1989, p. 60) describes how true sanity entails the terrifying dissolution of our normal ego or false self. Alienation was also consistently reported in the accounts examined by Jakobsen (1999), and is highlighted in the present study by Robert and Warren. Hunt (2000) emphasises the link between body image sensations and 'felt meaning', drawing parallels between experiences in schizophrenia, Tibetan Buddhism, Shamanic initiation, and LSD bad trips. I found these accounts especially interesting since it was my own inability to cope with 'fragmenting' and 'splitting' sensations that led to my psychiatric hospitalisation.

Disturbing function of negative experience

Negative experiences appear to have an unsettling or disturbing function compared to the healing and balancing effect of positive experiences. Likewise Jakobsen (1999) found that people remained disturbed by negative experience. This is also consistent with the 'desolations' described by James (1902/1982, p. 426). However, Paul's out-of-body experience, subsequent 'possession', and eventual healing apparition of his dead child all illustrate that negative experience can have a purpose and function. As Assagioli (1989) maintains, crisis can be progressive by bringing conflicts to the surface for resolution. Again this is consistent with Grof and Grof's (1990) perspective on spiritual emergencies, and with Boisen's (1952, pp. 79–82) claim that intense panic, fear and cosmic identifications are necessary to break up existing attitudes that are blocking progress and growth. Paul's and Robert's dramatic experiences especially support Daniels's (2005, p. 84) claim that negative experiences *demand* personal transformation, whereas positive experiences may serve to promote and sustain the 'self'. In this context Warren's continued disturbances appear to be caused by the inability to reach a transformational solution, while Charles's positive healing experience in the sea allowed him to successfully put his searching 'on hold'.

Participants' interpretations, and reactions of others

All participants experienced confusion and difficulty in making sense of their experiences, but the sense of conflict and doubt appears less problematic for Dave and Lorna who made clearer paranormal attributions. This suggests that a paranormal interpretation may be easier to cope with. Firstly it provides a framework to explain what are otherwise bizarre and inexplicable events, thereby reducing anxiety as suggested by Lange and Houran (1998). Secondly, it allows for coping strategies, e.g., Lorna used holy water for protection. Finally there were definite secondary social gains. For Dave this was membership of his group, while Lorna's friends shared their rooms with her and respected her 'psychic' ability regarding the 'ghost'. None of these advantages was available to the 'psychiatric' participants who were isolated and beset by unrelenting conflict and doubt. As found by Jakobsen (1999), all participants in the present study were isolated by their experiences, although this was more intense for the 'psychiatric' participants. Dave and Lorna had greater support and validation and this was clearly helpful. However other people's fearful reactions also served to intensify their experiences and to consolidate their paranormal attributions. This is

consistent with Jahoda's (1969) findings that expectation, suggestion and reactions of others can induce paranormal interpretations of natural events. Lorna's continued experiences also appear to support Lange and Houran's (1999) cognitive feedback model which predicts that high fear and paranormal belief make future paranormal experiences more likely.

However, Lange and Houran's theories cannot provide a complete picture. Their mathematical model only addresses the cognitive aspect of misattribution. It does not allow for the effects of interactions with other people, the internal generation of phenomena by the psyche, or the possibility of genuinely paranormal events. Nevertheless their findings are relevant since the 'psychiatric' participants did not form clear paranormal interpretations and were the most beset by conflict and doubt. For example, Lorna finds an immediate paranormal explanation for the disappearing objects when her friend 'sees' a man at the foot of the bed. However Warren cannot explain the rattling bottles in the supermarkets, and therefore doubts his sanity. The 'psychiatric' participants were all extremely isolated by their experiences, often being without an adequate framework to understand or explain. Warren's massive surges of energy, pain and heat clearly fit Sannella's (1989) description of 'kundalini awakening', however without any suitable framework of knowledge Warren interprets this as 'radiation sickness'. Furthermore, as found by Jackson (2001), some interpretations made by the psychiatric participants cause them further difficulties, for example Paul's belief he was Jesus got him into trouble with his doctor. A suitable framework is clearly helpful. Studying parapsychology allows Lorna to frame her experiences as poltergeist activity, and Dave's 'UFO' sub-cultural concepts provide a framework for his 'galactic meeting'. It is clearly helpful therefore to have both a frame of reference to explain anomalous experiences, and the opportunity to discuss them with others.

Montanelli and Parra (2004) found humanistic group therapy helped people understand their paranormal experiences. Dave and Lorna both found communication and social support helpful. Dave suffered particularly when he lost his social support network after his 'abduction' type experience, but he still found talking extremely helpful. Similarly Warren describes how talking over an experience with his father gained him a valuable insight which helped his recovery. However for the

'psychiatric' participants isolation was generally compounded by the reactions of mental health professionals, who consistently discouraged any meaningful communication.

The results show that these are difficult experiences and people need some help in understanding and coping with them. This requires supportive and meaningful communication with others, but in practice is usually prevented by negative reactions and general lack of understanding, especially within psychiatric services.

'Fruits for life': The case for spiritual emergency

The concordance between the experiences reported here and Grof and Grof's (1990) definition of 'spiritual emergency' has already been discussed. However the most important feature of the spiritual emergence process is a transformative outcome in which greater wisdom and compassion, empathy and service to others are commonly reported (Grof & Grof, 1990; Perry, 1999). James (1902/1982) stressed that experiences should be judged by their fruits, and throughout *'The Varieties'* is generally scathing of saints and mystics who have intense experiences but do not do anything useful. Using this criterion, all participants in this study appear to have made good use of their experiences in various ways, including a deepening or questioning of fundamental belief systems, increased empathy with others and voluntary work. This is consistent with Daniels's (2005) claim that negative or 'shadow' experiences may be transformative.

Other transformative elements are the death-related themes, and the reported feelings of meaning and significance. The intense psychological upheavals, altered states of consciousness, intense emotions, visions and physiological sensations described in several accounts, fit the spiritual emergency process very well. Grof and Grof's (1990) description of spiritual emergence also embraces Shamanistic ideas and, as such, may be capable of explaining some of the more bizarre accounts. For example, Warren reports seeing the colours of the rainbow in his blood and this can perhaps be understood by recognising blood and rainbows as archetypal images associated with Shamanic initiatory crises (Grof & Grof, 1990, p. 119).

However the present accounts are not entirely consistent with Grof and Grof's, (1990) definition of spiritual emergency. On the whole this definition implies a definite trigger such as illness or trauma, rather than the gradual build-up described by several participants. In this respect, the present accounts are more in agreement with Boisen's (1952, p. 204) conclusions that such events are essentially problem-solving experiences calling upon hidden sources of power which, if successful, result in personal transformation and reorganisation of life. This difference can perhaps be explained by contrasting Stan Grof's background as a psychiatrist with Boisen's as a pastoral counsellor with personal experience of insanity. Boisen focuses on outcome, on 'spiritual defeat' or 'victory', rather than differentiating between 'the pathological and the normal' (*ibid.* p. 79). However Grof does attempt to make this distinction. Even though he stresses the impossibility of differentiating between spiritual emergency and the functional psychoses, and questions the validity of psychosis as a disease (Grof, 2000, pp. 141–142), he nevertheless cautions against 'romanticising or glorifying psychotic states' (*ibid.* p.140). He stresses the need to decide between a therapeutic approach and the 'current practice of routine psychopharmacological suppression of symptoms', and would deny a therapeutic approach to people who do not understand that they are experiencing an 'inner process' and are unable to describe their experiences in a 'coherent and articulate way' (*ibid.* pp. 142–143). Yet this requires the person to have some awareness of the psychological concepts involved, as well as a suitably supportive environment. The present study has found that all participants had great difficulty understanding and articulating their experiences, and the 'psychiatric' participants especially received little or no therapeutic or social support. In fact, in most cases, psychiatric treatment seems to have made things worse. Poor outcomes may therefore be mainly attributable to the way our society understands and treats people having these experiences, rather than to any inherent deficiencies in the people themselves. Prognosis and treatment may therefore not be predictable in the way that Grof suggests.

Limitations, reflections and areas for future study

Grounded theory has proved a useful technique for highlighting the common characteristics and processes of negative anomalous experience. However, by focussing on generic themes, individual triggers, purposes and meanings have

inevitably been marginalised to some degree. There are also many gaps in some accounts (e.g. Charles), raising questions as to what happened to people between their experiences and the present day. To address this, a second stage of interviews would have been useful. Two participants did not supply any feedback, so perhaps action research methodologies such as co-operative inquiry would have maintained closer contact, and may also have been more beneficial for participants. This has only been a small study, so clearly it would have been useful to have included more people. Also a long time has elapsed since the events described for some participants, so that their memories of events may not have been wholly accurate.

Five participants provided feedback on the interview process and quality of analysis, and all of these were very positive, with people feeling that this is an important area of study.

Useful avenues for future research could perhaps entail developing quantitative measures for negative anomalous experiences to assess their prevalence across various different populations. There appears to be an urgent need to focus on the psychiatric population, given the difficulties faced by this particular group.

Finally, this study has been informed throughout by my own experiences, and the understanding I have gained through studying transpersonal psychology. This has inevitably shaped my findings. I am nevertheless struck by the many similarities I found between participants' experiences and my own. In particular these relate to adverse effects on the sense of self, the difficulty and importance of making sense and meaning, and the stigma associated with both negative anomalous experience, *and* psychiatric treatment.

Conclusion

This study has found that, contrary to James's (1902/1982) definition, 'diabolical mysticism' may be ultimately beneficial, and 'seraphs' and 'snakes' both have roles to play. Furthermore, negative experiences cannot be evaluated on their phenomenological qualities or immediate consequences alone. They need to be considered in a much wider context, including the effects of stigma and isolation, interactions with other people, and the overall influences on people's lives. This

suggests that Grof's attempts (e.g., Grof, 2000, pp. 140–143; Grof & Grof, 1990, pp. 43–45) to differentiate between negative experiences with transformative potential and those without may be misguided. A more pragmatic and humane approach would perhaps be to increase awareness generally, and provide proper therapeutic support for *anyone* having these experiences no matter how bizarre or destructive the experiences may appear.

If the reports of participants in this study are representative, then a vast number of people are being diagnosed with mental illness when they have had negative paranormal or spiritual experience. Traditional bio-medical psychiatry is clearly failing these people and a new approach is therefore urgently required. Current cognitive and clinical approaches alone cannot fully address the experiences described here since they generally fail to acknowledge the transformational effects on the 'self', the possibility of an overall spiritual or higher purpose, and the potential 'reality' of paranormal experience. This study shows that we should no longer simply dismiss the 'diabolical mysticisms' as pathology, but instead should try to learn from them. Contemporary transpersonal psychology, as a discipline grounded in both scientific *and* spiritual frames of knowledge should therefore take a leading role in investigating this area.

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