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A Participatory Research Study to Explore the Healing Potential of Children's Anomalous Experiences

Abstract

Introduction

Children and young people commonly have 'positive' and 'negative' anomalous experiences that are silenced, ignored or medicalised by 'adults-in-authority'. Whether 'positive' or 'negative', anomalous experiences can catalyse self-healing for children and young people. Through children achieving greater self-awareness and a sense of intra-connectedness between self, others and the world.

Objectives

The study's aim was to explore the nature of self and experience with children and young people. This article focuses on one of the studies objectives: to explore *with* children and young people any anomalous experiences; and identify any self-reporting of healing and/or positive transformation.

Methods

A participatory, qualitative approach was used to research *with* children and young people. Using IPA (Interpretive Phenomenological Analysis), and Critical Discourse Analysis, 20 narrative accounts and 10 visual narrative representations, from 16 children and young people who experience anomalous phenomena, were analysed and 'co-interpreted' with participants.

Participants

In total, 16 children and young people (aged 4-21 years) participated in the study. Four participants had pre-existing medical conditions (Epilepsy, Narcolepsy, Caterplexy & Autism), while twelve participants had no pre-existing medical conditions.

Results

- All self-reported anomalous experiences, were viewed by children and young people as carrying healing and transformational potentials – regardless of whether their experiences were 'positive' or 'negative'

- Healing and transformation were reported by children and young people, that included – self-withdrawal from medications; changes in attitudes and behaviours; feeling more connected to self, others and the world; enjoying life and ‘knowing’ self
- How children and young people’s anomalous experiences are responded to by ‘adults-in-authority’ has consequences for children and young people’s wellbeing

Conclusions

Children and young people should be included in studies that consider anomalous experiences, using research methodologies such as participatory approaches, to widen our understanding of these types of experiences. While the results show how anomalous experiences can carry healing and transformational potentials for children and young people, adults-in authority can catalyse suffering in how they understand and respond to these experiences. More research is needed and is continuing in this area.

Keywords

Anomalous Experiences; Children; Healing; Qualitative, Participatory-research

Introduction

The early 1990's saw a resurgence of studies concerned with 'anomalous' experiences in childhood (see Drewes & Ducker, 1991; Hoffman, 1992, 1998). Since then, there has been a stark absence of literature dealing with anomalous experiences of children. Warnings about the 'danger' of exploring anomalous experiences with children and claims about the reliability of children as research informants (Hunt, 2009), may have resulted in scholars approaching the topic through the lens of disorder or illness. In this way, anomalous experiences in childhood are often studied within clinical contexts (see Laroi et al, 2006; Koren et al, 2020) – framing children's experiences through medical discourses and practices. The wealth of literature that deals with anomalous experiences in adulthood outside closed, clinical contexts highlights anomalous experiences in childhood as an under-researched topic. Examples of studies with adults include measuring anomalous experiences and beliefs (see Wahbeh et al, 2019), non-pathological self and experience alterations (see Cardena & Alverado, 2014), prevalence of anomalous experiences in non-clinical groups (see Pechey & Halligan, 2012) and voices, visions and mediumship (see Roxburgh & Roe, 2014). Barriers to involving children in anomalous experience research may be found in the methodologies used to explore anomalous phenomena, with studies situated in laboratory experiments or using measurement questionnaires and scales. How children are viewed in research contexts, as less competent than adults (see Bartholomeaus, 2016), has further implications for involving children in anomalous experience studies.

This article starts to address these concerns through detailing a pilot research study, conducted with children and young people between 2019-2020. The study's aim was to explore the nature of self and experience with children and young people. The article focuses on one of the studies objectives: to explore *with* children and young people any anomalous experiences; and identify any self-reporting of healing and/or positive transformation. While the study of anomalous experiences is largely absent from social research enquiry (see Roxburgh and Roe, 2014), the participatory research movement across social science, childhood studies and education (see Crook, 2020; Author B and others, 2019; Mannion, 2007) is growing. A convergence of participatory research with the study of anomalous experiences, may address these concerns, while offering astounding potentials for involving children in safe and empowering ways. The study had three foci: the nature of self (Author A, forthcoming), anomalous experiences and **ontology** (to develop new ontological understandings from the indigenous knowledges of

people). The findings presented here emerged from a sub-theme identified through the data-analysis: The healing potential of children's anomalous experiences.

Researching Anomalous Experiences with Children

In 1929, Rabinovich wrote an article about 'The Professional Orientation of *Deficient* Children'. Rabinovich (1929) wanted to address 'these *variant* children and their specific *peculiarities* of character and intellect'. Words used to describe children's selves and experiences, such as 'deficient', 'variant' or 'peculiar' are no longer ethically acceptable. Still, when children's experiences diverge from a perceived norm, they can be understood as 'illogical, irrational, uncritical and foolish' (Irvin cited in Lawrence et al, 1995). A recent literature review conducted as part of the pilot study (detailed in the article - see section 'Methodology') demonstrated how anomalous experiences in childhood are primarily researched and understood through clinical discourses and practices. A systematic review of literature demonstrated a stark absence of studies that explore children's anomalous experiences outside medical and clinical contexts. This has significant implications for how anomalous experiences in childhood are immediately positioned and understood. The search items used in the review of literature included: anomalous experiences* AND children AND young people OR adolescents. A second search added the term 'AND participatory research'. Several databases were used (including APA Psych Articles, Scopus, Proquest and Social Science Full Text) and a total of 912 articles reviewed. In total, 36 articles were selected as relevant, referring to children's experiences as 'anomalous'. A further 13 articles were selected that met the following criteria: non-clinical, children and/or young people's anomalous experiences. The final articles were examined to consider the types of experiences children have, how children's experiences were framed and how children were involved in the studies.

The review demonstrated how anomalous experiences in children tend to be considered as predictors for wellbeing in adulthood (see Rabeyron & Watt, 2010; Rogers & Lowrie, 2018), as markers of psychosis risk (Szily & Kelly, 2009) and in terms of neurocognitive symptoms and functioning (see Comperelli et al, 2016). Anomalous experiences in young people can be considered as sense-making and coping strategies, influenced by 'that esoteric content in movies and computer games [that] explain why these young adults prefer to attribute agency to ghosts, spirits and demons rather than Gods' (Visuri, 2019, 151). Anomalous experiences of children are measured and modelled against diagnostic criteria, within closed medical contexts

(see Wright et al, 2018), through the lens of epidemiological studies which provide ‘the most consistent data, suggesting that some early anomalous experiences, such as auditory hallucinations, can be predictive of later psychiatric illness in adulthood’ (Debanne et al, 2009). Claims of this nature are often generated from unquestioned assumptions about the nature of these experiences and privilege certain methodologies and types of data. In this way, opportunities to explore experiences and meanings *with* children are not afforded.

There are significant links made between children in crisis and anomalous experiences, with studies turning towards childhood trauma. Scimeca et (2015) investigated the relationship between extrasensory perception (ESP) and traumatic experiences in childhood, showing how dissociated states and emotional distress can mediate anomalous experiences (such as telepathy, clairvoyance, precognition). Rabeyron and Watt (2010) studied the relationship between paranormal experiences, mental health, Psi abilities and childhood trauma. Their results found a ‘significant correlation’ between ‘mental boundaries associated with paranormal experiences and childlikeness’. Lawrence et al (1995) found a ‘small correlation’ between childhood trauma, paranormal belief and childhood fantasy. The ‘empirical association between voice-hearing, measures of dissociation and trauma particularly (though not exclusively) childhood sexual abuse’ (28), are highlighted by Longden et al (2012). The authors conclude voice-hearing should be understood as ‘dissociated or disowned components of the self’ (28) rather than psychotic phenomenon. These are important studies for highlighting correlations between trauma, emotional distress and anomalous experiences. Yet, most studies concerned with childhood trauma do not involve children and are retrospective accounts of traumatic histories reported by adults. As children are often understood as ‘becoming-adults’ rather than ‘beings-in-their-own-right’ (see Bartholomaeus, 2016), opportunities to develop other explanations about their experiences are missed.

Methodology

The pilot study used a participatory mixed-methods approach. Traditional qualitative research has historically excluded persons-without-voice, leading to a development of participatory research methodology based on art and play (see Eisner, 2008; Groman, 2019). Participatory research ‘challenges the traditional understandings of expertise and knowledge production’ (Torrönen, 2014, 136), while generating critical praxis. Involving children and young people in the co-production of research, recognises them as active agents, rather than passive objects,

in the production, interpretation and representation of indigenous knowledge(s). In the case of the pilot study, children and young people co-designed methods, co-interpreted data and consulted on aspects of the study's outputs (development of a webspace, recruitment of other children and young people for further studies).

Study Participants

In total, 8 children and young people participated in individual interviews. This included a design session on methodology; face to face individual interviews (between 2-3 for each participant), online interviews (post-lockdown for 2 young people) and post interpretation and analysis sessions (individual). One participant (a child aged 4 who had experienced an NDE in intensive care), could not continue with the study. The demographic and contextual data of participants are detailed below:

Table 1: Participants involved in individual interviews

	Age	Gender	Ethnicity	Contextual Factors
P_01	17y	F	white	No pre-existing medical conditions, experiences a range of anomalous experiences that includes seeing beings (including people, animals and insects), hearing sounds, premonitions, sleep paralysis, scopaeesthesia (sense of being stared at alone and with people); telepathy, empathic abilities
P_02	6y	M	Black-Mixed	Diagnosed with Narcolepsy and Caterplexy, experiences beings (people, animals and insects) others can't see, hearing sounds, verified premonitions (verified from parent and family friends), sleep paralysis
P_03	17y	M	White	No pre-existing medical conditions, self-diagnosed with depression before having a peak experience in nature. Experienced a dissolution of ego-self, oneness with the universe, connectedness to all living things
P_04	9y	F	Black-Mixed	No pre-existing medical conditions, engages with unseen beings and has lucid dreams, scopaeesthesia (sense of being stared at alone and with people)
P_05	17y	F	White	Diagnosed with epilepsy aged 5, diagnosed with acute anxiety and depression aged 11, suicide attempt and hospitalisation aged 14, a peak experience in hospital catalysed transformation and

				continuous wellbeing; hearing ‘helpful voices’ from age 4, engages with deceased grandmother (ongoing), premonitions, lucid dreams
P_06	10y	M	White	Identifies as non-binary, experiences self as located outside the body (naturally), scopaesthesia
P_07	8y	M	Asian-Mixed	No pre-existing medical conditions; past life memories between ages 3-6 years, deep philosophical insights about reality from aged 4; telepathy, empathic abilities
P_8	4y	M	White	Reported phenomenal events during a near-death experience in intensive care -this participant did not continue with the study (for personal reasons)

Participants involved in research interviews were aged between 4-17 years. All participants are from a small urban area in the North of England, with high levels of deprivation. The study aimed to involve children and young people who were not involved in services and those who are considered ‘service-users’. This meant applying a two-fold strategy for recruitment. Partner organisations were asked to distribute a flyer across their services (including one primary school). Flyers were placed on social media platforms and left in public spaces that children and young people attend, such as parks. The flyer promoted the idea of opportunities to share any unusual experiences or to discuss the meaning of ‘me’ or ‘I’. In total, 2 participants were recruited through services. A further 10 children and young people responded to physical flyers and contacted the researcher (parents made contact on behalf of younger children). From the 10 flyer respondents, 8 took part in the study. Once the study began, other interested children and young people were directed to the online questionnaire and placed on a waiting list for future studies. Rigorous ethical procedures framed the study that involved parental consent, informed and rolling child consent and sign-posting measures.

Each participant (with the exception of P_08) took part in 2-3 research interviews. Interviews were guided by a research script (to allow for co-creation in research moments), consisting of three sections. Each section focused on an aspect of the study (self, experiences, views about the nature of reality) and contained a framing question, choices of method and spaces for children and young people to generate their own questions through self-enquiry. This enabled the researcher to generate new lines of enquiry as new questions emerged from children’s responses and experiences.

Table 2: Questionnaire Participants

Age	Aged 11-15 years (14 %); Aged 16-21 years (84%)
Gender-Identification	Non-binary (14%); Male (28%); Female (57%)
Ethnicity	White-British (100%)

Young people aged 11-21 years completed the questionnaire due to its distribution through online social media platforms. Experience types are shown in table 4 (see ‘Findings’ section). White-heritage respondents were 100% represented that raised questions about representation of ethnic groups in the study. This is being addressed through ongoing studies.

Analysis

The pilot study produced a mixed dataset that included narratives, art, observational notes and demographic data:

Questionnaire

The questionnaire was intended to run for a short duration and was active for three weeks. Ten questions were included, that entailed multiple choice, open-ended and ‘upload images’ options, that enabled collection of statistical and narrative data. In total 37 responses were recorded. Following a screening process, 29 were removed due to: no parental consent recorded (the study was subject to strict university ethics) and incomplete questionnaires. Design, distribution and analysis of the questionnaire and data was conducted through Qualtrics Software. Statistical data gathered from the questionnaire included age, gender-identification, ethnicity and types of experiences. Due to the small sample of respondents, cross-referencing against different variables was not applied. The questionnaire captured data about the frequency of young people’s anomalous experiences:

Table 3: Frequency of anomalous experiences reported by young people (questionnaire data only)

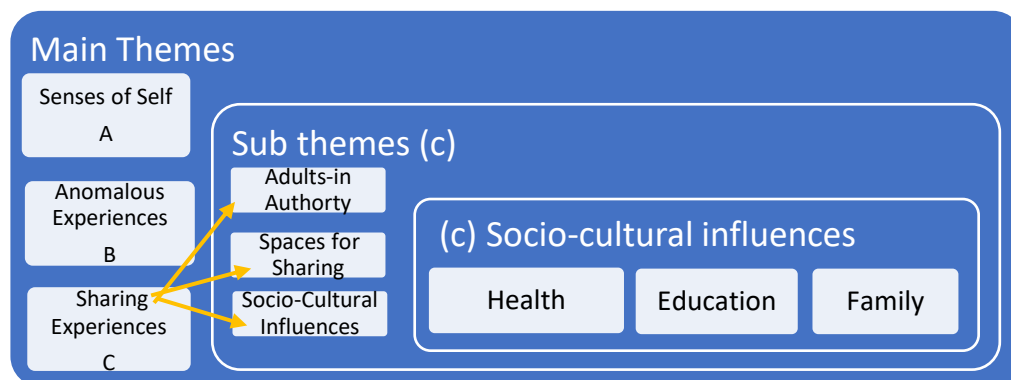
Once	9%
Occasionally	27%
Always	18%

Experience ‘types’ are reported in table 4 below (see Section ‘Results’)

IPA

Interpretive Phenomenological Analysis (IPA – see Larkins et al, 2019) was applied to research *with* children and young people’s narrative accounts of their anomalous experiences. IPA is gaining popularity in healthcare and clinical settings, offering affordances to facilitate and understand the complexity of bio-psycho-social phenomena; that offers ‘exciting possibilities for informing clinical practice’ (Biggerstaff & Thompson, 2008)ⁱ. IPA afforded opportunities to consider how children assigned meaning to their experiences and presented opportunities for co-interpretation of narratives with children and young people. Data from participants’ narratives was coded and a qualitative thematic analysis was applied across all data sets, cross-analysed to generate sub-themes.

Fig 1: Example Thematic Analysis



Major themes were identified across all datasets:

- (A)Senses of ‘self’ or ‘I’ (subject of experience)
- (B)Anomalous experiences (experiences that transcended conventional personhood and mainstream narratives)
- (bi)Positive experience (non-healing/non-transformative)
- (bii)Positive experiences (healing/transformative)
- (biii)Negative experiences (non-healing/non-transformative)
- (biv)Negative experiences (healing/transformative)
- (C)Sharing Experiences
- (Ci) Adults-in-Authority
- (Cii) Socio-Cultural Influences
- (D)Spaces for children and young people to share experiences

- (E)Children and young people's views about society, the natural world and the nature of reality

The article discusses themes B (and sub themes i, ii, iii, iv) and C. A Critical Discourse Analysis (see Fairclough, 2003) was applied to narrative data to account for socio-cultural influences that can shape representations of self and experience (see Fairclough, 2003). This type of linguistic analysis can identify how discourses from other social domains (i.e mental health, education etc.) can shape reported narratives and meanings assigned by children, to their experiences (this analysis was also used to identify a 'conceptual sense of self' (see Author A, forthcoming). The analysis identified configurations of mental health, education and family discourses that influenced how children and young people constructed their experiences.

Art as Research Method

Art research methods allowed children and young people to convey experiences that language could not represent (i.e experiences outside conventional space/time such as OBE's, lucid dreams, etc.). Cardena (2014) makes connections between self-representation, art and anomalous experiences, noting how 'the subjective [can] be represented in objective ways, were themes such as 'hypergeometry are integrated by scientists and artists alike' (206). Geometrical patterns were drawn by children and young people in the study to represent their sense of self during anomalous experiences (see fig 4). Skukauskaite et al (2021) posit art as a research method for providing 'new lenses for seeing and thinking [that] disrupts norms of knowledge construction and representation and often lead to deeper understandings of self, others and the ontological and epistemological assumptions shaping research processes and representations'. Art and visual representation became a necessary method for exploring self and 'non-ordinary' experiences with children and young people.

Children and young people used art tools to represent anomalous experiences, that they could not report through language:

Fig 2: 'Helpful Voices', Ruby, Aged 17 years



Fig 3: The Comforting Hand, Lilly, Aged 8 years



Fig 4: 'I' (Peak Experience Callum, Aged 17 years)



The three examples were produced by participants who experienced different types of anomalous experiences. Fig 2 (Ruby, Aged 17 years) was produced using digi-art and expresses the ‘helpful voices’ she can hear. Fig 3 was drawn with coloured pencils by Lilly, Aged 8 years and depicts herself in bed, being comforted by the hand of an unseen being. Fig 4 (Callum, Aged 17 years), was drawn following a self-enquiry research activity. The image represents who he is after having a ‘peak experience’ (see Maslow, 1970; Hoffman, 1991) in nature; and following a self-enquiry activity (see Author A, forthcoming).

Results

Types of Anomalous Experiences

Children and young people reported a range of anomalous experiences. The table below shows the types of experiences reported and the percentage of children and young people who experienced them (noting this was a small study). The second table (fig 2) shows participant by pre-existing and no pre-existing medical condition. There are 16 participants represented in the table (from the questionnaire and interviews).

Table 4: Non-conventional experiences of children and young people in the study

Type	%	Count
Seeing beings or animals that other people can't see	33	6
Have been in serious accident or in hospital and had visions or other experiences	11	2
Had an out of body experience (where you feel you have left your body)	27	5
Had sleep paralysis (where you feel awake but you cannot move your body)	27	5
Felt one with the universe or the world	11	2
Know what other people are thinking	11	2
Know what other people are feeling	16	3
Had unusual or lucid dreams	61	11
heard sounds, singing or voices that other people can/cannot hear	16	3
other	5	1
		16ps

Table 5: Pre-existing and no pre-existing medical conditions and anomalous experiences

Epilepsy	Voice-hearing, premonitions, peak/transformational experiences, lucid dreams, speaking with deceased relatives
Hospitalisation	NDE, Peak/Transformational experiences, visions
Narcolepsy with Cataplexy	Visions, engaging with unseen beings, telepathy, premonitions
No pre-existing medical conditions or medical events	Voice-hearing, premonitions, telepathy, lucid dreams, out of body experiences, peak/transformational experiences

In general, all children and young people experienced similar types of anomalous experiences. Peak experiences were reported after hospitalisation (gratitude, sense of connectedness, happiness) and in nature (oneness with the universe). These were shown to have significant transformational effects for children and young people in terms of their wellbeing – see ‘Results’ section.

The Positive effects of Children’s Anomalous Experiences

Children and young people reported ‘positive’ (phenomena described in positive terms, i.e ‘nice’, ‘beautiful’, ‘peaceful’, ‘cool’) and ‘negative’ (described as ‘weird’, ‘scary’, ‘frightening’ etc.) experiences. Despite the phenomenal content of negative experiences and children’s responses to them, all children and young people reported at least one positive impact from their anomalous experiences. The table below shows examples of this.

Table 6: Examples of negative anomalous experiences and their positive affects

	Negative Experience Type	Frequency	Positive Effects
P_01	Frightening premonition of a car crash, that prevented her from travelling in the said car	<i>h</i>	A newfound trust in the experience of premonitions, viewing them as helpful regardless of their content

P_02	Seeing spiders and other frightening beings (others could not see)	<i>h</i>	Reframing his sense of identity (un-aided) as 'like Spiderman' with superpowers; making sense of these experiences in different ways
P_03	Fear around ego dissolution through a 'peak' experience	<i>l</i>	Realisation of being one with others and the world; lifting of a depression and more enjoyment in life
P_05	Vision of a strange man who warned her that her sister was in danger	<i>h</i>	Although the vision and premonition was frightening, the warning was accurate and enabled P_05 to help her sister. P_05 has trust in a 'higher power' that supports her through life (and has aided in her own recovery from suicidal ideation)
P_07	Frightening past life vivid memories of drowning in a shipwreck	<i>m</i>	The possibility of living different lives offered this child a different perspective of who he is and the nature of reality. This supported healing around issues such as social anxiety

Key: *l* =low incidence; *m* = occasional incidence; *h* = high incidence; P = participant

Thematic Examples: Children and young people's accounts

This section includes three example themes (b,ii Positive Experiences) healing and/or transformative; (b,iv Negative Experiences) healing/transformative and (C,i) responses from Adults-in-Authority (parents, carers, teachers, professionals). Pseudonyms have been used for participants.

Positive Anomalous Experiences, Healing and/or Transformation

Young people reported anomalous experiences that had a significant healing and/or transformational effect on them (and their lives). Sophia was aged 17 years when she shared her experiences (see P_05 in Table 1 'Participants involved in individual interviews' for contextual details). Sophia self-reported a peak or transformational experience while hospitalised following a suicide attempt. Following this experience, Sophia withdrew from anti-depressant medications and experiences continuous wellbeing. Since the age of 5 years, Sophia has experienced a variety of anomalous experiences (hearing 'helpful' voices, premonitions and lucid dreams) and continues to have these types of experiences. Here, Sophia

is reporting interactions that she has with her deceased grandmother (and other beings) in hypnogogic and dream states:

S: 'I have general chats with most (.) is my nana and she was very open to this type of stuff [laughter]'

R: 'What do you talk about?'

S: 'well I'm just sat there and she's cracking on [talking] and she might just turn round and say something or she might notice that I'm there (.) and sometimes, she doesn't know I'm there'

Sophia appeared very relaxed about her interactions with her deceased grandmother that occurred during lucid dream states and hypnogogic states. Sophia did not report any conversations with her grandmother during normal waking states (although reported sensing her presence in normal waking states). Kilianova (2010) notes, dreams about 'deceased ancestors and departed relatives or friends represent a special category of dream experience [...] research findings have demonstrated a rather high frequency of their occurrence' (135). Sophia finds these interactions comforting and feels that they support her continuous healing and wellbeing. Sophia reported that her grandmother relays information such as 'warnings to others' and information about future events that Sophia shares, with those who the message is intended for:

'it doesn't happen every day or every week but it's kind of like when it needs to happen it happens and I'm pretty open to that my mum and my dad and my sister and my boyfriend all know that if I know that somethings real with that ill speak out about it and I will tell them you need to check up on this person or you need to do this or do that like I don't like to risk not speaking about those things because I feel like I know it to be true and to be different than just a regular dream'

(Sophia, Aged 17 years)

Sophia's interactions with her deceased grandmother appear to intersect with the life worlds of members of her family, as the information she shares has a supportive function for others. Glaskin (2005) discusses the phenomena of 'spirits of the deceased, spirit beings and ancestral figures' communicating with and revealing certain things to the dreamer (see Glaskin, 2005,

297). Barrett (1992) identifies four categories of activities, examined in dreams about the deceased. These include descriptions of the circumstances of their death, delivered messages to others, sought to change the activities of their death and giving loved ones a chance to say goodbye. It appears that Sophia's interactions fall into the category of messages delivered to others.

Negative Anomalous Experiences and Healing

Children and young people across all ages reported negative anomalous experiences, mainly involving visual phenomena in unexpected places. Cai was 6 years old when he first shared his experiences with the researcher. Most of Cai's (P_02) data is art-based, dispersed with conversations around his images:

Fig 5: Spiders



Cai: 'when I go toilet, I see people in the water

I don't like it it's scary like them spiders

R: Ah spiders? Do you want to tell me about them?

P_02: erm...hmmm. when I'm in bed with my mum they come

(.) hmmm I don't like them

Cai was diagnosed with Narcolepsy at the age of 5 years and has reported a range of anomalous experiences (seeing apparitions of people, animals and precognition). Macleod et al (2005) suggest that seeing spiders is common in people diagnosed with epilepsy, where hallucinations, sleep paralysis and disturbed nocturnal sleep are a product of a loss of hypocretin-producing cells in the posterior hypothalamus (see Talih, 2011). The neuropsychological model does not advance an understanding of 'hallucinations', nor are experiential positions sought in these types of conclusions. As Radin & Rebman (1996) note 'in some cases, hallucination does not appear to be an adequate explanation' (3), and other young people without medical conditions also reported seeing spiders. Cai began to make unprompted links between the 'scary spiders' to the superhero, Spiderman. Although Cai has experienced difficult and frightening experiences (as well as a challenging medical condition) his identification with a powerful superhero (brought about by the invasion of spiders), catalysed confidence and feelings of

empowerment (and is continuing as reported by his mother). Cai has also experienced premonition-type experiences, predicting where and when lost items will be found that were verified by his mother and a family friend. Apparitions are phenomena reported by other children and young people in the study – examples include seeing black dogs with red eyes, men and women walking around the family home, frightening non-human figures. Other visual phenomena such as seeing balls of light, were reported by children. These can be frightening experiences for some children but were also viewed by children as temporal and transitory events. These experiences prompted wider understandings in children about the nature of self and reality, recorded in the study through their philosophical reflections and ontological views.

Research with adults into apparitional experiences and their emotional after-effects (see Kelly and Locke, 1981; Moody, 1992; Radin & Rebman, 1996). Using the psychomantuum procedure (see Kelly and Locke, 1981; Moody, 1992), Radin & Rebman (1996) found that this procedure induced ‘mild altered states of consciousness’ (65) while producing mild apparitional-type experiences. Moody (1992) also used the psychomantuum procedure to explore ‘visionary encounters’, suggesting that such apparitions are ‘real not hallucinatory and have profound personal aftereffects’ (83). Participants in these studies, prevalently describe these ‘experimental’ apparitions in positive ways, reporting healing effects. Datson & Marwitt (1997) studied apparitional experiences in bereaved people. Participants reported sensory impressions such as the visual, auditory, tactile and olfactory perception of the deceased or quasi-sensory ineffable feeling or ‘non-specific awareness of presence’ (Datson & Marwitt, 1997). These experiences were described as comforting by 85% of participants. This body of work further challenges the ‘subjective fantasy hypothesis’ (see Radin & Rebman, 1996) that is often assigned to children’s anomalous experiences (see Irvin cited in Lawrence et al, 1995; Visiuri, 2017). Research that studies adult individuals reporting anomalous experiences show how adult experiencers have a similar or better psychological adjustment compared to the average population (see Moriera-Almeida et al, 2008; Van Ommeren et al 2004).

Responses from ‘Adults-in-Authority’

Only two participants in the study (Sophia – see section ‘Positive Anomalous Experiences’ above and P_07) reported the opportunity to share their experiences (with her family and friends) and feel supported. The data began to show, how ‘adults-in-authority’, such as parents, carers, teachers and other professionals responded to children’s experiences, had a significant

impact upon children and young people's wellbeing. Below are some examples of how children and young people's anomalous experiences are understood by 'adults-in authority'.

'I was like oh my god so then my dad was like I think you're schizophrenic so then I was like oh my god then maybe these things that I'm seeing are not real so then I was like I won't say anything because they won't take it seriously'

Ruby, Aged 17 years

'When people don't believe in certain things it's like hard to talk to them about it cause they're like oh don't be silly'

Josie, Aged 9 years

'I don't feel like I could tell my mum like if I said something like that, she'd be like ah you sound mental, I mean they're a bit more closed off to it do you know what I mean. I can see that so you know I just keep it to myself I just wouldn't get a good reaction'

Aaron, Aged 17 years

Children and young people reported how adults had responded to their experiences, as in the case of Ruby who uses indirect reported speech to represent her father's reaction to her experiences. Ruby has a variety of anomalous experiences and reported a high incidence of visions, including seeing people in her house. Her father categorizes her experiences as 'Schizophrenic' demonstrating how adults' views may be shaped by discourses of mental health. Ruby begins to doubt her own experiences, when an authoritarian adult figure states that they are disordered. In some cases, children and young people will then reframe their own experiences within models of mental illness. What the data from the study highlighted is children and young people will choose to remain silent about most of their experiences. Aaron reports 'keeping it to myself' as he pre-empts his mother's reaction (see above). These findings have implications for how children and young people's experiences are understood, explored and responded to by parents, carers and other professionals. This observation with children is consistent with studies which address anomalous experiences in adults. Adults avoid sharing their experiences and using health care systems as clinicians have little knowledge of anomalous experiences (see Watt and Tierney, 2014).

Conclusion

The pilot study has highlighted further areas for research and practical outputs that are currently under development. These include larger international research studies that look closely at socio-cultural responses to children and young people's anomalous experiences; further pilot studies that are examining relationships between senses of self and anomalous experiences and research which examines intra-connectedness, non-locality and children's experiences. Participatory research approaches are showing to carry outstanding potentials for involving children and young people in these types of studies. The importance for researching this area can be seen in how children and young people's experiences are being silenced or at worst, construed as illness or disorder. Research into anomalous experiences in childhood must come out of the box of health and clinical studies, perhaps aligned more with post-material paradigms that could offer explanatory accounts of these types of experiences. It makes little sense to avoid examining experiences that children are already having, on the premise of it being 'dangerous' or redundant. Children and young people continue to demonstrate capacities to co-create research studies and adult researchers can appeal to the indigenous knowledge(s) and experiential authority of children and their peers.

The intersection of positive anomalous experiences and learning from negative anomalous experiences can lead to healing and transformation for children and young people. Never has this been more important in our current global situation. As the study moves on, the researcher has noted an increased reporting of experiences, especially in younger children (interacting with great grandparents then identifying them in photographs, seeing beings with red eyes etc.). Children and young people's wellbeing will be dependent on how we research these experiences, how services begin to respond and support them, and more importantly, how children learn to reauthor the meanings that they have inherited, by adults-in-authority. Not all anomalous experiences reported by children have self-healing results, as shown in other studies with adults (see Haray, 1992, Hastings, 1983). Children and young people made suggestions about how adults could support their anomalous experiences. These ideas included listening, providing spaces to be heard and normalising their experiences. This mirrors findings from studies with adults, for example, Haray (1993) underlines the importance of 'approaching psi functioning as a normal and neutral creative process, both for the psi laboratory and for clinical practice' (31). Hastings (1993) suggests different attitudes and praxes, such as listening with empathy, reassuring the patients and providing information about the anomalous event. The attitudes of adults-in-authority, in relation to anomalous experiences, were identified as

problematic by children and young people. Kramer (1993) suggests that ‘paranormal experiences are normal human experiences, they are not an indication of insanity per se, but can occur to everyone who at a certain stage in their life is suffering from extreme emotional pressure’ (132). When children are aware of the ‘ordinariness’ of their ‘non-ordinary’ experiences, and how many children share their experiences, a sense of wellbeing emerges through the recognition that they are not ‘weird’ (Ruby, aged 17 years). Participants in the pilot study suggested creating toolkits for adults-in-authority (this work is underway), developed from the experiences and meanings of children and young people. Other tools developed from the study include a webspace for children, young people and interested adults (A Children’s Guide to the Unknown – www.childrenselfandanomalousexperiences.com). The webspace shares experiences, different scientific and cultural narratives concerned with self and experience and advice from experts. Whether ‘positive’ or ‘negative’, anomalous experiences can catalyse self-healing for children and young people. Through children achieving greater self-awareness and a sense of intra-connectedness between self, others and the world.

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