PARENTS AND THEIR CHILDREN'S MEANING-MAKING AND UNDERSTANDING OF

AFTER-DEATH COMMUNICATION:

AN INTUITIVE INQUIRY

by

Kimberly Jeska

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I certify that I have read and approved the content and presentation of this dissertation:

_____   _____
Arthur Hastings, Ph.D., Committee Chairperson   Date

_____   _____
Tobin Hart, Ph.D., Committee Member   Date

_____   _____
Myrtle Heery, Ph.D., Committee Member   Date

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Abstract

Parents and Their Children's Meaning-Making and Understanding of After-Death

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This qualitative study of after-death communication (ADC) explored the experience with parents and their children through the application of the Intuitive Inquiry method and a thematic content analysis. After-death communication in this dissertation should be understood to mean apparent after-death contact. The procedure consisted of 3 parts: (a) Parent interview; (b) Child interview (optional); and (c) Child creative expression component (optional). Participants were 8 mothers age 30-50 who were interviewed; 4 male and 2 female children age 4-12 submitted creative expressive art images; and 3 of those children (2 female; 1 male) volunteered to be interviewed. Children were an optional component in this research that required parent and child consent. Parent participants were located in Michigan (2 participants), California, Indiana, Tennessee, Arizona, Massachusetts, and Texas. Parent participants claimed to have a child age 12 or under who experienced after-death communications. Findings revealed six overarching themes identified for parents: (a) Purpose/Meaning/Understanding; (b) Education and Support; (c) Lineage; (d) Relationship Expression and Connection; (e) Disclosure/Vulnerability; and (f) Occurrences/Contacts. The six main themes for children were: (a) Creative Expression; (b) Purpose/Meaning/Understanding; (c) Movement/Energy; (d) Occurrences/Contacts; (e) Relationship Expression and Connection; and (f) Disclosure/Vulnerability. These findings contribute to a growing body of knowledge in Transpersonal Psychology. Implications of this research include the need for further education and community support for parents with children

experiencing after-death communications. Training and educating teachers, health care

providers, parents, religious figures, and spiritual guides may assist in a more global

understanding and acceptance of after-death communications.

Acknowledgments Poem

Your souls have supported me

Your light encompassed me

Your wisdom held me up.

My family, my committee, my participants, Resonance Panel, friends, colleagues, Spirit, the

beings that allowed themselves to come through, the love that surrounds me

I am honored by your presence

by your Truth

by your Voice.

You have transformed me with your bravery.

You have taught me to look beyond, to trust all of the messages, to walk beside the fear, move

through, investigate, delight in, push the edges, live in the answer,

and be delivered from my own Phantom.

~I am eternally grateful~

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Chapter 1: Introduction

"What if you slept?
And what if, in your sleep,
you dreamed?
And what if, in your dream,
you went to heaven
and there plucked a beautiful flower?
And what if, when you awoke,
you had the flower in your hand?
Ah, what then?"
(Martin & Romanowski, 1989, p. 13)

Overview

Paranormal experiences have been documented for centuries throughout the world (Tart, 2009). According to a 2005 Gallup survey, "approximately three in four Americans profess at least one paranormal belief" (Moore, 2005, p. 1), consistently supported by the media. In an online Australian survey with over 2,000 participants from around the world, researchers investigated types of paranormal phenomena people claim to have experienced, as well as, the subsequent effects such experiences had on their lives (Breen, 2006). Results indicated that a full 96% of the respondents felt they had experienced an unexplained paranormal event. Paranormal experiences reported in this study included premonitions, recollections of a previous lifetime, and being seen, heard, or touched by an animal or person that they knew was not actually there, although those hardly exhaust the range of paranormal phenomena.

Tart (1997) defined paranormal as "any phenomenon that in one or more respects exceeds the limits of what is deemed physically possible according to current scientific assumptions" (p. 224). Braude (2007) more broadly stated that psi may be considered an "adjective for *psychic* or *paranormal*" (p. 183), and "nouns for *psychic phenomena* and *paranormal phenomena*" (p. 183). In his most current book, Tart (2009) included paranormal phenomena to be "apparent transcendences of the usual limitations of space and time" (p. 290).

Paranormal is a broad term as indicated above encompassing a wide range of extraordinary experiences that cannot necessarily be tangibly explained or proven. Within this category, a subset of phenomena involving alleged encounters with the dead commonly called ghosts, apparitions, or spirits exist. According to Moore (2005), 32% of those surveyed in the Gallup Poll believed "ghosts [or] spirits of dead people can come back in certain places/situations" (p. 2)**;** 21% believed "that people can communicate mentally with someone who has died (p. 2)." This subset of paranormal phenomena, also known as after-death communications (ADCs), or what are more commonly known as contact with the ghosts or spirits of deceased persons, is well known throughout the globe. Many people have reported a personal experience with ADCs or intrigue with this phenomenon. The first Census of Hallucinations conducted in 1894, indicated that "84% of 2000 participants reported an apparitional vision" (Moody & Perry, 1993, p. 3).

The term ADCs is used somewhat interchangeably with other terminology in popular media and published research, including: apparitions, afterlife encounters, ghosts, spirits, poltergeists, and haunting. The term ADC was coined by Bill and Judy Guggenheim (1997). These authors defined an ADC as "a spiritual experience that occurs when someone is contacted directly and spontaneously by a deceased family member or friend" (Guggenheim & Guggenheim, 1997, p. 16). Tart (2009) referred to ADCs as "spirits of the deceased that apparently appear to the living" (p. 14), expanding the Guggenheim and Guggenheim (1997) definition to include experiences of persons not known to the individual. Tart suggested postmortem survival of a person's recognizable personality as evidenced through mediumship and reincarnation, although Guggenheim and Guggenheim (1997) argued that an ADC occurs without a third party to intervene; it is a direct contact.

For purposes of this study, the definition and characteristics of ADCs were derived from the Guggenheim and Guggenheim (1997) research, as well as Arcangel (2005). In the Guggenheim and Guggenheim (1997) study, the researchers detailed the characteristics and types of ADCs based on interviews with 2,000 people, yielding 3,300 first-hand accounts from individuals throughout the United States and Canada. The majority of participants had a Christian or Jewish religious upbringing. Most of these individuals hold these two traditions today, as well as a Protestant affiliation. This project started in Orlando, Florida in May 1988 and was important because it was the first in-depth research study involving ADCs. The research laid a strong foundation for what has led to more of an understanding of the broad spectrum of various ADC experiences, a beginning acceptance of these experiences, and a deeper understanding of this phenomenon. Although Guggenheim and Guggenheim (1997) studied and categorized ADCs, it is important to note that it is more of a popular book—a beginning to laying the foundation. The authors conducted interviews throughout the United States and Canada; however, it does not appear that a structured research setting or specific design was used. Additionally, their list of ADCs seems to have problematic overlaps.

Arcangel (2005) defined an after-life encounter as "any sense of being connected to, or in the presence of, a discarnate entity" (p. 17) in her quantitative study. Essentially, Arcangel expanded and broadened the scope that both Tart (2009) and Guggenheim and Guggenheim (1997) posit as an ADC, which also sets up the current study to further explore the more qualitative nature for parents and their children.

Although considerable evidence exists for different types of ADCs gathered by various researchers investigating several kinds of phenomena, in-depth studies of ADCs directly through children and their parents does not appear to exist outside of the Guggenheim and Guggenheim

(1997) project. One study of 23 adults explored the impacts, lifelong aftereffects, and effects of disclosure related to experiencing religious apparitional encounters in childhood (Blinston, 2005). This research indicated that negative consequences of children disclosing their experiences of paranormal events included being rejected by one's family, whereas the consequences of non-disclosure included feeling isolated. On the other hand, benefits of non-disclosure included being safe from ridicule, and the benefits of disclosure included the ability to fully express oneself. It is important to note that Blinston's (2005) study included apparitional encounters experienced by children; however the participants were interviewed as adults reflecting back to childhood. The study also focused narrowly on Jewish or Christian religious figures as the objects of the apparitional encounters. One particularly significant finding from Blinston's (2005) research is that it effectively demonstrated the potential negative effects associated with disclosure or non-disclosure of paranormal experiences. This study highlighted a clear need for mental health care providers to be educated in this phenomenon in order to offer those individuals who have ADC experiences to better assimilate and integrate what could be a potentially fearful and isolative life journey.

The researcher would like to point out one important factor about ADCs in relation to this research. Although this researcher used the phrase After-Death Communication (ADC) throughout the paper for convenience, the reader should refer to an *apparent* encounter or contact without implying the face reality of the experience or proposing a theory of origin. Furthermore, if the reader wishes to pursue the ontology issue, this researcher recommends material published by Braude (2007); Carter (2007); Moody (1975); Myers (1903); Osis (1986); Radin (2006); Stevenson (1997); Strauss (1969); and Tart (2009).

Purpose of the Study

The objective of the study was to obtain first-hand reports from parents who have children under the age of 12 that directly expressed either verbally and/or non-verbally his or her apparent experiences with after-death communications (ADCs). A secondary purpose was to further compare and relate the parent's interview data to the first-hand reports and art work of apparent ADCs from their children, where the researcher uncovered and explored the experiential phenomenon and learned what types of meanings have emerged for both the parent and child participants. Finally, this study sought to learn whether demographic information contributed to certain types of ADC experiences and meaning-making for parents and children.

The primary focus of this research was to lay the groundwork from the perspective of parents who currently have children age 12 and under experiencing ADCs. Previous literature has not yet provided qualitative insight, understanding, and meaning-making for the parents, such as whether they feel if the child's ADCs are experienced for a higher purpose. Also, in general, how does the parent feel about his or her child experiencing ADCs? Does this have an impact on the parent and what emotions and meanings are experienced for them when their child is having ADCs? Do parents have community support and are they able to relate with others that have children experiencing ADCs? Is there a message that parents have for other adults that have children experiencing ADCs that may help to guide and further nurture the experience?

A secondary and non-direct focus of the study revolved around the children's experiences of his or her ADCs of those parents directly recruited. The children selected to participate in this study were not directly recruited; they were optionally permitted to participate by his or her parent who was an active participant. If the parent agreed to participation, the child was also empowered to decide on inclusion.

Previous studies of childhood spiritual experiences have used methods that were retrospective. This means that adult participants were asked to reflect back to childhood experiences (Blinston, 2005; Schlarb, 2004). Limitations to these studies posed questions for further research with such challenges as length of time since the reported childhood experience and problems with memory. The current proposed project aimed to get closer to the actual experience, or "in the moment" by recruiting participants age 12 and under, where previous life and near-death research (Atwater, 2006; Morse & Perry, 1990; Stevenson, 1997) showed that children openly spoke about their experiences with vivid detail.

Furthermore, the research sought to understand whether socio-economic status, spiritual and religious traditions and beliefs, educational backgrounds, and other demographic data influenced and/or affected parents understanding of their child's ADCs. Additionally, does this demographic data present any insight into the children themselves and his or her personal experiences with ADCs and relationships with their parents?

Research Questions and Design Overview

The researcher's intent was to gather qualitative data that would serve as a basis for exploring the main research questions of the study: (a) The first question pertains to the parents directly: According to interviews, what is the parent's experience with his or her child's after-death communications? Are parents able to find insight and greater understanding into the child's ADC experiences and also find some meaning for him or herself? The following are sub questions: What observations does a parent make when his or her child is experiencing ADCs? Does a parent understand and accept what and why his or her child is experiencing ADCs? Do parents know how to relate to his or her children that are experiencing ADCs? Does a parent feel

supported by the community? (b) The second main research question asks what is the meaning of apparent encounters reported by children as expressed in interviews and/or art work?

These questions were addressed through the method of Intuitive Inquiry (Anderson, 1998, 2000, 2004, 2011) that was derived from heuristics (Moustakas, 1990) and the interpretative approach in hermeneutics (Packer & Addison, 1989), as well as conducting a Thematic Content Analysis (Braun & Clarke, 2006). The purpose for selecting this particular method lends itself to the immersion and experience of the researcher into the current topic seeking a deeper personal understanding, as well as, at the heart of both the parents and children's experiences. Additionally, the hermeneutic cycles of interpretation further shaped the process between the text or data and researcher as each resonated with one another.

Anderson (1998, 2000, 2004, 2011) mentioned five cycles of interpretation that the researcher followed throughout the research process much like a structured map, yet with unstructured personal processes that emerged from the researcher and process itself. Cycle 1, clarifying the research topic, asks the researcher to creatively engage with the text, image, or experience for the development of the concept of the project. Next, in Cycle 2, preliminary lenses, or assumptions and biases, were identified and clearly stated for the reader. In Cycle 3, data was collected from the parents and children in the form of interviews and art work. The data was then analyzed and lenses refined after a thematic analysis was conducted in Cycle 4. Finally, in Cycle 5, the findings were integrated into the literature review.

Two sets of participants were recruited in this study—parents (primary) and children (optional per parental consent). First, eight Caucasian mother participants (parents) over age 18 were interviewed from around the United States. The parent had at least one child age 12 or under that was currently experiencing ADCs or had experienced within two years of expressing

interest in the study. Participants had access to a telephone (for interviewing purposes) and the Internet (to access email). Parents were able to speak, read, and write English proficiently.

Secondly, eight child participants (optional) age 12 or under were also invited into the study if parental consent was obtained and access allowed. However, keeping in mind the main focus of the study was based around the parents' experience of his or her child's ADCs. Thus, six children submitted artwork, and three opted to also be interviewed. Three children were Caucasian; three children were African American.

ADCs that were experienced while a child was under the influence of one or more mind-altering substances such as marijuana, synthetic or natural psychoactive substances, alcohol, and other illicit or prescribed psychoactive drugs, were excluded from the study. Individuals who were prescribed antipsychotic medication were also not considered for this study.

Participants were recruited through flyers, Internet online resources, and word of mouth. Many of these resources were already established through the Pilot Study.

The parent's involvement first consisted of participating in a 30-60-minute semi-structured individual interview with the researcher around her experiences with the child's ADCs. The interview consisted of open-ended questions designed to elicit responses relative to participants' subjective experiences. Once this session was concluded, the researcher requested an interview and/or creative expression session with the child experiencing ADCs. If the parent did not allow access to the child, then the researcher thanked the parent for her time, and followed up in another week as a matter of checking in. Allowing access to a child was optional per the parent's and child's permission.

However, if the parent and child did approve of either an interview and/or art session, then either or both were conducted in the child's home without the researcher physically present

since the participants were located out-of-state. The goal for this researcher was to just get a "foot in the door" to these ADC experiences for the children and parents so access to participant children needed to accommodate the safety, comfort, and desire for the participants in this case. This researcher was looking for the most authentic experienced data and if that meant that a child would provide that information in his or her home, then it was considered acceptable for this study.

The creative expression (art work) session lasted for 30 minutes for each child, after which a picture of the completed project was taken by the mother and emailed to the researcher. The child's involvement in the interview process consisted of participating in a 20-60-minute (depending on the child) semi-structured individual interview with this researcher around his or her experiences with ADCs. The interview consisted of open-ended questions designed to elicit responses relative to participants' subjective experiences of ADCs. The interview occurred over the telephone. The parent and child interviews were then transcribed by the researcher. The cycles of Intuitive Inquiry were followed along with a thematic analysis of the interview and art work data. A Resonance Panel was also created. These three experts in the field reviewed, verified, and provided resonating feedback on the identified themes and data that the researcher presented.

Significance of the Research

It will be helpful for psychologists, psychiatrists, mental health workers, parents, and educators to gain more insight into the characteristics and qualities of parents and children who experience ADCs so that their experiences will not automatically be pathologized. If parents and professionals do not seek to understand ADCs in children, it could further limit the capabilities

and potential of a child who has such an experience to thrive with the world at large in a career, future family, educational setting, and even personal spiritual growth.

A foundation has been laid by the Guggenheim and Guggenheim (1997) research and built upon by Arcangel (2005) and Tart (2009) for the study of various types of ADC experiences. However, it is important to note that the Guggenheim study reflected generally upon adult experiences. Arcangel (2005) focused on quantitative data. The current research concentrates solely on reports of parents and the experience of ADCs from their children who had such encounters.

Transpersonal Contributions

The findings of this study contribute to a growing body of knowledge in transpersonal psychology, a field that offers context for a variety of non-ordinary experiences. This work will help to meet the need for training and educating health care providers, educators, clergy, spiritual guides, and parents to provide a better understanding of what children are experiencing "in the moment," and perhaps to promote healthy assimilation and a clear understanding of these experiences into adulthood. This research also provides an opportunity for a marginalized group to speak in depth about their experiences, which in itself can be healing (Braud & Anderson, 1998, 2011). Finally, exploring these events may help people in general to be more open to a world beyond what is immediately apparent.

It is further acknowledged that although a trend of pathologically labeling individuals with ADC experiences exists, it appears to be a natural and shared global phenomena. Adequate education, however, will require a complete picture of the phenomenon, including not only trends and generalizations, but a richer portrayal of the "felt sense" of the experience. This

researcher assumes that all children who possess the innate capability for transpersonal experiences such as ADCs are likely to have powerful impacts that extend into adulthood.

With the conceptual frameworks of transcendence, transpersonal, and spiritual experiences in mind, one could suffice to say that we are all impacted in some way by ADCs through children. Hart (2006) reminds us that "the greatest significance is not in how small or large an experience is, but in how those moments are integrated and expressed in one's life" (p. 168). Arcangel (2005) further supports the study of ADCs "in a safe and nurturing context [so that] their profound significance [can] be acknowledged; their nature be explored by ordinary people, as well as scientists; and their potential applications be developed" (p. x).

It has been shown throughout the literature that ADCs appear to be a commonly shared global experience despite the fact that minimal research has been done with parents and their children. It was a great benefit to study parents and their children experiencing ADCs in order to understand the phenomena more in-depth and to provide an explanatory context that will help with positive integration.

Glossary

After-death communications (ADCs): "A spiritual experience that occurs when someone is contacted directly and spontaneously by a deceased family member or friend" (Guggenheim, & Guggenheim, 1997, p. 16). "Spirits of the deceased apparently appear to the living" (Tart, 2009, p. 14) including experiences of persons not known to the individual. Contacts may also appear as symbolic such as a butterfly or rainbow (Arcangel, 2005; Guggenheim, & Guggenheim, 1997; Tart, 2009).

After-life encounter can be seen as "any sense of being connected to, or in the presence of, a discarnate entity" (Arcangel, 2005, p. 17).

Apparition: A being within close physical proximity of the perceiver who is aware of the presence while in a normal waking state of consciousness (Osis, 1986).

Channeling: "A process in which a person transmits information or artistic expression that he or she receives mentally or physically and which appears to come from a personality source outside the conscious mind. . . . [and] is directed toward an audience and is purposeful" (Hastings, 1991, p. 4).

Exceptional Human Experiences: "Mystical, psychical, and peak experiences provide the insight and the dynamic to move humans from a lesser to a more consciously evolved state that expands human awareness of the nature of life" (White, 1997, pp. 88-89).

Medium: "Someone who believes [he or] she can serve as an intermediary to convey messages to and from whatever aspect of people survives death" (Tart, 2009, p. 257).

Mystical Experiences: A state of consciousness, difficult to put into words, where the depths of a unifying truth and knowledge are intuited or found within a higher and prophetic power, but that the state is also short-lived (James, 1936).

Near-death experiences (NDEs): Occurs when an individual comes close to death and may even be considered clinically deceased (Greyson 2006; Moody 1975; Morse & Perry 1990; and Ring 1994).

Out-of-body experiences (OBEs): Short-term experiences in which the center of perception is located outside of the physical body (Tart, 1997). The 'spirit' body apparently leaves the physical body and is able to perceive surroundings of the environment.

Parapsychology: The study and research of paranormal phenomena such as ADCs, NDEs, and OBEs (Tart, 2009).

Peak experiences: "Perceptions of reality independent of a man and persisting beyond his [personal] life" (Maslow, 1994; Schlarb, 2004, p. 85).

Pre-death visions: Involve visions of other worlds and conversations with dead loved ones (Osis & Haraldsson, 1986).

Psychomanteum: A booth that is placed in a dimly lit room that includes a chair and mirror for facilitating apparent contact with deceased individuals (Hastings et al., 2002).

Chapter 2: Literature Review

"Death is simply a shedding of the physical body like the butterfly shedding its cocoon. It is a transition to a higher state of consciousness where you continue to perceive, to understand, to laugh, and to be able to grow." (Guggenheim & Guggenheim, 1997, p. 3)

This chapter explored the literature in the field of parapsychology and provided an overview of the historical background, pathological nature and imaginary friends, types of ADCs including near-death and out-of-body experiences, exceptional human experiences, as well as spirituality and transcendence in children, pre-death visions, and how each experience relates with after-death communications (ADCs) through children. "The evidence of these experiences and innate capacities challenges conventional views of childhood spiritual life and therefore has significant implications for the care and nurture of young people both within and outside of religious contexts" (Hart, 2006, p. 163).

This section offered a brief overview of the definitions as they pertain and apply to the current study. To explore the in-depth historical nature and debates was outside the scope of this project.

ADCs have been reported for centuries around the globe; however, most of the documented cases involve the experiences of adults. Paranormal phenomena, including ADCs, near-death experiences (NDEs), out-of-body experiences (OBEs), and pre-death visions have at times been revered or valued and at other times pathologized (Bentall, 2000; Carter, 2007; Fleck et al., 2008; Nelson, Mattingly, Lee, & Schmitt, 2006; Nelson, Mattingly, & Schmitt 2007). In recent years, several researchers have made the case that paranormal experiences are part of the natural human condition (Braud, 2003; Carter, 2007; Guggenheim & Guggenheim, 1997; Greyson, 2006; Hastings, 1991; Moody, 1975; Morse & Perry, 1990; Osis, 1986; Ring, 1994; Tart, 2009). Recurring spiritual and transcendent experiences in children and adults have been

shown to have a profound lifetime impact that mimics paranormal experiences in children such as feelings of bliss, eternal presence, a sense of self beyond the physical and beyond one lifetime, and heightened consciousness (Coles, 1990; Hoffman, 1998; Murdock, 1978; Piechowski, 2000; Robinson, 1983). Blinston (2005) suggested that children who experience religious apparitions feel safe, confident, and have more of an understanding to a spiritual world. In fact, collective cases indicating individuals who have experienced apparitions reveal that we as a human species are having experiences that are much of the time overlooked and criticized by mainstream science.

According to Northcote (2007), the term *paranormal* is a Western ontological category that, for the media and the general public, is synonymous with the occult or the supernatural. However, Western science usually considers paranormal phenomena to be outside the normal range of human experience and therefore beyond the purview of science (Northcote, 2007). This view has not always been the case. Carter (2007) is of the opinion that the term paranormal should be abandoned. He goes on further to state that the use of this classification of certain natural human experiences implies an anachronism that splits the scientific community and psi researchers. Radin (2006) observed that academia tend not to include parapsychology, or psi, as an integral aspect of education. A review of introductory psychology textbooks in 2002 showed that only "33 of 57 popular texts (58%) mentioned psi, and those that did devoted an average of only 2.4 pages to the topic" (Radin, 2006, p. 289).

History of Paranormal Phenomenon

Historically, many types of phenomena that are today considered rare and paranormal or outside the range of normal human experience have been widespread and considered a natural part of life. Some cultures used paranormal phenomena as a means of survival and guidance. For

instance, dream incubation, which was used to induce visions for the specific purpose of healing, was practiced in various cultures throughout Greece, Egypt, and Israel (Moody & Perry, 1993). Socrates used to refer to the oracle, or his demon, that would often provide him signs and protection (Martin, 1989). Oracles were seen to have been mediums who conjured the spirits while in a trance; they were consulted for more than a thousand years in Greece. Further found in early tribal cultures were priests and shamans that would transmit messages from spirits and gods for healing (Hastings, 1991). According to Hastings (1991), mediumship has now become stigmatized under a negative context based on numerous counts of fraudulent activity. This definition suggests that a more developed and potential transcendent and transpersonal way of being and inspiring may be present.

> On the other hand, channeling, such as represented in shamanic traditions, refers to "a process in which a person transmits information or artistic expression that he or she receives mentally or physically and which appears to come from a personality source outside the conscious mind. . . [and] is directed toward an audience and is purposeful." (Hastings, 1991, p. 4)

It was not until the Enlightenment Era from the 1600s to the 1700s that a shift towards materialism and science became the prominent way of thinking and the West moved away from nature and mystical thoughts that are paranormal phenomena (Northcote, 2007). What once was considered a natural way of being, connecting, and communicating with some sort of spirit world had begun to move underground and the scientific method and the tangible, or physical empirical, became the dominant paradigm and accepted way of living. This shift to materialism created the impetus to study these as paranormal phenomena rather than as natural occurrences.

Pathology and Imaginary Friends

Although paranormal phenomena have been an important part of human existence, science chooses to view these types of experiences as imaginary hallucinations (Carter, 2007; Fleck et al., 2008; Nelson et al., 2007). As a result of this pejorative framing, individuals may be

under-reporting paranormal experiences. This point again brings up the importance of examining

ADCs, because people are profoundly affected by them and yet they are not recognized as

legitimate in mainstream science or psychology. According to Ross and Joshi (1992), some

psychiatrists believe that paranormal experiences are so common in the general population that

"no theory of normal psychology or psychopathology which does not take them into account can

be comprehensive" (p. 357). Even still, many people choose to pathologize or ridicule a person

or child who has experienced certain paranormal phenomena (Carter, 2007).

According to the *Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR) (*American Psychiatric Association, 2000), "hallucinations may occur in any sensory

modality (e.g., auditory, visual, olfactory, gustatory, and tactile), but auditory hallucinations are

by far the most common. . . . they are perceived as distinct from the person's own thoughts" (p.

300). On the other hand, hallucinations that occur "while falling asleep (hypnagogic) or waking

up (hypnopompic) are considered to be within the range of normal experience" (American

Psychiatric Association, 2000, p. 300). Furthermore, the DSM-IV-TR goes on to state that

> hallucinations may be a normal part of religious experience in certain cultural contexts . . . . certain types of auditory hallucinations (i.e., two or more voices conversing with one another or voices maintaining a running commentary on the person's thoughts or behavior) have been considered to be particularly characteristic of Schizophrenia. (American Psychiatric Association, 2000, p. 300)

Schizophrenia, according to the DSM-IV-TR (American Psychiatric Association, 2000)

is "a disorder that lasts for at least six months and includes at least one month of active-phase

symptoms" (p. 298) such as experiencing hallucinations and delusions. Delusions are "erroneous

beliefs that usually involve a misinterpretation of perceptions or experiences" (American

Psychiatric Association, 2000, p. 299). It is further stated that when classifying an individual

with schizophrenia that "if delusions are bizarre or hallucinations involve 'voices commenting,'

or 'voices conversing,'" (American Psychiatric Association, 2000, pp. 301-302) then this could

be an indication of a psychological disorder. When mentioning schizophrenia and the likelihood of onset during childhood, the DSM-IV-TR states that "there may be a failure to achieve what would have been expected for the individual rather than deterioration in functioning" (American Psychiatric Association, 2000, p. 302).

From this back and forth analysis on these particular sections of the DSM-IV-TR, it appears that the APA is not entirely clear about hallucinations, and that ADCs *can be* acceptable and normal in certain cultures and also within sleep (where specificity of cultures was not indicated). This researcher believes that it is important to also study and gather data on both clinical and non-clinical individuals experiencing "hallucinations" in order to portray a broader spectrum of experiencers and experiences. According to Targ, Schlitz, and Irwin (2000), "overreliance on reported psi-related experiences to diagnose schizotypal personality disorder or schizophrenia . . . carries the substantial clinical risk of stigmatizing, alienating, or even erroneously medicating an individual" (p. 233).

Osis (1961) distinguished between ADCs and hallucinations. He suggested that with ADCs, the contacts typically occurred from family and friends and within the immediate surroundings to the experiencer. However, with hallucinations, they seemed to happen with others of little or unfamiliar significance to the individual, as well as the occurrence did not necessarily occur in the near vicinity.

Weiner (1961) chose to categorize hallucinations into two groups: primary and secondary. Primary hallucinations would consist of: "(a) dreams; (b) hypnagogic and hypnopompic hallucinations; (c) eidetic imagery; (d) imaginary play objects and companions; (e)'isolated' hallucinations; and (f) hallucinosis" (Weiner, 1961, p. 545). Secondary hallucinations "are false perceptions which occur in the course of obvious organic and functional

syndromes. Once again, we see the idea of sleep as a primary hallucination in this categorization as a possible 'normal' type of hallucination as in ADCs. Eidetic imagery would include "the recurrence of a sensation or perception after removal of the perceived object, whether the object be perceived visually or by any other modality" (Weiner, 1961, p. 545). In other words, the person can 'see' the object later with his or her eyes open or closed. Weiner seemed to suggest that yes, hallucinations can most definitely fall into a psychosis diagnosis; however, he also believed that such encounters like ADCs were within the normal range of human experience, not culture-dependent.

Strauss (1969) also created categorizations of hallucinations arguing that it is possible to differentiate between normal and pathology. He suggested that

> normal and abnormal mental states (he considered delusions as well as hallucinations) varied across four dimensions: (a) the strength of the individual's conviction in the objective reality of the experience; (b) the extent to which direct cultural or stimulus determinants are absent; (c) preoccupation with the experience; and (d) the implausibility of the experience. (Strauss, 1969, p. 90)

Several studies dating back to the 1800s (Barrett & Etheridge, 1994; Bentall & Slade, 1985; Young, Bentall, Slade, & Dewey, 1986; McKellar, 1968; Posey & Losch, 1983; Sidgewick, 1894; Tien, 1991; West, 1948) were conducted in order to determine whether hallucinations might occur in people without physical or mental illness. Throughout this research, women seemed to be more likely to report hallucinations than men. In addition, visual hallucinations were more commonly reported than auditory, and no overt psychopathology was found. Bentall (2000) notes that "it may not be the nature of hallucinatory experiences per se that determined whether people become psychiatric patients or not, but the way in which the individuals react to their experiences" (p. 96). Bentall (2000) further suggested that "any adequate psychological model of hallucinations must account for the impact of culture, environmental stimulation, and stress on hallucinatory experiences" (p. 99).

Hart and Zellars (2006) further discussed the idea of imaginary friends for children. They suggest a definition for imaginary companions taken from Svendsen (1934) as "an invisible character, named and referred to in conversations with other persons or played with directly for a period of time, at least several months, having an air of reality for the child but no apparent objective basis" (p. 988). This description lends itself to potential implications for pathology. Such comparisons can be made to children with Dissociative Identity Disorder/Multiple Personality Disorder where "complex roles and responsibilities" (Hart & Zellars, 2006, p. 7) exist between the youth and their characters. However, with further research in childhood development, imaginary companions are viewed with far more normalcy (Taylor, 1999). In fact, research suggests that

> Imaginary companions can provide an avenue for self-expression, communication, emotional release, and developmental exploration. Playing with an imaginary companion provides a child with a method of processing interesting or significant events or people, reducing anxiety, and dealing with life's difficulties. (Hart & Zellars, 2006, p. 14)

Tying this into the current study, what Hart and Zellars (2006) seem to suggest that when a child does experience some type of 'encounter,'

> "In this multidimensional realm, discernment and judgment are as essential as they are in other areas of life, as when walking on a city street. In discerning the nature and value of the encounter, we might ask whether this companion brings self-aggrandizement or service? Does it harm or heal? Does it fuel the ego or the soul? Does its message feel 'right' in your body, in your heart, in your mind?" (pp. 13-14)

Ruttenberg (2000) explored psi phenomena as seen through the eyes of a clinician. The interviews revealed that the overall experience and what that means to the individual appeared to be more important when working with a client. The findings of the study were based on 14 interviews with therapists. The results indicated that psi experiences are normal, unforeseen events, typically occur in well-adjusted individuals, and exists outside of the ego. Clinicians reported that clients also felt overwhelmed, fearful, and often questioned his or her sanity. In

addition, relationships with others may have altered significantly depending on how the person was accepted and understood. Siegel (1985) would agree with Ruttenberg and also recognized that some of the other commonly observed psychological reactions to psi phenomena are feeling as if he or she has a special gift along with a great desire to assist and guide others. Both Tart (1994) and Hastings (1983) have suggested that fear and losing control on reality is a commonly described emotion after experiencing a paranormal event.

A final interesting finding in the Ruttenberg (2000) study was that with the clinicians who reported on children, when the child was coming out of a traumatic experience, such as an abusive situation, she or he "learn [ed] to trust their psychic impressions as part of a healthy lifestyle" (p. 115). It would be helpful to also gather data from those individuals who did not seek counseling, as well as from a broader cultural perspective in this research. In addition, since the data gathered here was specifically from the therapist point of view and diagnosis, it may also be helpful to obtain information directly from the participants.

A parallel can be drawn with transpersonal experiences that are also often considered to be pathological. Research in the field of transpersonal psychology has demonstrated that having some types of paranormal experience may bring psychological health benefits (Blinston, 2005; Morse & Perry, 1990; Palmer, 1999; Rominger, 2004; Schlarb, 2004; Whitney, 1992). For instance, Morse and Perry's (1990) follow-up research with children that experienced NDEs showed that they developed into healthy and happy teenagers. They portrayed positive familial relationships, maturity, and the ability to exercise wise decision-making skills. However, it should also be noted that physiological, psychological, and spiritual challenges may exist if these types of experiences are not integrated (Atwater, 2006; Greyson & Bush, 1992; Ring, 1994), such as feelings of fear and despair that have led to divorce, suicide, and drug abuse.

In such cases, these experiences need to be acknowledged and validated for their psychological and spiritual impact regardless of whether or not they are considered as real within any given philosophical framework. However, it is important to note that the ontological nature was not within the scope of this paper.

Types of ADCs

Within the category of alleged paranormal phenomena lies the subcategory of ADCs that have been associated with a variety of terms. Gurney, Myers, and Podmore (1886) distinguished "*local* apparitions, which are seen in the place the person occupied when living, from *personal* apparitions, which are seen by people who knew the departed" (p. 57). Louisa Rhine (1957) identified a subclass of personal apparitions, labeled "by-stander" cases, where a third person sees the apparition near someone who knew the deceased. Osis (1986) identified an apparition as a being within the close physical proximity of the perceiver who is aware of the presence while in a normal waking state of consciousness. Thus, there is some divergence of opinion on how, exactly, an apparition should be defined.

For purposes of this study, the definition and characteristics of ADCs were derived from the 12 qualities provided by Guggenheim and Guggenheim (1997). This study also expanded their definition and findings to include ADCs of an unknown person or being. Guggenheim and Guggenheim's (1997) ideas are supported by Tart (2009) as will be explained below. The ADC Project started in Orlando in May 1988 by Bill and Judy Guggenheim (1997) who coined the term ADC; their work was important because it was the first in-depth research study involving ADCs. The researchers found people to interview through bereavement groups, churches, hospices, personal growth classes, support groups, conferences, social organizations, and spiritual bookstores. According to their research, an ADC was defined as "a spiritual experience

that occurs when someone is contacted directly and spontaneously by a deceased family member or friend" (Guggenheim, & Guggenheim, 1997, p. 15).

Guggenheim and Guggenheim's (1997) research suggested that 12 major types of ADCs exist: (a) Sentient ADCs: Sensing a Presence in which they found that "sensing or feeling the presence of a deceased family member or friend" (Guggenheim & Guggenheim, 1997, p. 21) is one of the most common ADC experiences; (b) Auditory ADCs: Hearing a Voice, where hearing a voice means to receive "a verbal message" (Guggenheim & Guggenheim, 1997, p. 31) from an external source through their ears the same way they would hear any other person talking to them; (c) Tactile ADCs: Feeling a Touch, which is associated with a "light tap, gentle touch, soft caress, or tender kiss" (Guggenheim & Guggenheim, 1997, p. 45); (d) Olfactory ADCs: Smelling a Fragrance, often associated with "two or more people who are together in the same place at the same time can smell the same scent" (Guggenheim & Guggenheim, 1997, p. 55); (e) Visual ADCs: Partial Appearances, which includes "a bright light, only the upper portion of a body, or as a complete body ranging in solidity from a transparent mist to not quite solid" (Guggenheim, & Guggenheim, 1997, p. 67). Partial appearances may also include "any other ADCs including: sensing a presence, hearing a voice, feeling a touch, or smelling a fragrance" (Guggenheim & Guggenheim, 1997, p. 67); (f) Visual ADCs: Full Appearances, that do include the entire body; (g) ADC Visions, which are less common and experienced externally or internally "while in deep relaxation, meditation, or prayer" (Guggenheim & Guggenheim, 1997, p. 99) and similar to watching a movie "suspended in the air . . . with the eyes open or closed" (Guggenheim & Guggenheim, 1997, p. 99); (h) Twilight ADCs: Encounters at Alpha, more commonly known as Twilight ADCs, occur as an individual is either falling asleep or waking up; (i) Sleep-State ADCs happen when a person is "contacted by loved one while asleep" (Guggenheim &

Guggenheim, 1997, p. 125); (j) Out-of-Body ADCs occur as an individual leaves the physical

body; (k) Telephone ADCs occur where a person may experience a conversation or receiving a

call from the deceased; and (l) ADCs of Physical Phenomena: Material Matters, that happen

when physical, electronic objects are activated without any material or tangible reason or

explanation. To clarify, an ADC does not have to include an actual apparition of the deceased.

Guggenheim and Guggenheim (1997) stated that symbolism played a role in how the departed

chose to contact the living, such as using "rainbows, butterflies, flowers, and inanimate objects"

(p. 187).

Throughout each of these categories, participants expressed comfort and emotional

healing. The researchers found that "almost all ADCs [were] positive, joyful, and uplifting

events, and they generally accelerate[d] spiritual growth" (Guggenheim & Guggenheim, 1997, p.

229). However, the research also identified "fearful" ADCs and further communication

experiences from the deceased. These "fearful" accounts indicated four different perspectives

that participants described about how they personally viewed his or her ADC experience: (a) For

those that are not familiar with an ADC, some felt as if they were "going crazy or losing their

mind" (Guggenheim, & Guggenheim, 1997, p. 229); (b) The media has contributed to a scary or

horrific response that he or she holds in regards to having an ADC; (c) Religious or philosophical

beliefs affect how the ADC is personally interpreted; and (d) Young children are often left

without understanding of the ADC if they do not have parental support. The researchers were

clear to point out that it was not the ADC itself that ignited the fear, but it was the individual's

response.

Additional data were gathered by Guggenheim and Guggenheim (1997) indicating ADCs

that seemed to uniquely stand out for various reasons as will be described. Within this area are

such experiences as those participants that described his or her ADC before the loved one had actually passed away. Also, it was noted in the research that a majority of ADCs occur during the first year that a loved one dies. However, many also take place within 2-5 years. These contacts typically happen to only one living person. In some instances, the ADC occurred with two or more people. Numerous accounts contain experiences where loved ones contacted participants providing information that may be helpful in his or her current living situation.

Although Guggenheim and Guggenheim (1997) studied and categorized ADCs, it is important to note that it is more of a popular book—a beginning to laying the foundation. The authors conducted interviews throughout the United States and Canada however, it does not appear that a structured research setting or specific design was used. Additionally, their list of ADCs seems to have problematic overlaps and seemed to incorporate only persons with a religious affiliation as mentioned earlier.

On the other hand, Arcangel (2005), a therapist and chaplain, conducted a five-year quantitative, international study with 596 (aged 3-81) respondents on after-life encounters effects to which categorical descriptions were created from the completed survey. The participants' comfort level during and following the after-life encounter was measured, along with his or her level of grief before, during, and after the experience.

Additionally, Arcangel (2005) further developed a specific survey as a matter of collecting data. An after-life encounter can be seen as "any sense of being connected to, or in the presence of, a discarnate entity" (Arcangel, 2005, p. 17). They fall into five categories: (a) personal (deceased relative, pet, friend, colleague, neighbor, or anyone familiar to the experiencer); (b) spiritual figure (God, Jesus, Buddha, angel, saint, etc.); (c) historical or famous figure; (d) unknown (discarnate entity is unfamiliar to the experiencer at the time); and (e)

objects and nonhuman species (telephones, computers, answering machines, animals, butterflies, etc.).

Participant results indicated that 98% percent reported a comfort from the encounter (Arcangel, 2005). Sixty-five percent indicated that grief level was at a maximum high prior to the contact with their loved one. After 3 years of bereavement, only 4% of participants maintained this high level of grief. Overall, the visitations were a positive experience. A smaller portion of the participants in the study reported that sorrow and longing increased after the encounter.

Although the current proposed study is not an argument to support the survivalist theory, it is important to acknowledge that Arcangel (2005) further found six conditions deemed as evidence for survival beyond bodily death in that particular study:

> the apparition stated information that was unknown by the person who experienced the encounter; (b) the encounter was collective (concurrently experienced by more than one person); (c) the apparition was unknown by the witness at the time but later identified; (d) the apparition reported a current event that was unknown by the perceiver and later verified; (e) the apparition autonomously manipulated a physical object; and (f) the apparition exhibited a purpose that was extraneous to the percipient. (Arcangel, 2005, p. 66)

Psychomanteum Research and Encounters

To add to the research on grief and apparitions, Hastings et al. (2002) conducted psychomanteum research and the effects on bereavement. Essentially, a booth was placed in a dimly lit room that also included a chair and mirror. The research setting involved mirror-gazing whose purpose was to obtain data from individuals who had experienced the loss of a friend or relative. The results of this study revealed that 13 out of 27 adult participants believed they experienced contact with a loved one who had passed on. Contacts from the departed included "informative messages and emotionally charged communication for the participants, and the reports after the session and in the follow up indicated that these were helpful, comforting, and

therapeutic" (Hastings et al, 2002, pp. 224-225). It should be noted, however, that no attempt to prove the validity of a contact with the deceased was present, though many participants took it as a reality.

Tying into this concept, Whitney (1992) explored after-death encounter effects on the living with 24 adult participants. Twelve of those individuals expressed spontaneous contacts with their loved ones; grandparents were the most common relative encountered. Fifty-six percent of the contacts occurred while the participants were awake. Overall, positive reunions were experienced, such as a feeling of connectedness, peace, love, and release from guilt. Negative emotions were also expressed, such as "sad, scared, angry, and crazy" (Whitney, 1992, p. 50). These negative feelings, however, were also accompanied by positive feelings. Both studies (Hastings et. al, 2002; Whitney, 1992) revealed a sense of resolution of grief in participants and a stronger spiritual practice.

With the Guggenheim and Guggenheim (1997) definition as the central foundation for this project, it is important to acknowledge that the ADC literature is lacking, especially in respect to children. Though little research exists on ADCs through children, significant research has been completed on near-death experiences (NDEs), out-of-body experiences (OBEs), exceptional human experiences (EHEs), and pre-death visions with adults and children. The extent of the literature on these phenomena will be reviewed in order to show that ADCs are experienced by many people around the world, that ADCs may be experienced either individually or collectively.

NDEs

The near-death experience literature supports the idea that ADCs may occur as an aspect of an NDE. Greyson (2006), Moody (1975), Morse and Perry (1990), and Ring (1994) agree that

NDEs occur in those individuals that come close to death or actually are considered clinically deceased. Moody (1975) detailed several characteristics that could comprise an NDE including such qualities as meetings with beings of light and loved ones, feelings of peacefulness, and ineffability. Although specific studies on NDEs do not examine the impact of ADCs on children, the literature does include cross-culturally, the typical ADC feature of apparitions and of contact with spirits (Holden, Greyson, & James, 2009; Greyson & Stevenson, 1980; Sutherland, 1989).

Greyson (2006) labeled a component of NDEs as "transcendental features reflecting apparent other-worldly phenomena, including . . . an encounter with a mystical being or presence, visible spirits of deceased or religious figures" (p. 396). This is consistent with the notion that ADCs are commonly part of some NDEs. Holden, Greyson, and James (2009) cited reports of spirits encountered during an NDE. It was reported that 81% of individuals who experienced an ADC during an NDE described the spirits as "deceased persons from a previous generation . . . where emotional closeness was felt to the spirits" (Holden, Greyson, & James, 2009, p. 21). Morse and Perry (1990) discussed beings of light described by adults and children as "unconditional love, all-knowing, all-forgiving, and all-loving" (p. 132). Atwater (2006) would agree with this positive experience and has found that in children who experienced an NDE, 19% have pleasant or heaven-like experiences with "loving family reunions with those who have died previously, and reassuring religious figures or light beings" (p. 99). However, not all NDEs are positive; some individuals experience fear and despair (Greyson & Bush, 1992; Ring, 1994). In fact, Guggenheim and Guggenheim (1997) also looked to their data that included ADCs from near-death experiencers and out-of-body travelers and found reports of "hell-like regions of life after death where they saw countless human souls" (p. 239).

Pre-Death Visions

Another paranormal experience related to NDEs and ADCs is the pre-death vision. Osis and Haraldsson (1986) who did extensive research on pre-death visions, collected numerous case studies of visions at the hour of death. They found that pre-death visions have many things in common with near-death experiences. Pre-death visions frequently involved visions of other worlds and conversations with dead loved ones. They reported that the pre-death visions usually occurred to unsedated patients whose minds were clear a few hours before death. The contents of the visions varied but were dominated by deceased relatives and friends whom the patients perceived as coming to take them away, thus clearly involving an ADC feature.

OBEs

Out-of-body experiences (OBEs), that is, short-term experiences in which the center of perception is located outside of the physical body (Tart, 1997) can also be linked with both NDEs and ADCs. Apparitional experiences, a common component of ADCs, often occur during an NDE; that is, the individual experiences leaving the physical body and encountering apparitional beings. OBEs, NDEs, and ADCs may thus occur as part of the same paranormal experience, and may be related in some way. According to Alvarado, Zingrone, and Dalton (1999), previous studies have shown positive relations between the OBE and parapsychological experiences in general. In some studies, the OBE has been related to specific phenomena such as apparitions. The researchers in this study attempted to replicate parapsychological claims by comparing the frequency with groups of OBErs versus non-OBErs. The results showed that OBErs had a higher Parapsychological Index that included "visions (possible apparitions)" (Alvarado, Zingrone, & Dalton, 1999, p. 307).

Elisabeth Kubler-Ross (1983) had also compiled a wealth of knowledge in the literature around death and dying as an M.D. She has ventured into both the science and spiritual worlds when working with the experiences of children and adults that have experienced NDEs and OBEs. Her findings have also revealed similar results to those expressed in the previously mentioned research above including both positive and perceived negative experiences.

The research on NDEs, OBEs, and pre-death visions indirectly shows that many people have experienced ADCs in some form. The overlapping of experiences between ADCs, NDEs, and OBEs has been reported by individuals from a variety of cultures. These experiences, whether discrete or blended, have been shown to be quite impactful for people's lives both positively and negatively (Guggenheim & Guggenheim, 1997; Ring, 1994; Tart, 1997).

EHE's

A broader and more comprehensive term encompassing these experiences has become known as what White (1997/1998) developed as a term known as Exceptional Human Experiences (EHEs), where "mystical, psychical, and peak experiences provide the insight and the dynamic to move humans from a lesser to a more consciously evolved state that expands human awareness of the nature of life" (pp. 88-89). Under this broad classification of EHEs fall five distinct categories: (a) Psychical Experiences; (b) Mystical Experiences; (c) Encounter Experiences; (d) Death-Related Experiences; and (e) Exceptional Normal Experiences. For purposes of this study, the goal is not to elaborate in-depth on EHE experiences, but to mention the parallel with the current study on ADCs in children and where this fits into EHEs.

The current study on ADCs seems to fall within all categories of EHEs, except for Mystical Experiences. For instance, Psychical Experiences include dreams, mediumship and channeling, and OBEs. Within the category of Encounter-Type Experiences, ADCs can also be

seen in such ways as "an angelic presence, an apparition of the deceased person . . . or an identifiable religious figure" (White, 1997, p. 99); additionally, animals and odors can be related to those who have departed. Dreams also appear in this category however a more specified encounter with a deceased loved one is mentioned. Death-Related Experiences include "NDEs; deathbed experiences; reincarnation; various forms of apparent postmortem influence on living persons, animals, and places; and the phenomena of mediumship" (White, 1997, p. 99). Finally, it could be possible that Exceptional Normal Experiences where lucid dreaming, and hypnagogic and hypnopompic experiences (twilights stages of consciousness) occur could also include ADCs.

Palmer (1999) studied how different ways of disclosing EHEs to oneself and others promoted assimilation of the experiences and influenced well-being, spiritual growth, and development. Seventy participants completed a questionnaire about EHEs. Findings indicated that disclosure and assimilation of EHEs was useful and beneficial, fostering deeper, more meaningful interpretations of important life experiences that can serve as catalysts for change and transformation, as well as contribute to spiritual well-being. Palmer and Braud (2002) also concur with these findings.

However, the Palmer (1999) study did only look at the experiences of adults predominantly residing in the state of California. It was noted within the study that the potential exists for a more in-depth and detailed EHE experience if interviews were to be conducted, indicating the need for further research.

White (1997) further mentions the topic of dissociation and children. She states that with exceptional human experiences, children do have awareness, but that through socialization in the West, they seem to lose the connection. This connection can be lost through parental disapproval

of the EHE, and the teachings of the West including "separation of mind and body, head and heart, subjective and objective, humans and animals—plants—minerals, male and female, east and west, self and other" (White, 1997, p. 89). It appears as if White may be implying, or possibly explicitly stating, that all humans have the potential to experience and live with EHEs; however, with the rigid and societal structures of education and our environment, we seem to lose the ability and awareness as adults.

Research on ADCs and Spirituality as Experienced Through Children

In the Guggenheim and Guggenheim (1997) study, it was acknowledged that each of the 12 reported qualities of ADCs was identified as a potential healing event for the individuals. It was also found that "fearful" (Guggenheim & Guggenheim, 1997, p. 203) aspects existed as well. It was reported that almost all experiences were "positive, joyful and uplifting and generally accelerated spiritual growth" (Guggenheim & Guggenheim, 1997, p. 203). However, for those who did not believe in ADCs originally, they had a fearful reaction that the researchers attributed to cultural folklore and the negative way these events are typically portrayed in movies, television, and books.

In another study, Cochran (2004) noted a negative impact for children when they disclosed their experiences. The most significant finding, however, in this study was that "83% of the participants reported that they believed themselves to be more compassionate, understanding, accepting and less judgmental as a result of the encounter" (Cochran, 2004, pp. v-vi). This qualitative study examined the impact of an encounter on an individual adult, including 12 males and females aged 25-59 from the San Francisco Bay Area. The researcher evaluated data from six perspectives: (a) emotional; (b) biological; (c) intellectual; (d) relational; (e) spiritual; and (f) unexpected material. The adults reflected back to childhood about the

experience. Overall, this study presented a thorough examination of an encounter experience with the specified population. The proposed study will look to build upon the current field of research by adding more in-depth reviews from children directly and studying ADC experiences from an intuitive and creative perspective.

A study by Blinston (2005) explored the impacts, lifelong aftereffects, and aspects of disclosure pertaining to religious apparitional encounters experienced in childhood. Blinston also interviewed adults who reflected back to childhood. The participants were from various ethnicities including: Native American, Japanese, Filipino, and Irish. Seven out of 13 people experienced a religious apparitional encounter in the bedroom. Other locations included: school, church, car, meadow, and basement. Initial impacts and reactions included "fear, joy, ecstasy, relaxation, rejuvenation, a feeling of safety, altered states of consciousness, bewilderment, feelings of confidence, closeness to God, and an understanding of a connection to a spiritual world" (Blinston, 2005, p. 183). Participants further claimed to have experienced apparitional encounters as children before the age of 13 years and primarily reported feelings of bliss (joy) and altered state of consciousness. Primary spiritual and psychological aftereffects were career choices and occurrence of paranormal phenomena. Again, consequences of disclosure included being rejected by one's family. However, the benefits of disclosure included the ability to fully express oneself. In contrast, the consequences of non-disclosure included feeling isolated and yet safe from ridicule. Blinston's qualitative research contributed to a wealth of religious apparitional literature that appears to be increasing in reported accounts around the globe.

Previous researchers have identified several gaps in the literature and implications for future research. For instance, Blinston (2005) suggested disregarding the religious nature of the participants and look instead at a variety of beliefs that these individuals held. Additionally, she

conducted her work in peer groups so that participants might be held in a safe environment. She included participants that were aged 25 and older; children were not interviewed for the study. As Cochran (2004) noted, the elapsed time between the event and the report constituted a limitation. For each of these reasons, the current study offers an opportunity to contribute to the understanding of this experience already provided by adults by adding the voices of the children, thus acknowledging his or her transpersonal experiences and any insights they may have to offer on this phenomenon.

Schlarb (2004) qualitatively studied peak experiences in children and their nonassimilation into self-concept development. The primary population was 12 adults aged 25-57, both male and female. A heuristic focus shaped the data, and the adult participants reflected back on a childhood peak experience. Maslow (1994) referred to the peak experience as "perceptions of reality independent of a man and persisting beyond his [personal] life" (p. 85). Although peak experiences are not technically labeled an encounter or ADC, the study offers similarities in methodology, population, and paralleled findings to the previous research. Schlarb (2004) found five common qualities amongst the participants: (a) unity; (b) nonordinary perceptions of physical reality; (c) timelessness; (d) spontaneously occurring; and (e) within nature. Several characteristics also made up the reasons for nonassimilation of the peak experience into adulthood such as challenges with trying to assimilate, religious views held within the family, and a lack of overall external support. It was this researcher's intent to hold all of the previous research with children at the forefront and continue building upon the field by making the attempt to gain a closer perspective to the actual ADC without any significant time lapse.

Hoffman (1992) and Robinson (1983) further offered evidence of profound transcendental experiences in children, which also supports Maslow's (Maslow, 1994; Schlarb, 2004) peak experiences in children. The results from Hoffman (1992) and Robinson (1983) revealed that a more expansive and joyous reality in which all is connected, alive, and without limitations of physicality that once began in childhood and remained as a significant impression into the participant's adult lives. Piechowski (2001) goes on further to suggest that these types of experiences "can be found in dreams, near-death experiences, healing, and much more" (p. 5). According to Piechowski (2001), children are capable of having "authentic spiritual experiences" (p. 65). Coles (1990) would agree and, in fact, Hart and Ailoae (2007) point out that the term *spiritual* often indicates "that which extends beyond or beneath the surface of the material world" (p. 351), which is exactly what the field of parapsychology and those that have experienced ADCs proclaim to exist and having great impact on both children and adult lives.

Coles (1990) has worked in the field for over 30 years gathering international data about the spiritual lives and development of children. He has collected their words and pictures expressing varying perspectives over time—in essence, their stories.

> Children try to understand not only what is happening to them, but why; and in doing that, they call upon the religious life they have experienced, the spiritual values they have received, as well as other sources of potential explanation. (Coles, 1990, p. 100)

He suggested that children are greatly impacted by death and it continues to have profound meaning that extends into his or her development; it becomes quite personal. "God can take almost any shape for children" (Coles, 1990, p. 119). This means friend or foe, or emotion or tangible being. What really came across for this researcher when reading through Coles' (1990) work, are his decades of listening and just being with where the children were, no matter what religion, value system, education, or health situation, he opened himself to their world.

Armstrong (1985) also believed that, "children have access to experiences which are not merely the product of fantasy [and] . . . are capable of levels of perception into what Maslow called "the farther reaches of human nature" (p. 2). He goes on further to suggest that although physicality and forming of an ego is essential for growth and development, psychic and spiritual aspects reign just as integral for the child. In fact, according to Armstrong, the foundation is located elsewhere. The manifestation of spiritual existence for a child is not considered to be located in an external source; it is innate. Children appear to know that existence here on earth has its essence in this spiritual nature. Armstrong (1985) stresses paying attention to a child's dreams, artistic expression, and nurture—not force—the spiritual essence. For the first 7 years, a child demonstrates vulnerability to "the psychic atmosphere around them, so that moods and emotions can have an immense impact" (Armstrong, 1985, p. 131). For a parent, authenticity and follow through are foremost and not as much as what is being spoken. Armstrong resonates strongly with the current study in that the specified population will be from 5 to 7 years old, so it is the hope of this researcher to capture the pure essence of the ADC. Resonance is also found in the belief that non-material existence and perceived experiences such as ADCs will be accessible to the children and the fact that the current study is incorporating a creative expression component will hope to bring light and a voice to some experiences that may not be easily articulated through verbal means.

Armstrong (1984) argued that "transpersonal experiences can and do occur in some children just as they occur in some adults" (p. 208). He suggested that empirical evidence provides sophistication and theoretical support for such experiences deriving from direct reports, biographical and autobiographical data, as well as adult studies reflecting back to childhood. Armstrong (1985) supported spiritual experiences through children and believed them to be

essential in development. Armstrong (1984) did not claim to report that every experience was transpersonal in nature. He simply stated that this transpersonal 'state' was not located in some unattainable place for a few unique individuals; everyone has access at any time.

Hart and Ailoae (2007) believed that a child's spiritual experience and capacity can be understood within several concepts such as wisdom, wonder, empathy, compassion, wondering, and multi-dimensional perception. He suggested that "spiritual experiences are direct, personal, and often have the effect, if only for a moment, of waking us up and expanding our understanding of who we are and what our place is in the universe" (Hart & Ailoae, 2007, p. 346). Nature has a unique ability to be able to draw out these dimensions within a child resulting in a profound interconnectedness. Additionally, Hart (2003) studied spirituality through children for several years both quantitatively and qualitatively, where he interviewed hundreds of adults and children about this personal topic. Although many children chose to maintain a more secretive life about their spirituality, Hart often found that it was both profound and truly "shap[ed] their lives in enduring ways" (Hart, 2003, p. 1).

Greene (2008) went on further to study childhood spirituality with participants aged 4-11. The qualitative multimodal study held an open perspective for spirituality and did not include specific religious beliefs. The overall research design included interview questions and creative expression components. Fifteen child participants and 15 parent participants were included as the specified population. The parents were asked to complete a questionnaire in order to obtain details about his or her child. As expressed by Greene (2008), "the focal point . . . was not the questions and answers . . . the goals was the manifestation of the child's experience of spirit as witnessed or expressed physically, intellectually, emotionally, or energetically" (p. 107). The participant responses were interpreted based on five categories: (a) nature; (b) mysticism; (c)

wisdom; (d) wonder; and (e) relating. Findings suggested a higher awareness of spirituality reported directly from the children in comparison to parents' responses. Overall spiritual awareness increased by age group; nature was most observed in the youngest children. On the other hand, the data gathered from parent participants indicated relating as the most frequently expressed category. Only two of the 15 children chose to communicate solely through creative expression rather than verbally. Overall, spiritual awareness was most present and articulated with the oldest children. These findings of course are focused around the topic of spirituality in children as compared to the current study of ADCs that may elicit varying responses and findings. How children expressed spirituality may differ completely to an understanding or describing an ADC experience. However, the Greene (2008) study gained a much closer perspective to a child's spiritual experience since the population did not necessarily have to reflect back as many adult studies have depicted.

Hay and Nye (2006) further supported the idea that spirituality in children was very real and not illusory. The researchers observed and interviewed children around how they personally viewed spirituality that was found to be present within each participant. As mentioned earlier, several researchers supported this notion (Armstrong, 1985; Coles, 1990; Hart, 2003; Peterson, 2000; Piechowski, 2001) that childhood spirituality was innate and perhaps may even have come from a more ethereal 'outer' place unseen to the visible eye.

Although the current ADC study was not about spirituality, it is important to point out prominent researchers in the field as it pertains to children in particular. This section provided an overview of this point. To explore the concept of spirituality through children in-depth is too broad and beyond the scope of this paper. The authors mentioned above supported the

perspective that transcendent and spiritual experiences in children are necessary and positively impactful for a healthy, holistic development.

Childhood Development

For purposes of the current study, a brief look at childhood development and how this related with transpersonal experiences in children was reflected. According to Piaget (1929/1979), a linear stage model is used in development and children from ages 2-6 that are indicated within the preoperational stage. This means that children's thought processes can include mental images, symbols, words, and gestures; however, they may be unable to differentiate between their own perspectives from others. They may also not understand cause and effect. Furthermore, imagination, although still intact, does not remain as the primary means for discerning meaning. This could indicate that another type of intuition becomes active. Freud (1926/1933) may suggest that imaginal intuition is thereby repressed into the unconscious as the ego develops. Piaget (1968) presented a cognitive stage model that basically holds the perspective that children are not capable of having transcendent and spiritual experiences.

On the other hand, Washburn (1995) believed that children were in fact open to this "higher knowing," however, as the ego developed, it would need to shut down until the individual was "strong enough" to function. Hart (2006) acknowledged that developmental stages in children do exist, however, they are not so structural and linear, but "general and broad" (p. 168); their thinking is more intuitive-based.

Imagination may be the area of the brain where the details are accessible to the child. According to Jung (1968/1980), imagination was seen as "the real, literate power to create images" (p. 167). As Greene (2008) suggested, "children use wonder and imagination to explore the unknown, to reestablish security, to allay fears, to establish a sense of reality, [and] to

discover the world and themselves" (p. 52). Hart (2006) further supported this concept by stating, "mechanism, materialism, and modernism tend to 'desacralize' the world, leaving it as inert matter for our manipulation . . . wonder keeps the sacred in view and recognizes it alive in our midst" (p. 165).

According to Morse and Perry (1990), "even children use the same descriptions as spiritual leaders to describe the Light" (p. 153). This Light was typically described as "unconditional love, all-knowing, all-forgiving, and all-loving" (Morse & Perry, 1990, p. 132). After eight years of researching NDEs in children, Morse and Perry (1990) reported that "sometimes the only way we could get them to speak about the NDE would be to hand them paper and crayons and let them draw a picture of it" (p. 192) because they had never spoken of the experience and were hesitant. Hart (2003) states that,

> While they may not have the language or thinking capacity of an adult, they have the capacity to open to the deep currents of consciousness. Through that opening may come a still, small voice, a pearl of insight, or maybe an angel. (p. 19)

Value of Studying ADCs

Given the impact that an ADC experience has on an individual, the value of studying ADCs through children is potentially profound. This study could bring further information to parents, health-care workers, mental health professionals, teachers, and practitioners so that a child with such experiences could be identified and supported while still at this age. Most of the studies regarding ADCs deal with adults reflecting back to childhood, and thus have diminished access to information about what the child is experiencing in the moment. This study will offer a child and the family an opportunity for present-time integration of such experiences as it gathers an in-depth portrayal of a child's ADC experiences that will contribute to a growing body of literature in the field of parapsychology.

Purpose and Conclusion

White (1993) suggested that if we as researchers share our findings with scholars in other fields about psi, parapsychologists could potentially change the how parapsychology is perceived and received. It has been suggested that individuals who have experiences that could be described as "psychic" or paranormal may hesitate to report the incidents to others due to associated religious or social taboos (Sloan, 1994). Thus, individuals who experience negative effects of such incidents may not receive necessary treatment. Children, in particular, may require appropriate intervention in order to prevent long-term negative effects of paranormal events perceived as traumatic.

With the conceptual frameworks of transcendence, transpersonal, and spiritual experiences in mind, one could suffice to say that we are all impacted in some way by ADCs through children. Hart (2006) reminds us that "the greatest significance is not in how small or large an experience is, but in how those moments are integrated and expressed in one's life" (p. 168).

It has been shown throughout the literature that ADCs appear to be a commonly shared global experience despite the fact that minimal research has been done with children and their parents. It served a great benefit to study parents and their children experiencing ADCs in order to understand the phenomena more in-depth and to provide an explanatory context that will help with positive integration. "Whether real or imagined, paranormal beliefs enhance mental health. Simply believing in the hereafter is life-enhancing. Experiencing an afterlife encounter is a significant element for transcending loss" (Arcangel, 2005, p. 16).

Chapter 3: Research Methods

"What is it to make sense of anything, whether a poem, a legal text, a human action, a
language, an alien culture, or oneself?"
(Bruns, 1992, p. 1)

Qualitative methods were employed to obtain data on the main research questions and

sub questions of the study. The first question pertained to the parents directly: According to

interviews, what is the parent's experience with his or her child's after-death communications?

Are parents able to find insight and greater understanding into the child's ADC experiences and

also find some meaning for him or herself? The following are sub questions: (a) What

observations does a parent make when his or her child is experiencing ADCs? (b) Does a parent

understand and accept what and why his or her child is experiencing ADCs? (c) Do parents know

how to relate to his or her children that are experiencing ADCs? (d) Does a parent feel supported

by the community? The second main research question addresses the children: What is the

meaning of apparent encounters reported by children as expressed in interviews and/or artwork?

Intuitive Inquiry (Anderson, 2000, 2004, 2011; Braud & Anderson, 1998, 2011) was the

applied qualitative research method. In addition, a thematic analysis that has been informed by

the selected method was conducted. Thematic analysis "is a method for identifying, analyzing,

and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). Boyatzis (1998)

suggested that thematic analysis also interprets various aspects of the research topic. Although

not all Intuitive Inquiry studies include a qualitative thematic analysis, it was employed in this

study to further understand the data and interrelationships in the data.

This study consisted of eight individual interviews with mothers and three interviews

with their children (optional component that required parent and child agreement). An expressive

art project (also optional) with six children age 4-12 was also incorporated. A qualitative

approach was selected because (a) this was the first in-depth study of ADCs in children and his or her parent, and was therefore exploratory by nature; (b) the focus of the research question was on the participants' experience; (c) the subjective effects of the experiences were being studied; and, (d) quantitative research methods ran the risk of objectifying the participants and their experiences (Braud & Anderson, 1998, 2011). This approach was appropriate because the research sought to deeply explore the human experience and impacts of ADCs through parents and their children. In addition, the researcher has had extensive personal of experience with ADCs.

According to Denzin & Lincoln (1994),

Qualitative research is multimethod in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. (p. 2)

Qualitative research further utilizes a variety of tools that may be used to collect data "that describe routine and problematic moments and meanings in individuals lives" (p. 2). Mertens (1998) goes on to suggest that the researcher employing a qualitative method is the actual "instrument for data collection" (p. 175).

This description of qualitative research blends well within the context of transpersonal psychology. Braud and Anderson (1998, 2011), state that "transpersonal psychology is concerned with experiences and processes that extend beyond the personal or individual, that [moves] beyond the usual limits of ego and personality" (p. 37). The openness and essential nature of qualitative research methods lends itself to transpersonal psychology in a way that involves the researcher and participants in a relationship that is both compassionate and explorative.

Intuitive Inquiry

Intuitive Inquiry is a qualitative research method that ties the scientific to the intuitive. Anderson (2004) defines Intuitive Inquiry as "a hermeneutical research method that joins intuition to intellectual precision" (p. 307). According to Dufrechou (2004), the intuitive inquiry process means "to pursue knowledge emerging from the body, where the origin was not within the realm of words or concepts, but inside sensations, emotions, [and] intuitions" (p. 358). This does not mean that the researcher will be rejecting words. What it does signify is that the research will become richer, more expansive, and holistic by including these aspects. Rothberg (2000) defines an inquiry as "a response to an existential and/or intellectual question through the search for insight, knowledge, or understanding" (p. 163).

Intuitive Inquiry (Anderson, 2000, 2004, 2011; Braud & Anderson, 1998, 2011) was originally developed from the heuristic (Moustakas, 1990) research method, as well as the interpretative approach in hermeneutics (Packer & Addison, 1989). According to Moustakas (1990), heuristic research is exploratory in nature including an immersion of oneself as the researcher into the topic in which to seek a deeper understanding. He goes on further to suggest that "heuristic methodology seeks to obtain qualitative depictions that are at the heart and depths of a person's experience—depictions of situations, events, conversations, relationships, feelings, thoughts, values, and beliefs" (Moustakas, 1990, p. 38).

Tying in the hermeneutical aspect, Bruns (1992) explains that ontologically, it is the "nature of existence" (p. 4) of how the text and interpreter relate and resonate with one another. Philologically, a sort of intimate connection that offers understanding and growth proceeds through the process. Hermeneutics involves cycles of interpretation that will shape the ongoing inquiry. As Anderson (2000) explained these cycles and applied them within the intuitive inquiry

context, the researcher will initially "identify her values and assumptions with the experience studied and then use them as lenses to explore and analyze similar experiences in others" (p. 32). The intuitive inquiry approach includes "compassion as instrumental to understanding the research topic, the researcher's voice, and the participant's voice . . . and uses intuition and alternative states of consciousness as core methods of inquiry" (Braud & Anderson, 1998, p. 30). Essentially, the hermeneutical circle is the ability to articulate those lenses; making those assumptions real; bringing them into the researcher's conscious awareness; it is a movement forward and backward. In relations to hermeneutics, Intuitive Inquiry assists the researcher in becoming conscious of how she is holding the participants data; really opening up to the text and being mindful of her own intuitions, thoughts, and bodily sensations.

As stated by Bruns (1992), "hermeneutics is a tradition of thinking or of philosophical reflection that tries to clarify the concept of *verstehen*, that is, understanding" (p. 1). Hermeneutics offers intuitive inquiry cycles of interpretation and according to Anderson (2000, 2004, 2011) these five cycles include: (a) Cycle 1, clarifying the research topic; (b) Cycle 2, identifying preliminary lenses; (c) Cycle 3, collecting original data and preparing summary reports; (d) Cycle 4, transforming and refining lenses; and (e) Cycle 5, integration of findings and literature review. The method has two sources of validity: (a) resonance validity; and (b) efficacy validity. The cycles and sources of validity will be further expanded upon at the end of this chapter. A more detailed depiction of the Intuitive Inquiry method will first be portrayed in order to offer the reader a more intimate understanding of the selected research method and its delicate applicability to the current study.

Intuitive inquiry has certain essential features such as compassion when creating a research question, compassionate listening when interacting with participants, and

compassionate writing as a "vessel for others to hear ideas and theories already formed" (Braud & Anderson, 1998, p. 71). Compassion "allows us to ask the most significant questions and guides our hypotheses and speculations toward rich and expansive theories regarding the nature of the human experience" (Braud & Anderson, 1998, p. 71).

The method also suggests applying sympathetic resonance in order to establish validity (Braud & Anderson, 1998). Conventional empirical science is important when looking to establish validity. However, could there be more? Intuitive Inquiry believes this to be true. Braud and Anderson (1998) suggest that pertinent insights through the researcher's experience while gathering, synthesizing, and analyzing data may appear "more like poetry" (p. 73) adding a broader perspective of the research process. Intuitive Inquiry believes the researcher's voice and understanding as active and offers a deeper and more personal connection with the research. By including the researcher's personal voice, universal interconnectedness is also expressed and can hopefully be understood within the participants and felt by the reader as well.

Another feature that the chosen method includes is the idea of ritual. What is meant by ritual in the research context is the discipline that the researcher has with her procedures and protocols. According to Braud and Anderson (1998), they are designed with the intention "to reveal many layers of meaning" and "will guide the process of revealing the essential nature of an experience that seems to come to life" (p. 79). Then, through finding new dimensions of meaning, new revelations and the "element of delight" (Braud & Anderson, 1998, p. 80) are revealed.

Intuitive research skills. Bringing all of these features to the method of Intuitive Inquiry asks that the researcher really look from the inside out, dive into the topic and herself open to the evolution of a new perspective while holding compassionate awareness. Certain skill is also

essential to conducting an Intuitive Inquiry research project. Braud and Anderson (1998) mention intuitive research skills and state a threefold purpose. The first is "to allow the intersubjectivity of researcher, participants, and anticipated audience to influence the gradual unfolding of the research inquiry" (Braud & Anderson, 1998, p. 82). Secondly, these skills allow the researcher to embark upon the entirety of the focused piece of a particular human experience. Finally, so that the human experience is fully portrayed accurately and truthfully, creative expression will be utilized by the researcher and is encouraged to explore further. They go on to suggest seven types of skills: (a) reflective listening; (b) indwelling; (c) trickstering; (d) varying the focal depth; (e) ritualizing intention; (f) intersubjectivity of researcher, participants, and the audience; and (g) alternative states of consciousness, imagination, and intuition. A brief description of each skill will be expanded upon below followed by a more explorative section pertaining to the skill that I am personally looking to further develop during my current research process.

In reflective listening, the researcher remains open and aware to the experience of herself and others (Braud & Anderson, 1998, 2011). By the researcher engaging in this particular skill, the participants are likely to also mirror the behavior, further enhancing their own experience. As a result, the concept of sympathetic resonance is facilitated and each participant, as well as the researcher grows with the topic.

According to Moustakas (1990), indwelling is a "process of turning inward to seek a deeper, more extended comprehension of the nature of meaning of a quality or theme of human experience . . . in order to understand its constituent qualities and its wholeness" (p. 24). This process of indwelling could lead to potential confusion, a renewed understanding, and bewilderment according to Braud and Anderson (1998, 2011), which they name as trickstering.

Although trickstering may cause the researcher discomfort sitting with such an unknowing of what to think, when to take action, what results may come, it is such an integral part of the Intuitive Inquiry process because it will most likely lead to an expanded awareness that will ultimately be a further catalyst in the research process and invite the researcher to grow her potential that much further.

The skill that I chose to gain a deeper and clearer relationship with is varying the focal depth. According to Braud and Anderson (1998), this is "one of the most difficult features of skillful research for a beginning researcher to grasp the degree of detail necessary for a particular investigation" (p. 85). This skill seems even more abstract when thinking about it as it applies to transpersonal psychology. How 'deep' does one go with their own intuition, with participants as children, with their parent, and with the audience?

Just as Braud and Anderson (1998) mentioned, knowing how to vary my focal depth in this specific project definitely emerged through the process of "trial and error" (p. 86). Initially, I planned to conduct a Pilot Study. It was during this three-month process where I first experienced this novice skill set. I was sure that my research design provided the most comfortable, safe, and secure environment for my child participants. However, after a few months of deliberating and aggressively advertising, participants were not surfacing as originally envisioned. My Pilot in fact turned out to provide me with much information that led me to an ultimate redesign of the project. Coming to this conclusion was not easy. I had to know when that time frame arose and when to cease with my original design, and begin with a new outlook. Essentially, when I changed my perspective and opened myself to the possibilities of a wider spectrum of parents and their child participants throughout the United States, everything within me just seemed to become like an energetic channel of spaciousness, passion, inspiration, and

motivation. I continued to have visions of a funnel of sparkly blue and white light energy pouring through me from above and moving throughout my very core. This continues to this day.

The second major experience that I had with varying the focal depth was at the tail end of the recruitment process. I was approaching a very tight deadline and financial limitations. This factor contributed to the smaller size of the study as well as when I needed to cease interviewing child participants. As a result, as a researcher, I had to actually decline interviewing a few of the children due to time constraints. This was an incredibly difficult decision to make knowing that these children would and could add to the richness of the overall entire study. I trusted that those that were included in the study and the information that was already obtained, was exactly what needed to be.

Finally, a significant aspect of varying the focal depth surfaced within me as a researcher. This particular section is important for those looking to conduct future research, and also for anyone that feels pulled between two states of being. What I am referring to is the feeling inside, in your gut, your shoulders, and head where nervousness, stress, and emotional turmoil can reside and create distraction and discomfort in the physical body. At so many intervals during this research process, I felt pulled to continue working, writing, and that I should be doing more for the project. Simultaneously, I felt burned out, exhausted, perhaps that a special event could be attended, or that I was just shutting down from my work. Many days and nights, I would battle internally with myself in front of the computer or with my work, essentially denying myself of whatever else was calling me. It was this place that discord and dishonor occurred within me as a researcher. This element of varying the focal depth of myself had been denied. I began to sit with the discomfort, to intuitively listen to myself, to observe that even though I was not 'actively' working on my dissertation, that incubation, trickstering, and letting go were also

integral parts of an emergent process. After a while, every time I began to feel this discord, I stopped myself and listened to what the Universe, my intuition, visions, dreams, and higher self were trying to tell me. I also realized that by not continuing to battle within myself, everything was completed and exactly in the timing that it needed to be. Truly, miracles resulted and that is when I honored myself, my spirit, my very soul. For the first time in my life, I learned how to honor myself and what balance truly meant.

Another skill that was important for me to pay close attention to was ritualizing intention, which aims to have the researcher practice ongoing intentions for herself and the greater good of her research and community. The goal is to bring a broader consciousness to the inherent good and ultimate transformation that is likely to occur with this practice. This connection between the researcher, participants, and audience also relates to the intersubjectivity that is shared collaboratively. In other words, "no one leaves unaffected by the significance of the experience studied" (Braud & Anderson, 1998, p. 87). As an intuitive researcher and with the delicate nature of the topic and working with parents and their children, I made sure to hold close the sacredness of each aspect. In doing so, I kept a journal nearby throughout the entire process, including throughout each interview. Before each conversation with a participant, a thoughtful meditation was held in order to bring light, compassion, love, respect, and protection around everyone involved. I asked for the higher good for each individual. Additionally, I paid attention to my nightly dreams and intuitive messages that were also recorded and referenced when guided.

Finally, throughout the entire research process and within each of these skills mentioned above, alternative states of consciousness, imagination, and intuition act as "sources of data" (Braud & Anderson, 1998, p. 88). By paying close attention to these aspects of the researcher's spiritual and cognitive makeup, the eventual data analysis and complete intuitive inquiry journey

will likely to be richer and multi-dimensional, which leads me to the topic of intuition. I believe that it is important to look at what this word means for me as I conducted my research using Intuitive Inquiry.

      Intuition. It is important and necessary to define intuition for myself because Anderson (2000, 2004, 2011) mentions five particular types that guide a researcher during her intuitive inquiry process which will be mentioned shortly. I have come up with nine personal values, assumptions, and understanding about intuition: (a) It is my true authentic self; (b) feels like freedom; (c) is innate within all beings; (d) is free-flowing; (e) is questioned and attacked by society; (f) is frightening to always accept; (g) is sometimes clouded by materialism; (h) is expansive; and (i) floats in and out of consciousness. It is important to note that these are my personal beliefs. This is where I personally begin and then conduct further research with an open and willing heart to accept whatever shows up as new information that could suggest otherwise.

      Maintaining this stream of thought, Anderson (2000, 2004, 2011) suggests five types of intuition that manifests during the research process: (a) unconscious and symbolic processes; (b) psychic or parapsychological experiences; (c) sensory modes of intuition; (d) empathic identification; and (e) through our wounds. I will briefly expand upon each of these types of intuition. I understand and relate the unconscious and symbolic processes to such things as dreams, archetypal, and psychoanalytic theory. Secondly, psychic or parapsychological experiences could include such direct experiences as after-death communications, telepathic communications, and clairvoyance. Sensory modes of intuition extend beyond the five senses reaching to "inner body senses . . . and kinesthesia (sense of movement)" (Anderson, 2004, p. 311). Empathic identification relates to being able to experience what another is feeling, seeing, and actually living. Finally, through our wounds is a research exploration of something within

ourselves or with the world where we are seeking some sort of healing. Each of these five types

of intuition, I believe, is interwoven into the other and not so far removed from one another. I do

believe that I have an innate ability on a daily basis to live and be in touch with the

parapsychological and psychic aspects; however, I also utilize and apply the other types. I would

have to say that each could be viewed as a different type of lens according to the Intuitive

Inquiry method, which is discussed in my personal processes with Cycles 1 and 2.

   Inspiration, knowing, and empathy. Compassion and personal exploration fit well with

what Anderson (2004) has developed as the Intuitive Inquiry method. She states that the method

offers a way to invite the researcher to have a topic claim them with such passion, compassion,

and curiosity so that the individual embarks upon a mystery to uncover and explore the

dimensions and depth of the topic and themselves as the researcher, ultimately looking to inspire

future possibilities. Hart (2000) wrote that inspiration is a kind of knowing where movement is

flowing. It is spontaneous, open, welcoming, and transformational, which is right at the heart of

intuitive inquiry for the researcher, participants, and audience. According to Intuitive Inquiry

(Anderson 2000, 2004, 2011), inspiration is the key that then hopefully transforms the

researcher, participants, and audience.

   Puhakka (2000) goes on to state the difference between knowing and having knowledge.

Knowing is "a moment of awareness in which contact occurs between the knower and the

known" (p. 15). Having knowledge consists of "descriptive or interpretive claims to the effect

that such-and-such is the case" (Puhakka, 2000, p. 15). Knowing further "provides

connectedness and integration of experience across contexts" (Puhakka, 2000, p. 16). On the

other hand, knowledge is conscious and "its content is bound by the context formed by that state

and its psychological, social, cultural contingencies" (Puhakka, 2000, p. 16). What may be

interesting for the current proposed study is the idea of "perversions of knowing." Puhakka (2000) mentions the fact that children in particular develop coping skills as opposed to knowing. "Coping perverts knowing by aborting the aspiration for contact inherent in a genuine desire to know" (Puhakka, 2000, p. 20). "Coping refers to the ways in which people seek to reduce anxiety and satisfy their needs" (Puhakka, 2000, p. 20). Thus, the child continues to feel anxious and is never truly satisfied.

As the researcher, I agree with Puhakka (2000) and the fact that I am in a place to be in authentic knowing with this project on ADCs; this is the place of truth telling in research. This is the place of vulnerability and willingness to truly open to myself, committee members, resonance panel, participants, and audience. For deeper understanding and knowing, I had to, as the researcher, let go of being the expert and allow the process to unfold as I enter into the place of the participants. Puhakka (2000) states that authentic knowing "is within reach of every human being" (p. 27). Yes, our coping mechanisms as human beings may limit our accessibility to authentic knowing, however, once the walls to this access are removed, we all are capable. Puhakka (2000) states that knowing is not state-dependent but rather an activity; the goal is to arrive at a place of authentic knowing. As the researcher, I wrote from a place of authentic knowing with the current topic looking to utilize this tool as a way of further expanding the method of Intuitive Inquiry. My purpose was to hopefully experience a shift in being as Hart (2000) discusses when speaking of deep empathy, and that is exactly what occurred as seen throughout this process.

According to Hart (2000), empathy has several meanings and a variety of interpretations, however, as a basic tenant, it can be known as the "understanding and 'feeling into' another's world" (p. 254). On the other hand, empathic knowing is a process that requires "the ability to

listen for and have sensitivity to emotional material . . . and as feeling capacity expands and skill at listening increases, the quality of empathy improves" (Hart, 2000, p. 254). Hart (2000) goes on to suggest that "taking on another's perspective is conventionally understood as projecting oneself into the client's shoes by comparing one's own past experiences with the client's descriptions in order to infer what he or she might be experiencing" (p. 254). Hart (2000) further expands upon the concept of empathy explaining that "multiple perspectives" (p. 261) are occupied simultaneously. "One seems to become the field itself while maintaining awareness since one is less identified with the perspective from a single self or vantage point" (Hart, 2000, p. 261).

According to Hart (2000), empathy is a process where "the self . . . becomes a direct participant in the other's world" (p. 257). With Intuitive Inquiry, the researcher immerses herself into the participant's place of knowing and being, of allowing, openness, compassion, and vulnerability. Hart (2000) goes on further to suggest that "deep empathy is not a particular technique but an activity of more direct knowing that involves a shift in being, consciousness, and awareness" (p. 260).

> Like the mystical encounter, deep empathy is regularly described as including a feeling of love or appreciation, and of riveting genuineness or realness. . . . The cohorts of deep empathy include love, realness or authenticity, a sense of appreciation, and an unconditional, nonjudgmental acceptance. (Hart, 2000, p. 265)

Challenges. At the same time that hidden meaning, compassion, and intuition are active and alive in the research process, Anderson (2004, 2011) mentions that the method itself poses specific challenges for the researcher, which also speaks to the issue of internal validity. She suggests being rigorously aware of one's internal processes or perspective; avoiding circularity; telling the truth; auspicious bewilderment; maintaining a process-oriented and inclusive perspective; writing in one's own voice; favoring the particular and the personal; imagining the

impossible; and risking personal transformation. A brief description of each was important to mention so that as the researcher, I could be aware of these particular aspects when they were arising and pay close attention to my internal as well as external emotions, physical sensations, and spiritual insights. This is where being aware of one's internal processes or perspective can be intuitive to the research. It was helpful for me as the researcher to carefully document my awareness and experiences as a way of data collection.

Avoiding circularity also ties into this concept of one's internal awareness during the research process. It is within the vulnerability and openness of the researcher and ability to let go of any active projections so that as Anderson (2004) suggests being "alert to seeking data likely to contradict their values and assumptions and openly welcome anomalies in the data" (p. 326). This idea leads into truth-telling throughout the entire research process; again, being open and willing to divulge personal and what may appear as private internal processes, mistakes, and ideas and plans that did not work as originally planned, such as the Pilot Study. The intuitive process is a very personal and vulnerable place for the researcher so writing in one's own voice shares with the audience the deeply experienced authentic self and also it is the researcher that ultimately seeks personal transformation by the process.

On the other hand, the method of Intuitive Inquiry naturally lends itself to the notion of trickstering and auspicious bewilderment. Anderson (2004) states that "in indigenous cultures worldwide, tricksters open gateways of awareness and insight" (p. 326). The auspicious bewilderment is an internal place where the researcher may experience feeling not as confident, self-doubt, exhaustion, and so on. It is within this place of unknowing that the researcher may step away from the project, rest, and then come back after a "renewed understanding" (Anderson, 2004, p. 327) is found.

Intuitive Inquiry, as stated earlier, is both scientific and an embodiment process; it combines the richness of both aspects. The method itself views the connection and inspiration that flows between these two processes as integral to data collection and analysis.

Validity. Anderson (2004) speaks to the value of internal and external validity within the method of Intuitive Inquiry. Internally, as mentioned earlier as challenges for this particular method, the researcher must write in her own voice, be aware of circularity, tell the truth with "high levels of detail" (Anderson, 2004, p. 331). Anderson (2004) goes on to state that "such detail allows readers to evaluate for themselves whether or not the researcher has made reasonable conclusions based on the data collected and if the procedures are adequate to support the conclusions" (p. 331).

External validity then speaks to the nature and value of resonance of the findings for the audience. Furthermore, Anderson (2004) suggests two types of external validity for qualitative research: Resonance and Efficacy. Resonance validity "refers to the capacity of a study and its findings to produce sympathetic resonance in its readers" (Anderson, 2004, p. 331). Sympathetic resonance is another's response, understanding, and relating with the material in such a way that deeply resonates within the individual. On the other hand, efficacy validity seeks to accomplish whether the researcher, participants, and audience was transformed in the studies process, gained further compassion, understanding, and inspiration.

As a means of verification and efficacy validity (Anderson, 2000, 2004, 2011; Phelon 2004), the Intuitive Inquiry, qualitative method proposes the inclusion of a Resonance Panel. The inclusion of a Panel in the current study has seemingly added validity and reliability (through verification) to this topic by including three experts in the field that reviewed the research findings (including the photographed artwork). Ultimately, their feedback and findings have

informed the identified lenses originally established which has been discussed within the results and discussion sections in further detail.

For this study, the Panel included three individuals selected by the researcher in order to ensure resonance of the identified themes and patterns that emerged from the interviews, as well as the photographed artwork. The panel members had experience and knowledge with the topic; were at least 25 years of age; were physically and mentally able and willing to be instructed by the researcher and participate in an individual review and documentation of the study; and had the ability to use and access a computer e-mail system. Each member reviewed the themes identified by the researcher and provided written comments of which themes they resonated with and any annotations. The researcher provided an Excel spreadsheet with the indicated codes and themes, along with the transcription quotes. Additionally, a Microsoft Word document was also provided synthesizing the data into a more coherent outline. The original artwork photographs were also sent to the Panel. The Resonance Panel was a means toward inter-subjective validation and not an affirmation of the researcher's work, but to obtain their personal perspectives, intuitions, and familiarity with the data.

I found this aspect extremely validating, encouraging, and helpful with the amount of data and richness that I observed emerge. What I experienced from my Resonance Panel is much of what both participant mothers and children experienced as validation and acceptance from one another within the study.

Cycle 1. This next section will provide the reader with the hermeneutical cycles within the method of Intuitive Inquiry and my personal processing since I have embarked upon this journey. What I strive for and hope that the reader resonate with is my honesty and vulnerability with the selected topic for research. Anderson (2004) talks about truth telling and how the

researcher shall be an open vessel throughout the entire process—no matter what. It is my further

hope that my vulnerability will perhaps in some way influence and inspires others throughout

their own life journey.

To Look at Any Thing

To look at any thing,

If you would know that thing,

You must look at it long:

To look at this green and say,

"I have seen spring in these

Woods," will not do - you must

Be the thing you see:

You must be the dark snakes of

Stems and ferny plumes of leaves,

You must enter in

To the small silences between

The leaves,

You must take your time

And touch the very peace

They issue from.

--John Moffitt (Intrator & Scribner, 2010, p.1)

For me, this poem by Moffitt (Intrator & Scribner, 2010) talks about the deep

engagement that the researcher must subject to within herself, but also with the text, participants,

her committee, resonance panel, and audience. It is truly about looking at the topic from the

inside out. Just as mentioned earlier, this deep engagement of the intuitive research skills is allowed to unfold in a deep exploration of the entire landscape of experience.

To reiterate, Cycle 1 is Clarifying the Research Topic. Anderson (2000, 2004, 2011) states that the researcher first selects text or an image that seeks the attention of the individual. Once that piece has been selected, Anderson (2000, 2004, 2011) goes on to suggest that the researcher engage with the text or image, spending time on a daily basis, documenting dreams, keeping track of intuitions, and any other important messages received; creative expression is strongly encouraged at this stage and it will take as long as the researcher needs to come to their own conclusions about the topic. Anderson (2000, 2004, 2011) mentioned seven aspects that would make for a suitable topic: (a) compelling, (b) manageable, (c) clear, (d) focused, (d) concrete, (e) researchable, and (f) promising.

For me, when I truly began to dive into the formality of Intuitive Inquiry as a research method, I had already been called by a topic and was in the development of my proposal. However, in reflecting back to my first year in the Transpersonal Ph.D. Program at the Institute of Transpersonal Psychology, I remember this being a longer process than originally anticipated. In fact, I remember that I did not even know how to articulate what I was trying to study. All I knew is that it was coming from my childhood based around the paranormal and how that now weaves into my adult life. My process began in Dr. Arthur Hastings Transpersonal Theory courses. I remember being drawn to peak experiences in children and a dissertation written by Schlarb (2004). Dr. Hastings provided me such detailed and helpful feedback on a paper that I submitted around this topic. But, somehow, I felt this bit of confusion and a lack of clarity and resonance with peak experiences specifically. I was caught in this space of auspicious bewilderment as Anderson (2000, 2004, 2011; Braud & Anderson, 1998, 2011) discusses as

being a time "to look deeper" and stay with this feeling drawing from dreams, movement, and other personal messages and signs into the subject. This set me out on my own personal research reading dissertations by several alumni around the paranormal, spirituality, and related experiences with children. I would say that I was engaging with several different texts for a period of over a year. I allowed myself to sit with the information that I was reading and incubate for several months as I proceeded in the Ph.D. program. Moustakas (1990) calls this a period of indwelling where "to understand something fully, one dwells inside the [visible and obvious] and [invisible and essential] factors to draw from them every possible nuance, texture, fact, and meaning" (p. 24).

I also began the miniproposal class in my third year. It was here that I truly immersed myself into the creative expression component of my topic. I began creating possible topic titles where I would use crayons and colored construction paper as a child would; kept it posted up in front of me on my desk at home. I remember changing the title almost every other week, adjusting, and finessing to what was trying to emerge. It definitely became clear through these methods and also through my dream and waking life with my psychic and ability to communicate with spirits and other beings, that I was called to research the topic of after-death communications (ADCs) through children. My life experience with these beings and the process that I engaged in to come to the topic that ultimately claimed me has all of the seven aspects that Anderson (2000, 2004, 2011; Braud & Anderson, 1998, 2011) states for a suitable topic. I felt quite passionate, inspired, focused, and motivated to pursue this research. My personal experience with this topic lends itself to an even deeper exploration for both the participants and myself. It appears that this prolonged engagement that I experienced with my personal process

was necessary to achieve a most suitable topic both for myself and with the method of Intuitive Inquiry—we called one another.

     Cycle 2. This leads me to the next phase of the Intuitive Inquiry method—Cycle 2: Developing the Preliminary Lenses. Anderson (2004) suggests that Cycle 2 "requires the researcher to lay bare personal values and assumptions about the research topic as preliminary lenses prior to collecting original data" (p. 318). This Cycle requires the researcher to prepare a preliminary list of these values, assumptions, and understandings. Then after a deep engagement with the topic and literature review, the researcher refines her lenses. She must go back to the initial list of lenses in order to clarify her assumptions based upon the literature.

     Initially this stage caused me to sit still and listen reflectively to what my soul was really saying about this chosen topic, as well as my personal lifelong experience. I believe that the auspicious bewilderment and sense of indwelling that were once present had drifted more into the background however were still in my awareness. I was feeling as if my truth was represented in my lenses and I have looked to the literature, which was being further explored and developed within my proposal. The purpose for looking at the literature is to ascertain whether these preliminary lenses, or personal researcher assumptions, have already been researched and identified as fact; it is a process of clarification for the researcher before diving into her research.

     It was at this stage that Walt Whitman began to surface in my journey. For quite some time, I went through a phase of feeling completely lost, without passion, and questioning my purpose in this life, this research, and in myself. During a meditation in the Intuitive Inquiry course that I was taking, I kept hearing the words Walt Whitman repeatedly, and then creating an expressive arts piece that also indicated his presence with me. I had not read or studied about this poet for almost 20 years since I was in college! What would he have for me now? I felt that I was

being drawn back to his poem, Song of Myself (Bovee, 2001-2005). This was a 52-section poem written by Walt Whitman in the 1800s. Appendix M is an excerpt of the first seven sections of this poem that personally reached out to me at the time. After this experience, I felt even more connected with my topic, a sense of peace and release, and on new ground. It was a sort of letting go and finding inspiration from ancient text as hermeneutics suggests. This is where my journey began as I ventured into my chosen research method of Intuitive Inquiry. For me, I believe this compilation speaks to the interconnectedness that I feel from deep within my soul with the millions of children throughout the globe. The remaining sections of the poem seem to reflect on some sort of transcendence beyond the immediate apparent. Walt Whitman played a prominent role with me and my Intuitive Inquiry research exploration over several months. As I continued to read through Song of Myself (Bovee, 2001-2005), he emerged as a wondrous piece of poetry that seeped into my soul. He and his words from so long ago have now immersed themselves into me. It is not just me reflecting upon the ancient text any longer. Just as in hermeneutics, the text has become part of and is now reading me (Bruns, 1992). I say this because one day I felt a spontaneous desire to write back to Walt Whitman. The words that I began to write took the form of a poem:

> Dear Walt
>
> You have called out to me
>
> With vibrance, passion, and a reigniting into my own passion
>
> Nature, connection, life
>
> You have brought them all back into my vision
>
> I had once pushed your words by the wayside, struggling to understand them in my youth
>
> I hear you calling, you haven't given up on me

I contemplate you

You are watching Me

Poetry is where I began

Poetry was my survival

Why did I leave?

You continue to reach me

  Leaves of Grass

So many pages, so much deep and thought-felt uniting

No formality, no rhyme, no meter

Just You.

Thank You for bringing me Back

Walt brought me back to myself—my center—and the passion that resides within me for these children. I was able to really look within myself and how my Cycle 2 lenses emerged.

The development of preliminary lenses for the parents included: (a) Parents who have children experiencing ADCs exist across all socioeconomic status', educational levels, and cultures; (b) Religiosity is not a determinate factor of having children who experience ADCs; (c) Some type of spiritual belief may be present in family systems where children experience ADCs; (d) Parents may not know how to relate or communicate with his or her child about experiencing the ADCs; (e) Parents may reflect on their own experiences in childhood around ADCs; (f) Parents validate their child's ADC experiences; (g) Fear may be present in parents with children experiencing ADCs; (h) Some parents may want the ADCs to disappear; (i) Parents keep the experiences of their child's ADCs private; (j) Some parents may doubt the sanity or well-being of their child experiencing ADCs; (k) Parents do not want their children to be made a mockery in

public and therefore also withhold them from this study for lack of understanding; and (l) High

parental control exists.

I developed the following preliminary lenses about myself and for this research based

specifically around children experiencing ADCs in the United States: (a) the feeling of isolation,

being fearful, sensitive, and misunderstood; (b) exists as an innate ability; (c) experiences are not

typically discussed with peers; (d) creative expression modalities are utilized regularly to portray

their experiences as opposed to verbalizing the experience to another individual; (e) they

question what is happening to them and whether they are different or crazy; (f) anxiety is

experienced higher than the average child; (g) for fear of ridicule, they communicate with

spiritual beings in private; (h) positive and negative experiences are expressed; (i) they

experience difficulty sleeping; (j) they may be socially awkward or misrepresented in society and

with their peers; (k) true identities in social interactions are withheld; (l) they can be healthy

individuals spiritually, physically, and emotionally; (m) enjoyment interacting with spirits,

angels, and other loving beings may be preferred to the interaction in the physical world; (n) a

supportive family environment can help nourish children who experience ADCs; (o) a

heightened sense of awareness of surroundings exists; (p) they can shut down their abilities to

communicate with the spiritual realm if not supported by their environment (and ultimately close

off completely to this realm); (q) the idea of "death" does not really exist in their mind; (r) these

children appear more compassionate and understanding of other's experiences; (s) sometimes,

they do not know that what they are experiencing is different or unique in any way; they believe

everyone has these experiences.

With the identification of these lenses, it was difficult to say whether all of my lenses

were identified because of the lack of research in this specific topic with parents and children in

particular. Most of the very limited scope of literature that existed on ADCs pointed to adults reflecting back on their childhood experiences (Blinston, 2005; Greyson & Stevenson, 1980; Holden, Greyson, & James, 2009; Osis & Haraldsson, 1986; Sutherland, 1989).

Cycle 3. Cycles 1 and 2 represent the forward arc in developing the topic and understanding (Anderson, 2004). Cycles 3-5 are the return arc once the data have been collected and further understanding and insights are identified. It is within Cycle 3 where data is collected and represented, looking for the voice of the participants and what they have to say about their ADC experiences; data interpretation is minimally portrayed.

Participants. Two sets of participants were recruited in this study—parents (primary) and children (optional per parental consent and child agreement). First, eight adult participants (parents—mothers) age 30-50 participated, along with three of their children (age 6-12) interviewed, and six (age 4-12) who submitted artwork. Parent participants were recruited through various means throughout the United States, including two known to the researcher; two through word-of-mouth via facebook; one through the Institute of Transpersonal Psychology Alumni Newsletter; one through a facebook page for Indigo Children; and two through an advertisement from The Windbridge Institute for Applied Research in Human Potential.

Recruitment was open to individuals from any race, ethnicity, sex, gender, sexual orientation, relationship status, religious or spiritual preference, or from any socio-economic status. The parent must have had at least one child age 12 or under who were currently experiencing ADCs or had experienced within 2 years of expressing interest in the study. Participants must have had access to a telephone (for interviewing purposes) and the Internet (to access email). Parents must have been able to speak, read, and write English proficiently.

Any ADCs that were experienced while a child was under the influence of one or more mind-altering substances such as marijuana, synthetic or natural psychoactive substances, alcohol, and other illicit or prescribed psychoactive drugs, were excluded from the study. Individuals who have been prescribed antipsychotic medication were also not considered for this study. Finally, the recreational use of mind-altering substances, such as marijuana, synthetic or natural psychoactive substances, alcohol, and other illicit or prescribed drugs, were not allowed to participate.

Although the current research was primarily focused around the parents' experience of ADCs through their children, as research participants, the younger population presents unique challenges and opportunities. Hay and Nye (2006) suggest

> There is no practical or ethically acceptable way to regulate most of the variables when you are investigating the opinions and experiences of a group of children. In this respect it is no different from any other qualitative study of the personal life of human beings. (p. 90)

Thus, delicate care was exercised as the researcher when working with the child participants; safety and protection were observed with the highest regard. Additional awareness was around confidentiality, experiential accuracy, and accessibility. As Armstrong (1985) suggests, children may not necessarily have the ability to articulate as well as adults, however, they are able to express themselves in a manner that is portrayed with simplicity. Peterson (2000) states

> The problem in pursuing research into the world of psychic children is that children who have these perceptions almost never talk about them. These two and a half million kids really know how to keep a secret! When one of them does offer a report of his abilities more often than not he is humiliated and condemned by family and friends. Like a turtle retreating to its shell, the child facing such harshness finds solace in his secret and private world. (p. 5)

As Greene (2008) suggests, "children are more likely to be expressive, verbally or otherwise, when they feel safe and comfortable" (p. 76). Rapport with the child was integral to

the research interaction process flowing with ease. The safety and confidentiality of the children was of utmost importance in this study. This researcher looked to obtain non-coerced or influenced verbal consent of the children in order to continue rapport building and seeking truth from the child directly, as well as further encouraging the voice of the child to be heard as is the common theme throughout this particular research. Throughout the entire research process, this researcher made every effort to keep the parent and child participants informed of the overall process, as well as next steps. Every effort was made in this study to ensure that the children's experiences were positive, safe, informed, confidential, and without stress or undue harm.

Once the parent allowed access to the child for an interview and/or creative expression session, and the child also agreed, prior to beginning any formalities, this researcher engaged in building rapport in order to assist the children with feeling more comfortable and safe, such as engaging in conversation about what they like or dislike, school, what they did over the summer, his or her friends, etc. What I noticed as the researcher is that it seemed necessary before interviewing the two girls that I needed to share my personal association with ADCs and that I viewed them as natural. The girls had originally been exhibiting a bit of apprehension and anxiousness from what the mother's shared verbally with me as well as the children. Once I did share about my personal experience and that it was alright to speak freely and openly in a safe space, the children continued to disclose about their ADC experiences. I did check in with one of the children every 10-15 minutes as the interview lasted about an hour, and she continually expressed that she would like to proceed and had much more to share. I made it very clear that if at any time the children would like to stop, they may do so at any time.

According to S. Greenspan and N. Greenspan (2003), they discuss clinical interviewing techniques when meeting with children during therapeutic sessions. They specifically point out

the therapist should, "ask yourself what you can do to create a richer learning experience—in particular, what would evoke more data" (Greenspan, S., & Greenspan, N., 2003, p. 167)? As mentioned earlier, they would agree that building rapport with the child will increase the likelihood of a return visit and a sense of comfort. The authors differentiate between conducting an unstructured verses structured interview. They state that, "the less you intrude, the more the child will tell you" (Greenspan, S., & Greenspan, N., 2003, p. 168). This type of format allows the child a free-flow storytelling style that should be interactive with the interviewer, offering genuine and authentic "thoughtful gestures and comments" (Greenspan, S., & Greenspan, N., 2003, p. 168). For this reason, the current study offered a semi-structured format when individually interviewing the participant. Additionally, creative expression was also incorporated where the child was encouraged to express openly and freely without specified questions throughout the session.

S. Greenspan and N. Greenspan (2003) go on further to mention the interviewers' state of being as well during the process. It is important to be cognizant of one's own discomfort while interviewing a child; already being aware of what causes fear, stress, and anxiety. This way, the interviewer will know how to sit in the discomfort, how long to allow the unease, and proceed from a place of mindfulness and presence with the child, while still allowing the child to trust and feel safe in the space. These authors also suggest that each interview has three components: (a) beginning; (b) middle; and (c) end. Within each of these phases, certain pertinent goals exist and finessing styles when working with children. First, when beginning an interview with a child, this is a time to be "warm and accepting but not too seductive or charming in order to permit patients to show you how they begin a new relationship and what their own perceptions or anticipations are for this new experience" (Greenspan, S., & Greenspan, N., 2003, p. 169). "With

respect to making comments, warm affect is important: *what* you say is not as crucial as *how* you

say it" (Greenspan, S., & Greenspan, N., 2003, p. 176). This is a time where as the interviewer, I

make clear what the goals are of the session, verify that the child understands the reason for

being there and any concerns. As the session flows naturally into the middle phase, the goal is to

get acquainted and closely observe behaviors and what is being said. The final phase is when the

interviewer should start thinking about closing out and summarizing the session.

Some other useful tips and techniques the Greenspan's (2003) offer address when to act,

observation, guidelines, talking with parents, and how to further facilitate a productive, safe, and

authentic interview with the child. They state that it is best to "comment on the behavior rather

than gloss over the child's difficulty and shift attention away from it" (Greenspan, S., &

Greenspan, N., 2003, p. 170). As far as informing the child about rules of the session, it is best to

be clear up front. The author's mention that children find freedom in knowing the rules;

somehow, they even intuitively already are aware. Finally, with respect to the parents and my

recommendations and understandings of the sessions, it will be important to "see what their

concerns are, where their associations lead, and what kind of questions they have" (Greenspan,

S., & Greenspan, N., 2003, p. 251). As the researcher, I always held the parent interview first and

on a different day than with the child. Also, prior to speaking with the child, the parent had

already prepared them for the interview and I spoke with each parent before speaking with the

child the day of his or her interview. The parent and I checked in with the child to see if he or she

was alright to continue. Then, after the interview with the child, I spoke with the mother for

another check-in. This process seemed to work well for all individuals. In fact, I had been in

touch with some of the mother's after the interviews and artwork was completed. A written

report will also be provided to those mothers who requested a document of findings.

It is important to note that the information taken from S. Greenspan and N. Greenspan (2003) is formulated based around a clinical perspective. This viewpoint assisted as a guide for the researcher in the current study when working with the children that provided a more nurturing environment for the child and parent throughout the process.

The rationale for having children participate in this study was based on findings from the near-death and previous life literature. According to the near-death literature, "children's accounts are often informative simply because they report exactly what they see without great concern over the rational interpretation of their observations" (Bonenfant, 2001, p. 95). In addition, according to Stevenson (1997) and his work with cross-cultural studies in previous life research, a child generally begins speaking of a past life around ages 2-4 and will cease around ages 8-12. The child will express strong emotion and impressive memory and the details of the child's memory have been validated by independent research.

Procedure. For this study, recruitment materials were directed towards parents, guardians, and family members that included flyer (Appendix A) advertisements in after-life and near-death organization websites and mass emails, notices in newsletters, Internet (i.e. facebook and various other business) postings, and word-of-mouth referral. Recruitment materials announced the recruitment of volunteers to participate in a study for parents who have children under age 12 (also included age 12) who have experienced ADCs with the goal of understanding the subjective effects of ADCs. Volunteers were provided a Questionnaire (Appendix B) to determine his or her suitability to participate in the study. The screening questionnaire was completed by the parent.

Once eligibility was determined, potential participants for the study received an Introductory Letter (Appendix C) and Confidential Demographic Information (Appendix D).

This information was either hand-written or typed by the parent and then returned to the researcher via email or postal mail. The parent was asked to sign the Parent/Guardian Informed Consent Form (Appendix F). If the parent/guardian allowed access to interview and/or have her child participate in a creative expression project, then the parent was asked to also sign the Parent/Guardian Supplemental Informed Consent Form to allow Child Participation (Appendix G). It was at the discretion of the parent and child if the parent remains present during the interview and/or creative expression sessions. However, in most cases, the parent was in another room. The researcher asked that the parent remain silent so as to not influence the child any further. Telephone interviews were managed by the researcher and set up via freeconferencecall.com or audio recorded manually.

All participant children were asked to be included in the empowerment of his or her voice by reading (with parental assistance) and signing the Child Informed Consent Form (Appendix H) even if younger than the age requirement range of 7-12. Qualified parent participants were then asked to participate in an individual interview (Appendix E). Qualified child participants had the option to participate in an individual interview (Appendix J) and/or creative expression project (Appendix I).

The parent's involvement first consisted of participating in a 45-60-minute semi-structured individual interview (Appendix E) with the researcher around his or her experiences with their child's ADCs. The interview consisted of open-ended questions designed to elicit responses relative to participants' subjective experiences.

Once this session concluded (and sometimes prior to), the researcher requested an interview and/or creative expression session with the child experiencing ADCs. If the parent did not allow access to the child, then the child was not included as a participant. However, in all

cases, the mother was more than willing to allow access to her child. It was the children that ultimately made the decision whether to participate, and in some cases chose not to be interviewed and/or create an art image.

However, if the parent (and child) did approve of either an interview and/or art session, then the following procedure was implemented. It is important to note that allowing access to a child was completely optional per the parent and child's permission. If the parent and child agreed to either an interview or creative expression project with the youth, then two additional consent forms were signed: (a) Parent/Guardian Supplemental Informed Consent Form (to allow Child Participation) (Appendix G); and (b) Research Study – Child Informed Consent Form (Appendix H).

The creative expression session was completed in the privacy of the child's home without the researcher present. Each child received via mail a standardized creative expression kit containing materials put together by the researcher. The kit contained the following supplies: Instructions (Appendix I) that were sometimes emailed to the parent, silver glitter, sparkly acrylic jewel stickers, glue stick, paper (small and large), erasable colored pencils, colored clay, crayons, paints and brushes, pip squeak markers, and pastels. Each kit was standardized meaning that the same colors, brand, and products were provided so that every participant had the same opportunity to create an image that expressed the child's experience of ADCs. The parent and child participant were instructed to allow 30 minutes to express his or her ADC experience creatively. The parent emailed a photograph of the completed artwork to the researcher for inclusion into the study. One child created a brief video discussing the image that was emailed to this researcher. Three children were interviewed that submitted artwork. The other two children that created artwork chose not to provide additional descriptions or participate in an interview.

The parent and child were kept apprised of the entire process in advance and informed of the details along the way.

The child's involvement in the interview consisted of participating in a 20-60 minute (depending on age and how much the child wanted to disclose) semi-structured individual interview (Appendix J) with this researcher around his or her experiences with ADCs. The interview consisted of open-ended questions designed to elicit responses relative to participants' subjective experiences of ADCs. The interviews occurred over the telephone as each child was located in another state than this researcher. The choice was left to the parent/guardian and child as to where they felt safe and comfortable. In most cases, the parent remained in another room while the child was interviewed. Additionally, with the creative expression component, the parent read the instructions to the child and then allowed the youth to create his or her project for 30 minutes in privacy.

All sessions with parents and children were audio recorded at a mutually agreed time and neutral location that was quiet, comfortable, and safe. Interviews were recorded in person or over the telephone (via freeconferencecall.com and/or digital recorder). A thank you message was sent to each parent and child that participated with a follow-up on how each were progressing since the interview.

As the researcher, extensive experience with creative expression over the past four years while attending the Institute of Transpersonal Psychology offered me knowledge in this area. The researcher also held the position of the Creative Expression Coordinator for one year and was a Teacher's Assistant with the Creative Expression Director that also added to the researcher's knowledge and experience in this area. Finally, the researcher retained a one-year

practicum with the Palo Alto Art Center wherein she worked intensively with artists and children aged 5-12 in group settings both at the art center and in the educational system.

Due to the nature of the participant children age 12 and under, creative expression "provides a vehicle to carry the psyche's image-making that is vital to growth and change" (Williams, 1999, p. 6) that were pertinent to the findings in this study. Yvonne Barnthouse Williams is a former Child Life Specialist and retired educator and clinical practitioner with 31 years of experience divided amongst pediatric and psychiatric settings, private counseling practice, and clinical teaching and supervision. She went on to suggest that "drawings are a valid expression of conscious and unconscious conditions of psyche and soma" (Williams, 1999, p. 23). Although such a claim can be disputed, Williams (1999) has found that "even when patients' drawings are never analyzed, evidence shows they benefit from the process of making them" (p. 184). Furthermore, Rominger (2004) suggested that the use of creative expression is an important factor in research of experiences such as exceptional human experiences (EHEs), NDEs, and other similar experiences in order to gather important stories and reflections. Blinston (2005) found in her study that the majority of the participants expressed the benefits they experienced during and after the creation of their expressive arts pieces. Several thinkers agree that "art-making can reveal truth/meaning/understanding" (Hervey, 2000, p. 49; see also Dewey, 1934/1976; Heidegger, 1971/1976; Moustakas, 1990). According to these researchers and the delicate nature of the current study with ADCs through children, it appeared the children would find great benefit in utilizing creative expression in order to further explore their experiences that were portrayed and discussed in the results and discussion chapters.

To assure the privacy and confidentiality of all interview and art work, the parent and child selected pseudonyms to be representative in the final study. The researcher maintained all

interview and artwork files (including audio files) in two password protected computers. As an added precaution, the researcher altered any information that might otherwise identify the participants in this research study. Finally, participants were asked to provide demographic data that was also stored in two password protected computer systems.

This researcher solely transcribed all audio recordings. The purpose was that the researcher has found in prior interviews in a different study that this personal process holds an internally enriching purpose where additional pertinent information appears to emerge, essentially expanding and creating a more holistic overall Intuitive Inquiry study. Brooks (2010) points out that many times transcription is not viewed as a pertinent element for analyzing one's data. She suggests a process of revisiting, revisioning, reflection, and refining when transcribing data. As the researcher, I viewed this transcription process as relevant and most applicable as an embodied being for this particular study and looked to delicately, compassionately, along with sincere depth, work with the interview data. It was found throughout the course of transcribing and simultaneously still holding interviews that I began to grow as a researcher by hearing myself speak with the participants. New findings and processes emerged as well during the transcription phase. I made sure to journal and note anything that was coming up for me in the moment. In essence, data was still being gathered—about me and the participants. Finally, during the transcription process as themes began to emerge, I would indicate within the document where such items were surfacing. Essentially, a coding process began to occur.

Of course, limitations to transcribing my own data existed, such as being aware of my assumptions and biases and potential influences over the information, just as in Intuitive Inquiry overall (Brooks, 2010). Technical failures were also present while using devices to audio record. Since the researcher will be the only transcriber, originally an outside individual or individuals

were to be selected to review the transcriptions against the audio recordings as a means of verification. However, due to time limitations, this area of the study had to be bypassed. As the researcher, I felt this was acceptable since I had employed the use of a Resonance Panel to review the ultimate data and themes.

Resonance Panel. Additionally, to build an even more robust study and further address validity, a Resonance Panel consisting of three adult professionals in the field who also share knowledge and experiences of ADCs also reviewed the themes, patterns, and artwork that the researcher identified. These individuals were recruited from the researchers' prior professional and personal relationships in the field. They were at least 25 years of age; physically and mentally able and willing to be instructed by the researcher and to participate in a written review and documentation of the study; and have the ability to use and access a computer email system. Each member was asked to sign the Resonance Panel Consent Form (Appendix K). After the members agreed to serve on the Panel and signed the Consent, instructions were sent along with the researcher's findings (Appendix L). Their findings are portrayed in the results and incorporated into the discussion.

The Panel also reviewed the artwork. However, this researcher first conducted a visual content analysis of the expressive art images created by the child participants. First, on several different occasions, I viewed on the computer and through color hard copies each individual photograph and identified visual themes. Second, I combined the hard copy pictures of each participant and laid them all out in front of me so that I could see the recurring themes with the physical and contextual attributes of the images. This was a point in my Intuitive Inquiry research analysis process where for a split moment in time that I felt unified with the images and children as they arced around me in a circle, almost like closing the loop—the hermeneutical

loop. It was incredibly touching and a sacred space in my personal process whereby I shared

amongst their ADC and disclosure experiences; as if no space or thought separated us. I could

also see as if the spirits represented in the images surrounded me as well like white apparitions,

almost in honor of what I was doing. It was an exceptional human experience for me in my

research process.

Cycle 4. Once Cycle 3 was completed and the data collected, as the researcher, I began

data analysis, identified earlier as Cycle 4. For this study, I conducted a thematic content analysis

(Braun & Clarke, 2006) in addition to the review of my previously identified lenses in order to

further add validity to the project. As defined by Braun and Clarke (2006), "thematic analysis is

a method for identifying, analyzing, and reporting patterns (themes) within data" (p. 79). In order

to identify themes, I proceeded through a series of steps so that I could synthesize the large

amount of information obtained from the interviews and art work. This process consisted of

transcribing the interviews, reading through each one, and then reading them again to identify the

meaning units and assist in creating codes. Finally, after the data was coded, major themes

emerged. Chapter 5 provides the reader with the established themes and characteristics of each

category. The thematic content analysis then assisted this researcher with the refining of the

Intuitive Inquiry (Anderson, 2000, 2004, 2011; Braud & Anderson, 1998, 2011; Esbjorn-

Hargens, 2004) lenses.

According to the Intuitive Inquiry method (Anderson, 2000, 2004, 2011; Braud &

Anderson, 1998, 2011), the researcher arcs back to Cycle 2 in order to see if the participants'

data matches the lenses. It is at this part of the research process that lenses may remain the same,

change, or evolve into something new—seed lenses—indicating ideas for further research

(Esbjorn-Hargens, 2004). Intuitive Inquiry as a pure method without any other analysis

conducted would cease at this point. However, since a thematic analysis was also involved, then the data would have to be further reduced according to the themes presented within the research. Cycle 4 will be further explored within the next chapter.

Moustakas (1990) mentioned that the researcher "retreats from the intense, concentrated focus on the question" (p. 28) allowing the researcher to open and incubate the data. Cycle 4 involves reviewing the lenses and establishing new ones if needed, and Cycle 5 integrates the collected data with the literature. Thus, this process further allows the researcher to sit with the data and for breakthroughs with the findings to develop, always coming back to the research question.

Cycle 5. Anderson (2004) incorporated this cycle as a way to "emphasize the importance of integrating research findings and prior research and theory" (pp. 314-315) in a more formal manner. At this stage, I as the researcher provided the reader with a very honest evaluation of the entire research process. I have also indicated what I have learned and where further research may be identified that is further discussed in Chapter 6.

Conclusion

In this chapter a brief introduction to the research questions was posed and connected to the Intuitive Inquiry research method. A full portrayal and in-depth personal look at the method and thematic analysis was illustrated that both balanced a conventional inductive scientific approach and an intuitive one. A window was also presented into the participants, procedure, and resonance panel for this study setting the reader up for the continuance of the project during the data collection phase in Chapter 4.

Chapter 4: Cycle 3 - Data Collection

"Vulnerability is our most accurate measurement of courage." (TED, 2012)

The quote mentioned above was stated by Brene Brown. She said this during a presentation about her research on shame. I found it quite pertinent and appropriate to mention in the current chapter on data collection. What I experienced for both myself and felt from most participants was this idea of vulnerability; the feeling of being vulnerable about an experience that is intangible, not socially accepted, and often pathologized. The mothers and their children came forth in the most vulnerable, open, honest, and trusting way so that others could also learn about what is happening in our immediate worlds—seen and unseen. In this chapter, the reader will get a glimpse of the first attempt to gather data during the Pilot Study. Additionally, a demographics section along with portrait snapshots of each interviewed participant has been depicted. The artwork from the children has also been displayed.

Pilot Study Findings

A pilot study with two children was to be conducted prior to the formal research and recruitment of the eight participants in order to test the current research design. Data obtained from the pilot study was to be reviewed by the researcher and committee chairperson.

For a period of approximately three months, this researcher diligently and aggressively advertised to recruit child participants. The researcher did hear from adults that desired to share their personal stories with ADCs, and stories from their relatives who had also experienced this phenomenon. Additionally, one particular mother was in contact with this researcher for approximately two months, during which rapport was successfully established and she was interested in having her two boys (aged five and seven) as part of the Pilot Study. She did share that the eldest boy was not interested in talking about "the monsters," and that the younger

brother only followed what his older sibling decided. This researcher continues to receive communications regarding the current proposed topic with great interest from the community and many individuals have offered support and resources, however, the parents and particular children needed for the study did not respond. Due to the length of time needed to further recruit this population and the fact that parents also require an establishment of rapport that may take several months, the need for a design change was necessary. It should be mentioned that the original study is still believed to be quite viable, however, it may take two years to fully complete, which is better pursued post-commencement. As a result, a decision was made by the Chairperson, the committee, and this researcher, to move forward with a necessary design change to focus on the experiences of both parents and the optional component with their children throughout the United States who experience ADCs.

Demographics

With regards to demographics, eight mother participants, age 30-50, all Caucasian, were interviewed over the telephone; one mother was interviewed in person at her home. Parents were located in Michigan (two participants), California, Indiana, Tennessee, Arizona, Massachusetts, and Texas. Educationally, all mothers had post high school experience: Three Masters Degrees; One Ph.D.; One Associate's Degree; One Bachelor's Degree; One M.D.; and One non-degree. The average family income ranged from $20,000 to $170,000 annually. Most parents were raised in the United States except for two who were brought up in Saudi Arabia and Buenos Aires. Religious traditions that mothers were raised in as reported from the participants directly varied from one participant indicated "none;" one Catholic; one United Methodist; one Christian (Baptist); one Christian (United Pentecostal); one Christian; and two parents that chose not to answer. Spiritual or religious traditions that parents and children were currently being raised in

also varied with one being spiritual but not religious; One Buddhism, meditation, and yoga; One Buddhism, Metaphysics, Paganism, Native American, blend of eastern and western traditions; One Non-Denominational Christian; One Christian; One Catholic; and two chose not to answer.

Child demographics included age 4-12 males and females from varied backgrounds. The only females in the study were age 12 (two children). The remaining 4 male child participants were age 4, 5 (2 children), and 6. Three children were Caucasian; Three children were African American.

Participant Parents

Anderson (2000, 2004, 2011) suggests presenting the data in a manageable and descriptive manner. For this reason, I chose to present the participant interview information into a portrait-style layout (Heckel, 2011). This brief story about each mother provides the reader with a rich and succinct portrayal of her experiences with her child's ADCs. All mothers chose their own pseudonyms that are represented below. Eight participant mothers offered her time to be interviewed for this study. For purposes of continued anonymity with a small sample size and because two of the mothers were known to the researcher, separating the demographic information from the portraits, as well as maintaining distinction between parents and children, was a conscious decision made for confidentiality purposes.

Jim. (Pseudonym selected by participant) Jim has a 7 year old male child who verbally tells his mother about "the monsters" in his bedroom. Jim's son did not choose to participate in this study. However, Jim reported that her son has been experiencing ADCs since he was age two. The most prominent emotion expressed when running to his mother for consolation was fear. He would experience ADCs on a daily basis when he was younger, but that has now

decreased with maturity. She explains a typical scenario of when he comes to her about his

ADCs:

> The pattern is that I'll go downstairs at home and he'll be left upstairs for some reason and all of a sudden I hear this scream, like really piercing scream, and he'll run down and he'll say, why did you leave me alone upstairs? You know, the monsters come when you're not around! And, so, he doesn't offer a lot of information so I'll start asking him, what's wrong? What do they do to you? Why are you so scared? And he'll say well because they grab me and they want to hurt me and then, but when I try to get more information, and he's like oh I don't want to talk about it, I don't wanna. So, I don't have a lot of specifics. (Jim)

While the experience is being expressed to Jim, she attempts to console, validate his

experience that it is in fact real, and then try to make him feel calm, secure, and safe, which she

also recommends can help other parents when working with a child that has ADCs; do not

impose a personal belief system onto the child. She believes that if you "don't buy into the fear,"

then the spirits cannot harm us. Jim goes on further to state that a variety of techniques in

working with the fear and spirits has been attempted with her son:

> We've tried many different things like, why don't you take your sword upstairs…ya know, when you go upstairs or we've done things like making a bubble like an egg of light where the monsters can't come in. We did that mostly before going to bed because he used to have a lot of nightmares and he said the monsters came in his sleep too. You know but basically what I did was just validate his experience. This is what it is for you. Not trying to fix it too much. Try to give him alternatives and other points of view but, so not colluding with him but also validating his experience that this is how it is for him when he gets scared and so most of the time I just go upstairs with him when he needs to go upstairs. (Jim)

Jim finds purpose and meaning in her son's ADCs such as an opening in his sixth chakra

that offers other energetic influences. His understanding, acceptance, and openness with the

concept of death also exist. Just because he experiences negative aspects of ADCs (i.e. fear), Jim

still desires for her son to hopefully experience positive integration later in life and continue

having ADCs.

As a mother, Jim often feels frustrated about having to go upstairs so many times, and limited about not knowing how to respond to her son after he experiences ADCs. At the same time, she feels at ease with the fear that he expresses because it does not last throughout the day; it is forgotten and he moves on with his activities. Additionally, he is not physically harmed by the ADCs so she feels more at ease with his safety, although concerned and aware that he may be tapping into "denser energies" that pull and need something from us. Jim feels it in her solar plexus when her son shares ADCs with her. She further stated that as far as she has observed, he only shares his ADC experiences with her and his younger brother. Jim spoke about having the house "cleaned," but changes her mind since the spirit energies seem to have a right to be in the space as well:

> I've thought about well do I want to get someone and come clean the house? Maybe I should have the house cleaned. Yeah, there's people who come and just invite the energies to leave. Why don't we just invite them to leave? But, then we don't. I'm not sure. I think it's like what is. This is their house too. Well why to tell them to leave? They used to bother me a little bit too, and now it's like they are just part of the house. (Jim)

Community support for Jim is sought out with friends who are healers that perceive and hold similar beliefs. She also speaks with her husband. However, it doesn't seem to appear that her son's school is a place where she feels comfortable in speaking openly about ADCs. She believes that kids begin "shutting down" and not openly expressing their experiences because they are not validated at school by teachers and peers.

Jim openly disclosed that she has also had ADC experiences and that when she was growing up with her mother, the abilities were not nurtured, so she in fact, shut down. She was raised without religion or spirituality, and her parents considered themselves Atheist. It was only when she chose to attend a healing school later in life that she met others who would then validate her intuitive abilities and ADC experiences.

Lily. Lily has a 12 year old daughter that has been experiencing ADCs "fairly often" and shares with her mother, mother-in-law, and husband verbally about the details of what occurred. Her daughter often feels a "cold spot" in the basement and also one upstairs in their home whenever she walks through the areas. She prefers to have someone accompany her when she has to pass through those locations in the house. Lily's mother-in-law has also felt the cold spots.

According to Lily, her daughter has been experiencing ADCs since she was around age 5 and that they continue to go wherever she is present:

> Well, when we were in our other house, she started feeling things…she started saying things to us when she was really pretty young like when she started to cry she would tell us that she would feel hugs and she still does, but when she was crying, she would feel like someone was hugging her that wasn't there, or that they were rubbing her arm. And sometimes she would hear someone saying [her name and then the word], "help!" You know, we would check to see if her sister was playing a joke on her and it wasn't. She says that it's not happening as much now as it used to in the old house, but she almost feels like it followed her. She doesn't hear it as often now, where she used to feel it, she used to hear it a lot more in the other house. (Lily)

Along with feeling colder areas in the home, feeling hugs, and hearing ghosts speak, her daughter also felt rubbing on her arms almost like a comfort when she was feeling sad. This occurs about twice per week on average.

When Lily's daughter is feeling frightened, her mother allows her to keep the light on in her bedroom at night. However, she experiences ADCs both during the day and at nighttime.

Lily admits that ADCs are not "completely unusual in our family"; she, her mother, and mother-in-law share in these experiences. So, she does not feel as worried as she once felt in the beginning as she does not see any physical harm coming to her daughter. As a mother that has also had ADCs, she never experienced anything negative. Lily does listen to her daughter and also looks to console her when an ADC happens:

> I said sweetie you know our spirits go on after us and our souls go on after us. It happened to/could be like somebody in our family giving you a hug and telling you it's gonna be alright. It could be any number of people and our family they're trying to give

ya a hug and tell you everything is gonna be ok. When she started being afraid of things, it more worried me and I would say things, and I still say things like sweetie they can't hurt you. The spot there, I go through that spot all of the time and nothing hurts me. It still, for her, it is so, what's happening is so real. I mean, the look on her face and the panic when she goes downstairs, it's, I mean all kids are afraid of going downstairs. (Lily)

The family practices Catholicism and believes that a soul moves on after we leave the earth plane. She believes that certain ghosts or spirits are "drawn to her" and needing her help because she is receptive and a "loving and sweet little girl." Her mother also stated that it could even be certain family members that are looking to contact her daughter. She views her ADCs as both positive and negative experiences, however wishes that her daughter did not have the more fearful incidents. At the same time, Lily accepts that this is just part of her daughter's daily life and the more comforting experiences outweigh and seem to balance the more frightening aspects.

Emotionally, Lily expressed feeling anxious and early also on questioning if the ADC experiences were real, or if imagined. However, because the ADCs continued to occur and were consistent, Lily began to accept the validity of the experiences. Other emotions and somatic responses that Lily shared were that she would often feel it in her stomach and her "hands clench" as well as sensation in her shoulders.

She does not feel comfortable discussing her daughter's ADCs at the school as she believes that others will view this as "crazy." Lily also has not personally observed her daughter sharing these types of experiences with anyone other than the immediate family.

Although Lily does acknowledge the scary aspects of her daughter's ADCs, at the same time she views them as "miraculous," and would only change the frightening aspects. She feels that if she continues listening to her while maintaining an open mind, this will help to further nurture the experience for both mother and daughter, which she also recommends for other

parents that have children sharing ADCs. Additionally, if a child would like to sleep with the light on because they feel afraid of the ADCs, then allow that request from the child. Lily further believes that a parent should be inquisitive and ask about the child's experience.

Jackie. Jackie has a 4 year old son who verbally expresses his nighttime ADCs to both her and his father and has been doing so since he was age 2.

> He came to us one morn, snuggled up in our bed, at probably 4:00, something like that in the morning, we got up before he did and then when he got up, he came into the living room and he was all excited and he said momma you gotta come see these floating candles and he said you gotta see them. So I walked into the bedroom with him into our master bedroom and he was just floored, he was just shocked! Well, I think he was actually 3 years old at the time and he said, "where are they?" He just was so upset that they weren't there and couldn't understand where they were and I said something to my husband. I mean, he was just convinced. (Jackie)

Her son has expressed many ADC experiences with her and her husband. The experiences range from seeing what he described as a "skeleton head," that he was not fearful of, to "tiny little ghosts" that appeared on her desk, a puppy and other types of animals such as bats, an "angel," to an apparition of a man that in his mother's bedroom. At times, she will ask the spirits to leave if her son asks makes that request. He has shared that "the candles make him feel happy." She has admitted to times where she feels uncomfortable with his experiences, yet she is also supportive and encouraging, listening with an open mind to what he is sharing. Jackie also explained that although her son may use descriptive words such as *angel*, *bat*, and *skeleton head*, this does not necessarily indicate that these are in fact such symbols as an adult may hold in his or her mind as the image. His experiences seem to occur in his bedroom or in his parents' place of rest.

Intuitive abilities are also shared by Jackie and she feels "excited" about her son's ability to perceive. She explains that she "really wants to make him feel safe and secure" so that he will continue to grow in his abilities. Jackie also tends to reach out for community guidance and

support to a channeler and business coach that has a radio show incorporating person's spiritual abilities. She relates back to her own childhood where she also had ADCs but did not feel the experiences were nurtured or understood. Thus, she feels supported as a parent, and also desires to provide that nurturance to her son.

Jackie believes that her son may have "a special gift or maybe he's at a higher state of consciousness." She mentioned that he was an "old soul" referring to his many lives here on earth—reincarnation. Although she has thoughts about what his soul purpose may be, she does not want to impose her thoughts and beliefs on him as she would rather he choose the best path for himself as he continues to mature. She would not alter anything about his experiences at this point.

Somatically, Jackie feels the experience in her "heart chakra," that is "loving," "warm," and full of "strength." On the other hand, when he experiences discomfort with his ADCs, Jackie will have a different physical reaction more located in the stomach where she feels nervous.

As far as her son sharing his ADCs with anyone but her, his father, and her older son, Jackie observes him as more shy with other kids at school. She did mention his experiences to the teacher once and felt "brave" in that although she did not necessarily feel completely accepted, she spoke openly anyway even though the recommendation was to possibly home school her son.

She believes that if she continues "letting him know that I'm there and . . . to let him know that if he sees it again, he knows he can come to us and tell us." She also recommends that other people may express fear and see ADCs as "evil," however she feels that seeking support through a professional or non-professional will help in understanding the experience even more.

Additionally, if the parent is feeling fearful in the moment where the child shares his or her

ADC, then do not show this emotion to the youth.

Ann. Ann has a 12 year old daughter who verbally expresses her ADCs to her mother.

She spoke about the experience her daughter shared with her about a visit from her deceased

father (maternal grandfather of the child):

> She's never met my father and the couple of times that he's come to visit her, she is so accurate in her description of what he's saying, of what he's doing, his mannerisms, that sort of thing, that I'm certain that it's truly a visit from my father. (Ann)

She explains that her daughter has been experiencing ADCs since she could start speaking and

that as she has matured, the incidents have decreased to maybe twice per year. It is typically

during the nighttime in a dream state where her daughter experiences visits from her grandfather.

Additionally, Ann also describes another ADC when the family was at a cottage:

> One time . . . we were at my sister's cottage and she came to me in the night. This was one of the few times she's woken me up to tell me she saw two she said angels and she said one was big much bigger than the other. The other one was a smaller one and . . . one had a blue hue and the other one was all white and she was frozen. She said she wasn't able to move and they were in the room but when they left the room, that's when she got up and she came to me to tell me. (Ann)

Ann also used being "frozen" when her daughter shared about the most recent visit with her

grandfather, whereby it seemed that she could not move to interact with him. This somatic

response was also accompanied by a sense of fear, however simultaneously, a comfort is also

experienced from the visit of a loved one.

She further described a third dream that her daughter no longer recalls because she was

only 3 years old. This visit from her grandfather included an outing to "see a bunch of white

horses and then he fed me ice cream and it was really fun." Ann recalls that when her father was

alive, this was one hobby that he enjoyed and would often take her with him to the stables; this

information was unknown to her daughter prior to having the dream. For Ann, the visits from her father in her daughter's dreams are a warm and comforting feeling.

> When responding to her daughter's ADCs, this is how Ann describes the interaction:
>
> I just try to calm her. When she tells me my father came, I get excited just because I like to feel his closeness. And when she tells me about him in present terms, it gives me comfort. When she talks to me about other things like those angels, I try to tell her not to be afraid, there's only good things that God is sending her because she's a good girl, good hearted, and kind. I don't want her to be afraid because I think people become afraid, that's when they turn it off and they are no longer able to receive those sorts of visits or messages. (Ann)

If her daughter feels fearful, then Ann also experiences those emotions. However, she also desires for her daughter to continue having these loving experiences and "contact with the other side" as they have a message. Ann also admits to experiencing ADCs. She also feels that her daughter is an "old soul" and receptive to having these experiences and that they will serve her well as she matures. She believes that her daughter is "handling it very well" and that the visits also offer "advice" on how to proceed in life.

At one point, her daughter shared the ADC experience about the angels with her teacher at school. The teacher thought "it was nice," however upon hearing this news, Ann's sister did not approve and proclaimed that she shouldn't have done so because she may think her "strange or weird." Ann's daughter no longer shares her ADCs with peers or anyone outside of her mom, father, and maternal grandmother, who also feel comforted by hearing about the visits.

If Ann could change anything about her daughter's ADCs, it would be to remove the fearful experiences and also for her to be able to move freely without any paralyzing physicality, that she has also felt this sensation in her own dreams with spirit. Ann would like to be able to further provide "courage" for her daughter to continue with the ADCs longer, but does not look to influence her either way.

Summer. Summer has a 12 year old son, who chose not to participate in the study, that has ADCs and shares them verbally with his mother after he has an experience. He began experiencing ADCs approximately three years ago and now has them about once every week or two. She explains that the experiences are not as "novel" as they were in the beginning because they occur so often and have been ongoing for the past several years. Summer spoke about many instances where both she and her son would experience seeing the number 22 that appears as a sign from her son that had passed away. They believe that he is reaching out and communicating with them; letting them know that he loves and is with them. Her son also "will sense his presence when there's some kind of electrical" occurrence with a flickering light or cell phone interference. The flickering light happened with her son and one of his peers when "weeks ago they were alone in the sunroom and the lamp flickered and at the same time it flickered, they felt a jolt of electricity through their bodies. They felt that was the brother, his brother." This shared ADC between Summer's son and his peer occurred during the nighttime.

In another instance, she explains that her son was visited by his brother in a dream. This is where "he actually felt like he talked to him."

Since they both experience similar ADCs about her son that passed, she is not always quite sure if he perceived it directly or if some are from what he has heard from his mother. They speak often and freely about the ADCs and feel comforted by the visits. Summer says that her son is "tickled when that happens." She is also excited and happy when hearing about the visits.

She does feel a higher purpose is involved:

It's confirmation that our consciousness and our spirit continues once our body is expired and to me it just gives me the sense that that there's a bigger plan ya know? Not just that he's still around but that there's some kind of coordination going on for all of us. (Summer)

She goes on to say that religion around the world pretty much has the same message. Summer holds the belief that we all have some type of "transcendent kind of energy that is present in all of us and in all of life and in all living things."

Summer feels that the ADC experiences are "heart opening" and and "endorphin rush" and a "lightening" of her mood. Both she and her son spend a lot of time laughing and enjoying the ADCs. She admitted to feeling sad in the beginning after he passed, but cannot recall the last time that she felt that particular emotion in regards to the ADCs.

Her son appears to speak openly about his ADCs with his peers who respond positively and "think it's cool." She believes that he has opened up more to the concept of death. He continues to share his experiences with his mother, older brother, and friends. In fact, Summer took him to a consultation with a medium about the ADCs. She, herself, has many friends, a counselor, and feels very supportive in her surrounding community; she reaches out. Additionally, she shared about her experience while attending a conference with other individuals around the topic of the after-life. She felt this was incredibly supportive, loving, and comforting.

As for the option to change anything about her son's ADCs, Summer does not feel the need. She would, however, like to begin journaling the experiences to be able to look back and reflect—learn. She does wish she had started that from the beginning.

With regards to other parents, she encourages them to be open to their children, and continue to listen and embrace the experiences. She also believes that community support exists and to reach out to someone who is compassionate and understands the experiences— professional or non-professional.

Jenna. Jenna has a 6 year old son that was the only male child who provided an interview in the study. She also has a 5 year old son that experiences ADCs. Through conversations with his mother, her six year old shares about his ADCs on a weekly basis. His ADCs contain visits from his deceased brother, whereby he began communicating with his brother through signs about one week after passing away. An example of an ADC is when her son shared a picture where he stated that his brother communicated with him how to draw and shade. At other times, he has felt "warm and tingly" after his brother gives him a hug. She has also observed her son channeling her now deceased child. Jenna explains that she and the family use a Ouija Board in order to initiate contacts with him. She also stated her hesitancy about using it at first because she had heard about negative spirits being able to come through. However, she learned how to use the board and the family now communicates with her deceased son on a regular basis:

> My boys love to talk to their brother on it. We do it a couple times a week and when [her son] communicates with them, he'll answer their questions. They love asking him questions and then if they say where are you, the thing on top of the board, I don't know what it's called, the planchett or whatever, it flies off the board across the table and points at whoever asks where are you. So that [her son] tells them, I'm right here next to you and they love that. (Jenna)

Jenna exclaims that she along with her boys feel comforted and happy that they can still communicate with her son. She feels that he is watching over them and letting them know that he is still around. She further expresses that her son's passing was "for a reason" and that a higher purpose could be that he was to change her life, as well as the rest of the family so that they can now do good for others healing process when losing a loved one by sharing their story. "It took four months for me to realize that this is what's going on that this was not just poor me and my poor family and my poor son. It was definitely for a higher reason higher purpose."

When Jenna first began using the Ouija Board, she was a bit nervous. She would feel it in her stomach and get chills. However, after feeling more comfortable, she talked about the hair on her body standing up and getting goose bumps; she felt great.

She does wish that she had started journaling the events and is now seriously contemplating beginning this endeavor. She believes that her son is "trying to lead us somewhere, the whole family," so she wants to be sure that everything is documented so that she can reflect and learn. She would not change anything about her son's ADC experiences and would like for them to continue.

Jenna is unsure what her son shares while at school. She seems to believe that he pretty much only talks about his ADCs at home. He writes his experiences down on paper and then shares them with his mother.

As for further support and continued education for herself as a parent of a child who is experiencing ADCs, she states:

> Actually I'm gonna go to the library and get some books out and try to learn more about what children go through . . . what other children have shared about these experiences. I wanna read other kids things so I know other things maybe to look for or how to talk to them in a more I mean I wouldn't say appropriate manner, maybe more helpful manner to them. (Jenna)

Jenna has shared the ADC experiences with her mother and a friend. She feels that everything is still so new so she has not reached out to others at this time. She did mention a grief support group for her and the boys that will be starting soon. She is open to sharing about her ADC experiences in the group if that is what is meant to emerge.

She exclaims that parents should be open to receive their child's ADC experiences and has a strong message for others:

> Believe them! Children are innocent. Their minds are not filled with all kinds of junk that we get in our minds as we grow older. They're innocent. They're pure. Believe what the child says. It's the main thing I mean it's they tell it like it is. There's no reason for them

to make things up like that. I think kids are probably scared to say things because they're afraid the parents [are] gonna say, oh no you're not or you know, or that's crazy, or even just not talk to them in a negative way. We need to be positive towards them and let them express that . . . Let them express themselves. (Jenna)

After her son passed away, Jenna shared that she felt like her life "was just going down the drain." It wasn't until she reached out to the Internet and read some books that she learned to work with her own spiritual abilities. Once she learned how to communicate with the after-life, she couldn't believe how easy it was and wished she could have known about it from the beginning. She says, "here he was the whole time."

Mary. Mary has a 5 year old son that verbally shares his ADCs with his mother about his grandmother who recently passed away.

He said that there was a shadow that was standing in the doorway a couple different times. He said that he has in the morning time actually talked to his Nanna, which he will never tell me what she says, but just says that she talks to him and at one point shortly after she had passed, he said that there were shadows and things inside her room and that he felt nervous in her room because he had felt that she was still in there. A lot of times he talks about her still being around. (Mary)

She provides further context stating that her son had a close bond with his grandmother as she was his caregiver and also resided in the same home. When he talks about seeing her, he "doesn't see her face." Mary does not pressure or ask him about it directly; he offers the detail when he is ready to share. He seems to be happier to talk about it more recently and not as nervous. Mary remains open to hearing about his ADCs and tries not to influence his experiences. She does feel that her mother is "reaching out to him" and that feels nice to her. When he first began reporting the ADCs to his mother, he was a bit fearful so she felt saddened by his emotional state. However, he seems to be more at peace now, so Mary is more comforted.

Personally, Mary experiences anger towards her mother for taking her own life, and is closed off to communicating, but does feel that her mother is trying to get a message to her so

that she can be forgiven and "move on into another plane and into another life." She feels that

her son is more open to the ADC.

Somatically, Mary describes her anger as present in her chest and upper arms. However,

she also has peaceful feelings for her son being able to have ongoing communications with his

grandmother. This peacefulness in her is felt:

> In the same spot that I feel the anger so the top of the bottom of my throat . . . top of my chest. So a little higher than where the anger sits, like the collarbone. That would be like the happiness. The anger is the chest area, heart, lungs, and then top of my arms. (Mary)

As her son talks about ADCs, he also engages in conversation with his mother about the concept

of death. The ADCs offer an opportunity for the two of them to discuss his grandmother and

what he is experiencing. He has a tendency to bring it up in the daytime, but will then quickly

proceed with the daily activities. However, when he is getting ready for bed, she will ask him

more about it and if he wants to talk more about the ADC and his grandmother in general.

In her personal observations, she has seen that her son will share his ADC experiences

with his father, 3 year old sister, and one of her girlfriends, but is not sure what was said exactly.

She is not quite sure if he is comfortable sharing with others, however she stated that she would

be open about the idea. She views her son a more shy when discussing this concept. He says that

it's "private stuff." Mary would not change anything about her son's ADC experiences. She can

now see how peaceful it is for him to experience communication with his grandmother.

When asked about anything that she would need to further nurture her experience as a

parent of a child that has ADCs, she mentioned being more informed about what he is actually

going through. Also, "how it supports their development . . . and their understanding . . . how is

shapes who they are and their experiences." She would like validation of his emotions like she

perceives him to be at peace with the ADCs, but is that in fact the case? For other parents, she

feels that it is important to listen to your child and create a space that is open and receptive to his or her experience.

Support systems for herself as a parent have been identified as her girlfriend and a suicide group. She finds support in this community and they have recommended that she also consider a group for her son with children of the same age that she would consider if available.

Aeolonde. Aeolonde has two daughters, age 10 and 12. This researcher and Aeolonde were unable to coordinate a convenient time where the girls could be interviewed and submit art work before the deadline. Both of the girls share artwork and verbal stories of their daytime and nighttime ADC experiences with their mother on a regular basis since they were 2 years old. The younger daughter has daily experiences while the oldest appears to have them weekly and then share them with her mother all at once in the month.

She shared that both of the girls had imaginary friends and that at one time, Aeolonde investigated one of them to see if they had actually lived in their home at one time. She did in fact corroborate the imaginary friend as a person who had once resided within their home.

She stated that once her older daughter began to mature, she "lost the ability to see things but she still hears and senses things." However, she has "gotten more stronger" as well, and her mother does say that on occasion she will still see, but it's not as often.

Aeolonde talks about "debunking" the girls' stories when she hears about them. She initially attempts to look for rationale to see whether the ADCs are valid, and she also uses her own psychic and mediumship abilities to verify whether these experiences are true. An example (from many over the years) of an ADC from her younger daughter occurred approximately two years prior:

> She was taking a nap on our couch and I was in the hallway doing some cleaning and I noticed that she woke up and I heard her talking, and she talks in her sleep so I thought

she was talking in her sleep. She was whispering . . . and when I looked over, her hair was, this is gonna sound so ridiculous and untrue but I swear it happened. Her hair was pulled back like and looked like it was being twiddled by something that wasn't there and I saw this like mist looking thing in front of her but I didn't actually see a full form, but she said it was an old lady. She said at first that all she could see was her nose and her face, but then she began to talk to her, she began to see all of her. (Aeolonde)

Her oldest daughter also has numerous ADCs to choose from, but her mother decided to share a most recent experience from about 3-4 weeks prior to the interview. Aeolonde, her daughters, and a boyfriend went on a "ghost hunt." This was a current experience where her oldest had an experience of actually visually seeing a ghost in quite some time. She saw "an older man that had a scruffy beard." She further described him as "menacing and didn't want us there . . . making the growling noises." They had brought an EVP recorder, which also picked up on the communication. The ghost was relaying a message that they were not welcome on the property. As they were departing, she saw "something falling out of the window . . . and she said it flew at her and turned into the shape of . . . a skeleton with wings." The man had changed his form into this other creature and she said he had done so purposefully in order to incite fear and make them leave. As they drove away, they had to pull over because her daughter was sick and vomiting. The being had followed her off the property and she yelled, "get away from me, you cannot follow me!" She was also praying out loud. This being had appeared again outside at her home a couple of times, but has not reappeared in the past week and a half. "That's one of the biggest for her and the most recent."

Aeolonde expressed concern for her daughter's fear, yet that she "wasn't really surprised" because ADCs are a natural occurrence for the girls. As her mother, she does talk with the girls and listens to them openly about their experiences, and can also relate because she shares in ADCs. She checks in to see if the entity was good or bad, and accepts her daughters' abilities and believes the majority of what they are saying to be true. She understands the

struggle to gain acceptance in the outer world having these types of experiences, so she wants to further nurture the abilities in her children.

If the girls come to their mother expressing a fearful ADC, she likes to pray and talk with them. They will take her to the location of where the ADC occurred and explain in detail about what happened. Aeolonde journals all of the girls experiences. "I have separate journals for each of them." At times, the girls will experience similar ADCs in the same location. They seem to be comforted when they pray, as they are Christian. Aeolonde also allows the children to sleep in whichever room they feel safe and secure, even if that mean's going to the grandmother's home. "There have been nights when they've sat up all night and not wanted to go to sleep because they have been afraid because they have dreams as well and things come to them . . . and they're afraid."

She mentioned that the girls are now home schooled because of teasing about their ADCs and other non-related reasons. However, Aeolonde continues to support their abilities and desires for them to continue with their higher purpose. As the girls have matured, friends they have shared ADC stories with have now went from thinking it was cool to "you're a freak!"

She, herself, has been "clinically dead for six minutes," and this has led her further to believe in the afterlife. She believes "they will be used in some way to help someone." She does not believe that every kid has these abilities and thinks that "it's pretty rare." Aeolonde views her daughter's abilities as having made them stronger, more mature, and able to handle things in life with more understanding and open-mindedness. She does not wish to push her own beliefs onto them. She does state that "if something bothers them, I'm going to try my best to get rid of it," so she feels protective and yet acknowledges the existence of both an evil and good being. She supports their abilities and would only remove the fearful aspects if she could; however, she also

acknowledges how much they have learned from these incidents as well. She would like for them to learn how not to fear ADCs and to continue with the open dialogue that they share with their mother.

When asked about support systems for her as a mother, she stated:

Actually, my mother is very open about it and she listens. My husband is very open about it. I do worry about their biological father because he used to always make fun of me and make fun of them when they were small. But I have a wonderful support system for talking about it . . . and also my best friend whom I talk to. They're all three very supportive and always listen and they give me advice when I'm come up lacking and are just very wonderful, so I'm very very blessed to have that. (Aeolonde)

As recommendations for other parents, Aeolonde suggests they be "open-minded no matter what your belief is." She reiterates to listen and believe your children. "Just because you can't see it doesn't mean your child isn't seeing it." Aeolonde recalls that psychologists used to think she was "crazy" and that "something must be wrong." However, she has continued to grow in her own abilities and now learning from and teaching her daughters ultimately developing a stronger bond with them.

Somatically, she has sensation in her solar plexus with "butterflies in the stomach." She also differentiated between types of goose bumps depending upon how her daughters are emotionally feeling in the moment (i.e. scared or comforted by the ADC). An exciting ADC can cause goose bumps on her arms or legs. If fear is involved, then the goose bumps are all over her body that feel heavy with accompanying nausea, and a pit in her stomach as opposed to the light butterfly sensation; a burning sensation and increased heart rate can also be felt.

Participant Children

This next section will include the interview and artwork data collected from the children age 4-12 that participated in the study. Only three children interviewed and submitted artwork: (a) Bubbles; (b) Amy; and (c) John. The remaining three children (Jesse, Vinny, and Thomas)

only submitted artwork that is represented after the children that were interviewed. Just as

presented with the participant mothers, brief portraits were developed from the transcriptions for

each of the children interviewed.

   Bubbles. Bubbles submitted two pieces of artwork (See Figures 1 and 2).

Figure 1. Bubbles, age 12, artwork with paint—Picture 1

Figure 2. Bubbles, age 12, artwork with clay—Picture 2

   When asked about her images, Bubbles provided the following description about her

painting:

> I'll be outside and it'll be sunny out and all of a sudden it will hit me like if you cut my
> face in half and you put half of it in like a spirit world, where like all the spirits and stuff
> live, and half of my face in the real world, and I can like see what is going on. And with
> that girl that I drew, the last time that happened, it was this woman getting hurt like
> getting beat and stuff. (Bubbles)

She explained that a spirit woman was asking Bubbles for "help." At this point, Bubbles picked up a knife in the material world and she left her physical body and entered the spirit world so that she could assist the ghost. She describes leaving the earth as spirit "but it's like I'm still alive and it can go in there and learn things and do things . . . [and then] it will come straight back to my body."

She then goes on further to provide an explanation of her clay image:

I saw that once and it was like one of the serpents were good and one of them weren't and it was like they were like intertwined around a half spirit, half actual thing like moon/sunlike thing. They were like biting and spraying and hissing and it was like I was standing there watching it, watching them go around this thing that wasn't exactly like person but it wasn't exactly all spirit like. I'm not exactly sure what that was. It looked like a sun and then it looked like a moon and it looked like a whole bunch of things but half of it I know was spirit. Half of it was actually like actual person like the sun or the moon but then half of it was sun spirit, spirit moon. (Bubbles)

Bubbles experiences many different types of ADCs regularly and often has all of her senses involved. She once saw a "dog/human/dead thing" that she expressed having some hesitation about. This occurred in the nighttime when she was in her bedroom—at her doorway. "It traced a cross in the air and then it left." She said that it looked like "a good thing," but expressed some doubt in the back of her mind.

She experiences ADCs throughout the nighttime and during the day, both indoors and outdoors in and near her home. Many of the experiences occur in her bedroom. Often times, she finds that the ghosts need something from her; she views this as an adventure where she goes out to investigate. At times the spirit will initiate communication with her, but at other moments, Bubbles will initiate on her own in order to seek further information. She has experienced fear and comfort with her ADCs, but does say that most of the ghosts that contact her are nice; she is never harmed. Some of the ghosts ask her not to tell about their visits with her. Additionally, once she feels that a ghost has been helped, the spirit never returns. However, sometimes

recurrent ghosts will return and communicate with Bubbles. In fact, she described what she now refers to as a "friend" in one of her companion ghosts as, "we like have these long conversations and like she'll tell me about like many cool things that happened and stuff and so it's like I'm friends with one of them." Sometimes they will play together outdoors and kick a material ball back and forth. Bubbles says that she and her spirit friend throw and hit things together in the material world. Bubbles thinks this "is really cool." They talk about the past, how the day is going, and all of their adventures. They also have sleepovers.

The length of time that an ADC lasts for Bubbles is around 10 minutes. The one that she experienced the morning of the interview lasted around 15-20 minutes. A woman appeared to her while in her bedroom asking for help. Bubbles was trying to communicate further and listen to what she needed but had difficulty deciphering the message; she fell back asleep after reading her book.

When asked why she thought the visits happen, Bubbles thinks that perhaps the ghosts come to her because they know that she will be able to find what they need, and she can see beyond what others can perceive. Yes, she sometimes feels afraid, but she also feels special that she was chosen to communicate by the spirits. However, she has hope that she is not the only person that has ADCs and is curious about what other children experience and their artwork. If she was the only person experiencing ADCs, she feels that would be considered "abnormal and strange."

Bubbles does not share these experiences with her friends. She stated that she did at one time with a good friend and that person rejected her story, essentially did not believe what was shared. From that point on, she has kept most of the information to herself, besides sharing it with this researcher. She admitted to speaking with her mother about only some of her

experiences. Bubbles said that she would only share with another if she could ascertain ahead of time that they would believe her.

If she could change anything about her ADCs, it would be to have more detailed information from the ghosts. She would like more clarity and understanding, instead of them disappearing when she starts to question them further. Bubbles disclosed that this was the first time that she shared this much information about her ADCs with anyone.

Amy. Amy submitted one creative expression image listed below in Figure 3.

Figure 3. Amy, age 12, artwork

Amy explained that her grandfather came to visit her in a dream at night in August/September 2011:

> Yeah, like when I was having my dream my grandpa was like I could tell it was him. He was like right there, he was himself so there was no symbol he was himself exactly and he wore the same shirt that he would wear everyday in all the pictures and I've never seen him before in real life because he had passed away before I was born. So it looked exactly like him in the pictures and everything and he was very happy. And he was seeing my grandmother and they were together and they were very happy and he was with my cousins and they were playing a video game like the first Nintendo game and my grandpa was playing with them as well, and they were playing a Mario game and he looked very happy and I wanted to touch him but like I couldn't but like I wanted lean over to him and tell him hi and I love you so much but like I couldn't. I was so scared to tell him anything. (Amy)

She was unsure that her grandfather would recognize her while in the dream since he didn't know her while he was alive. Amy goes on to explain that the dream took place in a "baseball dugout" and she could not understand the location as her grandfather was not considered a fan of the sport. She believes that he misses and loves everyone so he comes around for a visit. She said that the dream occurred around 1:00 in the morning and that she woke up just afterwards. The ADC lasted for about 10 minutes. She did stay in her bedroom and fell back asleep as she felt comfortable and safe. Although Amy expressed being frightened, she also had a sense of calmness with his presence. When describing how it might feel to touch him, she said:

> I felt like he was just like water or something and when I just felt that I could imagine him just like water or something and I could put my hand through him and my hand would get wet. That's what I imagined. (Amy)

At the same time that Amy was holding a sense of fear and calmness, she also experienced a paralyzing feeling throughout her body. She explained that she could not move and would like to understand why this occurred.

Amy also stated that this was the first time that she had a dream with someone that passed away. She feels "happy" that he visits her. In fact, Amy shared that really the only reason that she feels any fear is because of what others have told her about ghosts and that you are supposed to experience that emotion—it is supposed to be scary. She also shared another ADC about a time when she was spending the night at her aunt's cottage when she was in second grade when she was awake at night and saw "a small person and an older person":

> Well I don't really remember how I felt but I was sleeping next to my cousins and my cousins were scared but when I told them, they believed me and then I told my mom . . . she [was] amazed and I was amazed too, but I was really scared because I thought you know how people tell ghost stories and things like that, that they're gonna hurt you and so I was pretty scared but it was meant to happen and so I just let it happen. (Amy)

She reflects back to first grade when she originally asked for spirit to show her ghosts. She felt curious and wanted to see one. She would go hunting throughout the house to find one. She feels

that her wish has now come true. She thinks it's "cool" that she gets to see ghosts and feels special that they appear to her. If she had the opportunity to change anything about her ADCs, she would like to be able to have physical contact with her grandfather like giving him a hug and introducing herself.

Sharing her ADCs with others is a comfortable feeling when talking with her parents, younger brother, cousin, and grandmother. Both her father and mother also have ADCs in their dreams with their fathers. Each of her family members are receptive to her experiences and feel comforted and happy by hearing the stories. She admits that she no longer shares this information with her peers. She attempted to at one point but "thought I was like crazy, but so I just never spoke of it again to them cuz you know they get creeped out a little bit but that's ok."

John. John talked about his artwork represented in Figure 4 as feeling "happy" when he created the image.

Figure 4. John, age 6, artwork

John wrote, "he holds me" to indicate this about his older brother that passed away and now visits with him, his younger brother, Jesse, and his mother. He describes the picture:

That's me the child. I showed cuz he can't see him cuz he's spirit. Yeah and in another picture you know how it has an angel in it over the glass? That picture means that he's always over us, looking above our heads. That's the sky coming down to the horizon. I just added that to the picture (about the glitter). (John)

John says that he receives messages from his brother "in his head" and through "his signs." At one time, through communicating through his head, his brother passed on knowledge on how to shade (drawing technique), but John said that he now forgot the process.

He also shares that he and the family initiate communication with his brother through the use of a Ouija Board that he enjoys very much. His brother that passed away also initiates communications with John. One time "a tennis ball rolled from the living room floor to the corner." John said that his brother rolled the object from spirit form. He also shared that he had "one really good dream but I came home from school and saw him laying on the bed." He saw him laying on his mother's bed. John shared that he can see spirits in his dreams.

John could not remember the sign that he wanted to share. He said that "sometimes I look around and . . . pictures of people pop up like my brother and stuff pop up like one of those flashes." He describes them as looking like people but that it disappears quickly. He will sometimes see these "flashes" that represent ADCs.

John also communicates with another spirit who passed away in the home. The ghost is also 6 years old. With regards to what he calls ghosts, he says, "I call them spirits and when I know their names, I call them by their names."

John does not feel comfortable sharing his ADCs with others. He does, however, look forward to playing the Ouija board game with his brother and mother and asking questions of his brother that has passed away. Although John expresses feelings of love, excitement, and comfort from the ADCs, he also stated that he felt "kind of sad . . . it makes me miss him."

Jesse. Jesse submitted one piece of artwork portrayed below in Figure 5.

Figure 5. Jesse, age 5, artwork

Vinny. The two images included for Vinny are actually one complete picture. The photo that includes the artwork as a whole was not legible and thus could not be included in the final study. Figure 5 appears closer to the left margin of the large piece of paper, and then Figure 6 is the right side of his sheet.

Figure 6. Vinny, age 4, artwork—Picture 1

Figure 7. Vinny, age 4, artwork—Picture 2

Thomas. Thomas submitted one piece of artwork (See Figure 8).

Figure 8. Thomas, age 5, artwork

Conclusion

Colorful portraits of both mother and child participants were illustrated in order to provide the reader with a foundational richness that ultimately led into an intense data analysis process captured in Chapter 5. This will be followed by a discussion of the findings later in Chapter 6.

Chapter 5: Cycle 4 - Data Analysis – Refining of the Lenses

This next chapter begins with the researcher's transitioning from Cycle 3, data collection, to Cycle 4, data analysis. Then, a procedural engagement with the data is outlined. Tables further illustrate the children's artwork analyses. The Resonance Panel feedback has also been included to enhance the richness and validity of this project. A thematic content analysis for both parent and child participants has been outlined in detail through the use of tables. Finally, the researcher presents her original assumptions and biases from Cycle 2 and the refined lenses.

The Weaving Of Cycle 3 into Cycle 4

Moving from a data collection into an analysis process created a visceral reaction within me. This somatic sensation was also experienced as I transitioned from data analysis into writing the dissertation. It was almost as if I had to literally shift into some other gear or dimension. At each juncture, I experienced feelings of stress, fearfulness, and at times, doubt and insecurity with my timeline and whether I had done enough, and knew what I was doing in the moment. However, at the same time, before I would hit these transitional points, I was flowing effortlessly with immense passion, energy, fluidity, inspiration, confidence, and an abundance of love just pouring through and out of me. It was as if some channel opened within me and adrenaline and pure spirit force were activated with an intense feeling of earthbound and ubiquitous Universal support from beyond.

For me, the data collection time period lasted about two months. My process is detailed in Chapter 3, however a few details should be mentioned as they were pertinent during my personal journey during this time. At all times, I kept a journal with me. Within the journal, I would periodically jot down notes about my research, intuitive breakthroughs, themes that emerged, and any other ideas that I received from dreams and in a waking state about my

research. During each interview, I had the journal open. I made sure to write in the book before, during, and after each participant contact. The journaling was a part of my ritualistic practice during this Cycle. As a researcher, the methodical nature of writing with a colorful pen in a creatively colorful book seemed to add to the connection between myself, participants, and overall process. I was able to capture "in-the-moment" sensories, meaning, and emotional details that might otherwise have been forgotten. This practice truly helped me to continue to be engaged in my research at a very visceral level. I brought the ethereal in nature into a more concretized form, which is exactly what I needed for such a non-material topic.

Additionally, prior to each interview, I conducted a meditation and prayer session for myself, spirits, mother, and child. Each meditation was a sacred space where I called in protection, light, and asked for the higher good for all involved. At times, I felt quite jittery and nervous, which soon evaporated as I began talking with the participants. I always gave thanks to all dimensions involved. Approximately one week after each interview, I sent a note of gratitude to the mother's and also as a check-in after the discussion.

What was particularly interesting was to observe my intuitive flow with potential participants. Somehow, at varying time frames, I almost felt like I was denying myself the natural flow for an intuitive inquiry because I had experienced time constraints due to financial restrictions. This knowledge held a place of tension and conflict within my very being. How could I be entirely true to the very nature of this study if I had a material constraint in place that dictated the pace and flow of what was intuitive in nature? This place of discomfort stays with me to this day. Was this one of those moments that Anderson (2011) spoke of when talking about intuition and "how intuitive insights assist or confound life decisions" (p. 20)?

Another particular effect that this condensed timeline posed was the fact that I had to reduce the number of participants allowed in the study. This would no longer be considered a long-term research project, and strict deadlines and boundaries had to be implemented. As a result, I had to turn away potential child participant interviews. I cannot tell you how much this impacted me. It was like my entire world was asking, "Kim, is this the right thing? The interviews would add to the overall richness of the study. The voices of the children are trying to speak out and this is their opportunity." I was crushed. In the end, I trusted the Universal timing and believed wholeheartedly that whoever was in the study was meant to be. I also hold the belief that I will continue my work long after this research has finished and look to establish contact once again with any of those willing as this study was just a foot-in-the-door and now a foundational breakthrough has been created.

Data Analysis Procedure

For this researcher, as interviews were completed, a natural and fluid transcription process occurred as mentioned earlier. I found myself transcribing immediately after the interviews and during that process, learned to become a better researcher by really listening to myself asking questions, and being in the present moment with each participant. I could also appreciate my groundedness during the interviews and a felt-sense of safety, and was appreciative of that piece of myself and that I could offer that in a sacred space for the participants so that they were open to disclose. I feel that I should also mention since it is also a part of the Intuitive Inquiry process that the researcher become vulnerable and admit to any mistakes that may have occurred, that due to time constraints and the feeling of also wanting to protect the participants anonymity as much as possible, I chose not to have anyone listen to the audio recordings from the interviews. I did this with full understanding that this piece to the

process could have further reduced any potential bias, but that was the risk that I took. Additionally, I knew that I would have a Resonance Panel comprised of three outside individuals, reviewing my data and findings; taking all of this into account weighted more heavily towards maintaining the anonymity of the participants at this stage of the data collection process.

I mention the transcription process because it was also a time where Cycle 3 and Cycle 4 merged for me. Themes began to emerge and I would make note of that in my journal. Near the final two interviews, I created an Excel spreadsheet for coding and thematic analysis, which just seemed to naturally occur in my process. The spreadsheet contained four tabs: (a) Parent; (b) Child; (c) Demographics; and (d) Artwork. Within the Parent and Child tabs, I placed interview questions and any new themes that emerged during the transcription process along the top as column headings. Underneath each heading, or code, I copied and pasted chunks of participant quotes that resonated with each column. I expanded the themes as more began to come into my awareness. Expansion of codes and themes also came from stepping away from the computer screen and creating flip charts of ideas, which were large sheets of paper that I taped to my bedroom wall. I used multi-colored markers and created lists, as well as diagrams that consisted of circles and arrows ultimately developing a synthesis of the parent and child data. The decision to move away from the electronic version of the parent and child data felt like it created an energetic pathway within me to move all parts of my body while integrating a sort of playful aspect with the colors. In essence, I was integrating the electronic, intangible version with a more material, grounded method of interpretation, much like what occurred in the study with interdimensionally holding different spaces of communication and transmission of information. I began to see how everything in the study was mirroring the other, from mothers with their

children, to me as researcher and the magic of weaving us all together, even using during raw data analysis processing.

The Demographics tab within the Excel spreadsheet reflected information that mother participants submitted prior to the interview. Then finally within the Artwork tab, I developed two sections, represented in Table 1. This first section outlays the physical aspects of the children's expressive pieces entitled Physicality. When observing the artwork, I spent time with each individual piece over the course of several days. I also placed similar age groups together at times, as well as bringing all of the images around me in an arc near the final stages. The last day and when I knew that I had completed my process in viewing the artwork occurred when I had each piece in a spray, or arc out in front of me. It was in this moment that I had an exceptional human experience with my child participants. As I was feeling into each image, I also began to spiritually connect with each child, and then naturally it was as if all of our energies as well as other dimensional spirits that "participated" in the study merged. I felt complete unification with all aspects, the images, the children, the spirits, and myself. I experienced goose bumps all throughout my body, lightness, incredible gratitude being reciprocated to and from the spirits, and I with my physical eyes, I saw white silhouettes surround the arc of pictures and myself. The Table is represented on the following page.

Table 1

Artwork Analysis - Physicality

Artwork observations	Number of participants	Age of children	Gender	
PHYSICALITY	-	-	-	Child participant pseudonym, age, & gender
				Amy,12,F
glitter & gem sparkly stickers	4	4,5,5,6	All males	Bubbles,12,F
				Vinny,4,M
gem stickers placed inside circles	2	5,5	All males	John,6,M
				Jesse,5,M
clay used	2	12, 5	F,M	Thomas,5,M
outdoorsy/nature:	3	12,12,6	F	
tree	1	12	F,M	
sun	2	12,12	All females	
grass	3	12,12,6	F,F,M	
fence	1	12	F	
horizon	3	12,12,6	F,F,M	
blue sky	2	12,6	F,M	
smiles on faces	4	12,6,5,4	M, F	
People:	4	12,12,6,5	F,F,M,M	
self	3	12,12,6	F,F,M	
other children	1	12	F	
adults (family)	1	12	F	
Entities separate/standing alone	5	12,12,6,5,5	F,F,M,M,M	
child alone (not touching anything)	3	12,12,6	F,F,M	
crossed lines	3	12,5,5	F,M,M	
floating figures	4	12,6,5,4	F,M,M,M	
				(continued)

Table 1

Artwork Analysis - Physicality

Artwork observations	Number of participants	Age of children	Gender	
figures with legs	5	12,12,6,5,4	F,F,M,M,M	**Child participant pseudonym, age, & gender**
				Amy,12,F
circles	6	12,12,6,5,5,4	F,F,M,M,M,M	**Bubbles,12,F**
				Vinny,4,M
daytime	3	12,12,6	F,F,M	**John,6,M**
				Jesse,5,M
incorporated clay	2	5,12	M,F	**Thomas,5,M**
used paints	4	12,6,5,5	F,M,M,M	
combined modalities of art supplies	5	12,6,5,5,4	F,M,M,M,M	
only used one type of art supply	1	12	F	
words incorporated into image ("Help" & "He Holds Me")	2	6,12	M,F	
dark-colored figures	2	6,12	M,F	
figure of a being facing forward	4	12,6,5,4	F,M,M,M	
full-bodied depicted of figures	2	12,5	F,M	
partial-body depicted figures	3	12,12,4	F,F,M	
covered entire page with art work	4	12,12,5,5	F,F,M,M	
created art work horizontally on paper	6	12,12,6,5,5,4	F,F,M,M,M,M	
snake/8-shape pattern resemblance	3	12,5,4	F,M,M	(continued)

Table 1

Artwork Analysis - Physicality

Artwork observations	Number of participants	Age of children	Gender	
"border" around beings or other aspects of image	4	12,12,6,5	F,F,M,M	**Child participant pseudonym, age, & gender**
				Amy,12,F
				Bubbles,12,F
				Vinny,4,M
				John,6,M
				Jesse,5,M
				Thomas,5,M

The second section within the Artwork tab indicated a more conceptual framework based on interview data presented in Table 2. The one piece that I did not do as the researcher, and to which I was surprised after receiving the Resonance Panel feedback, was sit intuitively with the artwork and see what resonated with me. For some reason, I was so cognitively involved with the concrete aspects and interview portions of the data, that I completely misplaced my own intuitions about the images. This was a step that the researcher feels is important to note for future individuals looking to review artwork using Intuitive Inquiry as his or her method—don't forget about you throughout this process and what is coming up from within.

Table 2

Artwork Analysis - Conceptual

Artwork observations	Age of children	Gender	Quotes (when specifically asked parent or child about art work)	Children
CONCEPTUAL				
Feeling happy when creating art work	6	M	happy	John
				(continued)

Table 2

Artwork Analysis - Conceptual

Artwork observations	Age of children	Gender	Quotes (when specifically asked parent or child about art work)	Children
Feeling comforted by presence of being	12,6,4	F,M,M	I wrote on that "he holds me"; my brother that passed away; in another picture you know how it has an angel in it over the glass? That picture means that he's always over us, looking above our heads.	John
Fear:				
paralyzed/stiff	12	F	I felt like open and I felt like I could do anything because in dreams they really do do anything like I mean I start running and I start jumping and I'm all I can do anything and I feel like light as air. But in this dream I felt like I was just like stiff and I was like a rock, like I couldn't move. I wanted to move but I didn't want to but I really want to at the same time and I didn't know why I felt that way.	Amy
Sadness	5	M	"It makes him sad, but sometimes I'm ok with it because I'm feeling good inside."	John
	6	M	actually kind of sad. Kind of. it makes me miss him	John
In search of understanding and meaning:				(continued)

Table 2

Artwork Analysis - Conceptual

Artwork observations	Age of children	Gender	Quotes (when specifically asked parent or child about art work)	Children
good vs. evil	12	F	I saw that once and it was like one of the serpents were good and one of them weren't and it was like they were like intertwined around a half spirit half actual thing like moon/sunlike thing. I'm not exactly sure what that was. It looked like a sun and then it looked like a moon and it looked like a whole bunch of things but half of it I know was spirit. Half of it was actually like actual person like the sun or the moon but then half of it was sun spirit, spirit moon. I'm not exactly sure what that was.	Bubbles
Location of Spirit/Ghost	12	F	I didn't really understand why but we were like in a baseball dugout and my grandfather didn't like baseball as a sport.	Amy
				(continued)

Table 2

Artwork Analysis - Conceptual

Artwork observations	Age of children	Gender	Quotes (when specifically asked parent or child about art work)	Children
Interdimensional travel & vision:	12	F	it's sometimes I'll be outside and it'll be sunny out and all of a sudden it will hit me like if you cut my face in half and you put half of it in like a spirit world, where like all the spirits and stuff live, and half of my face in the real world, and I can like see what is going on; it was like half my body was there and half wasn't; part of my physical body is on earth; but like there's like something that is like in me and it looks like me and it leaves like it's kinda like my spirit but it's like I'm still alive, and it can go in there and learn things and do things and then it does something to help something someone or something and there's a person, there's a thing doing something wrong to it as soon as my spirit or whatever does that, it will come straight back to my body.	Bubbles
dream sequence	12	F	when I was having my dream like my grandpa was like I could tell it was him like he was like right there he was himself so there was no symbol he was himself exactly and he wore the same shirt that he would wear every day in all the pictures and I've never seen him before in real life because he had passed away before I was born.	Amy
				(continued)

Table 2

Artwork Analysis - Conceptual

Artwork observations	Age of children	Gender	Quotes (when specifically asked parent or child about art work)	Children
In Service of the Spirit World/Feeling Needed	12	F	and I had actually helped her cuz I guess I was like I could actually grab things and I grabbed a sharp knife and all of a sudden I went back to reality, back to my whole body being like here like at my house	Bubbles
Spirit Initiating Contact & Communication with child	12,12,6, 5,5,4	F,F,M, M,M,M		

Resonance Panel

The next phase after I developed codes/interim themes was that I sent the spreadsheet

along with the artwork to my Resonance Panel. I selected three professionals in the field with

various expertise's that had either worked with children and families, as researcher, therapist,

spiritual guide, expressive arts, shared experiences with ADCs, and with death and dying. I sent

instructions to the Panel, as well as addressed any questions that were posed. One of the

limitations noted in this part of the process was the resolution with some pieces of artwork; when

enlarged, some became blurry. For myself, I had to print hard copies, as well as review the

images electronically. This is a place for future research, I would pay more attention to and

require a certain resolution if pictures were to be accepted as part of the process. Another

limitation also noted by the Panel was the desire and curiosity to sit with the children and ask

them more about their ADC experiences in relation to their artwork. A final point of clarification

from the researcher could have been more explicit directions along with a simplification of

information that was sent to the Panel. In the end, I was incredibly grateful for the Panel's feedback. They have also taught me throughout this process.

The Panel members reviewed the information that was sent through email from the researcher and provided their own resonance with the data. Resonance can be seen as an inter-subjective validity offering familiarity, intuition, and perspective that each Panel member experienced with the data. As mentioned earlier, this researcher emailed the Excel spreadsheet that included codes and themes based on the transcription and art work data and included quotes from the participants. Additionally, the researcher emailed a Microsoft Word document in an outline format of the emerging themes. Finally, the photographed art work pieces were also sent to the Panel members. Although resonance was found among many of the identified themes by the researcher, further comments were noted by the Panel and included: (a) noted personality and emotional difference between deceased relatives who visit (more loving and comfort) and other entities (fearful); (b) one child noted that he was unsure of a purpose for his ADCs; (c) children see lights; (d) cultural/social component and that children were mostly unsupported at school; (e) children seem to receive less support about their experiences as mature; (f) all mothers were open, supportive, protective, and comforted with child's experiences; (g) all mothers had some type of spirituality and ability to make meaning of the ADCs; (h) all of the children grew up in homes where they felt safe disclosing; (i) a sense of fear was evoked when hearing about unfriendly ghosts; (j) a feeling of comfort was felt knowing the child could seek safety and security in physical locations within the home; (k) the younger children's artwork were very similar and expressed energy/movement; (l) turquoise-colored figures represented spiritual energy and healing; (m) the gem stickers and glitter represented treasure/light/ethereal; (n) the figure 8 as a symbol of infinity; (o) peacefulness experienced through many of the pictures; (p)

pink center representing the heart of the body; (q) two realities portrayed; (r) children began

speaking of ADCs sometimes voluntarily at a young age; (s) varied frequency and senses of

ADCs from the children; (t) quality of water/smoke to label spirits; (u) noticed the wide range of

feelings that children experience; (v) did not notice child and mother becoming each other's

teachers; (w) the invitation from child to spirit for the ADC; (x) mothers doubt/questioning of

child's ADC; (y) mother's feeling chills/goose bumps on arms and legs from child's loving

ADCs; and (z) the fact that children just go on with their daily activities after the ADC.

Additional resonance from the Panel included the identification of a social component for

mothers with support groups, and that I had identified ADCs within the lineage of the maternal

side of the family. This final aspect was questionable since only mothers came forward.

The following are direct quotes taken from the Panel's resonance feedback that I believe

as the researcher adds further richness to their overall efforts, as well as to the ability to capture

other perspectives that may or may not have been immediately apparent. One member stated that

"Noticing that the parents tend to have metaphysical belief systems. I don't hear anyone

indicating a materialistic/physicalist paradigm. The parents are believers." This same individual

also made note about the children's artwork, "Drawing themselves don't depict any specific

spiritual tradition (no religious symbols in the artwork)."

Another Panel member noted:

Cultural/social component in that children were mostly unsupported at schools and by teachers—were called freaks or weird, one girl had a very difficult at time as school and then was home schooled. Seems very significant to me. Also, kids seems to experience less support from friends as they get older. This one seems like a big point to me but that could be my own lens. (Resonance Panel Member)

Finally, the third Panel member had a response to the mothers' interview themes:

As I read this material I was pleased that many mothers were concerned that their child be listened to as they told of ADC experiences. I had the impression that these mothers were listening to their children themselves and were protective of the children so that the

children would not be ridiculed by their peers or by adults. I think one of the hardest things for a kid is to be thought of as "strange" and even to be ostracized for being different. I shudder as I think of that experience. I'm glad the kids were able to tell their mothers of their ADC experiences and have their experiences be listened to. (Resonance Panel Member)

These are just a few quotes offered from a wealth of information that each Panel member provided. The quotes seem to provide the reader with more of a felt-sense of what each individual experienced as they sat with and resonated with the data.

Thematic Content Analysis—Interview Data

Using a qualitative thematic content analysis, parents' and children's themes were analyzed and represented below in Table 3 (Parent Data) and Table 4 (Child Data). Three columns were indicated to include the major theme that emerged from the data, accompanying characteristics that surfaced from the coding process, as well as the number of participants associated with the particular theme/characteristic. The six overarching themes identified for parents were: (a) Purpose/Meaning/Understanding; (b) Education and Support; (c) Lineage; (d) Relationship Expression and Connection; (e) Disclosure/Vulnerability; and (f) Occurrences/Contacts. In Table 4, six main themes were illustrated for the children as: (a) Creative Expression; (b) Purpose/Meaning/Understanding; (c) Movement/Energy; (d) Occurrences/Contacts; (e) Relationship Expression and Connection; and (f) Disclosure/Vulnerability.

Table 3

Thematic Content Analysis - Parent Data (n=8)

Theme	Characteristics	Number of participants
Purpose/Meaning/Understanding	Mothers find meaning in ADCs about their children; the meaning was external, outside of them	8
	Mothers believe that their child has a special and loving purpose to do important work interdimensionally with spirits and also with humans on earth; preparing for something even later in life	8
	Mothers hold the belief that our soul continues once our physical form ceases to exist; that we transcend	8

Table 3

Thematic Content Analysis - Parent Data (n=8)

Theme	Characteristics	Number of participants
Purpose/Meaning/Understanding	What Mothers believe is helpful for other parents/guardians to know: To validate child's ADCs by listening and accepting their experiences	8
	Remain open-minded and believe them; placing any judgments aside	8
	Remain calm and receptive	8
	Do not pathologize	8
	Allow child physical comforts at night time to help ease the fear like leaving the light on or letting the child sleep in another room	2
	Don't be afraid or show fear to the child	1
	Find support in community that understands ADCs— professional and/or non-professional	3
	Seek knowledge from books and the Internet	2
	To know that other children are going through this too— you are not alone	2
	Documenting Mothers wished they had documented the ADCs to learn and reflect; one mother currently doing this	3
		(continued)

Table 3

Thematic Content Analysis - Parent Data (n=8)

Theme	Characteristics	Number of participants
Education and Support	Mothers Support Systems: Friends and family receptive to the experiences; where mothers feel safe, validated, and heard—just like children's feelings.	8
	Support groups Attending After-Life Conference Grief Support Healers Mediums, Psychics, Channelers	3 1 2 2 2
	What Mothers need to further nurture and understand child's ADCs: To help child access beings that are not scary	3
	That ADCs are more widely accepted by the community and not so pathologized; it is more openly discussed publicly Information/books about children's ADCs and how to work with them; what child is going through	8
Lineage	Experienced by mother-in-law, or maternal grandmother, as well as mother of child	8

Table 3

Thematic Content Analysis - Parent Data (n=8)

Theme	Characteristics	Number of participants
Relationship Expression and Connection	Mothers personal ADC experience while growing up may not have been nurtured or understood, so they are now looking to provide a safe, secure, and validating environment for their children to express, learn, and flourish Mother's shared personal ADC experiences without being questioned	8 (continued)

Table 3

Thematic Content Analysis - Parent Data (n=8)

Theme	Characteristics	Number of participants
Relationship Expression and Connection	Mother will offer alternatives to child depending upon emotional reaction to ADC: Child can directly communicate with the ghost alone	8
	Mother will intervene	8
	Mother teaches child how to self-protect	3
	Consoling child (if in fear)	8
	Go with child to physical location where ADC occurred; investigate; real or not real?	6
	Mother's will intervene and ask spirit/ghost to leave if child afraid	3
	Mother's focus on positive, loving aspects of ADC	8
	Listen to child with an open mind; validate experience by accepting the ADC is real; offer a safe and secure environment for expression	8
	Talk with child and ask about ADC	8
	Cleanse the house/pray	2
	Allow child to have a light on (if at night)	2
	Allow child to sleep in another room where feel more comforted and safe	2

Table 3

Thematic Content Analysis - Parent Data (n=8)

Theme	Characteristics	Number of participants
Relationship Expression and Connection	How Mother Observes her child interacting with others/sharing ADCs: Mother's and/or children shared with teachers at school and did not feel received, or that the teacher understood or accepted	3
	one mother withdrew her children from public school for teasing (one reason); now home schooled	1
	Somatic Responses in Mother's to their child's ADC: When anxious, worried, angry: stomach nervousness, "butterflies," solar plexus	7
	chest tightens	1
	hands clench	1
	shoulders/upper arms	1
	chills/goose bumps all over body	2
	When experiencing loving feelings:	
	heart	4
	chest	2
	chills/goose bumps on arms and legs	2
		(continued)

Table 3

Thematic Content Analysis - Parent Data (n=8)

Theme	Characteristics	Number of participants
Relationship Expression and Connection	How Relationship between mother and child affected: For mother and child: Creates a lighter atmosphere laughter love comfort Overall, seems to strengthen reciprocal relationship Become each other's teachers	8
	Mothers feelings after hearing about ADC from child: Sad/sorry for child because of emotional state (i.e. fear)	6
	Concerned if child could be harmed	6
	Unsurprised (that it's a natural and regular occurrence)	8
	Inadequate in how to care for child and address ADC	7
	Comforted if visited by a loved one	6
	loved one	8
	Happy/Joyous	8
	Depends on emotional state of child; mother will often be worried if child is also worried	1
	Inward feelings of mother may not reflect outer appearance to child Questioning/doubting validity of ADC	5
		(continued)

Table 3

Thematic Content Analysis - Parent Data (n=8)

Theme	Characteristics	Number of participants
Relationship Expression and Connection	What Mother would change about child's ADCs:	
	Nothing	6
	Rid of 'negative' experiences (i.e. fearful; paralyzing feeling)	6
	All mothers agree they would like child to continue having experiences if they are not being harmed; good learning and growth experience for their possible life purpose.	8
	For others to be more open-minded and accepting of their child's (and others) ADCs	6
Disclosure/Vulnerability	Mothers typically only discuss her child's ADCs with family and a close friend/s; possibly a support group that validates experiences, but will not openly disclose in public as a matter of practice (i.e. schools)	6
Occurrences/Contacts	All mother's expressed her personal ADC experiences from childhood	8

Table 4

Thematic Content Analysis - Child Data (n=6 artwork; n=3 interviews)

Theme	Characteristics	Number of participants
Creative Expression	Most children of parents in the study chose to express his or her ADC through artwork	6
Purpose/Meaning/Understanding	Children see purpose for ADCs:	3
	Ghost needs help; trying to move on	1
	Ghost trying to relay a message to loved ones	3
	Ghost providing love and comfort to family members still on earth	3
	Ghost as "teacher"—learning skills	1
	Playful; as friend	3
	Child learning to understand the concept of death through ADC experiences	3
	Spirit/Ghost feels a need to communicate with child; has a message; in order for soul to move on	3

(continued)

Table 4

Thematic Content Analysis - Child Data (n=6 artwork; n=3 interviews)

Theme	Characteristics	Number of participants
Movement/Energy	Material Objects moving between child and spirit/ghost—visible to physical eyes	3
Occurrences/Contacts	Children began experiencing ADCs around age 2, or when started speaking; children may not remember	4
	Frequency of ADCs range from daily, weekly, to a couple times per year. It is unknown if ADCs becoming more frequent as child ages, or if child becomes more aware; also, some children experienced a decrease in ADCs as they matured	6
	Number Symbols used to represent loved ones that have passed on	2
	Children experience ADCs through any of their senses	6 (continued)

Table 4

Thematic Content Analysis - Child Data (n=6 artwork; n=3 interviews)

Theme	Characteristics	Number of participants
Occurrences/Contacts	What kids see:	
	Floating objects	6
	Full-bodied apparitions (known and unknown to child)	6
	Partial figures (known and unknown to child)	3
	Half human/half animal	1
	"skeletons"	3
	"angel"	3
	shadows	4
	flashes	2
	How children refer to/label non-material beings:	
	monsters	1
	shadows	4
	ghosts	2
	spirits	3
	specific names; nicknames (if entity provided one)	6
	angel	3

Table 4

Thematic Content Analysis - Child Data (n=6 artwork; n=3 interviews)

Theme	Characteristics	Number of participants
Occurrences/Contacts	Contact Initiation: Spirit/Ghost initiates ADC with the child	6
	The child also initiates ADC with spirit/ghost	4
	With material object	3
	Using Ouija Board	1
	Without external tool/mechanism	6
	Most children are actively involved in their ADCs, often incorporating other ways of interaction with ghosts/spirits: Out-of-body experiences/Dreams Channeling loved one	6
	Where do ADCs occur? During the daytime and nighttime Indoors and outdoors In home In child's bedroom a majority of the time In dreams	6
	ADCs are estimated to occur for approximately 10 minutes for each incident when in a waking state	2
	Personality of ghosts is typically "nice" from relatives and beings	6
	sometimes not as friendly or fear-provoking from unknown entities	4

(continued)

Table 4

Thematic Content Analysis - Child Data (n=6 artwork; n=3 interviews)

Theme	Characteristics	Number of participants
Relationship Expression and Connection	Children respond after experiencing an ADC: Share with mother (and sometimes father) Keep to self continue communication investigation Leave physical location if feeling fearful Leave light on if at night Go to another room if at night where feel safe Go back to sleep Proceed with daily activities	6
	Emotional and somatic responses for children when experiencing an ADC:	
	scared	4
	scream	2
	paralyzed	1
	comforted	6
	curious/investigative/unsure	6
	loved	6
	peaceful	6
	fearful and happy at once	6
	sad	2
		(continued)

Table 4

Thematic Content Analysis - Child Data (n=6 artwork; n=3 interviews)

Theme	Characteristics	Number of participants
Relationship Expression and Connection	How Mother Observes her child interacting with others/sharing ADCs: Sometimes unsure if child shares with peers; doubtful because of nature	5
	Some children openly talk with family members	6
	Some children openly talk with their peers	2
	Most children do not share with friends	4
	Some attempted early on and were originally rejected	4
	All children share with their mother's	6
	Children share with their father's and siblings	6
	Mothers and/or children shared with teachers at school and did not feel received, or that the teacher understood or accepted	3
	Child sharing occurs when they feel they can speak openly and will be heard, accepted, and believed	6
	Children seem to desire to share overall	6
		(continued)

Table 4

Thematic Content Analysis - Child Data (n=6 artwork; n=3 interviews)

Theme	Characteristics	Number of participants
Relationship Expression and Connection	How Relationship between mother and child affected: For child, developing a strong bond, trust, and safety For mother and child: Creates a lighter atmosphere laughter love comfort Overall, seems to strengthen reciprocal relationship Become each other's teachers	6
	The children develop positive, loving relationships with many of their ADCs, and seldom ask them to cease	6
Disclosure/Vulnerability	Children typically only speak with mothers and immediate family members about their ADCs	5

Anderson (1998, 2000, 2004, 2011) presented Cycle 2 as the space where the researcher identified her original assumptions and biases around the topic. This researcher presented those lenses identified below in Tables 5 (parent) and 6 (child). Once the data were collected as stated within Cycle 3, it is at this point where the researcher shifted gears into analysis and prepared for the next phase in Cycle 4—refining of those lenses as well as a thematic analysis. This section provides an in-depth look of the researcher's intuitive and scientific procedural process, as well as a synthesized representation of the collected data.

Cycle 4—Refining the Lenses

Upon thematic coding and data analysis, a synthesis naturally occurred whereby the original parent and child Cycle 2 lenses began to converge. Thus, a synthesis of both the child and parent final lenses that culminated from the thematic data analysis process, as well as incorporated Resonance Panel feedback. For foundational purposes in order to set up the next three tables, preliminary lenses for both the parent and the child were originally identified in Cycle 2 as the researcher's assumptions and biases prior to beginning research depicted in Tables 5 and 6. Finally, in Table 7, the synthesis that emerged from the thematic analysis process of both the parent and child final lenses is reflected as new, changed, and seed lenses. Esbjorn-Hargens (2004) frames a perspective for these final lenses as: (a) new lenses are the unexpected understandings not directly related to the original assumptions and biases; (b) change lenses challenge the assumptions and biases ultimately developing an altered way of thinking; and (c) seed lenses are those refined nuances to the original assumptions and biases. Further discussion will expand the lens concepts within Chapter 6.

Please keep in mind that the lenses identified in the next two tables are not generalizable as they are the assumptions and biases that the researcher pointed out prior to beginning research. The refined lenses depicted in Table 7 were based upon how the researcher perceived the research findings and how the lenses showed up as possibilities within the data. Specific content analysis can be found within the thematic content analysis discussed earlier in this chapter.

Table 5

Preliminary Lens Descriptions for Parent - Cycle 2

Parents who have children experiencing ADCs exist across all socioeconomic status, educational levels, and cultures.
Religiosity is not a determinate factor of having children who experience ADCs.   (continued)

Table 5

Preliminary Lens Descriptions for Parent - Cycle 2

Some type of spiritual belief may be present in family systems where children experience ADCs.

Parents may not know how to relate or communicate with his or her child about experiencing the ADCs.

Parents may reflect on their own experiences in childhood around ADCs.

Parents validate their child's ADC experiences.

Fear may be present in parents with children experiencing ADCs.

Some parents may want the ADCs to disappear.

Parents keep the experiences of their child's ADCs private.

Some parents may doubt the sanity or well-being of their child experiencing ADCs.

Parents do not want their children to be made a mockery in public and therefore also withhold them from this study for lack of understanding.

High parental control exists.

Table 6

Preliminary Lens Descriptions for Child - Cycle 2

The feeling of isolation, being fearful, sensitive, and misunderstood.

Exists as an innate ability.

Experiences are not typically discussed with peers.

Creative expression modalities are utilized regularly to portray their experiences as opposed to verbalizing the experience to another individual.

They question what is happening to them and whether they are different or crazy.

Anxiety is experienced higher than the average child.

For fear of ridicule, they communicate with spiritual beings in private.

Positive and negative experiences are expressed.   (continued)

Table 6

Preliminary Lens Descriptions for Child - Cycle 2

They experience difficulty sleeping.
They may be socially awkward or misrepresented in society and with their peers.
True identities in social interactions are withheld.
They can be healthy individuals spiritually, physically, and emotionally.
Enjoyment interacting with spirits, angels, and other loving beings may be preferred to the interaction in the physical world.
A supportive family environment can help nourish children who experience ADCs.
A heightened sense of awareness of surroundings exists.
They can shut down their abilities to communicate with the spiritual realm if not supported by their environment (and ultimately close off completely to this realm).
The idea of "death" does not really exist in their mind.
These children appear more compassionate and understanding of other's experiences.
Sometimes, they do not know that what they are experiencing is different or unique in any way; they believe everyone has these experiences.

Table 7

Final Synthesized Lenses for Parent and Child - Cycle 4

Lens	Description
New lenses (unexpected results not directly related to original assumptions)	Only mothers reported on her child's ADCs.
	ADCs are initiated by child, mother, and the spirit.
	Children begin speaking about ADCs around age two.
	Frequency of ADCs most often occurs daily or weekly within children lasting approximately 10 minutes. (continued)

Table 7

Final Synthesized Lenses for Parent and Child - Cycle 4

Lens	Description
New lenses (unexpected results not directly related to original assumptions)	Some children seemed to show an increase with ADCs and others indicate a decrease in experiences with age. The possibility further exists that with increased awareness and understanding of ADCs, this may be related to "frequency," or reported accounts as a child matures.
	Documentation of ADC occurrences was desired by mothers for further reflection and understanding of her children's experiences.
	Lineage of ADC experiencers seems to exist along the maternal bloodline.
	Children are actively engaged in their ADCs often incorporating external methods of initiated interaction with the spirits, such as channeling, out-of-body experiences, and material objects.
	ADCs can be simultaneously shared between mother and her child, and often other siblings.
	A curious and investigative edge inspires adventure in the children to further pursue ADCs.
	Mother participants volunteered from various regions throughout the United States, including the West and East Coast, South, and Midwest.
	Material objects can be visually seen moving between the child and spirit. (continued)

Table 7

Final Synthesized Lenses for Parent and Child - Cycle 4

Lens	Description
Change lenses (challenged original assumptions resulting in changed perspective)	Central Interpretation: Mothers of children experiencing ADCs may devote their lives to a spiritual path of encouragement, validity, and receptivity in sharing this connection together. The mother-child bond may be further enhanced and strengthened in this reciprocal connection. A conceptual framework in understanding death individually and together seems to develop. Higher purpose and meaning evolve interdimensionally with spirits, potentially preparing the children for a lifelong mission.
	Although mothers preferred her child not to experience negative ADCs, all participants desired continued connection and interaction with the spirit world.
Seed lenses (refined understandings about assumptions)	Meaning for some mothers rests within their children's experiences with ADCs; the meaning is external, outside of them, with their children; meaning comes from the mothers knowing their child's experiences
	Mothers believe that other parents should remain open, calm, and receptive to their child's ADC experiences; seek community support and education.
	Support systems for mothers are primarily sought out through spouses, mothers, and mother-in-laws. Support groups also receive and validate their experiences.
	Mothers desire more community support, public acceptance, and information about how to work with and talk about their children experiencing ADCs. (continued)

Table 7

Final Synthesized Lenses for Parent and Child - Cycle 4

Lens	Description
Seed lenses (refined understandings about assumptions)	Children feel safe and comforted sharing most ADC experiences with family members. Most often, and sometimes after periods of rejection from peers, they will refrain from disclosing outside the familial center. Somatic and emotional responses for mothers in response to her child's ADCs fluctuate depending on emotional expression from the youth. Deceased relatives are typically more received with warmth and comfort, whereas other entities unknown to the child are more associated with a fearful response.

When discussing the meaning-making for mothers, the researcher further clarifies for the

reader from quotes taken from interviews with participants:

> I mean, it seems like something that for whatever reason she's someone . . . that is easy, easily receptive and for whatever reason, I don't know. I don't even know how to put it into words. People or whatever you want to call it are here to whatever. I think soul's is what I believe I guess. Souls that are still lingering around are drawn to her. Now why they would be asking her to help them, I don't know, but as far as comforting her, it wouldn't be a surprise for me if that was someone in our family or someone that was just drawn to her because she is such a loving and sweet little girl. (Lily)

Aeolonde also offers insight into her daughters experience with ADCs and how she views the

meaning of these experiences:

> I think the meaning of it is later on in life they will be used in some way to help someone whether it be a corporal or non-corporal person achieve what needs to be achieved for them to move on into the next stage of their life or existence, whatever it may be and that's what I feel is the meaning for it all, and I think it also gives meaning and identity to the children themselves because they, not every kid has that experience. Matter of fact it's pretty rare. I do feel like this as well and this is the dark side of it. I do feel like those of us that those children especially who are more sensitive or who have a sixth sense about those sort of things or have after-death communications, they sort of are like a beacon and I do worry about them sometimes [that] they're going to be overwhelmed and

I'm concerned that they may be a beacon for entities that are not because they seem to attract the good, bad, and the ugly. But that also to me has meaning because it has made them very strong. It's made them it seemed to make them have a certain fortitude about them. They know how to handle themselves and they know how to handle things much more maturely than a lot of children their age. Then dealing with that and with everything that comes with it, another meaning would be that it has made them very understanding, open-minded, yet very strong. (Aeolonde)

Finally, Jackie talks about her son's ADCs and believes that he may have "a special gift or maybe he's at a higher state of consciousness." She mentioned that he was an "old soul" referring to his many lives here on earth—reincarnation.

Conclusion

Transformation, evolution, and inspiration emerged within this chapter for the researcher as pertinent to the method of Intuitive Inquiry even with the development and writing of the final dissertation. Insights and intuitions played a role even throughout the portrayal of the collection and analysis processes, which will be elaborated on in the next section. With the creation of the themes and refined lenses surfaced a richer understanding of ADCs as will be discussed further in the concluding Chapter 6.

Chapter 6: Cycle 5, Integrating the Findings – Discussion

According to Anderson (2011), "the intuitive inquirer presents authoritative theoretical speculations and theory related to the topic of study" (p. 58) during Cycle 5. This is where the researcher seeks to close the hermeneutical circle, stand tall and with truthfulness and confidence, reflect upon the entirety of each individual Cycle as well as the process as a collective whole. "In doing so, intuition and vision are joined to establish[] scientific discourse" (Anderson, 2011, p. 59). The researcher revisited the literature and presented further discoveries, limitations and delimitations, and suggestions for future research below.

Addressing the Research Questions

This study attempted to answer the following questions and sub questions where the first question pertained to the parents directly: According to interviews, what is the parent's experience with his or her child's after-death communications? Overall, mothers reported varying experiences with her child's ADCs. They experienced a range of emotions, somatic responses, and found purpose, meaning, and understanding.

The second question in the study that is also tied to the initial inquiry above focused around whether the parents were able to find insight and greater understanding into the child's ADC experiences and also find some meaning for him or herself? As stated earlier, the mothers that came forward as participants did report meaning, however this was more focused on her child rather than for herself as the parent. In other words, the meaning is external, outside of herself—located within and for her child. With regards to further understanding, mother participants responded to the question of what she needed to acquire greater knowledge and skills when working with her child's ADCs; a need for education was stated. It is unsure if mothers found a deeper understanding from participating in the study as this particular aspect

was not investigated. The possibility exists that mothers found insight with her child during or after the artwork and interviews were completed; this has yet to be unfolded.

Several sub questions for the study were also proposed, such as what observations does a parent make when his or her child is experiencing ADCs? Mothers openly discussed her child's ADCs in full detail. They were able to do this because the child would share his or her ADCs, and/or the mother was actually present during the experiences. The parents were also able to provide information, if known, about whether her child shares about his or her ADCs with others. Emotional and somatic responses from the child were also observed by mothers.

A second sub question was presented as whether a parent could understand and accept what and why his or her child is experiencing ADCs. Mothers responded with an overall acceptance of her child's ADCs, and, in fact, desired for the continuance of these experiences into adulthood. Purpose and a possible hope for a life-long mission of service to others were pointed out as being a possible reason or understanding for these experiences.

The third sub question pertained to whether parents know how to relate to his or her children that are experiencing ADCs. Mothers reported that they were open to listening, accepting, and validating her child's experiences. Some mothers stated the desire to pursue further education and understanding to know how to better address and work with her child's ADCs. This leads into the next sub question of whether a parent felt supported by the community. Some mothers were actively pursuing community support groups, healers, mediums, and psychics. Others desired more community support and acceptance of her child's ADCs. Public acceptance of ADCs was also a desire of mothers.

Finally, the second main research question asked what is the meaning of apparent encounters reported by children as expressed in interviews and/or art work? The children had

much to reveal through their artwork and interviews. They were able to articulate detailed descriptions of their ADCs whether through artwork and/or interviews. Children expressed delight and wished for the continuance with their overall experiences even if at times they felt sad or scared. The child participants also look to the meaning of their ADCs as being with the ghost or spirit entity and that perhaps a message is involved, or somehow that the being is in need of assistance.

Central Interpretation

While refining the Cycle 4 lenses, a central interpretation from the data emerged. The surfacing of this new perspective also further expanded the original interpretation of ADCs for the researcher as will be shown below.

The central interpretation challenged the researcher's original assumptions resulting in a changed perspective from the interview and artwork data collected from the participants in this particular study. A central interpretation emerged as a result of the qualitative data analysis: Mothers of children experiencing ADCs may devote their lives to a spiritual path of encouragement, validity, and receptivity in sharing this connection together. The mother-child bond may be further enhanced and strengthened in this reciprocal connection. A conceptual framework in understanding death individually and together seems to develop. Higher purpose and meaning evolve interdimensionally with spirits, potentially preparing the children for a lifelong mission. However, this interpretation should also be used as possibilities for further investigation and research.

The term interdimensionally will be further elaborated on within this next section. Following the surfacing of this shifted perspective was the expansion of the term ADCs as suggested by several of my participants: *Interdimensional Contacts are a purposeful and direct*

contact either initiated by spirit or human form. Communication between spirit and human can be made through telepathic, verbal, or by the use of material/tangible objects. Spirit can be known or unknown to the human form. Interdimensional in this study can be seen as having this idea of a discarnate spirit or human form that may exist and/or appear in multiple locations, whether material or non-material.

The Interdimensional Contacts idea surfaced and the label of ADCs (Guggenheim & Guggenheim, 1997) expanded in this study due to the further enhancement and understanding of the concept of death with the children and their mothers that were both contacted by beings that may or may not have been residing in human form on this earth plane. The term afterlife contacts (Arcangel, 2005) also did not seem to fully capture this new idea as it seems that the overriding idea of "death" does not in fact exist for them. Perhaps if one were to view death purely as a biological component and existence on earth, then yes, a person dies. However, because what emerged from the data included some type of life-force energy residing in various dimensions of our reality, the label expanded to what appeared to be best-suited for this study and intuitively felt more encompassing of the entirety of the experience. To briefly revisit these definitions, ADCs as explained by Guggenheim and Guggenheim (1997) captures "a spiritual experience that occurs when someone is contacted directly and spontaneously by a deceased family member or friend" (p. 16). Arcangel (2005) further described an after-life encounter as "any sense of being connected to, or in the presence of, a discarnate entity" (p. 17). Here, we see that the experience comes into contact, or seeks direct connection with the human form that has been grieving. In the current study, the human form also initiates contacts with spirit.

Demographic Results

Demographic findings indicated a two-fold diversity issue. On one hand, this researcher did solicit parents throughout the United States to participate, and did receive participants located throughout various regions of the country, supporting a stronger diversity within the study itself. However, demographically, diversity was lacking on two accounts with regards to only Caucasian mothers participated in the research. One should keep in mind that this study represented a "foot-in-the-door" with respect to the qualitative nature that explored the deeper meaning and understanding of Interdimensional Contacts through mothers and her children. Thus, although diversity was limited in these two respects, a far more important aspect was accomplished in this research that laid the foundational groundwork.

I do think it important to mention that men/fathers were not properly represented in the study as mentioned above. This is a pertinent finding, and one that I did not expect to emerge. Although this study has not pursued the underpinnings of who volunteered to participate, I do feel out of respect to pay honor and acknowledge those men that may have children and perhaps shared Interdimensional Contacts. Pederson (2011) conducted a study around American men's struggle with masculinity and continued silence of their authentic self. Within his research, and in support of Washburn (1988) and Wade (1996), he found that

> growth happens out of a desire for relief from the strife of [the] current experience, the majority of men agreed that these trials directly supported their growth by forcing them to an edge that caused them to relate to themselves and life in new ways, finding new capacities within themselves or shedding ways of being that were now seen to perpetuate pain. Without being thrust into these trials, it is likely that the men would not have had the motivation to confront such destructive and terrifying transformational forces of their own volition. (Pederson, 2011, pp. 213-214)

What is interesting to note is that I wonder if the men in our culture were also affected in the current study, perhaps triggered, and this influenced their decision not to participate. Does the wounding of our male culture also influence interaction with spirit and essentially relationships

with their children and spouse? Perhaps this hypothesis is far-reaching and had the study continued into a longer term, fathers would have emerged as participants. Either way, it is interesting and noteworthy for the reader to postulate.

One additional thought for the reader around the fact that only mothers came forward as parent participants may be that they remain the primary caregivers. Therefore, they are more likely to respond. Once again, this is just an interesting point for the reader to contemplate.

Educationally, all mothers presented a higher education post high school academia. It was also seen that mothers and her children experiencing Interdimensional Contacts come from a variety of economic households within the United States.

Although most mothers were raised in the United States, two were brought up in Saudi Arabia and Buenos Aires which indicated a possibility towards international ties and shared Interdimensional Contacts. However, it was beyond the scope of this study to explore those aspects outside of the country. At the same time, this idea of stretching and expanding these shared experiences beyond borders supports findings through previous research with the afterlife, NDEs, OBEs, and past-life studies (Arcangel, 2005; Greyson & Stevenson, 1980; Holden, Greyson, & James, 2009; Stevenson, 1997; Sutherland, 1989).

Religious traditions that mothers were raised in varied with some parents opting not to answer as was previously mentioned. Although some mothers were raised in such households, it appeared that all mothers had some sort of belief system and spirituality when raising their children. Their beliefs seemed to hold value in the existence of life after death that retains a life purpose while on earth as well as in spirit form; one impacts the other.

With regards to the children directly, the study was open to youth age 12 and under. The children that chose to participate in the study ranged from age 4-12 with both males and females.

Three interviews were held (2 females and 1 male), while six artwork images were collected (2 females and 4 males). As noted earlier, the only females in the study were age 12. The male child participants were age 6 and under. Of the children, the population was mixed with three Caucasian and three African American. These findings suggest that Interdimensional Contacts exist within both female and male genders, and it is unknown for any children that consider themselves of an unspecified or other type of gender. However, Guggenheim and Guggenheim (1997), as well as Arcangel (2005) support findings of this aspect.

Taking the lens and thematic content analysis into consideration, afterlife contacts, or the term ADCs, no longer seemed to "fit" what had surfaced in the current study. However, this idea of contacting the "dead" is not a one-way street as we have seen throughout decades of working with mediumship and psychic practice. Children are doing the same thing. Their mothers are supporting and encouraging their efforts to communicate. The earth plane is not the only location, or dimension that was mentioned by the children, where these occurrences are seemingly taking place. It appears that both spirits and humans are initiating and connecting reciprocally. Through the contact and connection that has occurred between the child and spirit comes the outreach and strengthening bond with the mother and youth. What will this yield for our future in communication and education with one another, in our schools, with our peers, and with the world at large? Mothers appear to be crying out in silence for community, public acceptance, and further education for these shared experiences. Does this mean that our current educational system should consider incorporating a new aspect for learning? I am certainly not suggesting that we consider our schools as obsolete. What I am suggesting is to open to the possibility that we may have a new way of being in the world and with one another.

The original proposed study related back to the ADC definition as coined by Guggenheim and Guggenheim (1997), as well as the aspects introduced by Arcangel (2005). Similarities resonated between those two research projects and the current study. The 12 major types of ADCs as purported by the Guggenheim's (1997) were also present within this research. Many of the same types of emotional states were also similar with regards to the negative (i.e. fearful) and more positive (i.e. comfort, peace, happiness) aspects. Those researchers pointed out that it was not the ADC itself that created the fear, but the individual's response. However, according to the data collected in this research, it appeared that fear was present in the individual prior to the ADC, or Interdimensional Contact, placed there potentially by media, peers, or other family members. What I mean by this is that inherently we are raised in a society that overarchingly portrays the paranormal as pathologized, feared, and/or doubted. So, if one were to think about an ADC in those terms, before we are even able to connect with spirits, we have an almost innate or collective fear paralyzing us from our own growth and communication breakthroughs. Child participant, Amy, offers her thoughts about feeling afraid because of what others have said prior to experiencing an ADC:

> I was really scared because I thought you know how people tell ghost stories and things like that that they're gonna hurt you and so I was pretty scared but it was meant to happen and so I just let it happen. I know that it's meant to happen so it's not scary in my head but other people like don't understand sometimes but when you really think about it then it's ok. (Amy)

On the other hand, the Arcangel (2005) quantitative, international study resulted in additional categorical descriptions for afterlife encounters. Once again however, the focus was on the human form being contacted from a "discarnate entity" (p. 17). Both studies seemed to focus on grieving individuals and the ADCs and afterlife encounters profoundly showed "a significant element for transcending loss" (Arcangel, 2005, p. 16). The current study showed how both human and spiritual forms were apparently reciprocally contacting one another.

Additionally, this research did not target participants that lost a loved one. Participants volunteered from around the United States and randomly came forward to share their stories. Not all of these participants were grieving.

Reflecting back on the literature and what two pioneers in the field that worked extensively with children's spiritual experiences, Coles (1990) and Armstrong (1985) originally claimed and this research seems to corroborate, is the fact that no matter what type of personality or interaction with the Interdimensional Contact, children experience profound meaning that appears to transcend any type of tangible developmental and material concepts. This transpersonal experience extends towards the mothers inherently creating a reciprocating and connective bond with her child. The findings in this study also seem to further strengthen the results of Hastings et al. (2002) where participants in psychomanteum research experienced "emotionally charged" (p. 224) communications that were comforting and healing. The findings in the current study are further elaborated below in a more detailed discussion.

Limitations and Delimitations

Several researcher biases may have affected both the analytic procedures as well as the interpretive findings of the study. First, I have experienced ADCs on a regular basis and have since I was a child. My personal experiences with ADCs and use of religion and spirituality as a coping and transformational resource may have presented a bias in how I interacted with the data and interpreted the findings. This was one valid reason to implement the Resonance Panel. On the other hand, disclosing the fact of my experiences with participants may have also supported validity by facilitating a deeper level of honesty in their responses to the interview questions and creative expression component, and by potentially countering the possibility of social desirability or desire to please the researcher. Another possibility that could have occurred where I as the

researcher may have influenced the parents and children to want to meet my approval and live up to what they might perceive as my expectations, especially if they have been rejected or ostracized by others in their previous attempts to disclose, and/or we had a previously established relationship prior to the study that did exist with 2 of the participants. This decision ultimately increased the risk of bias in the study however I also trusted my intuition and allowed the flow of participants who were eligible to participate.

It should also be mentioned that due to the residence (out-of-state) for most of the participants, interviews were conducted over the telephone with this researcher. Artwork was also created within the child's home and a picture emailed to the researcher. These aspects occurred in an uncontrolled research environment that may have also influenced participants emotional, mental, psychological, and spiritual expressions.

In addition to personal bias, the qualitative researcher relies on the honesty of the participants and their ability to articulate abstract experiences. Issues that can affect the data in this regard include wishful thinking, social desirability, the need to please the researcher and/or facilitator, and accuracy in verbal articulations of subjective experiences. Descriptive and interpretive accuracy is a critical component of internal and external validity in qualitative research and as such a possible limitation (Johnson, 1999). This is especially true for this study as I was the only researcher and therefore did not utilize investigator triangulation as a means to ensure reliability and validity. However, several approaches were used to increase descriptive and interpretive accuracy. First, I reviewed each transcription against the audio tape for accuracy. Second, thematic analysis and the Intuitive Inquiry method kept me close to the data and required all interpretations to emerge from the data. Third, accuracy required objective concentration. Mindfulness techniques increased awareness of my ability or inability to

concentrate objectively. If I was tired, distracted, or otherwise unable to concentrate, I stopped

work on the research until I was able to return to the task with clarity and attention. Fourth, I

utilized my dissertation committee and Resonance Panel to challenge and/or confirm analysis

and interpretation.

Working with the children with me in the role as the researcher may have also been

complicated. Fine and Sandstrom (1988) recommended that the age of the child is a critical

factor in deciding which role to adopt: Supervisor, Leader, or Friend. With preschoolers, the

researcher could choose to act childlike and wait for acceptance. With preadolescent children,

the researcher could assume the role of an older sibling, protector, or student. They go on to say

that should the researcher choose to model the role as "friend," the researcher must provide the

children the reason for being there, which could potentially bias the research. Children could

purposefully act in a way to confirm or deny the researcher's objective. To work with this aspect,

the researcher could vaguely admit to doing research but not provide details; this leaves a child

to create his or her own assumptions. Another option may be for the researcher to not divulge

any information, which could also arouse suspicion in the child, therefore creating bad feelings.

Another issue that arises in the role as friend deals with giving gifts or rewards. It is important to

note to not use this as a way to manipulate the respondents' responses. This researcher chose to

approach each child individually always beginning the conversation to build rapport and further

trust. During the interview, the researcher projected herself as a friendly adult balancing in the

role as a trusted person who viewed them authentically and in an accepting manner of their

experiences. The researcher did share with the children that she also experienced ADCs as a

means of creating a more understanding, safe, and accepting atmosphere for disclosure.

Kottler (2001) mentions the challenge in working with parents and guardians. All too often children are not encouraged to think for themselves and prefer to be in control of situations. This is completely understandable when a parent is attempting to protect their child. However, my point was that it was critical as the researcher to carefully involve the parents from the beginning to the end of the process—where appropriate and necessary—such as with consent and information on next steps. Additionally, this researcher always spoke with and interviewed the parents first, and then scheduled an appointment to interview the child. Prior to each conversation with the child, the researcher again spoke with the mother first.

The small sample size made generalization to the broader population problematic. The demographic composition will limit findings to the demographic profile of the sample used in the study. The necessity of communication required the participants be able to read, write, and speak English fluently which affected the diversity of the sample in areas such as ethnicity, socioeconomic status, and physical and/or mental disabilities thereby potentially introducing bias into the study that was mentioned earlier.

Also, the use of a qualitative approach did not allow for the examination of statistically significant relationships between subjectively perceived positive changes from those with ADC experiences. However, the purpose of the study was not to posit objective, universal truth about the participant's subjective experiences and their effects with ADCs. The purpose was to provide an exploratory understanding and meaning-making of parents and children's experiences and to understand how those experiences may affect their lives. This project was not intended to be a replicable study with Intuitive Inquiry as the chosen research method (Esbjorn-Hargens, 2004).

Implications for Future Research

Future research considerations are limitless. To mention a few ideas for upcoming researchers and those individuals searching for a profound new project, I suggest the following proposals.

First, I would strongly consider a longer-term project with a larger number of participants where time and finances are available to devote. This recommendation is made so that further rapport-building could occur with parents and children. Additionally, it may be interesting to find out what type of qualitative information could be obtained from conducting in-person interviews and creative arts sessions with parents and their children, while including a higher number of participants overall so that generalization could more accurately be assessed.

Additionally, separate studies for children, mothers, peers, other family members, fathers, and educators could also be substantial and informative projects. Longitudinal studies incorporating follow up with the child participants may provide further understanding into the long-term effects and growth of Interdimensional Contacts. It may be interesting to explore those children currently diagnosed within the mental health system, as well as youth using psychoactive substances.

Since this research did not include the perspectives of fathers, it would be helpful to understand their experiences. Additionally, perhaps reaching out to both parents could also offer a richer understanding of the overall familial ADC experience. Matching child to parent may also present with some interesting findings with a larger sample size.

An interesting topic may also exist around the idea of imaginary friends especially when dealing with gaining access to children as further discussed below in the tips and tricks section.

Children may view the terminology of an "imaginary friend" as safer as opposed to using the words "after-death communication" and therefore be more willing to come forward and disclose.

Mixed methods and further quantitative studies could also be incorporated and provide various interpretations of data received. This information could be related to what has already been found in previous research. Finally, expanding globally and conducting comparative studies amongst diverse populations would add such richness to the field.

Tips and tricks for future researchers when working with children.

Due to the nature of the current study, the researcher felt it important to offer future investigators in the field guidance and knowledge into the process with hope that this information may provide inspiration and insight into the challenges that arise when working with children. A series of personal pointers will be provided below as a means of bringing awareness to the future researcher. The tips mentioned are based upon this researcher's personal experience during the time frame of the current project.

First, one of the most monumental lessons learned in this research process revolved around gaining access to children. Originally, the Pilot Study was designed to provide a safe and comfortable environment where children could come and disclose freely about his or her ADC experiences. However, it was quickly found that children and their parents were not willing to just come to a place and offer their vulnerability to a person that has not yet built rapport over a period of time and to a physical building that may be unknown to the potential participants no matter how safe the setting may have been. The key to gaining access was to pay close attention to what I did find during the Pilot months. First, the parents had a layer of experience that needed further exploration, which was not originally the intent of the initial study. This sharing lent itself to a natural rapport that was established between researcher and parent. This warranted a

redesign which included expanding the recruitment throughout the United States, where both parents and their children could participate in telephone interviews and submit art work as opposed to an in-person contact. This was also an aspect of vulnerability and minimizing any shame that may be apparent. All parents in the current study, once the redesign was implemented, offered approval to have all of their children participate in the research. It was the children that opted not to participate, which was their choice and perfectly acceptable. This researcher also mailed a standardized art supply kit to each child that participated. This aspect seemed to encourage the child's open participation and desire to express about his and her ADC. As a side note, this researcher continues to receive communications from parents (now, both fathers and mothers) interested in disclosing about ADCs and having their children participate in the study. My process and work are still unfolding in this regard and I will continue to pursue this delicate topic relating with parents and their children.

Additionally, prior to interviewing each child, as stated above, I had already established rapport with the parent. According to the parent, the child was typically anxious and nervous about speaking with me. It was not that the child did not want to talk, but more about how I would view the nature of their ADC experiences. So, upon the day that I was to interview the child, I would first speak with the parent on the telephone with the child in the same room. Then, I would gauge how the child was feeling, talk about other subjects such as school, summer, and their family and friends. I would also allow myself to disclose to the child that I also had experiences with ADCs since I was a child and that they continue in my current life. I would further state that I viewed ADCs as a natural occurrence. These steps seemed to allow the child to speak freely and trust that I would validate their disclosure.

As a matter of data gathering, I often found it helpful to maintain a journal where I would log information about the actual interviews (pre, during, and post), communications with participants, data, and my dreams. It was here in my dreams that I would experience interactions with information about the parents, children, and even the spirits that were being discussed from the participants, along with my own personal ADCs. I found this was of gathering data extremely helpful for remembering pertinent events and experiences especially when it came to writing the actual dissertation results and discussion sections.

Finally, as I mention the writing of the actual dissertation, it wasn't until I began this particular aspect of the journey that I found that data analysis actually continued long into the process even after the researcher was technically completed with this aspect. Since I worked with the Intuitive Inquiry method, I will apply my experience here. Cycle 5 is where the discussion began. Technically, I as the researcher have already analyzed the data and should begin writing the draft. However, it was at this point and even when writing Cycle 4 that I experienced data analysis and synthesis continuing with new thoughts and ideas emerging. It was actually within the typing of sentences and ideas that more fluidity and theorizing occurred. Now, this may be stating the obvious, but for the first-time researcher, how would you know? In fact, it was during the writing phase that I experienced flow and a real sense of weaving together of data, science, and intuition; an integration of sorts. The bigger picture became apparent and an energetic flow within me surfaced onto the screen.

Conclusion

The purpose of this study was not to posit objective, universal truth about the participant's subjective experiences and their effects with ADCs. The purpose was to provide an exploratory understanding of parents' and children's experiences and to understand how those

may affect their lives, which in my personal opinion is exactly why Intuitive Inquiry was such a suitable research method. I have gained further compassion, more of an open heart, and intuitive strength and an expanded wisdom from this process. This project hopes to speak and live in truth that also influences and resonates with others.

These children and their mothers have given me so much inspiration to continue on my path to further educating the community about ADCs. We have so much more to explore and understand. My passion for the topic has only been further ignited to move forward and carry on the work that has been created from this project. I am incredibly thankful for the ability and support to complete this research. The parents and their children should be very proud of the foundation they have built and shared with others.

My personal experience with ADCs has provided me the internal passion that outwardly reaches towards my participants and the community. I believe that living with ADCs since I was a child has been a great motivator for this project and sustained me through times of doubt, unknowing, and discomfort. I feel that I have a personal grasp on the topic both as a child and as an adult since I continue to experience ADCs to this day. Because of this personal connection to the topic, I believe that deep empathy was shared between me as the researcher and the participants. I am reminded from an earlier statement by Hart (2000) about deep empathy and the idea that it involves a "shift in being, consciousness, and awareness" (p. 260). Throughout working with both the parents and children, I could feel their sense of vulnerability, and through their disclosure and trust in me, I felt a deep connection with them, a sense of appreciation and love. It was through their courage and trust that I also began to let go of further fears around my personal ADCs and gain clearer understanding and healing. I will always appreciate and honor

them for what they have offered to me personally and for what the community at large will experience in the future from this work.

It is my hope as the researcher to assist in bringing about a new consciousness, compassion, transformation, creativity, connection, inspiration, education, and empathy, throughout our parents and children here in the United States, and to bridge any gap that may be present with other cultures. I look to offer hope for a new way of communicating, educating, believing, and trusting in our own abilities of the intangible. I see this research project as a foundational foot-in-the-door opportunity to provide a voice for the children and their parents, and also for me as the researcher especially as my personal process continues unfolding. Finally, I wish to continue on the path of revival of my own inner passion and inspiration for the topic and look for others to be as well.

References

Alvarado, C., Zingrone, N., & Dalton, K. (1999). Out-of-body experiences: Alterations of consciousness and the five-factor model of personality. *Imagination, Cognition and Personality, 18*(4), 297-317.

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC: Author.

Anderson, R. (1998). Intuitive inquiry: A transpersonal approach. In W. Braud & R. Anderson, *Transpersonal research methods for the social sciences: Honoring human experience* (pp. 69-94). Thousand Oaks, CA: Sage.

Anderson, R. (2000). Intuitive inquiry: Interpreting objective and subjective data. *Revision*, *22*(4), 31-39.

Anderson, R. (2004). Intuitive inquiry: An epistemology of the heart for scientific inquiry. *The Humanistic Psychologist, 32*, 307-341.

Anderson, R. (2011). Intuitive inquiry: Exploring the mirroring discourse of disease. In F. Wertz, K. Charmaz, L. McMullen, R. Josselson, R. Anderson, & E. McSpadden, *Five ways of doing qualitative analysis: Phenomenological psychology, grounded theory, discourse analysis, narrative research, and intuitive inquiry* (pp. 243-276). New York: Guilford Press.

Anderson, R. (2011). Intuitive inquiry: The ways of the heart in human science research. In R. Anderson and W. Braud, *Transforming self and others through research: Transpersonal research methods and skills for the human sciences and humanities* (pp. 15-70)*.* Albany: State University of New York Press.

Arcangel, D. (2005). *Afterlife encounters: Ordinary people, extraordinary experiences.* Charlottesville, VA: Hampton Roads.

Armstrong, T. (1984). Transpersonal experience in childhood. *The Journal of Transpersonal Psychology, 16*(2), 207-230.

Armstrong, T. (1985). *The radiant child*. Wheaton, IL: Quest Books.

Atwater, P. (2006). Near-death states: A transformation of consciousness. *Advanced Development Journal, 10*, 96-115.

Barrett, T. R. & Etheridge, J. B. (1994). Verbal hallucinations in normals: III. Dysfunctional personality correlates. *Personality and Individual Differences, 16*, 57-62.

Bentall, R. (2000). Hallucinatory experiences. In E. Cardena, S. Lynn, & S. Krippner, *Varieties of anamolous experience: Examining the scientific evidence*. Washington, D. C.: American Psychological Association, pp. 85-120.

Bentall, R. P., & Slade, P. D. (1985). Reliability of a measure of disposition towards hallucinations. *Personality and Individual Differences, 6*, 527-529.

Blinston, I. A. (2005). When children witness the sacred: Spiritual and psychological impacts, lifelong aftereffects, and disclosure aspects of religious apparitional encounters. *Dissertation Abstracts International, 66*(3), 1753-2139. (UMI No. 3168454)

Bonenfant, R. J. (2001). A child's encounter with the devil: An unusual near-death experience with both blissful and frightening elements. *Journal of Near-Death Studies, 20*(2), 87-100.

Bovee, T. (2001-2005). The DayPoems web site. Retrieved October 26, 2010 from http://www.daypoems.net/poems/1900.html.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.

Braud, W. (2003). Nonordinary and transcendent experiences: Transpersonal aspects of consciousness. *The Journal of the American Society for Psychical Research, 97*(1-2), 1-26.

Braud, W., & Anderson, R. (1998). *Transpersonal research methods for the social sciences: Honoring human experience*. Thousand Oaks, CA: Sage.

Braud, W., & Anderson, R. (2011). *Transforming self and others through research: Transpersonal research methods and skills for the human sciences and humanities*. Albany, NY: State University of New York Press.

Braude, S. (2007). *The gold leaf lady and other parapsychological investigations*. Chicago, IL: University of Chicago.

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Breen, R. (2006). The nature, incidence, impact, and integration of parapsychological experiences: an exploratory mixed methods research study. *Unpublished master's thesis*, Monash University, Australia.

Brooks, C. (2010). Embodied transcription: A creative method for using voice-recognition software. *The Qualitative Report, 15*(5), 1227-1241.

Bruns, G. L. (1992). *Hermeneutics ancient and modern*. New Haven, CT/London: Yale University Press.

Carter, C. (2007). *Parapsychology and the skeptics: A scientific argument for the existence of ESP*. Pittsburgh, PA: PAJA.

Cochran, M. (2004). The impact of recorded encounters with a ghost or haunting: An examination of 12 experiences. *Dissertation Abstracts International, 65*(7), 3701B. (UMI No. 3141033)

Coles, R. (1990). *The spiritual life of children*. Boston, MA: Houghton Mifflin Company.

Denzin, N. K., & Lincoln, Y. S. (1994). Strategies of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 199-208). Thousand Oaks, CA: Sage.

Dewey, J. (1934/1976). Art as experience. In A. Hofstadter & R. Kuhn, (Eds.), *Philosophies of art and beauty* (pp. 647-708). Chicago, IL: The University of Chicago Press.

Dufrechou, J. (2004). Coming home to nature through the body: An intuitive inquiry into experiences of grief, weeping and other deep emotions in response to nature. *Dissertation Abstracts International*. (UMI No. 3047959)

Esbjorn-Hargens, V. (2004). The union of flesh and spirit of women mystics. *The Humanist Psychologist, 32, Fall 2004,* 401-425.

Fine, G. & Sandstrom, K. (1988). *Knowing children: Participant observation with minors*. Newbury Park, CA: Sage.

Fleck, J., Green, D., Stevenson, J., Payne, L., Bowden, E., Jung-Beeman, M., & Kounios, J. (2008). The transliminal brain at rest: Baseline EEG, unusual experiences, and access to unconscious mental activity. *Cortex, 44*, 1353-1363.

Freud, S. (1959). Inhibitions, symptoms and anxiety. In *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 20, pp. 87-156). London, UK: Hogarth Press. (Original work published 1926).

Freud, S. (1964). New introductory lectures on psycho-analysis. In *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 22, pp. 3-182). London, UK: Hogarth Press. (Original work published 1933).

Greene, S. K. (2008). Grace in small packages: An exploration of childhood spirituality. *Dissertation Abstracts International.* (UMI No. 3316129)

Greenspan, S. I. & Greenspan, N. T. (2003). *The clinical interview of the child* (3rd ed.). Washington, DC: American Psychiatric Publishing.

Greyson, B. (2006). Near-death experiences and spirituality. *Zygon, 41*(2), 393-414.

Greyson, B. & Bush, N. (1992). Distressing near-death experiences. *Psychiatry, 55*(1), 95-110.

Greyson, B. & Stevenson, I. (1980). The phenomenology of near-death experiences. *American Journal of Psychiatry, 137*(10), 1193-1196.

Guggenheim, B. & Guggenheim, J. (1997). *Hello from heaven!* New York, NY: Bantam.

Gurney, E. Myers, F., & Podmore, F. (1886). *Phantasms of the living*. London, UK: Trubner and Company.

Hart, T. (2000). Deep empathy. In T. Hart, P. L. Nelson, & K. Puhakka (Eds.), *Transpersonal knowing: Exploring the horizon of consciousness*. Albany, NY: State University of New York Press, 253-270.

Hart, T. (2000). Inspiration as transpersonal knowing. In T. Hart, P. L. Nelson, & K. Puhakka (Eds.), *Transpersonal knowing: Exploring the horizon of consciousness*. Albany, NY: State University of New York Press, 31-54.

Hart, T. (2003). *The secret spiritual world of children*. Makawao, HI: Inner Ocean.

Hart, T. (2006). Spiritual experiences and capacities of children and youth. In E. Roehlkepartain, P. King, L. Wagener, & P. Benson (Ed.), *The handbook of spiritual development in childhood and adolescence* (pp. 163-177). London, UK: Sage.

Hart, T., & Ailoae, C. (2007). Spiritual touchstones: Childhood spiritual experiences in the development of influential historic and contemporary figures. *Imagination, Cognition, and Personality, 26*(4), 345-359.

Hart, T., & Zellars, E. (2006). When imaginary companions are sources of wisdom. *Encounter: Education for Meaning and Social Justice, 19*(1), 6-15.

Hastings, A. (1983). A counseling approach to parapsychological experience. *The Journal of Transpersonal Psychology, 15*(2), 143-167.

Hastings, A. (1991). *With the tongues of men and angels: A study of channeling*. Fort Worth, TX: Holt, Rinehart, and Winston.

Hastings, A., Ferguson, E., Hutton, M., Goldman, A., Braud, W., Bennett, C., & Elyse, G. (2002). Psychomanteum research: Experiences and effects on bereavement. *Omega, 45*(3), 211-228.

Hay, D., & Nye, R. (2006). *The spirit of the child*. London, England: Fount.

Heckel, M. (2011). Exceptional relationships: An intuitive inquiry into the relationships between people and their pets. *Dissertation Abstracts International.* (UMI No. 3461610)

Heidegger, M. (1971/1976). Poetry, language, thought. In A. Hofstadter & R. Kuhns (Eds.), *Philosophies of art and beauty*. (pp. 647-708). Chicago, IL: The University of Chicago Press.

Hervey, L. W. (2000). *Artistic inquiry in dance/movement therapy: Creative alternatives for research*. Springfield, IL: Charles C. Thomas.

Hoffman, E. (1998). Peak experiences in childhood: An exploratory study. *Journal of Humanistic Psychology, 38*.

Hoffman, E. (1992). *Visions of innocence: Spiritual and inspirational experiences of childhood*. Boston, MA: Shambhala.

Holden, J., Greyson, B., & James, D. (2009). *The handbook of near-death experiences*. Santa Barbara, CA: Praeger.

Intrator, S. M. & Scribner, M. (2010). To look at any thing by John Moffit (poem). Retrieved February 19, 2011 from http://www.panhala.net/Archive/To_Look.html.

James, W. (1936). *The varieties of religious experience*. New York, NY: The Modern Library.

Johnson, R. B. (1999). Examining the validity structure of qualitative research. In A. K. Malinki, (Ed.), *Cases in qualitative research: Research reports for evaluation and discussion* (pp. 160-165). Los Angeles, CA: Pyrczak.

Jung, C. G. (1968/1980). *Psychology and alchemy*. Princeton, NJ: Princeton University Press.

Kottler, J. (2001). *Learning group leadership: An experiential approach*. Needham Heights, MA: Pearson Education.

Kubler-Ross, E. (1983). *On Children and Death*. New York, NY: Macmillan.

Martin, J., & Romanowski, P. (1989). *We don't die: George Anderson's conversations with the other side*. New York, NY: Berkeley.

Maslow, A. (1994). *Religions, values, and peak experiences*. New York, NY: Penguin.

McKellar, P. (1968). *Experience and behavior*. London: Penguin.

Mertens, D. (1998). *Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches*. Thousand Oaks, CA: Sage.

Moody, R. (1975). *Life after life: The investigations of a phenomenon—Survival of bodily death*. Atlanta, GA: Mockingbird.

Moody, R., & Perry, P. (1993). *Reunions: Visionary encounters with departed loved ones*. New York, NY: Villard.

Moore, D. (2005). *Three in Four Americans Believe in Paranormal*. Retrieved October 23, 2009, from http://www.gallup.com/poll/16915/three-four-americans-believe-paranormal.aspx.

Morse, M. & Perry, P. (1990). *Closer to the light: Learning from children's near-death experiences*. New York, NY: Ivy.

Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: Sage.

Murdock, M. (1978). Meditation with young children. *Journal of Transpersonal Psychology, 10*(1), 29-44.

Myers, F. W. H. (1903). *Human personality and its survival of bodily death* (Two vols.). New York, NY: Longmans, Green.

Nelson, K., Mattingly, M., Lee, S., & Schmitt, F. (2006). Does the arousal system contribute to near death experience? *Neurology, 66*(7), 1003-1009.

Nelson, K., Mattingly, M., & Schmitt, F. (2007). Out-of-body experience and arousal. *Neurology, 68*(10), 794-795.

Northcote, J. (2007). *The paranormal and the politics of truth: A sociological account.* Charlottesville, VA: Imprint Academic.

Osis, K. (1961). *Deathbed observations by physicians and nurses*. New York, NY: Parapsychology Foundation, Inc.

Osis, K. (1986). Apparitions old and new. In K. R. Rao (Ed.), *Case studies in parapsychology: Papers presented in honor of Dr. Louisa E. Rhine* (pp. 74-86). Jefferson, NC: McFarland.

Osis, K. & Haraldsson, E. (1986). *At the hour of death*. Rev. ed. New York, NY: Hastings House.

Packer, M. J. & Addison, R. B. (1989). Introduction. In M. J. Packer & R. B. Addison (Eds.), *Entering the circle: Hermeneutic investigation in psychology.* Albany, NY: SUNY, 13-38.

Palmer, G. (1999). Disclosure and assimilation of exceptional human experiences: Meaningful, transformative, and spiritual aspects. *Dissertation Abstracts International.* (UMI No. 9932122)

Palmer, G. & Braud, W. (2002). Exceptional human experiences, disclosure, and a more inclusive view of physical, psychological, and spiritual well-being. *The Journal of Transpersonal Psychology, 34*(1), 29-61.

Pederson, W. (2011). The embodied hero: A heuristic study of actualizing masculinity. *Dissertation Abstracts International.* (UMI No. 3444935)

Peterson, J. W. (2000). *The secret life of kids: An exploration into their psychic senses*. Lincoln, NE: Authors Choice Press.

Phelon, C. (2004). Healing presence: An intuitive inquiry into the presence of the psychotherapist. *Dissertation Abstracts International.* (UMI No. 3011298)

Piaget, J. (1929/1979). *The child's conception of the world*. New York, NY: Harcourt Brace.

Piaget, J. (1968). *Six psychological studies*. New York, NY: Random House.

Piechowski, M. (2000). Childhood experiences and spiritual giftedness. *Advanced Development Journal, 9*, 65-90.

Piechowski, M. (2001). Childhood spirituality. *The Journal of Transpersonal Psychology, 33*(1), 1-15.

Posey, T. B., & Losch, M. E. (1983). Auditory hallucinations of hearing voices in 375 normal subjects. *Imagination, Cognition and Personality, 2*, 99-113.

Puhakka, K. (2000). An invitation to authentic knowing. In T. Hart, P. L. Nelson, & K. Puhakka (Eds.), *Transpersonal knowing: Exploring the horizon of consciousness*. Albany, NY: State University of New York Press, 11-30.

Radin, D. (1997). *The conscious universe: The scientific truth of psychic phenomena*. New York, NY: HarperEdge.

Radin, D. (2006). *Entangled minds: Extrasensory experiences in a quantum reality*. New York, NY: Paraview Pocket.

Rhine, L. (1957). Hallucinatory psi experiences: III. The intention of the agent and the dramatizing tendency of the percipient. *Journal of Parapsychology, 21,* 186-225.

Ring, K. (1994). Solving the riddle of frightening near-death experiences: Some testable hypotheses and a perspective based on A course in miracles. *Journal of Near-Death Studies, 13*(1), 5-23.

Robinson, E. (1983). *The original vision: A study of the religious experience of childhood*. New York, NY: Seabury Press.

Rominger, R. (2004). Exploring the integration of aftereffects of the near-death experience: An intuitive and artistic inquir*y. Dissertation Abstracts International, 65*(4), 2110B. (UMI No. 3129588)

Ross, C. & Joshi, S. (1992). Paranormal experiences in the general population. *Journal of Nervous and Mental Disease, 180*(6), 357-361.

Rotherberg, D. (2000). Spiritual inquiry. In T. Hart, P. L. Nelson, & K. Puhakka (Eds.), *Transpersonal knowing: Exploring the horizon of consciousness*. Albany, NY: State University of New York Press, 161-184.

Ruttenberg, B. (2000). The role of paranormal experiences in healing, growth, and transformation. *Dissertation Abstracts International.* (UMI No. 9962681)

Schlarb, C. (2004). The nature of childhood peak experiences and their nonassimilation into the developing identity: A heuristic inquiry. *Dissertation Abstracts International.* (UMI No. 3129591)

Sidgewick, H. A. (1894). Report of the census on hallucinations. *Proceedings of the Society for Psychical Research, 26*, 259-394.

Siegel, C. (1985). Parapsychological counseling: Six patterns of response to spontaneous psychic experiences. In D. Weiner & D. Radin (Eds.). *Research in Parapsychology* (pp. 172-174). Metuchen, NJ: Scarecrow.

Sloan, P. E. (1994). A study of psi: Manifestations of phenomena and experiences of ordinary and extraordinary people. *Dissertation Abstracts International, 56*(2), 1122-1259. (UMI No. 9518269)

Stevenson, I. (1997). *Where reincarnation and biology intersect*. Westport, CT: Praeger.

Strauss, J. S. (1969). Hallucinations and delusions as points on continua function: Rating scale evidence. *Archives of General Psychiatry, 21*, 581-586.

Sutherland, C. (1989). Psychic phenomena following near-death experiences: An Australian study. *Journal of Near-Death Studies, 8*(2), 93-102.

Svendsen, M. (1934). Children's imaginary companions. *Archives of Neurology and Psychiatry, 32*, 985-989.

Targ, E., Schlitz, M. & Irwin, H. (2000). Psi-related experiences. In E. Cardena, S. Lynn, & S. Krippner, *Varieties of anamolous experience: Examining the scientific evidence*. Washington, D. C.: American Psychological Association, 233.

Tart, C. (1994). Fears of the paranormal in ourselves and our colleagues: Recognizing them, dealing with them. *Subtle Energies, 5*(1), 35-67.

Tart, C. (1997). *Body mind spirit: Exploring the parapsychology of spirituality*. Charlottesville, VA: Hampton Roads.

Tart, C. (2009). *The end of materialism: How evidence of the paranormal is bringing science and spirit together*. Oakland, CA: New Harbinger.

Taylor, M. (1999). *Imaginary companions and the children who create them*. New York, NY: Oxford University Press.

TED. (2012). Brene Brown: *Listening to shame*. Retrieved from http://www.ted.com/talks/brene_brown_listening_to_shame.html

Tien, A. Y. (1991). Distribution of hallucinations in the population. *Social Psychiatry and Psychiatric Epidemiology, 26*, 287-292.

Wade, J. (1996). *Changes of mind: A holonomic theory of the evolution of consciousness*. Albany, NY: State University of New York.

Washburn, M. (1988). *The ego and the dynamic ground: A transpersonal theory of human development*. Albany, NY: State University of New York Press.

Washburn, M. (1995). *The ego and the dynamic ground: A transpersonal theory of human development* (2nd ed.). Albany, NY: State University of New York Press.

Weiner, M. (1961). Hallucinations in children. *Archives of General Psychiatry, 12*(5), 544-553.

West, D. J. (1948). A mass observation questionnaire on hallucinations. *Journal of the Society of Psychical Research, 34*, 187-196.

White, R. (1993). A dynamic view of psi experience: By their fruits ye shall know them. In N. Zingrone (Ed.), *Research in parapsychology: Abstracts and papers from the thirty-sixth annual convention of the parapsychological association* (p. 137). Lanham, MD: Scarecrow Press.

White, R. (1997). Dissociation, narrative, and exceptional human experiences. In S. Krippner & S. Powers (Eds.), *Broken images, broken selves: Dissociative narratives in clinical practice* (pp. 88-121). Washington, DC: Brunner-Mazel.

White, R. (1998). Becoming more human as we work: The role of exceptional human experiences. A Transpersonal Approach. In W. Braud & R. Anderson (Eds.), *Transpersonal research methods for the social sciences: Honoring human experience* (pp. 128-145). Thousand Oaks, CA: Sage.

Whitney, L. (1992). Encounters with the dead: An exploration of the effects of after-death contact on the living. *Dissertation Abstracts International.* (UMI No. EP15302)

Williams, Y. B. (1999). *The art of dying: A Jungian view of patients' drawings*. Springfield, IL: Charles C. Thomas.

Young, H. F., Bentall, R. P., Slade, P. D., & Dewey, M. E. (1986). Disposition towards hallucinations, gender and IQ score. *Personality and Individual Differences,7*, 247-249.

Appendix A: Flyer for After-Death Communication Experiencers

A Call for Participants in a Study:

Are You A Parent That Has A Child Under Age 12 Currently Experiencing After-Death Communications?
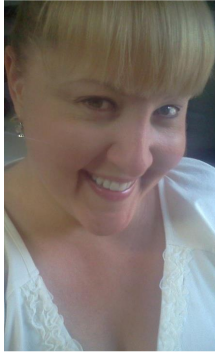
My name is Kimberly Jeska. I have a Master's Degree in Psychology. I am currently a Ph.D. Psychology student at the Institute of Transpersonal Psychology in Palo Alto, CA. My passionate interest in after-death communications originates from personal and family experience, which has now extended into my educational and professional life.

As a Parent, you are invited to participate in a study to explore and share your personal experience and understanding regarding your child's after-death communications (ADCs).

Is your child:

- Sensing, seeing, feeling, hearing, or experiencing a non-material presence?
- Experiencing a physical or material object that is moved without explanation?
- Seeing rainbows, butterflies, flowers, or other inanimate objects as signs of contact from the departed?

What do you say to your child?

This study will include one 45-60 minute individual interview over the telephone or in-person (your choice).

OPTIONAL: Once the interview concludes, you as the parent will have the option of allowing your child to also participate in a brief 30-minute interview (in person or over the telephone), and/or 30-minute creative art work session in the privacy of your own home (artistic experience is not necessary), or wherever you and your child feel safe and comfortable (your choice).

Sessions will be free of charge. Spaces are limited.

Privacy is Important - Both You and Your Child Will Remain Anonymous

For more information about this research or to join the study, please contact:

Kimberly Jeska
Lead Researcher
kjeska3@hotmail.com

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P.O. Box 2624
Redwood City, CA 94064

This study will be conducted under the supervision of the Institute of Transpersonal Psychology in Palo Alto, CA

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

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kjeska3@hotmail.com

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Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Kim Jeska
kjeska3@hotmail.com

Appendix B: Questionnaire

Dear Parent/Guardian,

Welcome and thank you for your interest in this study. I would like to invite you to complete the questionnaire indicated below. Please return to me at kjeska3@hotmail.com when you are finished. I will be in touch with you about next steps. Thank you for your time.

1. Do you have a child under age 12 that is experiencing after-death communications?

   After-Death Communication (ADC) defined: *Any type of direct communication that your child experienced with a spirit, angel, ghost, or some other non-material being. Sometimes contacts may appear as symbols such as a butterfly or rainbow. Your child may have heard, communicated with, seen, been touched, experienced a scent or odor, and/or just had a felt sense of knowing that this being was present.*

2. Do you reside within the United States?

3. Can you speak English fluently?

4. Do you have use of a computer and the Internet?

5. Are you willing to be interviewed (45-60 minutes) over the telephone or in person (your choice) in order to explore and share your personal experience and understanding that you go through regarding your child's after-death communications (ADCs)?

Appendix C: Introduction Letter

Dear Parent/Guardian,

Welcome and thank you for your interest in this study. As a Parent, you are invited to participate in a study to explore and share your personal experience and understanding that you go through regarding your child's after-death communications (ADCs). This study will include one 45-60 minute individual interview with you and this researcher over the telephone or in-person (your choice).

OPTIONAL: Once the interview concludes, you as the parent will have the option of allowing your child to also participate in a brief 30-minute interview (in person or over the telephone), and/or 30-minute creative art work session in the privacy of your own home (artistic experience is not necessary), or wherever you and your child feel safe and comfortable (your choice). A creative expression supply kit will be mailed to you and your child filled with supplies for the art work session. After your child completes the art work, you may take a photograph of the image and email it to me for inclusion in the study.

Privacy is important. Both you and your child will remain anonymous in the study. You will choose pseudonym's that will represent you.

For me as the researcher and this particular study, ADCs is not considered abnormal in nature and is not being researched in this capacity. This is an exploratory study looking at understanding and meaning in the experience.

Enclosed you will find a Letter of Consent for participation. Please sign this document and return to me. This will be photocopied and a copy will be given to you for your records. Also, please complete the Demographic Questionnaire and return to me. This detail will be incorporated into the results and findings of this study.

I am a graduate student completing my Ph.D. in Transpersonal Psychology at the Institute of Transpersonal Psychology in Palo Alto, CA. My emphasis has been in the expressive arts and working with children. I have a very personal connection to the topic of ADCs as I have lived with these experiences all of my life. I have also encountered many individuals (adults and children) who have had similar experiences. This is my passion and lived experience and I look forward to communicating with you and await your response. Please feel free to contact me if you have any questions about this study at [], or kjeska3@hotmail.com.

Please return the enclosed forms (Consent and Demographics) to me at:

Kimberly Jeska
kjeska3@hotmail.com
P.O. Box 2624
Redwood City, CA 94064

Appendix D: Confidential - Demographic Information

Parent Information:

1. Parent/Guardian First Name:_____

2. Parent/Guardian Last Name:_____

3. Parent/Guardian Pseudonym (please choose a name/word that you would like used in the study in order to maintain your anonymity):

4. Relationship to child (mother, father, guardian, etc.):

5. Are you raising your child that experiences ADCs by yourself or with anyone else?

   Mailing Address:_____

   Add Address of Child, if Different: _____

6. Telephone number:_____ Email address:_____

7. Parent/Guardian age: _____

8. Parent/Guardian gender: _____

9. Parent/Guardian ethnicity: _____

10. What is the highest level of education that you have completed?_____

11. What is the average yearly income for your family?_____

12. Where have you been primarily raised? (The United States, Europe, etc.) Please specify country, state, city._____

13. What religious or spiritual tradition(s) were you raised in, if any?_____

14. What religious or spiritual traditions(s) does your family currently practice?_____

Child Information:

15. Child's first and last name:

16. Preferred Pseudonym for child:_____

17. Child's age:_____

18. Child's gender:_____

19. Child's ethnicity:_____

20. What is the highest level of education that your child has completed?_____

21. Does your child have any unique or special needs?_____

22. Where has the child been raised primarily? Please specify country, state,

   city._____

23. What religious or spiritual tradition(s) was the child raised in, if any?_____

~Thank you for completing this questionnaire~

Please mail to:

Kimberly Jeska
P.O. Box 2624
Redwood City, CA 94064

or

kjeska3@hotmail.com

Appendix E: Parent/Guardian Questionnaire

This Questionnaire will take approximately 45-60 minutes to complete in its entirety. After you have completed filling in your answers, please either email the document with your responses back to me at **kjeska3@hotmail.com**, or print a hard copy and send via postal mail to **Kimberly Jeska, P.O. Box 2624, Redwood City, CA 94064.**

After-Death Communication (ADC) defined: *Any type of direct communication that your child experienced with a spirit, angel, ghost, or some other non-material being. Sometimes contacts may appear as symbols such as a butterfly or rainbow. Your child may have heard, communicated with, seen, been touched, experienced a scent or odor, and/or just had a felt sense of knowing that this being was present.*

Parent Information

1. Do you have a child that is UNDER 12 years old that experiences after-death communications (ADCs) on a regular basis (i.e. daily, monthly, yearly)?

2. Has your child been prescribed and/or is taking one or more mind-altering substances such as marijuana, synthetic or natural psychoactive substances, alcohol, and other illicit or prescribed psychoactive drugs when the ADCs were experienced and currently?

3. How do you know that your child is experiencing ADCs?

4. How often does your child experience ADCs?

5. Please describe your child's most recent ADC experience in as much detail as you can recall. How did your child share the experience with you, and how did you feel about it afterwards?

6. How do you respond when your child tells you about an ADC, or refers to it, or mentions it?

7. What is your meaning for the ADCs?

8. Do you feel there is a higher purpose?

9. How do you respond when your child is experiencing ADCs at night, during the day…does it differ?

10. How do you feel about your child experiencing ADCs?

11. What was your experience (how did you process) of your child's expression of the ADC, or ADCs in general? What types of emotions do you feel? Where do you feel it in your body?

12. What do you do with the information that your child has shared with you?

13. How do you observe your child interacting with others, or sharing his or her ADC experience with others?

14. If you could change anything about your child experiencing ADCs, what would it be?

15. What do you feel that you need to further nurture and/or understand your child and ADCs?

16. What type of support systems do you have and feel that you can trust where you can share your feelings and experiences about your child experiencing ADCs?

17. Do you ever share your emotions and feelings about your child's experience of ADCs with anyone? What types of reactions do you receive? Do you feel as if you are supported as a parent/guardian in these experiences by the community/others?

18. What do you feel would be helpful for other parents/guardians to know that have children experiencing ADCs?

19. Is there anything else that you would like for me to know that you feel is important that I have not already asked about?

About Your Child:

20. Will you allow your child to participate in a 30-minute interview in person (in your home—if local, or other comfortable and safe location), via telephone, or by Skype about his or her ADC?   Circle One: YES   NO

21. Would you allow your child to be audio taped if interviewed (for the researcher's purposes only)?   Circle One: YES   NO

22. Can your child understand and speak English fluently?   Circle One: YES   NO

23. Would you allow your child to create an art piece expressing how he or she feels about having ADCs (i.e. drawing, painting, clay object, etc.)? [The art supplies will be mailed to you in a kit], then you would take a photograph of the art piece and send the picture to me for the study?   Circle One: YES   NO

24. Will you approve artwork to be photographed and presented in the study (anonymously)? Circle One: YES   NO

25. Would your child be able to articulate his or her experience comfortably and openly during this process?   Circle One: YES   NO

26. Do you have any concerns or challenges that you think your child may experience during the process?

27. Is there anything else that may help place you as the parent or guardian at ease with your child being a part of this process?

Appendix F: Parent/Guardian Informed Consent Form

To: Research Study Parent or Guardian Participant

From: Kimberly Jeska, Primary Researcher

You are invited to participate in a research study that is being conducted to contribute to the knowledge of parent's experiences of their children's after-death communications (ADCs). Participation may contribute to your own understanding of your child's experiences with ADCs. This study is being conducted to allow me to meet the requirements of the doctoral psychology program at the Institute of Transpersonal Psychology.

As a parent, you are invited to participate in a study to explore and share your personal experience and understanding that you go through regarding your child's after-death communications (ADCs). This study will include one 45-60 minute individual interview with you and this researcher over the telephone or in-person (your choice). The session will be audio recorded.

The audio recordings will be transcribed by the researcher. The transcribed interviews will be reviewed by an outside individual. This person will check the transcript against the recording to be sure that it is accurate. As an added precaution, I will alter any information which might otherwise identify you as a participant in this research study. The themes and patterns that emerge from the interviews will be included and published in the final research study. A resonance panel consisting of three professionals in the field who share experiences of ADCs will also be reviewing the themes that the researcher has identified.

To assure your privacy and the confidentiality, you will be asked to choose a pseudonym. This means that you will choose a name that you would like to appear in the published study. If you do not choose a name, one will be chosen for you. Using a pseudonym in the write-up of studies is a common practice that helps insure your anonymity. If two participants choose the same name, a number signifier will be used to differentiate the participants (e.g., Christopher, Christopher01). Please write the pseudonym on the space provided at the end of this form. I will keep all interview files (including audio files) in a locked cabinet. All electronic data stored on backup disks and computers will be managed for confidentiality and all folders containing transcripts will be encrypted.

Before signing this consent form and participating in this study, please consider the possibility that discussing personal experiences of After-Death Communications (ADCs) may bring up memories or uncomfortable feelings for you. If at any time you have concerns or questions during the course of the study, I will make every effort to discuss them with you and inform you of various options to resolve your concerns. In addition, you may withdraw from the study at any time without penalty or prejudice.

This study, like all studies, may also have drawbacks. The topic of After-Death Communications is still related to the topic of death. This may be difficult considering the sensitive nature of the study. The issues raised may be painful or scary or may challenge

personal belief systems. You may experience anxiety, trouble sleeping, sadness, and withdrawal. This study is designed to minimize potential risks to you. The exercises are designed to be integrative and healing. However, if at any time you feel that you need additional assistance in coping with an issue that has come out of participation in this study, resources and references will be available upon request.

Benefits of participation for you may include learning more about personal reactions to, emotions toward, and thoughts about ADCs and your child. In addition, the results of this study may help others who have had ADCs learn how to integrate the experience into their lives. It may also assist those individuals in the helping professions better understand ways of working with and honoring ADC experiences for parents and children.

You may request a written summary of the research findings by providing your mailing address or email address below. Remember this is a summary only and not an analysis of your personal results. I may be reached at [], or kjeska3@hotmail.com. You may also contact Dr. Arthur Hastings, Ph.D., Professor at the Institute of Transpersonal Psychology, at 650-493-4430, or Dr. Fred Luskin, the head of our Ethics Committee, at 650-493-4430. The Institute of Transpersonal Psychology assumes no responsibility for psychological or physical injury resulting from this research.

As a student researcher, I am obligated to report any child abuse, danger to self or others, or elder abuse that is revealed. This would be an exception and considered a limitation of confidentiality.

If you choose to have your child participate, you will have a **Supplemental Informed Consent** Form to sign at that time. Having your child participate in this study is optional and only at your discretion. You may allow your child the option to be interviewed and/or participate in a creative expression project. Further details will be provided on the Supplemental Informed Consent document.

I attest that I have read and understand this consent form. Any questions I have about this research study and my participation have been answered to my satisfaction. I understand that my participation is entirely voluntary and that no pressure has been applied to encourage participation. My signature indicates my willingness to participate in this research study and to have the results published.

Write pseudonym here: _____

Your Name (Participant): _____

_____   _____
Parent/Guardian Signature   Date

_____   _____
Researcher's Signature   Date

Please send me a written summary of the study's pertinent findings: ___ yes ___ no

Contact Information (Please Print):

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Appendix G: Parent/Guardian Supplemental Informed Consent Form (to allow Child

Participation)

To: Research Study Parent or Guardian (to allow Child Participation)

From: Kimberly Jeska, Primary Researcher

Dear Parent/Guardian,

Having your child participate in this study is optional. Once your interview concludes as the parent participant in this study, you have the option of allowing your child to also participate in a brief 30-minute interview (in person or over the telephone), and/or 30-minute creative art work session in the privacy of your own home (artistic experience is not necessary), or wherever you and your child feel safe and comfortable (your choice). A creative expression supply kit will be mailed to you and your child that will be filled with supplies and instructions for the art work session. After your child completes the art work, you may take a photograph of the image and email it to me for inclusion in the study.

If you and your child opt for an interview, it will also be audio recorded just as we did in the interview with you as the parent. The audio recordings will be transcribed by the researcher. The transcribed interviews will be reviewed by an outside individual for verification purposes. As an added precaution, I will alter any information which might otherwise identify your child as a participant in this research study. The themes and patterns that emerge from the interviews will be included and published in the final research study. A resonance panel consisting of three professionals in the field who share experiences of ADCs will also be reviewing the themes that the researcher has identified.

To assure your privacy and the confidentiality, you will be asked to choose a pseudonym for your child that will be used in the final research study. Please write the pseudonym on the space provided at the end of this form. I will keep all interview files (including audio files) in a locked cabinet. All electronic data stored on backup disks and computers will be managed for confidentiality and all folders containing transcripts will be encrypted.

Before signing this consent form and participating in this study, please consider the possibility that discussing personal experiences of After-Death Communications (ADCs) may bring up memories or uncomfortable feelings for your child. If at any time you have concerns or questions during the course of the study, I will make every effort to discuss them with you and inform you of various options to resolve your concerns. In addition, your child may withdraw from the study at any time without penalty or prejudice.

This study, like all studies, may also have drawbacks. The topic of After-Death Communications is still related to the topic of death. This may be difficult considering the sensitive nature of the study. The issues raised may be painful or scary or may challenge personal belief systems. Your child may experience anxiety, trouble sleeping, sadness, and withdrawal. This study is designed to minimize potential risks to your child. The exercises are

designed to be integrative and healing. However, if at any time you feel that your child needs additional assistance in coping with an issue that has come out of participation in this study, resources and references will be available upon request.

Benefits of participation for your child may include learning more about personal reactions to, emotions toward, and thoughts about ADCs. In addition, the results of this study may help others who have had ADCs learn how to integrate the experience into their lives. It may also assist those individuals in the helping professions better understand ways of working with and honoring ADC experiences for parents and children.

This study is being conducted to allow me to meet the requirements of the doctoral psychology program at the Institute of Transpersonal Psychology. You may also request a written summary of the research findings by providing your mailing address. I may be reached at [], or kjeska3@hotmail.com. You may also contact Dr. Arthur Hastings, Ph.D., Professor at the Institute of Transpersonal Psychology, at 650-493-4430, or Dr. Fred Luskin, the head of our Ethics Committee, at 650-493-4430. The Institute of Transpersonal Psychology assumes no responsibility for psychological or physical injury resulting from this research.

As a student researcher, I am obligated to report any child abuse, danger to self or others, or elder abuse that is revealed. This would be an exception and considered a limitation of confidentiality.

I attest that I have read and understand this consent form. Any questions I have about this research study and my child's participation have been answered to my satisfaction. I understand that my child's participation is entirely voluntary and that no pressure has been applied to encourage participation. My signature indicates my child's willingness to participate in this research study and to have the results published.

Write child's pseudonym here: _____

Child's Name (Participant): _____

_____   _____
Parent/Guardian Signature   Date

_____   _____
Researcher's Signature   Date

Waiver of Consent:

The consent of _____ (name of child/minor) was waived because of:

Age _____   Maturity _____   Psychological state of the child _____

_____   _____
Parent/Guardian Signature   Date

_____   _____
Researcher's Signature   Date

Please send me a written summary of the study's pertinent findings: ___ yes ___ no

Contact Information (Please Print):

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Appendix H: Research Study – Child Informed Consent Form

To: Child Participant

From: Kimberly Jeska, Primary Researcher

I am doing a research study about children's experience with after-death communication. A research study is a way to learn more about people. If you decide that you want to be part of this study, you can either talk about your experience by ourselves, or you can have the chance to use paints, glitter, clay, and other art materials to show me about your after-death communication experience, or you can do both. It is your choice.

When we are finished with this study, I will write a report about what was learned. This report will not include your name or that you were in the study.

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. Your parent knows everything about the study as well, and they are letting you do it if you want to.

If you decide you want to be in this study, please sign your name.

I, _____, want to be in this research study.

_____ _____ _____
Sign your name here   Date   Age

Appendix I: Creative Expression Kit Instructions

Dear [Parent/Child Name],

Please have your child use this kit of art supplies (and only this kit) to show how he or she feels about their after-death communication experiences.

Have the child take **no more than 30 minutes** (without interruptions or your guidance) using any materials in this kit to show about his or her after-death communication experiences. It is ok if your child does not use all of the supplies. Please have your child use only what he or she wants to use in 30 minutes. Then, please take a photograph of this image and email it to me. Or, you may send a hard copy photo to me at P.O. Box 2624, Redwood City, CA 94064. You may keep the project and remaining art supplies.

An **after-death communication** is any type of direct communication with a person who has died, spirit, angel, or ghost. Sometimes contacts may appear as symbols such as a butterfly or rainbow. Your child may have heard, talked to, seen, been touched, smelled them, and/or just had a felt sense of knowing that they were present.

If the child would like to say something about what he or she created, you or the child may write that on another piece of paper (photograph it and also email to me), or we (the child and I) can talk about it over the telephone.

The reason that you (as the child) are doing this is because I am expecting to learn more about this and talk with children who, like me, have had an after-death communication.

This is a great way for you as the child to learn more about after-death communication, possibly live with the experiences without being afraid, and even teach and help other kids who might not understand what they are experiencing or think they are the only ones going through it.

When we are finished with this study, I will write a report about what was learned. This report will not include your real name or that you were in the study.

~ Thank you ~

Kim

Appendix J: Child Individual Interview Questions

1. Tell me about a recent experience that you have had with someone who has died, a spirit of someone that perhaps you knew or didn't know when they were living. Perhaps you experienced them as looking like something else.

   a. How long ago did this happen?

   b. What did you think about [grandma; the little boy; etc.—whatever the experience is for the child—fill in the blank with their story]?

   c. How would you describe the personality?

   d. What did the spirit do?

   e. Where were you when this experience happened?

   f. When did this experience happen?

   g. What feelings did you have about the "spirit?"

   h. Where did you feel it in your body?

   i. How long did this experience last?

   j. Why do you think this visit happened?

   k. What did you do after this visit ended? What do you normally do?

2. Does this type of experience with other beings happen a lot for you? How often?

3. How do you feel about being able to communicate/see spirits?

4. Where have you been when these kinds of experiences happen? Where do they usually occur? What do you prefer?

5. How would you describe your encounters overall? Friendly, etc…? What kind of personalities do they have?

6. Why do you think these experiences happen for you?

7. Do you think that everyone has these experiences?

8. Do you talk about these experiences with your family? With friends? What do they say?

9. What do you like the best about your experiences?

10. If you could change anything about your experiences, what would it be?

11. Do you have anything else that you feel is important to tell me about these types of experiences that I have not asked you about?

12. Are you ready to do some artwork about these experiences?

Appendix K: Resonance Panel Consent Form

To the Potential Resonance Panel Participant in this Research:

You are invited to participate in a study that is exploring parents' personal experiences (understanding and meaning-making) with their children's (under age 12) after-death communications (ADCs).

The format will be a small group of individuals who are also interested in furthering research in this area. You will be asked to be part of a panel of individuals who will be asked to review the themes, patterns, and art work that the researcher has identified from the interviews and creative expression sessions. The panel will be asked to provide feedback and look for their own personal resonance within the themes, patterns, and artwork.

The panel members shall have experience and knowledge with the topic (one person shall be an expert with sand tray); be at least 25 years of age; physically and mentally able and willing to be instructed by this researcher and participate in a written review and documentation of the study; and have the ability to use and access a computer e-mail system.

To protect your privacy, your name will not be used in the study. All information received from you will be kept confidential and will be represented as "the panel's" response to the information. Your participation is voluntary at all times.

Benefits of participation may include learning about your personal reactions to, emotions toward, and thoughts about the existential material depicted in interviews and art work. If you have had similar existential or transpersonal experience as that depicted throughout these pieces, the benefits may include feeling more in touch with that experience and feeling more acceptance toward the event. If you have not had the particular experience depicted in throughout the pieces, benefits may include learning about the existential or transpersonal experience and possibly learning about how these events affect others. Additionally, the results of this study may help others who have had an existential or transpersonal experience learn how to better integrate the experience into their lives. It may also help those individuals in the helping profession better understand ways of working with and honoring individuals who have had such experiences.

This study, like all studies, may also have drawbacks. The existential nature of the topic may be difficult for some individuals considering the self-revelatory nature of the study. The issues raised within you may be painful or scary or may challenge personal belief systems. This study is designed to minimize potential risks to you. The exercises are designed to be integrative and healing. However, if at any time you feel that you need additional assistance in coping with an issue that has come out of participation in this study, resources and references will be available.

If you have any questions or concerns, you may call me at [], or kjeska3@hotmail.com. You may also contact Dr. Arthur Hastings, Ph.D., Professor at the Institute of Transpersonal Psychology, at 650-493-4430, or Fred Luskin, Ph. D., head of the Research Ethics Committee at the Institute

of Transpersonal Psychology at 650-493-4430. The Institute of Transpersonal Psychology assumes no responsibility for psychological or physical injury resulting from this research.

If you decide to participate in this research, you may withdraw your concern and discontinue your participation at any time during the conducting of this study and for any reason without penalty or prejudice.

I attest that I have read and understand this consent form. Any questions I have about this research study has been answered to my satisfaction. I understand that my participation is entirely voluntary and that no pressure has been applied to encourage participation. My signature indicates my willingness to be a participant in this research study and to have the results published.

_____   _____
Resonance Panel Member's Signature   Date

_____   _____
Researcher's Signature   Date

Please send me a written summary of the study's pertinent findings: ___ yes ___ no

Contact Information (Please Print):

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Appendix L: Resonance Panel Instructions

Dear Resonance Panel:

Thank you for offering your precious time to what I feel is very sacred and important research with after-death communication through children and their parents. In general, to provide you a basic foundation, I interviewed parents that had children age 12 and under that were experiencing after-death communications (ADCs). An optional component of this design was that I would also collect artwork and interview their children if they allowed me access. As a result, I interviewed eight parents and three children; and collected artwork from six children.

I acknowledge your schedules and appreciate very much this opportunity for me to have you review the themes, artwork, and interview data. After you have reviewed the information, please provide me your written feedback on what resonated for each of you.

What I have included for your review and comment are three chunks of documents: (a) Children's Artwork; (b) Themes & Data Excel spreadsheet; and (c) Themes Word document with synthesized interview themes (does not include artwork).

In the children's artwork, I have saved each file under the pseudonym, age, and gender. For myself, I had to also print hard color copies and also review the images on the computer screen. I would just say do whatever works best for you.

In the Themes & Data Excel file, you will see that it has four tabs at the bottom labeled, Parent, Child, Demographics, and Artwork. By clicking on each tab you will see data.

- The **Parent and Child** tabs have column headings based on the interview questions and other new themes that started to emerge. Below the column headings, I copied and pasted quotes from the interview data. At the very top left margin of these worksheets, I placed the number of participants in the study.

- The **Demographics** worksheet has all of the reported information from the mother's that participated in the study.

- When you click on the **Artwork** tab, you will see this is where I have the themes that seemed to be emerging in the images submitted by the children. I have two sections on this worksheet: (a) Physicality (at the top), and when you scroll down the page (b) Conceptual. The Physicality section indicates the naked-eye observations of the artwork. The Conceptual section indicates what I saw as concepts coming through the children's images, and from reported interview data specifically about the artwork.

Finally, in the Themes Word document, I have synthesized the parent and child interview data into the themes that I saw emerge.

As a final note, please keep in mind the basic concept of after-death communications as you are reviewing the themes and artwork that was also mentioned to the mother's before each interview, and was also included for the children:

Any type of direct communication that the child experienced with a spirit, angel, ghost, or some other non-material being. Sometimes contacts may appear as symbols such as a butterfly or rainbow. The child may have heard, communicated with, seen, been touched, experienced a scent or odor, and/or just had a felt sense of knowing that this being was present.

Thank you so very much, Panel. I look forward to sharing in this rich data with you and seeing what your resonance holds. If it is possible for you to provide your responses within the next few days, that would be great. If not, please let me know what is most convenient for you.

Please, I also ask that you hold this data and findings confidential until I am able to release the information publicly. Feel free to contact me anytime at my email address or by telephone at [].

All My Best,

Kim

Appendix M: Walt Whitman Poem Excerpt

Song of Myself

By Walt Whitman

1819-1892

(Partial excerpt of a 52-section poem)

_____

1

I celebrate myself, and sing myself,
And what I assume you shall assume,
For every atom belonging to me as good belongs to you.

I loafe and invite my soul,
I lean and loafe at my ease observing a spear of summer grass.

My tongue, every atom of my blood, form'd from this soil, this air,
Born here of parents born here from parents the same, and their
parents the same,
I, now thirty-seven years old in perfect health begin,
Hoping to cease not till death.

Creeds and schools in abeyance,
Retiring back a while sufficed at what they are, but never forgotten,
I harbor for good or bad, I permit to speak at every hazard,
Nature without check with original energy.

2

Houses and rooms are full of perfumes, the shelves are crowded with
perfumes,
I breathe the fragrance myself and know it and like it,
The distillation would intoxicate me also, but I shall not let it.

The atmosphere is not a perfume, it has no taste of the
distillation, it is odorless,
It is for my mouth forever, I am in love with it,

I will go to the bank by the wood and become undisguised and naked,
I am mad for it to be in contact with me.

The smoke of my own breath,
Echoes, ripples, buzz'd whispers, love-root, silk-thread, crotch and vine,
My respiration and inspiration, the beating of my heart, the passing
of blood and air through my lungs,
The sniff of green leaves and dry leaves, and of the shore and
dark-color'd sea-rocks, and of hay in the barn,

The sound of the belch'd words of my voice loos'd to the eddies of
the wind,
A few light kisses, a few embraces, a reaching around of arms,
The play of shine and shade on the trees as the supple boughs wag,
The delight alone or in the rush of the streets, or along the fields
and hill-sides,
The feeling of health, the full-noon trill, the song of me rising
from bed and meeting the sun.

Have you reckon'd a thousand acres much? have you reckon'd the earth much?
Have you practis'd so long to learn to read?
Have you felt so proud to get at the meaning of poems?

Stop this day and night with me and you shall possess the origin of
all poems,
You shall possess the good of the earth and sun, (there are millions
of suns left,)
You shall no longer take things at second or third hand, nor look through
the eyes of the dead, nor feed on the spectres in books,
You shall not look through my eyes either, nor take things from me,
You shall listen to all sides and filter them from your self.

3

I have heard what the talkers were talking, the talk of the
beginning and the end,
But I do not talk of the beginning or the end.

There was never any more inception than there is now,
Nor any more youth or age than there is now,

And will never be any more perfection than there is now,
Nor any more heaven or hell than there is now.

Urge and urge and urge,
Always the procreant urge of the world.

Out of the dimness opposite equals advance, always substance and
increase, always sex,
Always a knit of identity, always distinction, always a breed of life.
To elaborate is no avail, learn'd and unlearn'd feel that it is so.

Sure as the most certain sure, plumb in the uprights, well
entretied, braced in the beams,
Stout as a horse, affectionate, haughty, electrical,
I and this mystery here we stand.

Clear and sweet is my soul, and clear and sweet is all that is not my soul.

Lack one lacks both, and the unseen is proved by the seen,
Till that becomes unseen and receives proof in its turn.

Showing the best and dividing it from the worst age vexes age,
Knowing the perfect fitness and equanimity of things, while they
discuss I am silent, and go bathe and admire myself.

Welcome is every organ and attribute of me, and of any man hearty and clean,
Not an inch nor a particle of an inch is vile, and none shall be
less familiar than the rest.

I am satisfied--I see, dance, laugh, sing;
As the hugging and loving bed-fellow sleeps at my side through the night,
and withdraws at the peep of the day with stealthy tread,
Leaving me baskets cover'd with white towels swelling the house with
their plenty,
Shall I postpone my acceptation and realization and scream at my eyes,
That they turn from gazing after and down the road,
And forthwith cipher and show me to a cent,
Exactly the value of one and exactly the value of two, and which is ahead?

4

Trippers and askers surround me,
People I meet, the effect upon me of my early life or the ward and
city I live in, or the nation,
The latest dates, discoveries, inventions, societies, authors old and new,
My dinner, dress, associates, looks, compliments, dues,
The real or fancied indifference of some man or woman I love,
The sickness of one of my folks or of myself, or ill-doing or loss
or lack of money, or depressions or exaltations,
Battles, the horrors of fratricidal war, the fever of doubtful news,
the fitful events;
These come to me days and nights and go from me again,
But they are not the Me myself.

Apart from the pulling and hauling stands what I am,
Stands amused, complacent, compassionating, idle, unitary,
Looks down, is erect, or bends an arm on an impalpable certain rest,
Looking with side-curved head curious what will come next,
Both in and out of the game and watching and wondering at it.

Backward I see in my own days where I sweated through fog with
linguists and contenders,
I have no mockings or arguments, I witness and wait.

5

I believe in you my soul, the other I am must not abase itself to you,
And you must not be abased to the other.

Loafe with me on the grass, loose the stop from your throat,
Not words, not music or rhyme I want, not custom or lecture, not
even the best,
Only the lull I like, the hum of your valved voice.

I mind how once we lay such a transparent summer morning,
How you settled your head athwart my hips and gently turn'd over upon me,
And parted the shirt from my bosom-bone, and plunged your tongue
to my bare-stript heart,
And reach'd till you felt my beard, and reach'd till you held my feet.

Swiftly arose and spread around me the peace and knowledge that pass
all the argument of the earth,
And I know that the hand of God is the promise of my own,
And I know that the spirit of God is the brother of my own,
And that all the men ever born are also my brothers, and the women
my sisters and lovers,
And that a kelson of the creation is love,
And limitless are leaves stiff or drooping in the fields,
And brown ants in the little wells beneath them,
And mossy scabs of the worm fence, heap'd stones, elder, mullein and
poke-weed.

6

A child said What is the grass? fetching it to me with full hands;
How could I answer the child? I do not know what it is any more than he.

I guess it must be the flag of my disposition, out of hopeful green
stuff woven.

Or I guess it is the handkerchief of the Lord,
A scented gift and remembrancer designedly dropt,
Bearing the owner's name someway in the corners, that we may see
and remark, and say Whose?

Or I guess the grass is itself a child, the produced babe of the vegetation.

Or I guess it is a uniform hieroglyphic,
And it means, Sprouting alike in broad zones and narrow zones,
Growing among black folks as among white,
Kanuck, Tuckahoe, Congressman, Cuff, I give them the same, I
receive them the same.

And now it seems to me the beautiful uncut hair of graves.

Tenderly will I use you curling grass,
It may be you transpire from the breasts of young men,
It may be if I had known them I would have loved them,
It may be you are from old people, or from offspring taken soon out
of their mothers' laps,

And here you are the mothers' laps.

This grass is very dark to be from the white heads of old mothers,
Darker than the colorless beards of old men,
Dark to come from under the faint red roofs of mouths.

O I perceive after all so many uttering tongues,
And I perceive they do not come from the roofs of mouths for nothing.

I wish I could translate the hints about the dead young men and women,
And the hints about old men and mothers, and the offspring taken
soon out of their laps.

What do you think has become of the young and old men?
And what do you think has become of the women and children?

They are alive and well somewhere,
The smallest sprout shows there is really no death,
And if ever there was it led forward life, and does not wait at the
end to arrest it,
And ceas'd the moment life appear'd.

All goes onward and outward, nothing collapses,
And to die is different from what any one supposed, and luckier.

7

Has any one supposed it lucky to be born?
I hasten to inform him or her it is just as lucky to die, and I know it.

I pass death with the dying and birth with the new-wash'd babe, and
am not contain'd between my hat and boots,
And peruse manifold objects, no two alike and every one good,
The earth good and the stars good, and their adjuncts all good.

I am not an earth nor an adjunct of an earth,
I am the mate and companion of people, all just as immortal and
fathomless as myself,
(They do not know how immortal, but I know.)

Every kind for itself and its own, for me mine male and female,
For me those that have been boys and that love women,
For me the man that is proud and feels how it stings to be slighted,
For me the sweet-heart and the old maid, for me mothers and the
mothers of mothers,
For me lips that have smiled, eyes that have shed tears,
For me children and the begetters of children.

Undrape! you are not guilty to me, nor stale nor discarded,
I see through the broadcloth and gingham whether or no,
And am around, tenacious, acquisitive, tireless, and cannot be shaken away.