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...
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 (NDErs) 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, of the circumstances in which the pSTEs occurred; 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 impor-
tant—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 potentiating; 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, pSTEr's 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 pSTEr's 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


