SPECIAL ISSUE:
INAUGURAL CONFERENCE PAPERS OF THE
AMERICAN CENTER FOR THE INTEGRATION
OF SPIRITUALLY TRANSFORMATIVE EXPERIENCES,
PART 1

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Guest Editor’s Foreword

This edition of the *Journal* is the first of two special issues, each focused on the first annual American Center for the Integration of Spiritually Transformative Experiences (ACISTE) conference proceedings. ACISTE is a non-profit organization focused on training mental health professionals—including psychotherapists, marriage and family therapists, clinical social workers, and counselors—as well as religious/spiritual professionals—including pastoral counselors and spiritual directors/guides—to work with clients presenting with struggles due to a self-identified “spiritually transformative experience” (STE). The organization held its inaugural conference in October of 2012, and this issue’s articles are based on papers presented there. As a member of the ACISTE Board of Directors and of its first group of ACISTE Certified Spiritual Guidance Counselors, as well as an assistant professor at Sofia University, I am pleased that a cooperative agreement between me and this *Journal*’s editor is making this pioneering conference work available to a wider audience through its publication herein.

The relevance of ACISTE’s work to that of the International Association for Near-Death Studies and this, its *Journal*, is that STEs include near-death experiences (NDEs) and experiences related or similar to NDEs. In some circles, STEs are also called exceptional human experiences, peak experiences, or mystical experiences, to name a few. Thus, much material addressing STEs is also relevant to NDEs.

Preparation of this special issue involved a unique review process. Instead of peer review by the *Journal*’s usual editorial board, each paper was reviewed by several other conference presenters—many of whom are leading figures in the scholarly and clinical domains of STEs—before final editing by me and the *Journal*’s editor. Because the papers represent conference proceedings, they do not always reflect the *Journal*’s focus on strict, scholarly-oriented empirical articles; rather, they take a decidedly more clinical turn than is typical for the *Journal*. As with the conference itself, they are meant to provide readers with a broad base of understanding about psychotherapeutic and spiritual responses to STEs.

The first article, by Janice Miner Holden, Ed.D., introduces read-
ers to the conceptual framework of what ACISTE means by the term STE. Holden further describes a variety of potential aftereffects of STEs, including developmental growth, attitude and behavioral changes, and changes in social (family and friend) relations. Holden concludes with implications for clinicians who may be working with a client presenting with difficulties arising from an STE. It should additionally be noted that the actual entire conference presentation of this paper has been chosen by Audio-Digest for online Continuing Medical, Continuing Nursing, and other Continuing Education credit.

Next in the issue is an article by Stanley Krippner, Ph.D., focused on the role of STEs within the development of the world’s religions. Specifically, Krippner introduces readers to the wide range of spiritually oriented dreams that have informed the origin and/or progression of a variety of religions, from Christianity to Buddhism and from Islam to The Church of Jesus Christ of Latter-day Saints. Krippner then introduces research that has been conducted on spiritually oriented dreams, and he concludes with discussion of the Castro Spirituality Scoring System and its application to scoring spiritual dreams and potentially other STEs, including NDEs.

Judith S. Miller, Ph.D., contributed the third article, focused on her personal experience witnessing the progression of professional awareness and attention on spirituality in the psychotherapeutic context. Miller shares how her own mystical experience introduced her to the topic and led her to her professional work in the field, particularly from a developmental perspective. She additionally introduces discussion around the definition of spirituality and establishment of a psychospiritual worldview, and she concludes with a proposal of a three-stage developmental model, which addresses growth arising from transformation following a spiritual experience or set of experiences.

The final article in this first special issue is from a presentation by L. Suzanne Gordon, Ph.D. Gordon’s article introduces her dissertation research, an ethnographic study of NDE aftereffects and their integration. In her study, Gordon explored aspects relating to culture, health education, and counseling needs.

Through this special issue of the Journal I hope readers unfamiliar with the topic of STEs will be introduced to it and to how these experiences may initiate developmental process that at times may require psychotherapeutic or spiritual guidance counselor assistance. Readers already familiar with the topic will hopefully find this and the next issue a valuable summary and perhaps enhancement of their
established understanding. My further hope is that the publishing of these conference proceedings will lead to enhanced discussion about, research into, and assistance for individuals who are struggling after having STEs.

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After-math: Counting the Aftereffects of Potentially Spiritually Transformative Experiences

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ABSTRACT: This article provides a summary of current literature regarding the nature of spiritual development, types of potentially spiritually transformative experiences (pSTEs), and both short- and long-term aftereffects of pSTEs—biological, psychological, spiritual, and social. The author concludes that in the aftermath of pSTEs, experiencers, their intimates and associates, and their healthcare providers should be prepared to encounter any of a number of aftereffects that manifest in a process of experience integration that can be manageable or be deeply challenging and that can be relatively brief or can last for years.

KEY WORDS: spiritually transformative experience; aftereffects; near-death experience; mystical experience; psychic experience.

Near-death experiencer, psychotherapist, and researcher Yvonne Kason and co-author Teri Degler first coined the term spiritually transformative experience (STE) in their 1994 book, A Farther Shore. Kason then and more recently (2008) defined STEs as “mystical experiences, near-death experiences, spiritual energy or kundalini episodes, inspired creative experiences, and psychic awakenings” (p. xvii). As will

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be discussed below, the list of types of such experiences is probably quite longer.

Kason (2008) acknowledged that not all potentially spiritually transformative experiences are actually spiritually transformative. Indeed, I was unable to find a definition of “spiritual” or an explanation of exactly what constitutes “spiritual transformation” in Kason’s (2008) work. The issue of what is “spiritual” is further complicated by the fact that some experiencers do not themselves consider their experiences to be spiritual or provocative of spiritual development or transformation. It might be more accurate to refer to experiences including and like those described, not as “spiritually transformative” but as “transpersonal experiences”—those that, as will be discussed in more detail below, in some way involve transcendence of the usual personal limits of space, time, and/or identity—and that hold the potential for spiritual development and/or transformation as various researchers and theorists have characterized these processes (Foster & Holden, 2010).

Regarding these processes, Ken Wilber (2000) defined transformation as temporary states of consciousness developing into relatively permanent traits (p. 447). When that transformation results in greater complexity and organization that provides greater resources to survive and/or thrive, it may be considered developmental. When such development involves specifically such features as a greater sense of connectedness, including but not limited to a “higher reality;” greater compassion; and a greater sense of meaning and purpose in existence, it may be considered spiritual (Foster & Holden, 2010). Wilber (2000) identified at least five different commonly-used definitions of spirituality and addressed whether it is a separate category of development. In this article, I speak of spirituality not as a separate category of development but rather as a feature reflected to some degree in any stage of development. To honor both the considerations discussed above and Kason’s seminal work, I refer to experiences including and like those Kason referenced as “potentially spiritually transformative experiences” (pSTEs).

Because a fuller appreciation of the aftereffects of pSTEs relies on an understanding of the experiences themselves, following is a brief description of each type of experience, including references for readers who wish to pursue more comprehensive information on each type.
Types of pSTEs

According to William James (1902/1958), mystical experiences involve passivity—the experiencer feels out of control of the experience, often in the control of a higher power; transiency—the experience lasts moments or no more than hours; noesis—the experience involves profound insight that transcends mere sensory or rational processes; and ineffability—the experiencer feels unable to fully describe the perceived transcendent reality of the experience in worldly terms. To these features, Walter Stace (1960) added a sense of unity that underlies/pervades and/or transcends the world of physical and mental objects, a transcendence of space and time, a sense of reality, profoundly pleasurable emotions that typically include peace and bliss, and a sense of the sacred and/or divine. David Wulff (2000) offered a recent summary of theory and research on mystical experiences.

Drawn from leading near-death experience (NDE) scholars’ descriptions or definitions of the phenomenon is a composite description:

NDEs are profound psychological events with certain common paranormal, transcendental, and mystical features that occur during a special state of consciousness associated with an episode of actual or threatened physical, psychological, emotional, or spiritual death and that are followed by certain common aftereffects. (Holden, 2008)

A majority of NDEs are dominated by pleasurable emotions, and a minority are dominated by distressing emotions (Bush, 2009; Zingrone & Alvarado, 2009). Features of the experience include a typically real or hyper-real sense of one’s consciousness functioning, typically hyper-lucidly, apart from the physical body; perception of the people and objects of the physical, material world; and perception of and interaction with trans-material entities, such as deceased loved ones and/or spiritual or religious figures, and transmaterial environments or voids (Holden, 2008). Janice Miner Holden, Bruce Greyson, and Debbie James (2009) edited a text in which leading NDE researchers worldwide summarized the first 30 years of research on NDEs and their aftereffects.

Kundalini episodes were originally described in yogic literature (Krishna, 1993) and have also been found through research in the West (Sannella, 1989). In yoga, “Kundalini is seen as an ‘energy’ that usually resides ‘asleep’ at the base of the spine. When this energy is ‘awakened’ it rises slowly up the spinal canal to the top of the head” (Sannella, 1989, p. 101). The kundalini process involves a sequential clearing of psychoenergetic blockages through chakras: energy cen-
ters located from the base of the spine to the top of the head. During the process, sensations of energy and heat emanate through the spine and the body, sometimes accompanied by involuntary movement and/or utterances. In the yogic tradition, a complete kundalini process culminates in enlightenment (Sannella, 1989, p. 101).

In inspired creative experiences, people experience what, for them, are exceptional urges to produce creative products such as writing, visual art, music, and scientific discoveries and inventions. Kason (2008) provided examples of these experiences from the writings of the 11th century Catholic saint Hildegard of Bingen, 19th century German composer Johannes Brahms, and 19th–20th century scientists Nikola Tesla and Albert Einstein. In these experiences, the creative urge can manifest in a highly absorptive and even sometimes compulsive form.

Psychic awakening involves the relatively sudden onset of psi experiences, those in which knowledge or actions arise from sources other than known phenomena such as the senses, reason, or physical energy. Psi experiences can include “apparent telepathy (direct mind-to-mind communication), clairvoyance (anomalous knowledge of distant events), precognition (knowledge of the future . . .), or psychokinesis” (environmental activity without the mediation of known physical energy) (Targ, Schlitz, & Irwin, 2000, p. 220). Elisabeth Targ, Marilyn Schlitz, and Harvey Irwin provided a relatively recent summary of research on these phenomena. Kason (2008) included among psychic awakenings the phenomenon of encounters with unidentified flying objects (UFOs; pp. 100 ff.).

Though Kason (2008) did not address them or address them at length, additional types of experiences might qualify as spiritually transformative experiences. These include past-life experiences (Mills & Lynn, 2000), conversion experiences (Mahoney & Pargament, 2004), after-death communication in which a living person senses the presence of a deceased person (Knight, 2011; Streit-Horn, 2011), and anomalous healing experiences (Krippner & Achterberg, 2000). An even more exhaustive list is Rhea White’s (2001) catalog of Potential Exceptional Human Experiences.

**Further Considerations Regarding pSTEs**

People of all ages—both individual chronological ages and collective historical ages—and cultures have reported pSTEs (Kason, 2008; Kellehear, 2009; Long, 2011). Though the above list of pSTEs might seem to imply that the experiences comprise discrete phenomena, they
actually overlap substantially; for example, in NDEs, people sometimes have past-life memories and after-death communication. Furthermore, a variety of aftereffects often follow pSTEs (Kason, 2008), and aftereffects sometimes consist of further pSTEs, as in the case of near-death experiencers (NDEs) who experience psychic awakening and/or inspired creativity for the first time following their NDEs (Noyes, Fenwick, Holden, & Christian, 2009). Research specifically on Western NDEs indicates that aftereffects are similar among individuals throughout the lifespan, though they may vary based on the experiencer’s developmental level and individual psyche (Noyes et al., 2009; Sutherland, 2009). In the absence of comprehensive research, it seems safe to assume that the pSTE aftereffects described in this article may characterize an experiencer of any culture, though just as the contents of pSTEs may vary somewhat by culture (Kellehear, 2009), so may aftereffects.

Whether pSTEs actually result in transformation depends on a variety of factors (Kason, 2008). These factors include characteristics of the experience, such as its intensity/duration; of the experiencer, such as one’s current developmental level and openness to transform; and/or of the experiential context, such as a less spiritually developed culture that acts like a magnet, consistently and insidiously pulling an individual toward the norms of the culture and thereby discouraging transcendence of those norms (Wilber, 2000).

The states, and possibly traits, that follow pSTEs together comprise aftereffects—the primary subject of this article. In most cases, experiencers trace the origin of the aftereffects specifically to their pSTEs—indeed, research on NDEs has established clearly that the most intense and lasting aftereffects are related specifically to the NDE rather than to the circumstances of surviving a close brush with death (Noyes et al., 2009). Also worth noting are cases in the NDE literature in which people manifested pSTE aftereffects without recalling a specific pSTE—until years later (Noyes et al., 2009). These cases indicate the possibility that other pSTEs, for any of a variety of reasons, sometimes do not specifically recall a pSTE and yet begin at an identifiable point in their lives to manifest pSTE aftereffects—after which they may or may not eventually recall a pSTE that seemingly provoked the onset of the aftereffects.

The article’s title is a purposeful play on words, with at least three meanings. Aftereffects of pSTEs “count” in the sense of numbers: They are numerous in amount and type. They also “count” in
the sense that they are often important—usually profoundly important—to both experiencers and their intimates and acquaintances. They further “count” in the sense that herein I will for the most part merely “bean-count” them, that is, acknowledge them without attempting to explain them or describe clinical responses to them, these latter topics being the focus of other articles in this series.

## Categories of pSTE Aftereffects

To organize the many possible pSTE aftereffects, I present both short-term states and long-term traits in four categories: biological, psychological, social, and spiritual. However, this four-category differentiation is ultimately an artificial one, as most aftereffects are holistic, with features that resonate throughout an individual’s entire biopsychosociospiritual system. Indeed, Kason (2008) referred to an “overlapping of associated symptoms” (p. 170). Thus, at best, a particular aftereffect belongs in one of the four categories by virtue of greatest salience rather than exclusivity.

Short-term pSTE aftereffects are relatively temporary states that usually manifest immediately or soon after the pSTE and ultimately discontinue over time. They can range widely; following are some examples of aftereffects prone to discontinuation. Biologically, an individual might display any disposition between profound quiescence to extreme agitation. Psychologically, one might display reactions ranging from shock and confusion to clarity and certainty and from profound disappointment to extreme relief. Spiritually, an individual might report anything from a sense of absolute disconnection from, to a sense of complete, perpetual connection to, nonmaterial domains and/or entities. Socially, one might evidence behaviors ranging from deep withdrawal from other people to obsessive talking with others about the experience.

Long-term aftereffects—those that become relatively stable traits—follow various patterns. They may emerge immediately, gradually, or delayed—in the latter case, sometimes years after the experience. Regarding intensity, over time, aftereffects may increase, remain consistent, or decrease but not disappear. Integration of pSTE aftereffects—the transformational process—may take years, with length, again, depending on experience, experiencer, and context; a years-long integration process has been perhaps best researched with regard to the pSTE of NDEs (Noyes et al., 2009; Stout, Jacquin, & Atwater, 2006).
Biological Aftereffects

Some of the most salient biological pSTE aftereffects are kriyas— involuntary movements—and energy sensations. Individuals may display jerking, spasms, arching, and/or tremors of any part of the body or the entire body. They may sense energy flowing, rushing, trickling, jumping, or spiraling up the spine or other parts of the body or the entire body. They may feel an urge to, and may actually, enact mudras—ritual postures—or yogic breathing. They may spontaneously utter mantras or words, such as Sanskrit words they had not previously been consciously aware of (Kason, 2008).

Other physical phenomena can include undiagnosable body pains and/or sensations in the chakras. These pains and sensations can take the form of pressure; tightening; or aching, stabbing, or burning pain in any part of the body or the whole body. One’s general energy level might increase, decrease, or fluctuate. Sleep changes can involve increased, decreased and/or insomniac, or unrejuvinating sleep (Kason, 2008).

Metabolic changes can manifest in one or more bodily systems. In the digestive system, one might experience appetite increase and/or decrease; food craving, aversions, and sensitivities; and changes in bowel activity. Cardiac system activity can include racing pulse and pounding heart. Temperature regulation may alter, including intolerance of heat, increased body heat, and/or coldness and chills. One might evidence new susceptibility/sensitivity to illness, drugs, and environmental conditions and chemicals (Kason, 2008).

The sexual system may manifest changes, such as increased, decreased, or fluctuating sex drive, sexual arousal, or sexual response, in the latter case involving changes in erection, pre-ejaculate emission, and/or ejaculation in men and engorgement, lubrication, and orgasm in women. Orgasmic anomalies can include unusual sexual sensations, such as an upward sucking sensation, spontaneous orgasm, orgasm-like sensations in specific areas of the body such as spine or head, and orgasm associated with out-of-body, psychic, or mystical experience (Kason, 2008; Wade, 2004).

Perception may change in any of the senses. Perhaps most common are changes in vision (Krishna, 1993); also noteworthy is synesthesia in which senses overlap such as distinctive sounds associated with vision of various colors (Kason, 2008; Noyes et al., 2009).
Psychological Aftereffects

Psychologically, pSTEs typically, but not always, retain a sense of certainty of the reality of the experience. The most common psychological aftereffect of NDEs, but not limited to that category of pSTEs, is a loss of fear of death (Kason, 2008; Noyes et al., 2009); yet pSTEs that were predominantly distressing in content are often followed by a temporary intensification of fear of death (Bush, 2009). Other emotional aftereffects, particularly of experiences with predominantly blissful content, may include ongoing feelings of bliss or of despair and/or longing associated with separation from the bliss of the experience (Kason, 2008; Noyes et al., 2009).

Psychological issues that existed prior to the pSTE may intensify or resolve either immediately or gradually. Maturation can include discontinuation of destructive habits and increased psychological clarity, strength, and/or independence (Kason, 2008). It also can include reduced authoritarianism and dogmatism and an increased need for solitude (Noble, 1987).

Personal values may change in the aftermath of pSTEs. Experiencers’ materialism and pursuit of fame may decrease. Egocentricity also may decrease; conversely, ego inflation may occur whereby the experiencer perceives oneself to be unique and special for having had the pSTE. Empathy, concern, and compassion for others; creativity; and sense of meaning and purpose in life may increase. Conversely, pSTEs may feel tormented by a persistent sense that their life has a purpose but an inability to decipher exactly what that purpose is (Kason, 2008; Noyes et al., 2009).

Another category of psychological pSTE aftereffects is newfound interests and talents, often completely different than characterized pSTEs before their experiences. These interests and talents can range widely from one pSTEr to another: One may become newly fascinated by quantum physics; another may feel compelled to learn to play and write piano music (Noyes et al., 2009; Sacks, 2007, pp. 3–17).

Yet other aftereffects involve self-concept. Especially in the aftermath of predominantly pleasurable pSTEs—especially those involving communion with a transmaterial entity that conveyed absolute knowledge and absolute love of the experiencer—experiencers reportedly and observedly feel a greater sense of personal worth. Paradoxically, they often concurrently manifest a greater sense of humility.

Some psychological aftereffects may result in distress—subjectively unpleasant feelings, whether mild or intense—and/or dysfunction—
functioning disabled to the point of difficulty fulfilling the survival, occupational, and/or relational tasks of daily life. For example, emotionally, experiencers may evidence anxiety, despair, and/or mood swings; decrease in capacity to love; and fear of losing control, of dying, and/or of losing their sanity. Cognitively, experiencers may manifest confusion, mental dulling, and/or fixation on experiences. Sexually, experiencers may encounter issues of orientation and/or impulse control (Kason, 2008). Symptoms sometimes reach a level that meets diagnostic criteria for psychosis or may co-occur with existing or emergent pathology.

**Spiritual Aftereffects**

One of the more pervasive spiritual aftereffects of pSTEs is an ongoing sense of connection to transmaterial domains and/or entities. As part of that connection, experiencers sometimes perceive helpful or distressing visions and/or sounds—such as the presence of and possibly communication from deceased entities. If the pSTE was predominantly pleasurable, the ongoing sense of connection is likely associated with persistent feelings of bliss and/or unity and possibly newfound sources of guidance and inspiration. If the pSTE was of the apparently less common predominantly distressing type (Bush, 2009), ongoing connection is likely accompanied by feelings of torment and fear of evil and/or the devil. The opposite of ongoing connection, experiencers may feel an acute disconnection from their pSTEs. If the experience was predominantly pleasurable, the sense of separation is likely accompanied by feelings of spiritual isolation and abandonment—the dark night of the soul; if it was predominantly distressing, it is likely accompanied by a sense of spiritual relief, as well as an ongoing sense of spiritual preoccupation with the meaning and implications of the experience (Bush, 2009; Kason, 2008; Noyes et al., 2009).

Another common pSTE aftereffect is an increased spiritual interest, focus, and time-investment. This change may or may not take the form of involvement in organized religion; some experiencers find that religion enhances their sense of connection to the spiritual, whereas others—perhaps a majority—find that it presents an impediment to their sense of connection (Kason, 2008; Noyes et al., 2009).

An increase in paranormal phenomena often follows pSTEs. These phenomena may include knowledge of the future, of past lives, or of events happening at a distance, and/or may include profound empathic, even telepathic knowledge of other people’s thoughts and/or feelings—
none of which seem explainable by information received through the five senses or deduced through reasoning. Another class of paranormal aftereffects involves physical effects on the environment. One subclass is electromagnetic effects, in which electrical mechanisms malfunction in the experiencer’s vicinity (Nouri & Holden, 2008). Another is poltergeist-like activity in which objects in an experiencer’s vicinity move without the involvement of physical force (Atwater, 1999, p. 100; L. Wimmer, personal communication, November, 2012). Yet another is experiencers’ sense of healing ability, particularly with their hands (Noyes et al., 2009).

Social Aftereffects

Research on NDEs indicates that typically the deeper the NDE—the more features it contained and the more elaborate those features—the more intense the aftereffects (Noyes et al., 2009). In the extreme, an STEr may both report and appear to others to have been immediately transformed by the experience (Foster & Holden, 2010); it is as if the individual “came back” from the experience as a profoundly different person. Understandably, such a spontaneous metamorphosis—but even less abrupt and/or profound changes—would result in challenges that reverberate through the experiencer’s social relationships (Noyes et al., 2009).

After STEs, experiencers often report that their relationships were stressed—but sometime strengthened; often dissolved—but sometimes consolidated. In accordance with changes, experiencers often report they either quickly or gradually revised their circle of friends. Sexual aftereffects sometimes present unprecedented challenges in relationships. Divorce may be potentiated; in one study of people married at the time of their NDEs, they subsequently were twice as likely to divorce as married people who had experienced what they identified as a non-NDE-related most life-changing event. Results seemed to indicate that if the NDE reportedly resulted in divergence of spouses’ values, they were highly likely to have divorced, but in a minority of cases in which the NDE reportedly resulted in greater convergence of spouses’ values, they continued in the marriage the satisfaction and stability of which they reported to be “better than ever” (Christian & Holden, 2012).

Another common social aftereffect of pSTEs is change in vocation. Reflecting the frequently reported increase in care and compassion for others, experiencers often transition to helping professions, such as
in education and the social services. NDErs, in particular, fairly often become involved in hospice volunteer work (Broome, 2002; Kason, 2008; Noyes et al., 2009).

**Summary and Clinical Implications**

Aftereffects of pSTEs are numerous, ranging in type, intensity, and persistence over time; therefore, experiencers and those who know them should prepare to expect and accept any of a number of after-effect manifestations. Though aftereffects usually result in seeming spiritual development, they sometime result at least temporarily in changes accompanied by distress and/or dysfunction. Therefore, pSTEs’ intimates, associates, and healthcare providers can expect predominantly positive outcomes but must be prepared for the possibility of negative ones of varying intensity and duration—and for the possibility that even changes involving seeming development on the part of the pSTEr may involve periods in which the pSTEr feels personally—biologically, psychologically, spiritually—and/or socially challenged. The combination of the experience and aftermath of pSTEs has been termed “spiritual emergence;” when a pSTE and/or its aftereffects are so intense as to result in disabling subjective distress or outward dysfunction, experiencers are considered to be in “spiritual emergency” (Bragdon, 1988, 1990; Grof & Grof, 1989; Holden, Van-Pelt, & Warren, 1999).

A fledgling literature indicates that one factor in pSTEs’ trajectory toward either integration or emergency is the responses they received to disclosure of their experiences (Foster, James, & Holden, 2009). Experiencers often feel challenged from the outset to disclose their experiences because of ineffability—the difficulty of describing experiences of a transmaterial domain in language that was designed to navigate the material domain. But in addition, when the respondent enacts the “D’s”—doesn’t recognize or identify the experience as a known phenomenon, disbelieves the experiencer, denies the possible reality and/or personal significance of the experience, discourages the experiencer from exploring the meaning of the experience, diagnoses the experience or experiencer as pathological because of the pSTE alone, demonizes the experience as being somehow evil or “of the devil,” and/or deprives the experiencer of information and resources regarding such experiences—the experiencer’s trajectory is likely to involve compartmentalization of the experience and/or “repression of the sublime” (Robert Desoille, cited in Ferrucci, 1990, p.156)—resulting in
psychospiritual “unfinished business” in which pSTE integration is temporarily halted. Conversely, when, in response to pSTE disclosure, the respondent enacts the “N’s”—knows and names the experience, naturalizes it as something others have experienced, normalizes it as unrelated to psychological pathology (Noble, 1987; Noyes et al., 2009), invites the experiencer to discuss and explore the psychospiritual meaning of the experience, numinizes the experience as potentially spiritually developmental and/or transformative, and navigates the experiencer toward relevant resources of information, people, and organizations—the experiencer’s trajectory is likely to involve psychospiritual integration and development: growth, even transformation.

Many pSTEs report a sometimes-painful trial-and-error process of learning discernment about which people they can safely disclose their experiences to. This dilemma about sharing the experience was found to be one of six major challenges that NDErs reported (Stout et al., 2006). Other challenges were processing a radical shift in reality, accepting the return, integrating new spiritual values with earthly expectations, adjusting to heightened sensitivities and supernatural gifts, and finding and living one’s purpose. In the aftermath of pSTEs, experiencers and their intimates, associates, and healthcare providers are best prepared to expect any of a number of short- and/or long-term biopsychosociospiritual changes that may be accompanied by personal and social challenges and to acknowledge the ultimately developmental, even transformational, possibilities inherent in pSTEs.

References


The Role of Spiritually Transformative Experiences in Religious History and the Development of a Scale to Measure Them

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ABSTRACT: Spiritual experiences are a potent means by which a person’s attitudes and behaviors may be changed, usually (but not always) in benevolent ways. This article presents examples from various times and places, many from the annals of organized religion. Research into spiritually transformative experiences is reviewed as is a means to measure spiritual content in written or verbal reports: the Casto Spirituality Scoring System. This instrument includes subscales regarding spiritual settings, spiritual objects, spiritual characters, spiritual emotions, spiritual activities, and spiritual experiences. The reliability of the system has been examined and found to be quite high. In addition, the system has been useful clinically when spirituality becomes an issue in counseling or psychotherapy.

KEY WORDS: spirituality, transformation, dreams, Casto Spirituality Scoring System.

The word “transpersonal” was first introduced into human discourse by William James in a 1905 lecture (Vich, 1988). In 1942, Carl Jung used the German term *überpersonlich*, which his English translators rendered as “transpersonal” in the phrase “transpersonal uncon-
scious” as a synonym for “collective unconscious” (Vich, 1988). A few years later, in 1949, Gardner Murphy used the term “transpersonal,” and still later, in 1967, Abraham Maslow, Stanislav Grof, and Anthony Sutich used it (Sutich, 1976, pp. 15–16). The term is now applied to a variety of human behaviors and experiences. “Transpersonal studies” can be defined as disciplined inquiry into those observed or reported human behaviors and experiences in which one’s sense of identity appears to extend beyond its ordinary limits to encompass wider, broader, or deeper aspects of humanity, life, and/or the cosmos including purported divine elements (Krippner, 1997). Transpersonal experiences are those that transcend the usual personal limits of space and/or time (Grof, 1967).

One current focus of transpersonal studies is a type of dream or other human experience in which people believe they have interacted with spiritual entities or domains and that this interaction has had long-lasting consequences. These experiences have been described in different ways: numinous—filled with numen, or divine power; transcendent—establishing contact with higher or “divine” existence; or sacred—encountering something considered to be hallowed, holy, and inviolate. In 1996, Yvonne Kason used the term “spiritually transformative experiences” to describe these experiences, and the term seems to be a useful one.

For example, Jung spoke of the “Self” archetype as the center of the psyche. This “Self” attempts to integrate all opposing elements of the psyche, transmuting them into a unique entity representing all that a person is able to become. In dreams, this process of integration, or “individuation,” can appear as a flower, such as the Golden Flower of Taoism or the rose window of medieval Christian cathedrals; a geometric form, such as the circular mandala found in Tibetan Buddhism and many Native American medicine wheels; a jewel, such as the Blessed Pearl of Islam or the Jeweled Net of Indra; a person, such as Buddha, Jesus, Muhammad, or Lord Krishna; or a common object that takes on new meaning, such as the wheel of Hinduism, or the drum of the Lakota Sioux.

**Spiritually Transformative Dreams and Other Experiences throughout Religious History**

Dreams have played a major role in religious and spiritual traditions throughout the world (Cunningham, 1992; Klemp, 1999). The Carthaginian philosopher Tertullian wrote, “Nearly everyone knows that
God reveals himself to people most often in dreams” (in Savary, Berne, & Williams, 1984). Christians are familiar with the biblical account of St. Joseph’s dream in which the agency of Mary’s pregnancy was revealed. Another biblical dream warned the Eastern Magi to return to their country without revealing the whereabouts of Jesus to King Herod. Joseph was warned in a dream to take Mary and Jesus into safety because Herod was seeking to destroy the child; in addition, he learned from a dream when it was safe for him to return to Israel.

Queen Maya, the mother of the Buddha, reportedly had a dream in which a white elephant with six tusks entered her womb, indicating that she would give birth to an infant who would become a universal monarch. King Cudhodana, father of the Buddha, also dreamed about his son’s path and was saddened by the separation it predicted. Gopa, Buddha’s wife, dreamed of catastrophic events and shared it with her husband who explained that world turmoil heralds a potential inner liberation. In the 6th century, the mother of Prince Shotokutaishi dreamed that a Bodhisattva asked to take shelter in her womb. She soon became pregnant and gave birth to the individual who was to establish Buddhism in Japan.

The Talmud contains 217 references to dreams, and the Bible’s Old Testament contains about 15 dreams, most of which herald the beginning of vital stages in Judaism’s history. For example, Joseph attained eminence by interpreting the Egyptian Pharaoh’s dreams. Earlier, his father, Jacob, is said to have undergone a transformative experience as the result of a dream. Jacob was hardly an appropriate figure to be the patriarch of Israel. At one point, he had refused to feed his hungry brother Esau until the latter surrendered to him the rights of the first-born. In conspiracy with his mother, Jacob undertook an elaborate deception to take advantage of his father’s blindness and to cheat Esau out of a paternal blessing. Later, when Jacob made a journey, he had a powerful dream in which he saw a ladder stretching from earth to heaven, with angels ascending and descending the steps. At the top of the ladder, God stood and proclaimed that He would give all the surrounding land to Jacob and his descendants. In such a manner, the apparently unrighteous brother was chosen over the pious one. Jacob, shaken by the dream, slowly mended his ways and, years later, offered Esau his wives, sons, servants, and animals. Esau refused the gifts out of love, and the two brothers were reconciled.

Most of the followers of Muhammad dispute reports that his revelations occurred in dreams (e.g., el-Aswad, 2012; McDonald, 1909). They point out that the Prophet’s personal development was so highly
evolved that there was no dividing line between his “conscious” and “unconscious.” His “night journeys,” whatever their origins, were spiritually transformative experiences. In about the early 17th century, Muhammad was resting in Mecca when the archangel Gabriel appeared with a winged steed that carried them to a mosque in Jerusalem where Muhammad led a number of prophets in prayer. From there, he toured the circles of heaven, speaking with Abraham, Moses, and Jesus, and finally was taken by Gabriel to Allah who began to dictate the *Koran* to him. These journeys lasted for a dozen years, during which time Muhammad would recite the words of Allah to scribes, because he was illiterate. This series of spiritually transformative experiences gave birth to the major religious movement of Islam.

One of Muhammad’s followers, Abdullah ben Zayd, also reported a spiritually transformative dream that played an important role in the development of Islam. Muhammad was eager to introduce a recognizable call to prayer for the faithful, just as the Jews were called to the synagogue with a trumpet and the early Christians to church by the sound of a rattle. During prayers, ben Zayd fell asleep and dreamed of a man dressed in green who was carrying a rattle. Ben Zayd asked if he could buy the rattle to use as a call to prayer. The man in green replied, “Call out, There is no god but God and Muhammad is his Prophet.” Upon awakening, ben Zayd told Muhammad of his dream, and the Prophet instructed him to teach the exact phrase he had heard to another follower, who became the first *muezzin*.

Francis of Assisi, the 13th century monk who founded the Franciscan order, was about to have an interview with the terrifying Pope Innocent III. It is reported that he dreamed he had grown as tall as a great tree and, as Innocent looked on in dismay, restored the balance of a Vatican basilica that was on the point of collapsing. This dream gave St. Francis the courage to tell the pope that his order was badly needed to restore vigor to the Roman Catholic Church. St. Dominic, who founded a rival religious order, reported a dream of being presented to Jesus and the Virgin Mary in the company of St. Francis. The two of them were jointly entrusted with the conversion of the world.

Spiritually transformative dreams can also illuminate intrapersonal religious conflicts. St. Francis had a dream series in which his fiancée, present in the first dream, was replaced by the Virgin Mary, signifying his rejection of secular life. A 12th century Jain text tells the story of Kesara and Vasanta. One night, Kesara dreamed that she married Vasanta, and that same night he dreamed that he married
her. Both were delighted with the dream message and declared their mutual love. But Kesara’s parents, as was the custom, had arranged her marriage to someone else, based on such traditional practices as favorable astrological signs. They considered their daughter’s dream an illusion and disregarded their daughter’s pleas. Saddened, Kesara and Vasanta tried to commit suicide. Fortunately, they were rescued, escaped their parents, and lived together happily.

The establishment of the Church of the Latter Day Saints was associated with dream revelations that Joseph Smith purportedly received in 1820. He dreamed that God told him to establish a church and, in 1823, the angel Moroni appeared in a dream and revealed to him the existence of the *Book of Mormon*. Bulkeley (1995) observed that religion was the original field of dream study, and that dreams are major spiritual phenomena in almost all of the world’s religious traditions.

In some eras, religious institutions have taken a hostile attitude toward dreamworkers and dreamworking. In some meditative disciplines, it is maintained that spiritually developed adepts do not need to dream. In the 5th century, St. Jerome’s translation of the *Bible* from Greek and Hebrew manuscripts was marred by his substitution of “observing dreams” for “witchcraft” in several parts. Therefore, the new translation dogmatically stated, “You will not practice soothsaying or observe dreams.” As a result, the Roman Catholic Church held dreamwork in disfavor for the next 15 centuries; people were discouraged from turning to their dreams for insight, consolation, or hope. It is not known whether St. Jerome or the church authorities were responsible for the error in translation, but it appears to have been deliberate because the word “witchcraft” is correctly used in other portions of the translation (Savary, Berne, & Williams, 1984).

In the history of religion, dreams have not been the only vehicle for spiritual transformation. On his first three trips outside the palace, the Buddha saw sickness, old age, and death, asking himself, “How can I enjoy a life of pleasure when there is so much suffering in the world?” On his fourth trip, he met a wandering monk who had given up everything, and the Buddha resolved to follow the same path. For six years, he practiced extreme asceticism, but no spiritually transformative experience was forthcoming. He then started to eat nourishing food, began to regain his strength, and resolved to sit under a Bodhi tree until he found an answer to his question. Following temptations and conflicts, he had a spiritually transformative experience, understanding the cause of suffering and how to resolve it. For the next 45 years, he taught the three universal truths, the eightfold path, and the
five precepts. Many of those who follow these teachings have reported spiritually transformative experiences themselves.

In addition to dreams, other types of spiritually transformative experiences played a crucial role in Christian history. St. Paul’s vision of Jesus on the road to Damascus stopped his zealous persecution of Christians, and he became a Christian activist, spreading the new doctrine around the Mediterranean world. In 314 CE, the Emperor Constantine, in the midst of a battle, reported a vision of a cross superimposed on a sun bearing the message “In this sign, conquer.” He went on to win the battle and demanded that his entire kingdom convert to Christianity, thus spreading the doctrine to the Middle East.

The girl who was to be known as Joan of Arc began hearing voices in 1425 at the age of 13 years. English and Burgundian forces had burned the French town of Domremy located near the home of Joan and her family. Joan’s voices were accompanied by white light and by St. Michael, St. Catherine, and St. Margaret. The latter two saints died as martyrs, as did Joan in 1431, but not until she had motivated the French ruler to assert his power and end the English occupation of France.

At the age of 19, Andrew Jackson Davis had only spent five months in a school and had read but a handful of books. Nonetheless, he had a spiritually transformative experience in which he entered what he called a “higher sphere” that triggered a career that involved intuitive diagnoses and prescriptive measures for serious diseases. He also wrote a series of books that covered such topics as astronomy, biology, education, government, medicine, philosophy, and physics. He was best known for The Principles of Nature, a 700-page treatise published in 1847 that achieved great popularity. During the War Between the States, he held séances in Washington, DC, where he communicated with spirits and made predictions. Mary Todd Lincoln attended some of these séances, and it is possible that her husband did as well. This example demonstrates that STEs need not occur within the framework of an organized religion.

Susan Champion de Crispgny was a member of a distinguished military family and married into English nobility. She was a devout Christian as well as an acclaimed novelist, poet, and advocate of women’s suffrage. She attended a Theosophical meeting that evoked a spiritually transformative experience that quickly led her to leadership roles in several spiritualist organizations in Great Britain in the 1920s and 1930s.

Spiritually transformative experiences sometimes lead to benevo-
lent outcomes, but sometimes do not. When Sister Teresa of Albania was traveling to Darjeeling, India, in 1946, she heard God tell her that her life’s work was to recognize the divinity of the poorest of the poor and to serve them with love. She founded an order, became known as Mother Teresa, and was awarded the Nobel Peace Prize. Fifty years later, in 1996, an Israeli student heard God give him orders to kill the Israeli Prime Minister Yitzchak Rabin, another Nobel Laureate. He followed these orders, and Rabin’s death had disastrous consequences for peace in the Middle East.

**Research Studies in Spiritual Dreams**

Although dreams have been perceived to play a role in the spirituality of individuals and groups since ancient times, modern dream researchers have paid little attention either to their content or to their significance in contemporary life. Interviews and conversations with individuals who report spiritual dreams, however, indicate that they often are perceived to have significance and value to the dreamers (Bulkeley, 1995; Savary, 1990). These attitudes involve how the dreamers perceive the world and how they conduct themselves in it, typically in terms of manifesting greater serenity, more facile decision-making capabilities, an appreciation for aspects of life described as “divine,” and an increased satisfaction with their social and professional activities. In addition to enhanced outcomes in dreamers’ waking lives, there are also indications that spiritual dreams may sometimes have negative consequences, such as misguiding the dreamer into actions that result in personal distress (Robbins, 1988, pp. 143–145).

Some research studies have demonstrated a relationship between spiritually transformative experiences and positive outcomes in individuals’ lives, such as psychological wellbeing and improved psychological attitudes (e.g., Hood, 1974; Kaas, Friedman, Lesserman, Zuttermeister, & Benson, 1991; Noble, 1987; Pollner, 1989) as well as enhanced relationship to the world, for example, investigating the purpose of life and their place in that purpose (e.g., Grof, 1988, p. 265; James, 1902/1958, p. 389). Because waking spiritually transformative experiences have been found to play a role in enhanced life outcome, a similar relationship with spiritual dreams, if it exists, may indicate that these dreams may also become a catalyst for enhanced quality of life.

In the literature of spirituality and dreaming, the content and use of spiritual dreams in the lives of individuals typically have been ex-
amined, through descriptions of personal experiences, historical anecdotes, and ethnographic dream accounts. Some of these dream accounts include specific content perceived by the dreamer to be spiritual, such as light (Boteach, 1991, p. 146; Gillespie, 1989, p. 489; Sanford, 1989, p. 43), divine entities (Savary, Berne, & Williams, 1984, pp. 16–17), and spiritual teachers (Evans-Wentz, 1958; Shaw, 1992, pp. 56–71). Other dream accounts include experiences perceived by the dreamer to be spiritual, such as the oncoming of death (Sanford, 1989, p. 43; Wren-Lewis, 1985/1991, pp. 77–78), experiences of transcendence and awe (Busnik & Kuiken, 1996), and the entry into spiritual domains (Kelsey, 1974, p. 111; Strickmann, 1988, p. 39; Tedlock, 1987). Esoteric practices in dreams (Eliade, 1987, p. 489; Kilborne, 1990, pp. 198–199) and Tibetan dream yoga practices (Sogyal Rinpoche, 1992, p. 108) also have been considered to be spiritual.

There is some published research into what Jungians call “archetypal” dreams, for instance, dreams that reflect supposedly “universal” themes or vivid images from mythology, folklore, and/or religion (Faber, Saayman, & Touyz, 1978, p. 2; Spadafora & Hunt, 1990). In addition, there is a body of research involving lucid dreams and/or meditation and dreams (Gackenbach, Cranson, & Alexander, 1986, pp. 34–40; Hunt & Ogilvie, 1988, p. 12, Kelzer, 1987). However, archetypal dreams and lucid dreams are not spiritual dreams per se, and most of the studies involving them did not distinguish spiritual dreams from other types of dreams. An exception is the work of Busnik and Kuiken (1996) who asked 36 men and women to report their most “impactful” dreams from the preceding month. Cluster analysis identified five groupings, one of which, “transcendence,” was marked by feelings of “joy, delight, ecstasy, and awe.” The overall results constituted a partial replication of an earlier study (Kuiken & Sikora, 1993).

One of my students at Saybrook University, Kira Lynn Casto and I embarked on a different kind of research procedure that would identify “spiritual dreams.” We selected content analysis to accomplish this objective because this method has been developed to systematically and objectively identify characteristics and themes of communications or documents and the relative extent to which these characteristics and themes pervade a given communication or document (Berg, 1989, p. 106; Holsti, 1968, pp. 597, 601; Weber, 1990, p. 9). Since 1888, many researchers have used content analysis to investigate dream content (Winget & Kramer, 1979), but few have focused specifically on the spiritual content of dreams. We asked the research
question, “Can the spiritual content of dream reports be identified and measured?”

“Dreaming” is defined by the American Heritage Dictionary (1993) as a sequence of images, ideas, and/or emotions that occur during sleep. Dreams are generally reported in narrative form. Hall and Nordby (1972) have noted that dream researchers need to attempt to distinguish between the dreamer’s subjective experience, the dreamer’s memory of the dream and reflections on the dream experience, and the dreamer’s verbal, artistic, or other ways of reporting the experience.

Images, or imagery, in dreams are defined in the same way that Achterberg and Lawlis (1980) defined “imagery,” as, “the internal experience of a perceptual event in the absence of the actual external stimuli” (p. 27). Therefore, imagery in dreams does not have to be visual but can be auditory, olfactory, gustatory, or kinesthetic. In this investigation, the definition of “dreaming” was any reported imagery or other mental/emotional content that the dreamer claimed to have experienced during sleep. Self-awareness without content during sleep, as well as content reported from guided imagery, waking fantasies, meditative states, or other altered states of consciousness not occurring during sleep were excluded from this research.

“Spiritual” was defined as one’s focus on, and/or reverence, openness, and connectedness to something of significance believed to be beyond one’s full understanding and/or individual existence (American Heritage Dictionary, 1993; Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988; Krippner & Welch, 1992, pp. 5, 122; Shafranske & Gorsuch, 1984, p. 233). This definition was crucial to our research because, as Ken Wilber (1999) noted, the answer to questions about spirituality depends upon how one defines the term (p. 4).

In this research, the “divine” was defined as that which is regarded as holy—belonging to, derived from, or associated with religious or spiritual powers; and/or sacred—that which is dedicated to or worthy of veneration or worship (American Heritage Dictionary, 1993), thus deserving the highest respect. The locus of the divine can be either outside of oneself, as when it has the nature of a superhuman entity or a deity, or within oneself, as when it is thought to reside within one’s “inner,” “deeper,” and/or “higher” self. “Reverence,” in this research, was defined as an attitude or feeling of profound awe and respect (American Heritage Dictionary, 1993).

Definitions of “spiritual” and “religious” and of “spirituality” and “religion” are often similar. For example, James (1902/1958) defined “religion” as “feelings, acts, and experiences of individual men [and
women] in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider divine” (p. 42). However, this definition is very much like the definition of “spiritual” as given above, especially in its implied link between beliefs and action (Reese, 1997). Therefore, for clarity’s sake, “religion” or “religious” was distinguished in this research from “spiritual” as pertaining to, and adherence to, an organized system of beliefs about the divine, and the observance of rituals, rites, and requirements of that organized system of beliefs (American Heritage Dictionary, 1993). Spiritual, on the other hand, referred to activity and experience, especially one’s direct contact with the dimensions of existence one considers “sacred” (Walsh, 1999, p. 3).

The Casto (1995) Spirituality Scoring System

Many previous researchers have used Calvin Hall and Robert Van de Castle’s (1966) system of dream content analysis, with its predetermined categories and subcategories, to detect common and recurring elements in dreams. Although Hall and Van de Castle’s (1966) categories do not include spiritual categories per se, they do include categories that sometimes contain spiritual content items, for example, physical surroundings, characters, social interactions, activities, achievement outcomes, environmental press, emotions, and descriptive elements. Hall and Van de Castle (1966) found the reliability of scoring, or consistency of measurement, to be 73% for physical surroundings, 76% for characters, 70% for social interactions, 85% for activities, and 63% for emotions. Hall and Van de Castle’s (1966) original normative data has been replicated in other studies; for example, G. William Domhoff and his associated (Hall, Domhoff, Blick, & Weesner, 1982) found few differences between the normative data of Hall and Van de Castle’s original research and their own participants.

With this information in mind, Casto developed a “spirituality” system to supplement Hall and Van de Castle’s system (Casto, 1995). Named the “Casto Spirituality Scoring System” (CSSS), she modified several categories in Hall and Van de Castle’s (1966) system to identify spiritual content (Figure 1). Their “Objects” category was altered to “Spiritual Objects,” their “Characters” category was altered to “Spiritual Characters,” their “Settings” category was altered to “Spiritual Settings,” their “Activities” category was altered to “Spiritual Activities,” and their “Emotions” category was altered to “Spiritual Emotions.”
SPIRITUAL OBJECTS: Objects used for focus, and reverence, to open and connect one to something of significance that is believed to be beyond one’s full understanding and/or individual existence.

SPIRITUAL CHARACTERS: People, animals, or beings that are meaningfully connected to something of significance that is believed to be beyond one’s full understanding and/or individual existence and that one associated with a sense of reverence.

SPIRITUAL SETTINGS: Places where one feels meaningfully connected to something of significance believed to be beyond one’s full understanding and/or individual existence and that are associated with a sense of reverence.

SPIRITUAL ACTIVITIES: Activities used to open and connect one to something of significance believed to be beyond one’s full understanding and/or individual existence and that are associated with a sense of reverence.

SPIRITUAL EMOTIONS: Felt emotions that are regarded as meaningfully related to something of significance that is believed to be beyond one’s full understanding and/or individual existence, associated with a sense of reverence.

SPIRITUAL EXPERIENCES: Experiences in which a sense of direct contact, communion, or union with something that is considered to be ultimate reality, God, or the divine; and/or experiences in which one’s sense of identity temporarily reaches beyond or extends past one’s ordinary personal identity to include an expanded perspective of humanity and/or the universe; and/or experiences in which one appears to enter a sacred realm or condition that goes beyond the ordinary boundaries of space and linear time.

Figure 1. Casto Spirituality Scoring System.
Casto (1995) used Ralph Hood’s (1975) Mysticism Scale to develop a “Spiritual Experiences” category yielding several possibilities, i.e., experiences in which there is a sense of direct contact, communion, or union with something considered to be ultimate reality, God, or the divine; experiences in which one’s sense of identity temporarily reaches beyond or extends past one’s ordinary personal identity to include an expanded perspective of humanity and/or the universe; and experiences in which one appears to enter a sacred realm or condition that goes beyond the ordinary boundaries of space and linear time.

The difference between “Activities” and “Experiences” is similar to the psychological differentiation between behavior, that is, externally observable actions including verbal behavior, and experience, that is, lived events that are phenomenological reported. The phrase, “I was angry at God” would be scored for “spiritual emotion.” The phrase, “I told God that I was angry” would be scored for both “Spiritual Emotion” and “Spiritual Activity.” The phrase, “I was angry at God, and this reaction produced a red glow in my heart that sent intense heat throughout my body” would be scored for “Spiritual Emotion” and “Spiritual Experience.” The phrase, “I told God that I was angry, and this reaction produced a red glow in my heart that sent intense heat throughout my body” would be scored for “Spiritual Emotion,” “Spiritual Activity,” and “Spiritual Experience.”

These content definitions could apply to dreams reported from individuals representing a wide variety of spiritual backgrounds. One dreamer might report dreaming about “an intense ecstatic experience accompanied by white light conveying a blessing by Jesus Christ,” another might report an intense ecstatic dream experience accompanied by white light that is felt to be a precursor to “the Nirvana described by the Buddha,” and still another might report an intense ecstatic dream experience accompanied by white light that represents the arrival of Oxala, the African-Brazilian orisha (i.e., deity) of purity. All three dreams would be scored for “Spiritual Experience,” for “Spiritual Activity” (e.g., the blessing, the description, the arrival), for “Spiritual Object” (e.g., the white light), and “Spiritual Character” (e.g., Jesus Christ, the Buddha, Oxala), despite the disparate traditions represented.

To evaluate reliability, the scores of two judges using the CSSS were compared (Casto, Krippner, & Tartz, 1999). A content item was not judged to be “Spiritual” unless it had received scores from both judges. Each dream was compared for presence or absence of each content category. Correlations reported by the two judges using the CSSS
were .946 for “Spiritual Objects,” .943 for “Spiritual Characters,” .918 for “Spiritual Settings,” .946 for “Spiritual Activities,” .993 for “Spiritual Emotions,” and .929 for “Spiritual Experiences.” The reliability of the CSSS as a whole was .946, which indicates high reliability between scorers. An agreement between raters was counted if either both raters scored a spiritual dream element for a particular dream or both raters did not score a spiritual dream element for a particular dream. An example of a dream report neither judge scored as having spiritual content was:

I am playing with my friend, but something is chasing us. It was like my father or a huge shadow. My friend could run with a great deal of speed, but I could not move quickly enough. I was about to be captured, but my friend was safe because he was able to run faster. (p. 50)

Examples using the CSSS Casto Spirituality Scoring System. Casto (Krippner, Jaeger, & Faith, 2001) once worked with a female client who reported a spiritually transformative experience following a dream:

In my dream, I was lying on my side, facing a wall. I propped myself up on my elbow as I stared at a white flickering illumination of a Madonna that was facing the same wall, praying. I stared at it, gathering my wits for a few moments. I was not afraid. I was awestruck. It occurred to me that this was some kind of message from my Mom who only months ago died. I wanted it to be a message from her, so I waited for the Madonna to speak to me. But it only faced the wall, oblivious to me. It wore a white flowing robe with a drape over its head. And then the face changed into my face. It was my face as a teenager. I watched in amazement as the figure clenched its fists to its breasts and threw its head back to scream this silent anguished scream. I thought, “My goodness, that’s me. That’s how I feel.” I was startled by this but I immediately felt like the world or God or my Mom had recognized my pain. I then actually woke up in bed. (pp. 143–144)

Casto and her client worked with the dream, finding indications that the dreamer’s life options were limited or blocked in some way. Such phrases as “it only faced the wall,” “the figure clenched its fists to its breasts,” and “this silent anguished scream” suggested that something was holding her back. Perhaps the dreamer’s grief was blocking her action, but, at the same time, providing a comforting link with her mother. The anguish that the dreamer recognized in herself appeared to be a breakthrough in the grieving process that accompanied her mother’s death, especially because it seemed to bring to her
an acknowledgement that her pain was recognized by presences beyond herself. The discussion of this dream helped Casto’s client work through the grief surrounding her mother’s death; and released the energy required to explore options and make plans for the future.

An adult client whom I’ll call Adele brought a dream to me that had originally recurred for about three years when she was a child and had recently returned. The setting of the dream was a hilly countryside, and the dreamer was seated outside a cave that seemed to be sacred. As she waited expectantly, a faceless monk in a black robe entered the sacred cave, chanting, “In time I come for everyone.” Adele’s feelings were fear, respect, and reverence. This dream report became a spiritually transformative experience, enabling Adele to examine the existential issues surrounding death, as it occurred at a time in her life when she had become acutely aware that she might lose her family members to death. Eventually, Adele resolved these fears by focusing on the feelings of respect and reverence in her dreams, concluding that death is part of the life process and that an awareness of its inevitability enhances the immediacy and enjoyment of each daily activity.

A clinical psychologist used the Casto scale when working with a client who reported a dream that triggered a spiritually transformative experience (Casto, Krippner, & Tartz, 1999). The client was in his late 20s when he dreamed that he was a young man, and everything was bright and new. Suddenly, he changed into an old man, and life’s freshness seemed to have faded. Now the only certainty that the future held was death. The dreamer thought that if he meditated, he would become eternal. He had begun to meditate when the myth of Gilgamesh came to mind. He then realized that his attempt was futile, because, like Gilgamesh, he would have to die. But, like Gilgamesh, he resolved to make himself useful to society and live in the present moment.

This dream was transformative in affecting therapeutic change in this client. One of the dream’s main themes is the realization of death’s imminence accompanied by fear. Another theme is the dreamer’s attempt to escape his demise through spiritual practices, but his realization that this goal is futile. Finally, the dream encouraged the dreamer to take an active role in his life in contrast to his usual passivity. The client followed up this insight in therapy by molding his interpersonal relationships in a more positive manner and by becoming an active member of society, participating in organizations committed to positive social change.
These three dreams illustrate the way that symbols, metaphors, and mythic elements convey meaning in spiritually transformative dreams. They were scored for “Spiritual Characters” (e.g., the Madonna, the “faceless monk,” Gilgamesh), “Spiritual Settings” (e.g., the “sacred cave”), “Spiritual Activities” (e.g., praying, meditating), “Spiritual Emotions” (e.g., “I was awestruck,” “feelings of respect and reverence”), and “Spiritual Experiences” (e.g., “I immediately felt like the world or God or my Mom had recognized my pain”). Each dream played an important role in shifting the dreamer’s attitudes and behaviors in more positive directions characterized by greater intrapsychic, interpersonal, and spiritual wellbeing.

In this study (Casto, Krippner, & Tartz, 1999) we asked if the spiritual content of spiritually transformative dream reports could be identified and measured. On the basis of the high reliability scores obtained by the judges, a tentative affirmative answer to this question seems warranted. In so far as the validity of the CSSS is concerned, Casto (1995), in her original study, found that her dreamers with identifiable spiritual content in their dream reports claimed to have had concomitant experiences in their daily lives.

Conclusion

In summary, people throughout history have reported spiritually-oriented dreams and other transpersonal experiences that have resulted in their own spiritual transformations and sometimes transformation of their worlds.

Previous work with content analysis (e.g. Munroe, Nerlove, & Daniels, 1969) supported the contention championed by Alfred Adler (1938), Calvin Hall (Hall & Nordby, 1972), and others that dream life mirrors waking life. If this is the case, the CSSS could be used to study the spiritual development of historical and contemporary personages who have reported spiritually transformative experiences, the spiritual states of clients undergoing transpersonally-oriented psychotherapy or counseling, the incidence of spiritual dream content in certain demographic groups, and cross-cultural studies of spiritual activity and interest (e.g., Heinze, 1991; Krippner & Thompson, 1996). As a result, the scattered anecdotes about dream reports that seem to have been triggers to spiritually transformative experiences can yield insights into the nature of spiritual transformation even if they occurred in different times and places, different eras and different locations.

Our study (Casto, Krippner, & Tartz, 1999) provided data that an-
answered our research question positively and showed that the spiritual content of spiritually transformative dreams can be identified and measured using a system, the CSSS, based on a specific definition of “spiritual.” The CSSS has already been used to identify spiritual elements in ayahuasca sessions (Krippner & Sulla, 2000); ayahuasca is a mind-altering brew made from tropical plants that appears to evoke spiritual imagery and emotions; many of these experiences appear to be transformative. We believe it has the potential to assess the spiritual content of yet other experiences of altered consciousness and potential spiritual transformation, such as near-death experiences (Corazza, 2008) and “spiritual emergences” (Grof, 1998), neither of which typically involve nighttime dreams. The role played by spiritually transformative experiences in religious history as well as in the lives of ordinary people both historical and contemporary is an exciting area for those researchers interested in the field of transpersonal studies.

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The Challenges of Traveling a Psychospiritual Path in Today’s Postmodern Western World

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ABSTRACT: Although the category “Religious or Spiritual Problem” (Code V62.89) was incorporated into the Diagnostic and Statistical Manual for mental health professionals in 1994, it has taken until 2012 for a conference or training to take place designed to help therapists and social workers understand how best to address such issues. In this article I describe my personal experience and my professional experience as a psychotherapist with religious and spiritual phenomena. I offer my view of what it means to be spiritual, including the role of worldviews and my conceptualization of a three-stage path of spiritual development.

KEY WORDS: psycho-spiritual development, Western spiritual path, worldviews, postmodernism.

I never thought that in my lifetime I would see a professional conference where psychologists and counselors would begin the process of becoming certified to work clinically with individuals who have had spiritually transformative experiences (STEs). “Religious or Spiri-
“Spiritual Problem” is a diagnostic category (Code V62.89) in the fourth edition of the *Diagnostic and Statistical Manual* (American Psychiatric Association, 1994) for mental health professionals. Acceptance of the category was based on extensive reports of clients coming to therapists who were experiencing conflicts related either to their religious institution or to experiences and questions of a spiritual nature. Although this category was incorporated into the *Manual* in 1994, it has taken until 2012 for a conference or training to take place designed to help therapists and social workers understand how best to address such issues. It is with appreciation that I thank the pioneers and visionaries—too numerous to mention here—who have worked so hard for so many years to bring this development to fruition.

Why did I fly from the East coast to the West coast to attend this conference? I think my story is not all that different from many of the people here. As a young adult I started having spontaneous mystical experiences, and they were shocking to me. I was from a secular Jewish family, a newly minted psychologist, and there was nothing in my training and background to prepare me for what was happening. At the time I was working at a mental health agency with individuals who were diagnosed with serious mental illness... many with diagnoses of schizophrenia, psychosis, and so forth. It was startling to me that my clients were talking about their religious experiences that were very similar to what I was experiencing. I was in a bit of a dilemma: I could not go to my supervisors and tell them about my experiences for fear of being diagnosed myself. It was the 1980s. There were no psychotherapists I could go to that I trusted would understand. I had a husband, two children, and two dogs, and I was trying to balance everything. I knew I wasn’t mentally ill; I just knew it. But my situation was disconcerting, to say the least.

Synchronistically, just as I was feeling as unsettled as I could be, I got a brochure in the mail from the International Association for Near-Death Studies (IANDS). As I read over the material, I discovered that people who had near-death experiences (NDEs) were reporting experiences very similar to what I was going through. However, they had died, and I hadn’t. So I still had a bit of a problem.

I went to an IANDS conference and became very active in the organization during the 1980s. I started counseling people who had had NDEs and eventually became president of the Philadelphia chapter and sat on the IANDS board of directors.

In retrospect, the highlight of my involvement with IANDS occurred at Barbara Whitfield’s house in Florida, where a group of us
got together on a weekend to set up professional guidelines for people who were having NDEs. Through this process, we all began to share our own personal spiritual and mystical experiences, which turned out to be similar to the NDEs we were discussing. In so doing, our previous secret fear that we were crazy began to dissolve. Here was a whole household of us, and it was quite wonderful. I believe that my spiritual path was supported and guided by spirit—and I think everyone’s is, even though most people don’t realize it. My attendance at that IANDS meeting, I feel, was divine intervention to provide me with a level of support and understanding that was so important to me then.

To sum up my work: For 25 years, in various ways, I have been trying to bridge psychology and spirituality. I teach at the university in an effort to foster a change in the attitudes of the next generation of psychotherapists. I have a clinical practice where I help people understand the meaning of their spiritual experiences and support them on their psycho-spiritual quests. I utilize Holotropic Breathwork (Grof & Grof, 2010) as a tool in this process and have worked closely with spiritual seekers not only in this country but also in Europe. I have learned many things over the years.

What It Means To Be Spiritual

What I will discuss today is what it really means to be spiritual. In the 20-some years since I’ve been involved in this work, being “spiritual” and the subject of “spirituality” have become hot topics in popular culture. This development is apparent on on-line dating sites: “I’m looking for someone who’s spiritual, not religious.” And in the publishing business and the media, there is so much material available.

Not to be negative, because I do recognize how spiritual writings and discussions are clearly more prevalent than 20 years ago. But at the same time, I believe that a lot of what is being termed spiritual is very superficial and unreal.

At Columbia University, where I’ve been teaching for 13 years, I’m a professor in the Human Development department. Even though my training was in clinical psychology, human development has become my academic home. The reason for this evolution is because I believe that the very topic of development suggests that there is no limit to humans’ potential to progress. Even so, I find it disappointing that mainstream developmental psychology textbooks focus on biological,
psychological, emotional, and cognitive development, but they don’t recognize spiritual development in any way.

This is what my teaching in academia has emphasized. I discuss with my students that spiritual development is also a part of being human. I think there’s been a good opportunity to get this message across in developmental psychology because, unlike most clinical and counseling psychology programs in our nation’s colleges, human development curriculum does not particularly focus on psychopathology. In much of clinical psychology and psychiatry, there is also a glass ceiling that stops at the level of a strong ego—that aspect of human personality that Sigmund Freud deemed necessary for living in the material world.

What, exactly, does being spiritual really mean? I believe that the following three principles must be adhered to if people are to successfully travel a spiritual path. It is also my belief that many individuals who call themselves spiritual get stuck on their paths because they don’t acknowledge these principles:

• First, you need to be clear on what worldview you hold.
• Second, being spiritual is much more than having a spiritually transformative experience (STE), such as an NDE, or an experience of enlightenment in a workshop; you have to be committed to traveling a challenging path of inner development, which is lifelong.
• Third, you have to realize that you are engaging in a sacred process that is not to be taken casually.

Worldviews

What do I mean by a worldview? Every culture throughout time has been structured according to its particular worldview. A worldview helps us humans understand ourselves and make choices, provides us with values to hold onto, and greatly influences the ways that we live in the world. It helps us deal with pain and suffering and provides answers about faith and the meaning and purpose of existence.

When we contemplate the different worldviews across time, we discover the premodern, the modern, and the postmodern. Each of these worldviews has served as a super-theory or paradigm for interpreting human experience.

The premodern worldview describes what God is and what it’s not. It cites that only institutionalized religion knows the ultimate truth and that only external authorities—religious leaders and texts—hold
the answers. This perspective prevailed in the West in medieval times, and, as we know, it exists even today.

The modern worldview was prevalent in the 20th century and also exists today. It tells us that nothing is true unless it can be verified by the scientific method.

The postmodern view holds that there is no ultimate truth, because everything is relative and determined by individual perceptions. This is the prevailing paradigm today in most of the Western world.

Even though the premodern, modern, and postmodern views arose during different time periods, the Western world today remains deeply divided as to which worldview is defining how life should be lived and how people should think and believe. Additionally, I believe that both spiritual seekers and even teachers and leaders in the transpersonal psychology field have conflicts about which worldview they hold. And I have observed that when one is on a spiritual path, such a conflict causes the individual to get stuck in their spiritual development.

Most people feel safe and secure when those around them share the same worldview. However, when a person has an NDE or other STE, his or her worldview begins to change. And when this occurs, it can feel very threatening and even personally dangerous. Imagine what it’s like when someone has a personal, transformative experience of God and feels ecstatic, while everyone around is saying that “Such an experience is crazy and the person having the experience needs medication.”

As mentioned, the current worldview in much of Western culture is postmodern. It is especially prevalent in medicine, in psychology, in most of academia, and among most of our liberal and progressive friends. Again, with this worldview, there is no Ultimate Truth. It holds that everything is relative, determined by individual perceptions. And if there is no ultimate truth, then there are no absolutes. There is no higher power, no soul, no light or darkness, no good or evil, no God.

I was teaching at Columbia University recently and engaged in a discussion with a graduate psychology student in my class whom I will call Jane. She is someone who considers herself a very spiritual person. We were talking about the latest trauma in New York City in which a man raped and killed a little girl. I made the comment, “It’s just shocking that there is such evil in the world.”

Jane looked at me and said, “You can’t really say that, Dr. Miller.” “Why not?” I asked.
“Well,” she said, “You don’t know whether he was abused in his past or what influenced him to commit such a terrible deed.”

“I don’t care,” I said. When he tortured and raped and murdered that little girl, that was evil, in my opinion.”

Of course this exchange created a lively discussion in the class. This is what I’m talking about: There is a very deep confusion and conflict in people’s belief systems in our postmodern Western society, even among people who consider themselves very open, progressive, and spiritual. This conflict keeps people stuck on their paths, because if there is no ultimate meaning, no recognition of forces of light and darkness, then what do they think spirituality is about?

The first thing I suggest when it comes to spiritual development is that people reexamine their relationship to 21st-century postmodern thought. I contend that they can’t be really spiritual if they accept a postmodern worldview, because it rejects all absolutes.

Therefore, to be spiritual, to really be spiritual, one needs a new worldview. The one I ascribe to I call a psychospiritual worldview:

- It recognizes that all things, including humans, are sacred.
- We are infused with spirit, or at least part of us is infused with spirit.
- It recognizes that we all have an extreme point, a deep center at the core of our being, where our personality and human nature touches the Absolute, and this is the place where one’s true being is penetrated by what in the West we call God.
- God is the eternal source from which the soul draws its energy and power. When we feel cut off from God, the soul withers. When we reconnect, the soul comes alive and we grow spiritually.

I’ve just spoken about the relevance of adhering to a psychospiritual worldview. Such a worldview enables us to understand that our life and the spiritual path we travel are our sacred reality. And this sacred reality is the umbrella over all.

**Inner Development**

The second aspect of being spiritual is to acknowledge the importance of inner development. It is about finding out who we really are, our true identity.

This pursuit means we must engage in deep, inner psychospiritual work. When we do this, we recognize that as imperfect human beings, we live in a world of dualities. As such, we possess splits and dualisms. We each have what Carl Jung referred to as a shadow—those
unconscious, difficult parts of ourselves that we keep suppressed. We also have a soul, which is light, and all spiritual traditions aim for the same thing, which is to reach that place of Oneness, where distinctions disappear and we become one with nature, with each other, with God.

To get to that place of Oneness—which in the West is called Union, and in the East, Enlightenment—I believe we have to work with our inner light and shadow in order to transcend these dualities and move beyond them to that place of Oneness. People transcend dualities by acknowledging, confronting, and working through their own psychological, emotional, personal wounds. Spiritual development necessitates this.

Western mystics used the term purification when they described their long-term spiritual process. Purification means to work through the inner shadow, the darkness. St. Teresa was fighting the devil, and the priest was throwing holy water on her, and this example of her spiritual work shows us our task as human beings.

Psychologists and sociologists pay much attention to identity formation, and some of the great psychological theorists like Erik Erikson (1963) wrote about the ways that identity is of major importance over the lifespan. In our postmodern world when we refer to identity, it’s typically about gender identity, sexual orientation, racial and ethnic identity, accepting (and feeling good about) everything that makes us who we are. We are told to love and accept all parts of ourselves.

But there is one form of identity that our postmodern secular worldview excludes: spiritual identity. In the Judeo-Christian tradition, spiritual identity grows out of a mystical foundation. When we conceptualize our spiritual identity, then, as being directly connected to and One with the Higher power, there is no real separation between Judaism and Christianity. Jesus was a Jew, for goodness sake. Most of what came after in our religious institutions was about politics, ego, and power. This artificial division has remained the huge split and duality in the Western world for over 2,000 years.

All the world’s sacred traditions tell us that spiritual development inevitably unfolds in the direction of love and wisdom, which in the West is referred to as Christ Consciousness. When spiritual seekers don’t do the necessary inner work, then their spirituality is superficial at best.

As I have facilitated and supported deep inner work with many people in America and Europe, I have witnessed over and over again how, at one time or another, some spiritual experience reflecting their
Judeo-Christian roots will come up from their deep unconscious. And this emergence will occur even when they identify themselves as Buddhists, Shamans, atheists, or followers of any other spiritual tradition. When they reject their birth religion for any of a number of reasons, they will then frequently turn away from their own spiritual experiences (STE) that reflect their Judeo-Christian heritage. They would much rather have a kundalini awakening or feel their chakras open than to acknowledge that the Holy Spirit was moving through them.

My experience is that when people turn away from their STE, they are thwarting their own spiritual development. They get stuck and don’t move forward. Which is not to negate any other path—Buddhism, Hinduism, Shamanism, Sufism—because, as I said, they all lead us to the same place. But part of being whole and progressing developmentally means to open to, accept, and ultimately integrate whatever comes through one’s consciousness—whether it be spontaneously, in dreams, meditation, breathwork, STEs, etc. It’s not for us to choose what to accept or what to turn away from, because the more of our true identity we integrate into our being, our worldview, and our personality, the greater our spiritual development. I believe there is a higher wisdom that is always available to guide us to reach our human and spiritual potential. It is our task to pay attention and not to confuse the weaknesses of Western organized religion with our true Judeo-Christian mystical foundation.

I believe that spiritual development varies among people. It is influenced by how seriously they pursue the process and the commitment they make to their inner development.

**The Spiritual Path**

Third, spiritual development from my perspective is a definite psychospiritual process. It’s a complete reorganization of the self on higher levels of consciousness and, therefore, there are stages that spiritual seekers need to travel. Because of the fundamental reorganization of self, it is not a process to be undertaken lightly.

I believe that a misguided perception exists in postmodern thinking that suggests it is wrong to assume that some people are more spiritually evolved than others. Such thinking derives from the belief that we are “all the same.” Whereas in our basic human core we are, of course, all connected and One, it needs to be recognized that the person who goes to a workshop and has a transcendent high for the first time is probably not as spiritually mature or developed as the individual who
has been doing deep inner spiritual work and traveling a spiritual path for 10 years.

Additionally, I believe it is important for seekers to realize that there are stages on the spiritual path that they need to recognize and progress through. Whereas NDEs and other STEs are catalysts for spiritual growth, they are not enough. They don’t make a person spiritual. People who have an experience need to realize that their NDE or other STE is a catalyst that has the potential to propel them onto a challenging path of psychospiritual development, so that they might ultimately integrate the experience into their personality and way of living.

Such work is long-term and not always easy. There are times in our lives when we can deal with these processes ourselves. At other times, we need a teacher, a spiritual counselor, a guide. Sometimes we need help identifying our areas of shadow, of woundedness, of ego, or the places where our worldviews become conflicted, for example.

My conceptualization of spiritual development has evolved from my own psycho-spiritual process, from working with hundreds of my clients in the U.S. and Europe, and also from my own research and study incorporating Christian mystical literature and the Jewish Kabbalah. As a result of all this experience, I see contemporary Western seekers following a psychospiritual developmental path that has three major stages. I should add that these stages are also adapted from British scholar and mystic, Evelyn Underhill (1911/1990), who wrote the classic work *Mysticism*. She identified five stages; I condensed these to three stages, in order to make what I call the “Western Spiritual Path” more understandable and adaptable for contemporary seekers.

**Stage 1: Awakening.** Characteristics of this first stage may include a sudden glimpse of the transcendent, a breakthrough in consciousness. This glimpse can occur through any of a number of potentially spiritually transformative experiences, such as a vision, an NDE, a big dream, a psychic or paranormal event, a synchronicity, or a religious experience.

The other common characteristic of Stage 1 Awakening is what I refer to as “Asking Big Questions.” This process may occur to the individual whose life seems just fine: She has good relationships, good career, but there is an inner gnawing. The field of psychology calls this a midlife crisis, but I believe it’s much more than this. I’ve seen increasingly that “Asking Big Questions” happens in young people as well: “What’s my life about,” “What happens at death,” “Is there a God?”
What are the challenges that come up in Awakening? Stage 1 can be exciting. It is not unusual for people to react to these initial spiritual experiences as being very amazing and ego enhancing. “Look who I am!” The person can feel powerful and very enlightened. He can also feel very crazy, alone, and disoriented because his worldview is shaken up. There is identity confusion, there is confusion over new feelings and perspectives versus society’s views, and therefore, it is common to feel weird and alienated from others. Although “Asking Big Questions” can trigger major emotional upheaval and conflicts, there are ways to progress through Stage 1 successfully.

Resolution in Awakening requires accepting the ambiguity of not knowing, because everything cannot be solved all at once. One must be willing to remain in confusion and slowly let the old ego self and identity die. It is also important to keep in mind that support may be needed from a spiritual guide or psychotherapist. Otherwise, spiritual experiences may not be integrated into personality and daily life. It is helpful to remember that after ego death comes spiritual rebirth.

Spiritual development means to trust the process in spite of opposition from others. Most important, it is necessary to remain open and surrender to one’s experiences—even when they don’t fit into the ways that one sees oneself.

Stage 2: Spiritual illumination. A person who moves through Awakening in a committed, serious way will likely begin to have stronger and more profound spiritual experiences. This increase can be unsettling if the person does not realize that such experiences can be part of the developmental process. It is common to feel that there is a foot in two worlds: the physical and the spiritual.

In many ways there are feelings of being connected to God, of spiritual fulfillment, and of joy. But as in Stage 1: Awakening, there are big challenges in Illumination as well. The intensity of spiritual experiences can feel overwhelming. At the same time, the still-robust ego can’t help but feel very special indeed about being spiritually advanced enough to have such experiences. One may also feel completely unworthy: “Why would God speak to silly, unworthy me?” Both sides of the coin are ego, because ego is the source of both inflation and deflation of personal identity.

The ideal psychospiritual position is neither of these extremes. The goal is to become an empty vessel with little ego to get in the way of divine energy. Once the ego has dissolved enough, then this energy will be expressed through the individual to others for healing.
Another challenge in Illumination is telling oneself, “Okay, I’ve lost a lot of my ego, but I have a special and unique relationship with the Higher power.” Then suddenly, all spiritual experience stops: There is a feeling of being abandoned by God and empty inside. What must be learned is that any kind of spiritual attachment, whether it’s “I’m better than everyone else,” or it’s “I’m not worthy,” must be surrendered.

In addition to mystical literature documenting this *Dark Night of the Soul* as a necessary phase of purification, many contemporary authors have also written about Dark Night of the Soul. I often hear from today’s spiritual seekers, “Oh, I’m in Dark Night of the Soul now.” “Why is that?” I ask. “Well, I broke up with my boyfriend, and I lost my job; this is really a Dark Night for me, and that means I’m going to be spiritually reborn.”

“No,” I tell them. What they are describing does not accurately represent the phenomenon as mystics have referred to it. Dark Night of the Soul is much more than life disappointments and travails. It is when one’s relationship and connection with God suddenly seems to be over. Rather than seeing wonderful visions, for example, there is only blackness. It’s the deep pain of suddenly feeling abandoned. There’s no connection; many Western mystics went through years of this experience of separation, and they were desolate because of the emptiness. Thus, seekers going through this process have lost not only their psychological ego, but now with Dark Night, there’s not even a spiritual ego attachment left. But there is a method to the madness. It is preparing the individual for the goal of the Western mystical path: Union.

**Stage 3: Union.** In this third stage, all dualities, opposites, and distinctions vanish. Boundaries disappear into Oneness with God and all beings, the illusion that we are separate from God dissolves, the “I” as a separate entity has no meaning, and there’s the awareness that one’s essence is pure consciousness. Spiritual union involves the union of the whole self with the divine.

In Union, ego attachment, whether to the material world or to spirit, dissolves. Union is about fully knowing that the God force in one’s soul is alive and burning brightly because it is no longer being diminished by personal shadow, ego, and fears.

The question might be asked, what is the point of all this? The purpose is to follow this divine energy that is now alive within the self and to follow it wherever it leads. There is no longer any separation between the individual and God. The felt presence of God is the most
awesome experience a human being can have. I believe that it is this—and only this—that really leads to a permanent change in the personality: to spiritual rebirth and transformation.

Conclusion

In closing, I'd like to reassert that a spiritual path is not to be taken casually. The following quote from contemporary spiritual teacher Andrew Cohen in his recent blog is applicable:

Something profound happens at a soul level when someone makes a commitment to his or her own spiritual development. And of course when you make that commitment, you don’t know what you’re committing to. But what you do know is that it is a commitment to that which is Absolute, to that which is non-relative, to that which means everything. Once you say yes to the Absolute, to God, there is no going back, even if you wanted to reconsider down the line. In other words, from the depths of your soul, an inner contract is signed. (Cohen, 2012)

Question and Answer

Audience member question: We’re a bunch of people who have had STEs, and you say this is only the beginning of the journey, that there’s a lot of work to do, and you say the individual needs to find a teacher. Where? One can go to a bookstore and take out a lot of books, and it’s not going to be enough. You’re talking about uncharted territory, and so where does one go to get help at your level?

Judith: My personal experience and that of the many people I’ve worked with over the years is that when people reach a place where they can completely trust the STE that they’ve had, whatever it is, and not disclaim it because it doesn’t fit they’re worldview, their community, etc., if they can really surrender to it and hold the discomfort, they will be spiritually guided by a sacred force, an energy beyond themselves. Whether it’s by a book falling on their head that explains the spiritual experience, or a guide comes along, or a deep knowing arises within, it’s really a pact that you’re making between yourself and spirit. You’re saying, “Okay, I’m going to trust, and surrender.”
References


An Ethnographic Study of Near-Death Experience Impact and Aftereffects and Their Cultural Implications

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ABSTRACT: In this paper, I describe the research method and key near-death experience (NDE) aftereffects- and integration-related findings of my dissertation research study (Gordon, 2007), the first published near-death studies research project to use the ethnographic method. I compare my findings with those of a comparable sociological study (Sutherland, 1995), with emphasis on NDE aftereffects and integration issues related to what I identified as a previously unrecognized pattern of unmet, NDE-integration-related health-education and counseling needs. Finally, I explore the cultural implications of near-death and similarly transformative experiences and posit that actualizing the potential social-wellness value of these experiences to those who have had them and to their societies requires research and practice that adequately addresses experiencers’ health-education and counseling needs.

KEY WORDS: near-death experiences, near-death experience aftereffects, near-death experience integration, health education, ethnography.

Speaking at the first annual conference of the American Center for the Integration of Spiritually Transformative Experiences (ACISTE) is a high point for me, as a researcher, a founding ACISTE board of direc-
tors member, and a near-death experiencer. Helping to found ACISTE represents an important step in building on my research in ways that I hope will benefit not only the hundreds of near-death experiencers who contributed to the study I describe herein but also the millions more experiencers they represent in the United States alone. Because the research method I used is new to the field of near-death studies, I begin by introducing the research approach and study participants. Next, I compare the study’s near-death-experience (NDE) integration-and aftereffects-related findings with those of Australian sociologist and near-death experiencer Cherie Sutherland’s Ph.D. research study (1995). Finally, I discuss the cultural implications of these findings.

About the Research Study

As a contribution to the near-death studies literature, the study is significant in being the first project in the field to use the qualitative, phenomenological, participant-observation-field-work-based research method of ethnography. To make the study participants’ lived experience, rather than the medical NDE model, the orienting, interpretative framework for the study, I used a life-history-narrative-based, or person-centered, ethnographic research approach (Caughey, 1995, 2006; Watson & Watson-Franke, 1985). This practice situated the experiencers methodologically as the study’s primary NDE experts. Consequently, my analysis and conclusions were based on more data and a wider range of data sets than are typical of previous studies. This result is in part because I spent a total of four years of full-time, face-to-face, intensive, ethnographic fieldwork with the 50 near-death experiencers whom I selected for participation from the hundreds of experiencers I met personally during the course of the study.

Previous near-death research studies more typically have used quantitative approaches shaped by the NDE research model for gathering and interpreting data for analysis. Such analyses may be based either on NDE accounts collected by previous researchers or on new accounts that often were obtained via mail or internet questionnaire responses from experiencers rather than by in-person interviews. This approach—even when experiencers have been interviewed in person, as is the case with the newer, prospective, more-rigorously-designed, in-hospital studies—generates NDE-related data heavily shaped by the medical NDE model (Kellehear, 1996) rather than by experiencers’ own, self-generated experience accounts and interpretations.

This medical-model-based research approach has persisted in spite
of the fact that—as this study was the first to reveal—the model does not meet the standards and criteria for health education and counseling research models, as is expected of models appropriate for use in the fields of hospice and death education and counseling (Corr, Nabe, & Corr, pp. 20–25). As a result, rather than a body of health-education-and-counseling related knowledge about NDEs—that is, a body of near-death studies research literature focused on addressing the health needs as well as the potential social-wellness value of tens of millions of near-death experiencers—I found instead, in the study’s literature review, a wide range of contested interests in NDEs and related phenomena among the field’s contributors overall (Gordon, 2007, pp. 2–24). Further, I found a pattern of misinformation—and missing information—about NDEs in leading medical, health, and death-and-dying education textbooks (Gordon, 2007, pp. 233–235) and, consequently, in the media and among the general public—experiencers included. It is not surprising, therefore, that this current study also revealed that experiencers’ NDE-integration-related needs were often not recognized or disclosed as such, either immediately after the NDE or even decades later, whether in emergency rooms, therapists’ and psychiatrists’ offices, or hospice care.

In short, when I entered the field I found that the focus of research interest overall had been on explaining the meaning of NDEs (Kellehear, 1996)—from various, contesting, experts’ perspectives—rather than on examining experiencers’ own interpretations of the meaning of their experiences, or on addressing experiencers’ health-, mental-health-, and counseling-related needs, or their collective potential social-wellness value. At the same time, it should be emphasized that, from the early days of the field, there have been some notable exceptions to this assessment, including investigator P. M. H. Atwater and researchers Raymond Moody and Kenneth Ring. In contrast, I was most interested in exploring the long-overlooked subject of how experiencers themselves, as the insider-experts on NDEs, would describe and interpret the meaning and significance of their NDEs and NDE aftereffects and in how they negotiated the lived, day-to-day process of NDE integration.

Situating Myself

A basic consideration of ethnographic research is how the researcher situates oneself with regard to the subject of the study. To situate myself in relation to my subject, my use of a near-death-experiencer-
centered approach had roots in questions I had about the death of my mother just after she died in 1994, which I believed near-death studies literature would answer. This event was almost four decades since she had described, after having ‘flat-lined’ during emergency surgery following a miscarriage in 1956, a profound, after-death journey that, nearly two decades later, I would realize had been an NDE (Moody, 1975). As I began reviewing the research in the field, my interests were sharpened by two unexpected discoveries. First, I found very little focus on or systematic study of the impact and aftereffects of NDEs on experiencers’ lives, let alone on their deaths, and on the lives of their significant others. In fact, more than a decade later, near-death studies literature still has no answers for my original questions. Second, even more astonishing to me, I came across accounts of children’s NDEs and, later, information about children’s NDE aftereffects and their often arrested NDE-integration trajectories (Sutherland, 1995, pp. 230–235) that matched my own vivid, surgery-related experience, including its impact and aftereffects, that family and hospital records indicated had happened when I was 36 months old. Although the popularized medical NDE model-based literature misrepresented early data that indicated clearly that NDE elements such as a tunnel experience characterize only a portion of NDEs (Moody, 1975, p. 13; Ring, 1980), because I had concluded from that popularized literature that tunnels were essential elements of NDEs, and my experience did not include a tunnel, I had always been certain my experience could not have been an NDE.

My discovery during my research that I, myself, was a near-death experiencer undoubtedly complicated my role as researcher during fieldwork. In hindsight, I think my social role as a complete member of the near-death experienced culture I was studying during field work (Adler & Adler, 1987, pp. 67–84)—especially my NDE-newcomer befuddlement and thus my personal interest in what the study participants could tell me about NDEs and NDE aftereffects—also helped me during research. It helped me to gain the trust of the study participants and, thereby, to learn first-hand about the kinds of NDE-integration challenges experiencers encounter.

These circumstances also informed my reformist qualitative-research ethics and approach (Denzin & Lincoln, 2006), which made me accountable to near-death experiencers as the primary beneficiaries of my work: The study was meant to be for the experiencers whose lives and experiences I was studying, not simply about them. Within an interdisciplinary, American Studies scholarly context, my
interpretive tools included social-construction and identity-alteration theories (Berger, 1963, pp. 54–65; Berger & Luckmann, 1966). More relevant to this discussion, thanks to mentoring by Daniel Leviton, death-education pioneer and founding president of the Association for Death Education and Counseling, the study’s analysis was critically informed by situating experiencers and their NDEs within the context of human health and wellness studies, particularly death education and counseling studies (e.g., Corr et al., 1997, DeSpelder & Strickland, 1999; De Vries, 1999; Leviton, 1991; Moller, 1996).

Research Participants, Approach, and Selection

During fieldwork, I relied primarily on my own social networks to locate near-death-experienced research participants. This approach is the traditional one that ethnographers use to locate and engage potential fieldwork informants, whether within their own or in other cultures. Because of concerns about the impact of near-death-studies acculturation on experiencers’ NDE accounts, I met and engaged 29 of the 50 near-death experiencers in the study—and easily could have engaged all 50—simply by communicating my research interest to my social networks and contacts, outside of the context of near-death studies environments or organizations. For instance, I met one of the primary informants in line at a local health food store. For purposes of contrast, I engaged the other 21 through contact with the International Association for Near-Death Studies (IANDS), whose membership has always been open to and composed of near-death experiencers as well as near-death studies researchers.

The approach I found most useful in describing the study to contacts and potential research participants was to explain that I was “interested in learning about the lives of people who have had experiences like near-death experiences.” I used this phrasing because I had been surprised to discover, from my initial contact with my first study participant, that experiencers were not necessarily certain, or even aware, of their experiences as near-death experiences, nor knowledgeable about near-death studies. This phrasing allowed me to engage informants whether or not they previously had identified their experiences as NDEs. This practice was not typical of most previous retrospective research studies, in which research have typically drawn subjects from self-identified near-death experiencers willing to serve in near-death studies research projects. I suspect this factor may make them unrepresentative of the general population of NDE survi-
vors, based on this study and on what I know about the demographics of near-death-studies-acculturated near-death experiencers. For example, experiencers who have connected with IANDS would seem to comprise only a small fraction of the general population of experiencers. This point may be important, if my observations are correct, because IANDS-affiliated experiencers do not seem to be demographically representative of the general population in other respects, for instance, with regard to ethnic diversity. My approach made perhaps 29 of the 50 study participants atypical of previous near-death studies subject groups, but only in their having little or no knowledge of or interest in near-death studies. Otherwise, the criteria for selecting the 50 experiencers for the study made these 50 individuals comparable to previous research groups of near-death experiencers of the same size, including those in Sutherland’s study (1995).

Of the 50 study participants, 15 were males and 35 females, with an age range of 20 to 70 years. Eight of the 50—including 2 of the 10 experiencers in the core-participants group—were of African-American descent. One was of Native North American descent, 1 was of Iranian descent, and the other 40, including 8 of the 10 core participants, were of Eastern or Western European descent. Of four non-U.S. citizens in the background groups, two were Australian and two were Canadian.

Tables 1 and 2 provide some basic information for comparing the NDE-related data I used to select the study’s 50 near-death-experiencer-participants and to assign their membership in the core group \((n = 10)\) or the background group \((n = 40)\) and, within the latter group, either IANDS \((n = 20)\) or non-IANDS \((n = 20)\) background subgroup. All participants completed the Near-Death Experience Scale (NDE Scale; Greyson, 1983). The NDE Scale is the most widely used instrument to assess the presence and depth—number and intensity of elements—of an NDE. The Scale has established validity and reliability and has four components:

- a cognitive component, including time distortion, thought acceleration, life review, and sudden understanding; an affective component, comprising feelings of peace, joy, and cosmic unity and an experience of a brilliant light; a paranormal component, including enhanced vision or hearing, apparent extrasensory perception, precognitive vision, and an out-of-body experience; and a transcendental component, comprising encounters with an apparently unearthly realm, a mystical being, and visible spirits and a barrier or point of no return that, had the subjects crossed it, would have precluded their return to life. (Greyson, 1985, pp. 967–968)
Table 1 Core Participants’ NDE-Related Information

<table>
<thead>
<tr>
<th>Participant Pseudonym</th>
<th>Highest Component</th>
<th>Total Score</th>
<th>Birth Year</th>
<th>NDE Scale</th>
<th>Age in years</th>
<th>Circumstance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neil</td>
<td>Cognitive</td>
<td>29</td>
<td>1949</td>
<td>27</td>
<td>Shooting</td>
<td></td>
</tr>
<tr>
<td>Alicia</td>
<td>Cognitive</td>
<td>26</td>
<td>1950</td>
<td>35</td>
<td>Car accident</td>
<td></td>
</tr>
<tr>
<td>Gwen</td>
<td>Cognitive</td>
<td>23</td>
<td>1946</td>
<td>38</td>
<td>Train wreck</td>
<td></td>
</tr>
<tr>
<td>Nagual</td>
<td>Cognitive</td>
<td>23</td>
<td>1946</td>
<td>54</td>
<td>Acute seizures, hypertension</td>
<td></td>
</tr>
<tr>
<td>Jenny</td>
<td>Transcendental</td>
<td>18</td>
<td>1943</td>
<td>49</td>
<td>Pancreatitis and diabetic complications, in I.C.U.</td>
<td></td>
</tr>
<tr>
<td>Kelsey</td>
<td>Affective</td>
<td>17</td>
<td>1937</td>
<td>41</td>
<td>Fall down elevator shaft</td>
<td></td>
</tr>
<tr>
<td>Chris</td>
<td>Transcendental</td>
<td>17</td>
<td>1950</td>
<td>34</td>
<td>Thrown from horse</td>
<td></td>
</tr>
<tr>
<td>John Paul</td>
<td>Cognitive</td>
<td>17</td>
<td>1985</td>
<td>16</td>
<td>Pneumonia</td>
<td></td>
</tr>
<tr>
<td>Eric</td>
<td>Affective</td>
<td>17</td>
<td>1943</td>
<td>20</td>
<td>Drowning</td>
<td></td>
</tr>
<tr>
<td>Camille</td>
<td>Affective</td>
<td>12</td>
<td>1960</td>
<td>16</td>
<td>Hemorrhage</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 Summary of NDE-Related Selection Criteria Data for Background Groups

<table>
<thead>
<tr>
<th>Total number</th>
<th>Non-IANDS-Affiliated Group</th>
<th>IANDS-Affiliated Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria not met:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None (all criteria met)</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Age: Younger than 16 years at NDE</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Total reporting NDEs</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>No life-threatening event</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>NDE Scale score below 7 and no life-threatening event</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total reporting other, ‘near-death-like experiences’</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
For possible assignment to the core group, a participant had to have been at least age 16 years at the time of surviving an actual life-threatening episode accompanied by a subjective experience that scored at least 7 on the NDE Scale (Greyson, 1983). All core group members met all criteria, whereas only about half of experiencers in either background subgroup met all criteria. From among all approximately 30 participants who met all criteria, I assigned 10 to the core group because I considered them representative of the entire 50-person study group both demographically and in terms of the circumstances and the range of NDEs they reported and for their geographic accessibility and availability to participate in the requisite extensive interview sessions and other ongoing fieldwork interactions over periods that ranged from three months in one case to more than a decade in six cases.

The core group was comprised of 9 of the 29 near-death experiencers I engaged on my own and—simply for contrast—1 of the 21 experiencers I met through IANDS. For the study, I drew most extensively on the core group members’ complete, self-generated, life-history narratives for quotes and analysis. From these accounts, I selected seven for inclusion in full in the original study write-up, to illustrate the range of experiences I encountered during the four years of fieldwork.

I assigned participants to background group membership to represent, collectively, the range of NDE and NDE-like accounts I heard from experiencers at IANDS gatherings and found in the near-death studies literature. Non-IANDS background subgroup members were 20 of 29 participants I had met on my own, and IANDS background subgroup members were 20 of an unknown total I had met through IANDS; several among this latter group had played key leadership roles in IANDS.

The question I asked, to elicit participants’ self-generated life stories was: “If you were going to write or tell someone your life story, how would you organize it into chapters?” (Caughey, 2006, pp. 28–29). In addition to copious field notes on observations, interactions, and discussions with all 50 near-death experiencers in the study and many other potential participants, the multiple, audio-recorded interviews with the 10 core informants collectively generated 1,167 single-spaced, typed pages of transcribed life history narrative material for analysis. The findings and comparisons described below are drawn mainly from this material and supplemented, where noted, with information on the individuals in the background groups.
Overview of Key Study Findings and Comparisons

As mentioned, to contextualize the study’s findings of the NDE aftereffects of the study participants, they were compared in the dissertation with those of the 50 experiencers who participated in Sutherland’s sociological study (Sutherland, 1995). Her study tested and supported a substantial body of previous evidence—mirrored by this study’s findings (Gordon, 2007, pp. 179–229)—which pointed to a striking pattern of commonly reported, although still under-researched, NDE aftereffects and NDE integration difficulties. Her study also offered a model for describing different NDE integration trajectory types (Sutherland, 1995, pp. 205–237), based on her study of the process by which, when integration is not “blocked” or “arrested” (Sutherland, p. 219) by various life circumstances, experiencers come to align their lives with what they learned during their NDEs:

There comes a time when the experiencers recognize (often in retrospect) that their NDE is now a part of their lives, congruent not only with their attitudes but also their actions. . . . [It] can be facilitated or hindered by a wide variety of social interactions. . . . [Integration is] an ongoing dynamic process constantly being negotiated and managed by the individual within a particular social, intellectual, historical context . . . [and it] can encompass many transitions along its path. (Sutherland, 1995, p. 206)

Although not discussed here, her findings related to NDE integration trajectory patterns were also supported by this study’s findings (Gordon, 2007, pp. 215–229).

This section focuses on this study’s findings of the most commonly reported types of NDE aftereffects and integration-related difficulties, organized into seven categories based on Sutherland’s categories (1995, pp. 71–191).

Following each aftereffects- or integration-issues category heading below, the set(s) of numbers in parentheses refer, respectively, to the number of this study’s 10-person core-informants group affected and, where known, to the number of subjects affected in the background-informants groups. For each of these categories, except where indicated, at least 75% of Sutherland’s subjects were affected. Note that, because this study’s data were derived from participants’ self-generated life history narratives, which did not necessarily include the same kinds of information, comparison data for participants in the background groups are not known for all categories. Likewise, Sutherland’s sociological grounded-theory-based interview protocol allowed
experiencers’ responses to affect her decision to ask, or not ask, particular sets of follow-up questions (or to add new ones in some cases), so, within the discussion of each category below, the total number of her subjects’ responses used for comparison may vary.

**NDE Impact: Identity-Reality Context Shift (8/10, 46/50)**

The NDE has been validated in medical-scientific terms as an “anomalous,” but “profound, psychological event” (Greyson, 2004, pp. 604–605). Whereas diverse, indigenous knowledge systems and world wisdom traditions attribute profound social, or real-world, meaning, as well as personal significance, to such sacred death-and-rebirth experiences, the *material worldview* of contemporary Western culture does not. For the majority of experiencers in this study, scores of their comments indicated that the impact and aftereffects of NDEs are seen to follow naturally from, and provide more evidence of, experiencers’ *first-hand experience of the reality of the newly recognized dimensions of the sacred world revealed on the other side of physical death*—not necessarily ‘otherworldly’ dimensions, but previously unknown ones—which prevailing Western culture denies are real. Sutherland (1995) identified this profound reality/identity context shift or “ontological shift” (p. 193) as the defining feature marking activation of the NDE integration process.

One of this study’s background participants, cultural anthropologist Patrick Gallagher, in an early journal article now considered a classic in near-death studies literature, described the context-shift that marks the activation of NDE integration in ethnographic terms as the *culture shock* that he experienced at the onset of his NDE and the *counter shock* he experienced afterward (Gallagher, 1982). Many comments by study participants supported Gallagher’s understanding of the phenomenological reality and subsequent real-world impact of an NDE. From an ethnographic perspective, NDE integration may be seen as a process strongly influenced or even determined by how experiencers’ previously held belief-and-value systems and those of the newly discovered ‘reality-context’ intersect, and are negotiated, within experiencers’ individual social worlds. Eight of the core-participant accounts and 92% of all accounts included reference to a *context shift*: a global shift in awareness of one’s identity and reality.
NDE Disclosure and Disclosure-Context Difficulties (10/10, 50/50)

A theme in Sutherland’s (1995) findings related to difficulties in discussing NDEs involving the ineffability and the unknown nature of the experiences as well as the reactions of others. This is a critical problem because, as she found, disclosure is necessary to the integration process—so much so that it typically requires some restructuring of the experiencer’s social disclosure-context. For instance, three people in her study who received initial negative responses did not relate their experiences to anyone else for years. Thirteen others did not discuss their experiences with anyone for years and then remained very selective. Three had never talked to anyone before Sutherland (1995, pp. 71–77); this was the case with at least two of this study’s core-group participants.

Like Sutherland’s (1995) subjects, 100% of this study’s participants described NDE disclosure-related problems that collectively demonstrated what I identified as a previously-unrecognized, pervasive pattern of NDE-integration related, unmet health-education-and-counseling needs. These included significant difficulties and problems related to NDE identification or interpretation; NDE disclosure; and the lack of appropriate, accessible, education and counseling resources and support for the NDE integration process overall (Gordon, 2007, pp. 190–240). Most basically, the need is for near-death experiencers and their professional medical and mental health care providers to have an NDE model and research agenda that meet health- and death-education standards. Experiencers and their healthcare providers also need appropriate and accessible knowledge and expertise so they are able to identify NDEs as NDEs and recognize NDE aftereffects as NDE aftereffects. Meanwhile, whether in health-care, counseling, family, or other contexts, both core and background study participants characterized the majority of others’ reactions to their NDE disclosure statements negatively: as dismissive, uninformed, or otherwise problematic. The problems study participants described can be grouped into the following five categories of NDE-disclosure-related difficulties:

- **Inappropriate NDE-disclosure reactions from family and medical professionals.** Five of the core participants described negative NDE-disclosure responses from family members, and three described dismissive or uninformed reactions from medical professionals.
• **NDE disclosure problems in mental health and counseling contexts.** From the mid-1980s to 2005, five of the core participants sought psychiatric, family therapy, or other counseling help to deal with characteristic NDE aftereffects- or other integration-related issues. These issues were neither identified as such by any of them nor addressed as such by any of their mental health professionals. These included immediate NDE impact issues, such as euphoria in one case that led to an erroneous diagnosis of bipolar disorder; relationship problems; and depression.

• **NDE recognition and NDE model problems.** At the time of their experiences, eight of the core-group experiencers were unaware that their experiences were NDEs. At the start of the study, only of these were absolutely certain of their experiences as NDEs, and an additional three had some understanding of their experiences as NDE-like. At the conclusion of the study, despite unequivocal scores on the NDE Scale, two of these eight core experiencers still remained doubtful that their experiences actually had been NDEs because elements of their NDEs did not match the NDE model as they understood it.

• **Resistance to NDE label and use of alternate labels.** Nine of the core informants’ accounts illustrated a preference for some label other than near-death experience or NDE for their experience. Even among core informants who had identified their experiences as NDEs, only one (Jenny, the only IANDS-affiliated core informant), used that label as her preferred one. Five of the other nine core participants avoided using the label at all, and the remaining four used it in ways that problematized the NDE label. For example, Kelsey preferred the term “spiritual revelation,” and Chris at first wondered if she had suffered “brain damage,” or was “crazy.” Gwen invariably referred to either “the train wreck” or “when I died in the train wreck” to label her experience; or else, in comparison with what she termed our “world of shadows,” she referred to her experience in the “world of light.” In fact, in 1995, when I first used the term NDE to refer to her experience, her response was, “What’s an NDE?” Neil rejected the NDE label because he had heard himself pronounced dead; therefore, he considered his NDE to have been an after-death experience, and his preferred label for it was “shamanic death and rebirth.”

• **Near-death studies and IANDS as problematic NDE integration or disclosure contexts or resources.** The accounts of 98% of the study’s total participants, including nine of the core informants, indicated either that they were unaware of IANDS and the field of near-death studies or that they found these resources problematic. The kinds of NDE-disclosure issues described above may help explain why so many of the study participants, including 20 of the 21 IANDS-affiliated informants, seem to have found the clinical NDE model, near-death studies literature, and IANDS problematic resources for NDE
integration—when they were aware of these resources at all. For nine core participants and all 20 in the non-IANDS-affiliated background group—that is, for all 29 of the non-IANDS-affiliated participants—there was no indication that either near-death studies experts or IANDS played any role as NDE disclosure-contexts or integration resources. Further, many participants in the core and both background groups made comments that were explicitly critical of medical-scientific near-death studies research and expertise. Within IANDS, experiencers’ initiatives have led to experiencers-only sessions and meeting spaces at IANDS conferences—as well as to separate retreats for experiencers-only (Stout, Jacquin, & Atwater, 2006, pp. 49–62)—a development that, paradoxically, illustrates IANDS’ responsiveness to NDErs’ needs.

**Changes in Fears of and Attitudes about Death**

*(10/10, 50/50)*

The percentage of those in Sutherland’s study (1995) who reported having no fear of death changed from 19% pre-NDE to 98% post-NDE (p. 81). Regardless of previous beliefs, 100% of this study’s participants expressed new or increased awareness of the self’s survival of physical death and loss of fear of death. Twenty of Sutherland’s 50 subjects reported an increased interest or involvement in work with the dying (pp. 91–93) as did two of this study’s core participants. Also, 14% of this study’s background participants had become hospice volunteers prior to having identified their experiences as NDEs.

**Changes in Religious Beliefs, Values, Interests, Sense of Spirituality, Life-purpose (9/10)**

The majority of Sutherland’s (1995) and this study’s participants indicated that after their NDEs they became more spiritually focused and less concerned with religious doctrine. The percentage of her subjects who indicated no religious affiliation jumped from 46% pre-NDE to 86% post-NDE (Sutherland, 1995, pp. 94–97). With the exception of the one agnostic among this study’s core-participants, the other nine also described changes in interests, beliefs, and values related to a heightened sense of spirituality. That is, they described spirituality in other than narrow, religious-doctrine-based terms—as growth in the ability to love and serve others, for instance, or as being central to the meaning of life and to the purpose or mission of their own lives. Of the five who kept or initiated a religious affiliation, all described a heightened interest in learning about various spiritual, religious, and
other wisdom traditions, and a greater understanding that all paths to spiritual growth have value, that no one path is the best or only one. “Overall,” as Sutherland (1995) observed, “there is a feeling [of] . . . an ongoing direct contact with God or a Higher Power that requires no mediation” (p. 110).

**Psychic/Paranormal Experiences, Abilities (8/10)**

Increased incidence of a wide range of psychic or paranormal experiences and abilities, from out-of-body experiences to the ability to heal others, were found in Sutherland’s study (1995), with more than 85% reporting incidence or increased incidence of post-NDE experiences of such phenomena as telepathy, precognition, and intuition (pp. 112–135). Similarly, eight of this study’s core-group participants reported such phenomena either beginning or significantly intensifying after their experiences. All 10 core informants described such phenomena as part of their NDEs, and three of them reported observations during their NDEs that were later confirmed by others. Eight of 10 core participants expressed precognitive awareness or intuitive knowledge of future events or shifts of global significance. Collectively, as a result of these types of experiences, they described the need for profound changes in the understanding of existence and the self and, as a result, in cultural beliefs, values, and priorities.

**Life Direction/Priority Shifts and Difficulties (10/10, 50/50)**

All 100% of study participants reported shifts in their sense of life direction and priorities as well as difficulties associated with these shifts. At least 60% percent of the respondents in both Sutherland’s (1995, pp. 136–149) and this study reported each of the following: increased sense of self-worth, increased sense of spiritual mission or life purpose, increased desire to help others and decreased self-interest, increased sense of compassion and empathy, increased ability to express love, increased insight into others’ problems and social or planetary problems, and decreased concern for others’ opinions of oneself (Gordon, 2007, pp. 208–212). In both studies, life direction and priority shifts were connected to a range of difficulties in post-NDE adjustment. Such NDE integration difficulties have also been found in P. M. H. Atwater’s investigations (e.g., Atwater, 1994, pp. 127–235). Sutherland (1995) found, for instance, that 23 of 34 subjects reported
post-NDE strains in relationships with a spouse or partner (p. 151). Similarly, six of this study’s core participants divorced or ended primary-partner relationships after their NDEs for reasons they identified as arising from or related to their NDEs.

**Deepened Awareness of, Shifted Attitudes toward Social Issues (9/10)**

In Sutherland’s study (1995), 35 of 40 people who responded to questions in this topic area reported increased interest in social issues (Sutherland, 1995, p. 182). Similarly, the comments of nine of this study’s core participants included astute, deeply-felt criticisms of Western culture’s materialist worldview, with its attendant success-driven values and norms. For instance, one of them (Neil) articulated the social construction of the “inadequate self,” along with its economic implications, and how his NDE had helped him to see through it.

**Discussion: Limitations and Cultural Implications**

Two limitations of this study are, first, its relatively small size, and, second, that it is a retrospective study and can be criticized on the same grounds that have been used to criticize other such studies in the field. To address these limitations, the ethnographic method could be used in future, prospective studies involving larger groups of near-death experiencers. Also, because ethnographic researchers rely on their own social networks to find and engage fieldwork informants, the use of the ethnographic method by multiple researchers would mitigate the potential for unrecognized bias to influence ethnographic researchers’ selection of study participants.

With these limitations in mind, the findings from this study indicate that the NDE is very often a life-changing experience. NDEs may seem otherworldly in relation to the consensual, material reality of contemporary society. But unlike vivid dreams or hallucinations, NDEs and their aftereffects are so real for experiencers that, like the cultural immersion of ethnographic fieldwork in distant and culturally alien societies, NDEs often cause the same sort of culture shock and counter shock that anthropologist and NDE survivor Patrick Gallagher described (Gallagher, 1982).

Moreover, as can be illustrated by historical and anthropological accounts from diverse cultures, *transformational experiences such*
as NDEs, and the lives of those who have them, have had profound and widespread social and historical significance (Caughey, 1984, pp. 237–240). Before recent advances in trauma-related and other medical technology, living for very long after having an NDE is thought to have been so much less common than it is now that in Western societies they would have been referred to as deathbed visions (Zaleski, 1987). But even when it may have been much less common to recover and live on for decades after an NDE, such profoundly-life altering, otherworldly journeys typically have marked the lives of individuals of diverse cultures who have initiated all of the world’s major religions and wisdom traditions as well as other widespread social revitalization movements (Wallace, 1956). A 1992 Gallup poll found that 13 million adults in the United States, or 5% of the population, had experienced NDEs; it has recently been estimated that, every day, approximately 774 more adults in the U.S. survive an NDE (Long, 2013).

Considering that individuals who have had NDEs and similarly life-transforming experiences have had such profound impact throughout history and across the world’s diverse cultures, what might be the potential social-wellness value of an estimated American population of 13 million experiencers? Particularly given the ways that near-death experiencers’ accounts ‘speak back’ to both medical science and religious fundamentalisms, what kind of cultural influence might they, collectively, exert? From the cultural perspective, this issue would seem to be a significant, because these individuals can be seen to comprise a substantial, if still all-but-invisible minority population whose members share a remarkably atypical and potentially highly social-wellness-enhancing set of cultural values (Leviton, personal communication, April 10, 2009).

Although diverse disciplines—including medicine, psychiatry, and psychology—are represented in near-death studies, there has been little focus overall on addressing the health education, mental health, and counseling needs of experiencers. In fact, before initiation of a recent ACISTE survey study, there had never been a formal study designed to assess what experiencers’ needs are. The study described in this article addressed the health education and counseling needs of a population of millions, and perhaps tens of millions, of near-death experiencers. In approaching it, I recognized the potential social-wellness value of near-death experiencers’ collective visibility as agents, among many others, of a sacred, multidimensional worldview, one that is linked not only to the worldviews of diverse indigenous
knowledge systems and non-Western wisdom traditions but also to the multidimensional worldview of quantum physics.

One example of the importance of the collective cultural visibility (or invisibility) of near-death experiencers in the contemporary Western world is that, to quote Sutherland (1995), “the implications of having a [socially visible] population of people with no fear of death are significant in a society such as our own, fraught as it is with death denial” (p. 242). When people lose the fear of death it becomes possible, she argued, “to engage in meaningful relationships with the dying, to abandon immortality projects . . . [and] vehicles such as money [and] fame. . . as ultimately illusory” (p. 242). Most important, she wrote, “such crucial changes in attitude provide a fundamental challenge to the widely accepted norms of Western society” (p. 242):

> When it is realized that millions of people worldwide have had this experience . . . it can be seen that the potential force for positive social change is enormous. These people know that death is not the end. . . . Almost all of them are changed by the experience, and through their interactions with others these changes move beyond the personal, beyond the lives of individual experiencers into the social realm, presaging a profound transformation of great benefit to society as a whole. (Sutherland, 1995, p. 242)

However, as psychologist Kenneth Ring (1998) has observed:

> Most NDErs have a difficult time coming to terms with their experience, and the process of its integration into their lives. This may take a long time, and, certainly, in some cases, it does not occur at all. Longstanding relationships may be strained to and beyond the breaking point, marriages collapse, misunderstandings are common, and periods of painful introspection and even depression are not rare. The NDE, as we have seen, tends to turn a person’s life topsy-turvy, and the radical reorientation and personal courage to live out the truth of one’s NDE may be very taxing indeed, both to the NDEr and his or her family and friends. . . . Most people, when they hear . . . or read of NDEs, feel a certain amount of envy, wishing that they too could have the experience (without, to be sure, having to go to the trouble of nearly dying for the privilege). But if they could . . . they would soon realize that the NDE is often a mixed blessing and may continue to extract a high cost in suffering from the individual’s life. (pp. 32–33, 35)

Given the size of the near-death-experienced population, it matters, therefore, whether and how effectively research, education, and counseling resources meet the NDE-related health-education and counsel-
ing needs of experiencers, their health-care and counseling providers, and their loved ones. It matters whether or not a global community of tens of millions of near-death experiencers has the support needed to allow experiencers to become visible to themselves and, collectively, visible to each other and to society-at-large.

References


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  - Search function by author, keyword, or year

- Abstracts (article summaries) for scholarly journal articles where available

- Categorization of articles by 135 NDE-related topics in three separate listings:
  - Under each citation: a listing of each NDE-related topic addressed in the article
  - Under each topic: a listing of citations of all articles that addressed the topic
  - Under each author name: a listing of citations of all articles by that author (sole or co-author)

- Periodic updates

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