Integration of Spiritually Transformative Experiences: Models, Methods, and Research

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ABSTRACT: This article represents my presentation at the inaugural 2012 American Center for the Integration of Spiritually Transformative Experiences (ACISTE) Annual Conference; it contains four main sections. The first section focuses on defining the parameters of the contents and includes discussions of what constitutes healthy and unhealthy integration, spiritual emergence and emergency, quantum change, spiritual conversion, and spontaneous awakening experiences. The second section includes four conceptual models utilized to help understand spiritually transformative experiences (STEs): Wilber’s, Rummet’s, and Wade’s developmental models and Assagioli’s model of the self. The third section introduces methods I use when working with clients, and the fourth section provides recent research on topics related to STEs. My goal throughout was to catalyze further discussion regarding what constitutes integration of an STE and how this process relates to current psychospiritual models, therapeutic approaches, and research.

KEY WORDS: spiritually transformative experience, exceptional human experience, integration, expressive arts, spiritual guidance

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The purpose of the first annual American Center for the Integration of Spiritually Transformative Experiences (ACISTE) conference was to address STEs and how psychospiritual healthcare professionals, such as conference attendees, might work with individuals who seek support after such experiences. Generally speaking, STEs consist of an event or group of events that may lead to dramatic attitudinal, belief, behavioral, emotional, and/or psychospiritual changes within an individual and are often subjectively perceived as spiritual in nature. The focus of this article, based on my presentation at the ACISTE Conference, is the integration of STEs.

An understanding of the concept of integrating an STE rests on the meaning of the term integration. In this context, the term refers to a process of assimilation, transformation, and change. To integrate a life event is to take that process into oneself, make it one's own, whereby it becomes a part of the organizing principle of the self.

Integration may be healthy or unhealthy. Healthy integration involves such phenomena as expansion, healing, compassion, connection, growth, and development. Unhealthy integration involves such phenomena as contraction, lack of compassion, unhealthy partitioning off of oneself or one's subgroup, and arrested development. In this article, I am specifically discussing transformative experiences that are inherently healthy/potentiating—facilitating one's growth and positive potential—rather than unhealthy/depotentiating. I am not including in this review experiences such as those in which a person has a transformative experience and then, believing God or some Divine being so-directed the person, kills others or commits acts of terrorism.

Another fundamental question about STEs is whether they are inherently pathological. The answer to that question depends on the definition of pathology. If pathology is defined as an inability to fit within surrounding socio-cultural context, then STEs are sometimes, but not always, pathological; during and/or after STEs, people sometimes behave in ways that violate socio-cultural norms. In this case, the role of psychotherapy is to help the individual incorporate the experience in a way that enables alignment with prevailing socio-cultural norms. If pathology is defined as biological illness, then STEs are sometimes, but not always, pathological; during and/or after STEs, people sometimes manifest biological problems. In this case, psychotherapy includes the use of medication or other biological interventions to alleviate symptoms. If pathology is defined as a loss of soul, passion, identity, and meaning, then STEs are sometimes, but not always, pathological; during and/or after STEs, people sometimes struggle with issues of
meaning and purpose. In such cases, psychotherapy is about connection or reconnection with the soul, meaning, passion, and emerging identity—which may put one at odds with current social context (family, friends, work, religion, and one’s own prior self identity, beliefs, values, and attitudes). Thus the question of pathology is complex and can involve inherent contradiction.

Stanislav and Christina Grof approached these very questions when writing of spiritual emergence and spiritual emergency. Their initial, edited text, *Spiritual Emergency: When Personal Transformation Becomes a Crisis* (1989), introduced the concept of spiritual emergency, a process wherein an individual’s natural spiritual development becomes problematic or difficult for the individual and/or one’s family and associates to handle. Grof and Grof further expanded their explanations within their next text, *The Stormy Search for the Self: A Guide to Personal Growth Through Transformational Crisis* (1990). These combined books provide a basis for understanding a difficult spiritual experience or process not as pathology but as part of a larger growth process emerging within the individual. The authors addressed times when spiritual emergence, a naturally unfolding process, becomes a spiritual emergency, a disruption of functioning. By working with the process as an inherently potentially growthful one rather than considering it a manifestation of psychological or biological pathology, one may experience expanded states of consciousness and further spiritual and moral development. Thus, the Grofs were able to redefine this disruption in terms of a spiritual process that might sometimes become temporarily difficult because of accompanying cognitive or psychological confusion.

Another way to describe dramatic personal experiences is in light of quantum change. William Miller (2004) defined quantum change as a sudden, dramatic, enduring transformation that affects a broad range of emotion, cognition, and behavior. Miller, when discussing his earlier studies (Miller & C’dé Baca, 1994, 2001, as cited in Miller, 2004) noted changes in the areas of affect, values, priorities, relationships, and identity. According to Miller (2004), “my own sense of what happens is that quantum change is a kind of maturation, a developmental metamorphosis” (p. 458). Janet C’dé Baca and Paula Wilbourne (2004) reported a 10-year follow-up study on the original group of participants in the earlier quantum change study. Ten years after the study completed, and roughly 20 years on average from the time of the original experience, participants continued to value compassion, spirituality, and a belief that the experience was God’s will (C’dé Baca & Wil-
bourne, 2004, p. 533). Of 55 participants, 82% described themselves as spiritual or as believing in God and practicing religion, whereas 17% self-identified as atheist, agnostic, or unsure about the existence of God (p. 534). Additionally, whereas 50% indicated that their quantum change experience was a one-time event, the other 50% indicated that it was part of an ongoing process (p. 535). Of those who indicated the experience was part of an ongoing process, some indicated the originating experience was only one of many big experiences, others indicated the originating experience was a single big experience followed by many smaller experiences, and still others indicated that the originating experience was viewed as part of a larger transformational process. C’dé Baca and Wilbourne (2004) concluded “these rapid transformations of complex human behavior, including actions, emotions, and cognitive processes, are enduring” (p. 539).

The STE change process has also garnered other labels. Annette Mahoney and Kenneth Pargament (2004) used the term spiritual conversion, which is generally part of a larger field called religious conversion. They indicated that spiritual conversion is similar to quantum change with the addition of the belief that the sacred is inherently involved. The authors discussed two types of spiritual conversion: Classic Christian conversion wherein a person moves from a self-centered perspective through self-sacrifice into a God-centered perspective, and Reformist Feminist Christian wherein a person moves from a no-self (other-person-centered) perspective through reclamation of the individual self into affirmation of a sense of self in relation to God (pp. 443–486).

Steve Taylor (2012) referred to STEs as Spontaneous Awakening Experiences (SAEs). According to Taylor, spirituality is an amorphous term, and he proposed removing spirituality from the equation—in essence, an antithesis to Mahoney and Pargament’s position. Taylor asserted that an SAE is

an experience in which our state of being, our vision of the world and our relationship to it are transformed, bringing a sense of clarity, revelation and well-being in which we become aware of a deeper (or higher) level of reality, perceive a sense of harmony and meaning, and transcend our normal sense of separateness from the world. (p. 74)

However, Taylor (2012) did leave room for considering a spiritual aspect of an SAE so long as spirituality is considered in its most general, non-religious terms.

Having considered integration and several ways of viewing an STE, a further question is what a lack of integration might look like.
I believe common aspects of a lack of integration are splitting—the psychological partitioning off of a section of oneself, in extreme forms manifesting as a personality disorder; mismanaged or failing defense mechanisms; or becoming overly preoccupied with the experience. A lack of integration may also appear as an over-identification with the experience, whereby the experience becomes a sole defining factor of one’s identity; for example, one is no longer a parent, sibling, spouse, and someone with an established job in the world, but rather one is a near-death experiencer. Rhea White (1988) indicated another possible manifestation of a lack of integration: denial. In the beginning stages after one has had a profound experience, one might deny having had the experience or might search for purely materialist explanations of the experience. White (1998) believed this response was part of—but characteristic of only the beginning of—the developmental process as one integrates an exceptional experience.

Whether or not a person integrates a transformational experience, additional difficulties that might arise in its aftermath are numerous. For example, one might have relationship difficulties. According to Christian and Holden (2012), who conducted a study with 52 volunteers, 26 of whom indicated they had an NDE, and all of whom completed a set of marriage assessments:

on average, NDErs indicated poorer marital adjustment, stability, sense of meaning in marriage overall, marital friendship, marital communication about problems, agreement on marital rituals, agreement on life roles, sense of values in common with spouse, and sense of goals in common with spouse after the NDE compared to before.

(p. 217)

Experiencers might also have an altered relationship to temporal time, that is, be less dependent on established norms regarding time. Individuals who have had an STE might also exhibit strain in social relations including work, school, and church. This strain might be manifested as a lack of focus or a more dramatic change in values and interests, thus creating stress in relationships established prior to the experience. Those who have had an STE might also exhibit identity confusion and existential and/or spiritual crisis as their identities shift, sometimes dramatically. Engaging in the integration process may not alleviate all of these difficulties, particularly as one integrates new attitudes, values, and belief systems. Difficulties may be due in part to how the newly emerging being or being-ness or identity of the person who has had the STE conflicts with pre-experience being and relationships.
Models of Development

Several models of development provide a diverse perspective on the conceptualization of STEs; in this section, I will discuss four. For additional discussion on models of development related to STEs, beyond those models listed here, please see Foster and Holden (2011).

First, Ken Wilber (2005/2011) developed an expanding model wherein a person moves from modes of being and functioning—developmental stages—characterized by relatively more restricted consciousness into stages characterized by relatively more inclusive and expanded consciousness. Development occurs both horizontally, within a particular stage as one resolves the developmental issues inherent to the particular stage, and vertically, as one takes a quantum leap into the next developmental stage, fundamentally shifting one’s mode of being and functioning. According to Jan Holden, Wilber admittedly arbitrarily divided what he actually perceived as a continuous developmental progression into 10 stages: three pre-personal—before a sense of self is clearly established; three personal—invoking consolidation and elaboration of an established sense of self; and four transpersonal—invoking identity expansion beyond a “mere” sense of self. (personal communication, 2013)

The specifics of each stage are less important here than the dynamics of how one moves through the stages. Within each stage one must address specific life issues and hopefully come to a successful resolution of them. Normal development leads one to address the issues of a stage and then to expand to the next stage; progression in the earlier stages occurs more spontaneously, whereas progression in the most expansive stages requires increasingly more purposeful pursuit by the individual. The role of STEs in this process is that, according to Wilber (2000), they are temporary states of consciousness comprised of the content and process of the stable traits of consciousness that characterize transpersonal stages of development. In other words, through an STE, an individual takes a brief experiential “dip” into the consciousness characteristic of a more expanded stage than the one at which the individual typically functions. Contact with that ‘transcendent’ stage, even briefly, impacts the current stage, acting as a catalyst with the potential of influencing both within-stage and across-stages development.

A second model, that of Roberto Assagioli (1965), a contemporary of Jung and originator of psychosynthesis, described personal development as expansion of one’s self identity to incorporate greater aware-
ness of previously unconscious material. Assagioli’s (1965) model of the psyche includes a lower, a middle, and a higher unconscious. The middle unconscious includes the individual “I,” the center of awareness, surrounded by a broader field of awareness of the conscious aspects of oneself, surrounded yet further by the unconscious aspects, those outside of but easily accessible to awareness. Below the middle unconscious is the lower unconscious similar to Freud’s unconscious but including “lower, uncontrolled parapsychological processes” (Assagioli, 1965, p. 17). Above the middle unconsciousness is the higher unconscious, the “source of higher intuitions and inspirations . . . higher psychic functions and spiritual energies” (pp. 17–18). Assagioli’s model contains two particular transcendent elements: the higher Self at the “crown,” so to speak, of the higher unconscious, and the collective unconscious that surrounds the entire psyche and to which the higher Self is particularly connected. Although not specifically part of Assagioli’s model, within spiritual direction I hold space for the belief that this higher Self is also connected to the Divine—or possibly that the Collective Unconscious and higher Self are contained within the Divine. Within this model an STE may be (a) a sudden expansion of the I and/or field of consciousness—in the middle unconscious, and possibly incorporating parts of the lower and upper unconscious—or (b) a sudden connection with the higher Self, Collective Unconscious, or Divine. Through the sudden expansion and/or transcendent connection, the post-experience definition of the self-construct changes, incorporating more than previously known/experienced/believed, and thus changing the prior amount of Middle Unconscious held within the newly ‘normalized’ field of awareness.

A third model is that of Hillevi Rummet (2006) who proposed a cyclical model originally based on the individual energy centers in the Yogic traditions, normally known as chakras. Rummet described a developmental process wherein a person may develop through life issues associated with the first three energy centers, starting at the base chakra and rising through the third chakra. The cyclical development starts after the third chakra, whereby a person develops by moving into the fourth chakra, back to resolve issues within the third, then moving into the fifth, back to resolve issues in the second, then moving into the sixth center, back to resolve issues in the first center, and finally into the seventh center (p. 17). This model differs from the normal chakra model, which assumes a linear development through the chakras. Within Rummet’s model, one might envision the STE as a sudden transcendence through the current energy center within
which one is working, or it may be a spontaneous rush up through the energy centers, with a resulting return to the prior, or possibly a higher, developmental stage.

Fourth, Jenny Wade (1996) offered a holonomic theory of personal development and, in particular, the development of consciousness. Structurally the model resembles an inverted Kabbalic diagram, with a person developing from bottom to top through various stages. Additionally, in some cases development may progress along different routes, skipping stages. As with the Rummet model, within this model an STE may be considered the sudden experiencing of a higher stage, or of experiencing the implicate order (or the Divine), with resulting transformation of the prior stage at which one was operating.

These are only a few models of many that exist. One similarity, however, is that these models fall within a set of transpersonal models of development. Transpersonal models tend to contain elements of Jungian, Rogerian, humanistic, and consciousness components and may also incorporate various wisdom or spiritual traditions, such as Rummet’s use of the Yogic chakra system. Transpersonal approaches also tend to acknowledge peak or transcendent experiences and tend to come from a philosophical tradition that is post post-modern—what Judith Miller (2012) has called psycho-spiritual, or what could be termed integral and holistic. I personally also include, when I consider transpersonal models, concepts of the Divine interacting with, or naturally part of, all that is—either in a form of dualism or spiritual/transcendent monism. With this inclusion in mind, I believe an STE could be a combination of at least three things. First, it could be the movement of the Divine or transcendent within one’s life, manifesting in such phenomena as calling, intuition, and/or grace. Second, an STE could be a spontaneous connection with the Divine or some aspect of the Divine, manifesting in such phenomena as energy flow, connection with God, and/or connection with “all that is” or with “the ground of being”. Third, an STE may also be an aspect of and catalyst for one’s natural growth potential and movement toward health, wholeness, and self-actualization.

Methods for Working with Individuals

Psychospiritual health professionals can work in many ways with individuals who have had STEs. Within the domain of “psychospiritual health professionals” I include a wide range of therapists, counselors, licensed clinical practitioners, and what ACISTE calls spiritual guid-
ance counselors. I myself, in addition to having a Ph.D. in transper-sonal psychology, am trained in the practice of spiritual guidance, which is similar to traditional spiritual direction without being wedded to a specific religious tradition. A spiritual guide, like a spiritual director, may work with individuals or groups, and although psychological issues may arise during sessions, the focus is on the spiritual life of the client. In this section I will orient the reader to several tools and approaches I have found useful. Each tool or approach should be carefully considered, as some practices may be contraindicated for certain individuals and/or at certain times. Additionally, one should consider one's own training and expertise prior to utilizing any particular therapeutic tool and use it only if one meets professional standards of competence.

Spiritually Oriented and Authentic Presence (SOAP) is an orientation I utilize when working with spiritual guidance clients. This orientation contains a number of elements, including creating a safe and sacred container within which to work, particularly if the person is presenting with difficulties due to an actual or perceived spiritually transformative experience. Additionally, unlike the case with many other clinical therapeutic settings, within this approach I invite the whole person, including her or his spiritual life; within the spiritual guidance tradition this inclusion of the spiritual is assumed. Another important aspect is that of the health professional practicing presence: being there, in the moment, open, “sitting with,” engaged in deep listening. Finally, there is also an acknowledgement in the health professional of one's own spiritual self and openness to the Divine, however identified, as the sacred third within the therapeutic relationship, which in turn also facilitates a safe, healing environment.

In addition to SOAP, I incorporate expressive arts, which along with spiritual guidance, I refer to as creative spiritual expression. Here I cover two ways to engage the expressive arts. First, the client may bring into the session for us to review together creative art that she or he created outside of sessions—or work created by other artists that the client found meaningful. The creative art may include one or many media: visual art such as painting or sculpture, movement oriented art such as dance, auditory art such as music, or written expressions such as poetry. For example, while working with a woman who reported a near-death experience (NDE), she decided to draw, using colored pencils, where she “got stuck” in the tunnel. She brought this drawing into our session, and we discussed the various colors and elements she discovered while drawing the picture. Second, the client
may be invited to create art during a session as a way of supplementing the more narrative forms of dialogue and of enhancing expression of ineffable aspects of the STE. For example, when conducting group sessions with individuals who reported NDEs, during the sessions I introduced the use of painting and pastels on paper. Most group members found this practice to be a highly enriching and valuable way of connecting with the emotions and unconscious content associated with the original events as well as way of expressing the pleasures and difficulties of the changes they went through afterwards (Rominger, 2009, 2010).

White (1997, 1998) discussed a third tool to use with individuals who have had an STE. White, who developed the term exceptional human experience (EHE), described the EHE Autobiography (1997) as a process of identifying the narrative of one’s experience and subsequent growth after the experience. Additionally, the EHE (or STE in this case) may be understood within the larger context of one’s life, including cognitive, emotional, moral, social, and spiritual development. Through the autobiographical process, one often comes to understand the STE anew and is offered the opportunity to “re-story” the experience in relation to one’s emerging identity and understanding of reality. This re-storying aspect may be particularly important for individuals who have had a distressing experience. Additionally, the autobiographical process allows one to disclose the experience—to oneself as well as to others, should one choose to share the written or recorded account (Palmer & Braud, 2002). This disclosure process may help facilitate the integration of new attitudes, beliefs, and behaviors (Palmer & Braud, 2002).

Finally, in some instances clients may benefit from altered-state work. Altered-state work might include less intense experiences such as meditation, hypnosis, guided visualization, expressive arts work, use of a psychomanteum (Hastings, 2012), or various spiritual practices such as hatha yoga, breathing practices, or contemplation of a spiritual passage. Alternatively, altered-state work might include more intense experiences such as Shamanic practices, including journeying; more intense yogic practices; or fasting. The goals of altered state may include (a) to reconnect with the original experience or positive aftereffects of the experience, (b) to connect with the Divine as conceived of by the client, (c) to incorporate practices familiar to the client that may facilitate integration, and/or (d) to reconnect with the experience to process traumatic aspects of the experience or traumatic aftereffects.
Altered-state work does not necessarily happen during, or only during, therapeutic sessions. In some instances, altered-state work may be limited due to certain therapeutic contexts, including local laws regarding therapy, covert or overt norms within a group practice, or normative expectations within the therapist-client relationship. It is important to note as well that some altered-state work is contraindicated for particular clients; for example, only very well-trained professionals should consider dissociative altered-state work with a client-diagnosed with schizophrenia or dissociative identity disorder. It bears repeating that each therapist, counselor, or spiritual director is morally, ethically, and legally bound to function within the bounds of one’s own training and ability to hold space for any given method. In short, when considering the use of altered-state work, each professional should consider one’s expertise, one’s client’s stability and specific religious or spiritual tradition(s) and belief systems, and the context within which one is considering engaging in the work, even if the plan is for the client to engage in the work outside of sessions and then return to discuss experiences and progress.

It may be good to end this section with Arthur Hasting’s (1983) seven suggestions for working with clients who have had an anomalous experience:

1. Ask the person to describe the experience or events.
2. Listen fully and carefully, without judging.
3. Reassure the person that the experience is not “crazy” or “insane,” if this can be appropriately said.
4. Identify or label the type of event.
5. Give information about the event—what is known about this kind of situation or process.
6. Where possible, develop reality tests to discover if the event is a genuine [STE] or if there are non-psychic alternative explanations.
7. Address the psychological reactions that result from the experience, or the emotional disturbances that contribute to it whether the phenomena are parapsychological or not. (pp. 164–165)

Research

During the research section of the conference presentation on which this article is based, I covered a number of studies, including two I had previously published in the *Journal of Near-Death Studies* (Rominger, 2009, 2011) and one I am currently writing for publication (the second phase of the study described in Rominger, 2011). Due to space limita-
tions for this article, I focus on only two particular studies shared within this section of the presentation. The first is a study based on a research group at Sofia University that I led from 2010 to 2012. The second is an element of a completed dissertation research project at Sofia University for which I was the chairperson.

The focus of the first study was EHEs, their shadow or distressing elements, and their integration into experiencers’ self-narratives or self-constructs. This study included 36 participants, 12 male and 24 female, most age 35–54 (69%), having had their EHEs between the ages of 25–44 years (61%), and most Caucasian (72%). Within this study we utilized White’s (1998) five EHE categories: mystical, psychic, unusual death related, encounter, and exceptional normal. The most frequently reported type of EHE—reported by 15 (42%) of participants—was the mystical experience.

Three narratives exemplified aspects of EHEs and how individuals worked with them. First, one male participant had a significant Shamanic Journey experience that continued in his dream life. In his words:

I processed and integrated this experience by journaling and telling the story to others over and over again, reflecting on it over the next few weeks and months. It felt moving but I was disappointed that it ended so sharply.

I had nearly forgotten the experience when I began redreaming it at night a few years later while on a trip to Mexico. I am not sure how many times I had the same journey in my dreams, but it felt very familiar each time, like I had done this before. Each time I tumbled at the end, even as I seemed to know what was coming. Finally, at some point, I realized what was coming in the dream as it was occurring and was able to prepare myself while dreaming. This time, the bear came up and I stood my ground, panting in the sand. Next thing I remember was a feeling of enormous elation and joy as I wrestled with the bear, climbing onto its back and pulling at its fur like we were buddies.

After I made friends with the bear, I decided that it was my totem animal. I now hold bears very sacred and live in an area (The Pacific Northwest) where the bear is a traditional image of power and spiritual value. This EHE changed my life on many levels.

Second, a retired female New York police officer, who completed over 50 ‘tours’ after the collapse of the Twin Towers in September of 2001, described how an apparition experience after 9/11 affected her:

As a result of this experience, I revisited my daily spiritual practices. I incorporated prayer and fasting as a means of connecting with the
God whom I serve. I no longer walk in fear of entities seen or unseen because I have an awareness of their existence. Although the entity that visited my mother and I may have just been passing through, I am also aware that there are some that might want to stay a bit longer and may have less than good intentions for me. Thus, I have developed an awareness of the complementaries [sic] of light and dark, as well as light over dark.

Third, a young man described an influential mushroom experience:

I suddenly come to not only realize and embrace, but fully embody with every fiber of my being, the fact that I am one with the universe. The duality of my existence, the palpable separateness of “me” and that which is outside of me, has completely disappeared. The illusions of time, space, and physical existence have ceased to matter any more. I am part of all that surrounds me, and it is all an extension of me.

This experience has blown my mind wide open. Everything I thought I knew is no longer relevant. All of my ideas of right and wrong, good and bad, important and unimportant, have also melted away. My entire perspective on my life, purpose, goals, and how I engage and interact with the world and others has shifted. It is no longer just about me. This experience has encouraged the cultivation of compassion, gratitude, and a deep sense of unity, rooted to the deepest pit of my soul and reaching out across the entire universe. At the same time, a humbling sense of my own insignificance washes over me. At first, this feels slightly unsettling, but quickly shifts in mere moments, to a profound sense of relief. This experience has forever changed me. It has forever changed who I am, how I think, how I engage with the world, and how I prioritize what is important and what is not, day in and day out. It brought the dark into the light . . . the “self” merged with “other” . . . and one became enmeshed with all. I know I will never be the same.

These descriptions reveal various aspects of integration of the exceptional experiences, including changes in identity, views of reality, values, priorities, and relationships with others and oneself. Additionally, they reveal a number of practices that people used to work with their own experience, including journaling, disclosure to others, reflection upon the experience, revisiting old spiritual practices, and engaging in new spiritual practices.

The second study I wish to reference here was by Sean Hinton (2012) and was titled Spiritual Aspects of Individuation: Numinous Experiences and Life Meaning. Hinton identified three aspects pertaining to numinous experience—aspects that I apply to STEs. First, they are threshold experiences in which “one is taken beyond the veil of the mundane . . . [the experience] forever alters one’s view of the uni-
verse or one’s sense of self” (p. 151). Hinton continued, the “experience becomes an initiation into a greater possibility for existence” (p. 151). Second, STEs are touchstone experiences, serving as “a point of both departure and reference to return to for validation” (p. 152). Additionally, a touchstone experience is “used to validate future decisions or to validate beliefs about the nature of reality” (p. 152). Finally, an STE is a pivotal experience, a “point of directional change” (p. 153) that is immediate and demonstrates a change in life direction.

**Conclusion**

My goals in this article have included introducing ways of contemplating how one might integrate an STE and introducing several models one may use when conceptualizing an STE and its aftereffects. I fully acknowledge that the definition of integration may change along with the models one uses in one’s own practice. I encourage professionals to start with their own models of the structure of self (consciousness, ego-self, etc.) and the process of health and healing, and then consider how an STE might interact with this model. My goal also was to invite contemplation of several ways for psychospiritual health professionals to work with their clients’ STEs. I do not see these methods as prescriptive but merely offer them as a way to engage the discussion of best practices for working with clients who disclose STEs in professional psychospiritual health settings. Finally, in the source presentation for this article, I shared a number of studies in which researchers focused on various STEs—including NDEs, after-death communications, and other EHEs—and on working with spiritually sensitive individuals. However, due to space limitations for this article, I addressed only two of those: one focusing on EHEs and the other on numinous experiences.

I encourage continued research on STEs, particularly with regard to how they are (a) integrated into the self-construct, and (b) invited into and responded to in therapeutic and professional settings. Through ongoing research, psychospiritual health professionals will continue to refine an understanding of both the STE integration process and how professionals might best facilitate it.

**References**


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