# RECOVERING BALANCE AFTER THE BIG LEAP:

# OVERCOMING CHALLENGES IN INTEGRATING SPIRITUALLY

# TRANSFORMATIVE EXPERIENCES (STEs)

by

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for the degree of Doctor of Philosophy

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## Abstract

**Recovering Balance After the Big Leap: Overcoming Challenges in Integrating Spiritually Transformative Experiences (STEs)**

**by**

**Marie Grace Brook**

In the aftermath of spiritually transformative experiences (STEs), experiencers (STErs) have sometimes reported prolonged integration processes that were challenging. STE was defined as *a discrete experience of an altered state of consciousness that brings about a profound transformation in the spiritual identity and life expression of the experiencer.* These include experiences such as near-death experiences (NDEs), kundalini awakenings, religious conversions, and mystical experiences. Clinicians have suggested strategies helpful to STErs in the integration process, but to date those suggestions have not been examined empirically. The purpose of this study was to assess the extent to which STErs themselves endorsed those suggestions. The Integration of Spiritually Transformative Experiences Inventory (ISTEI) was created by the researcher based on seasoned clinicians' suggestions of 84 practices, habits, and behaviors that can be helpful. Participants were recruited through online STE networks and social media. Out of 431 respondents who began the ISTEI, 245 met criteria for integration as assessed by the 5-Item Mental Health Inventory, and transformation as assessed by the Posttraumatic Growth Inventory-Short Form. Participants rated 80 of the 84 practices, habits, and behaviors as helpful. Twelve practices were rated by all participants as *essential* (4.0 in a Likert scale of 1-4) including (a) practicing compassion, humility, forgiveness, honesty, and gratitude; (b) practicing self-awareness and exploring the unconscious; and (c) supportive practices such as finding serene environments to allow expansion of awareness to unfold, reading

spiritual literature, praying, and sharing with another person. A key finding was that across a variety of STEs, there was consistency regarding the integration practices rated as helpful, and that psychiatric care and medication were usually not found to be helpful, and even contraindicated for persons integrating STEs ($p < .001$). Correlation tests between helpfulness and frequency of use showed that STErs gravitated intuitively to what was the most useful for them ($p < .0001$). Both STErs themselves and the healthcare providers who serve them can use these findings to facilitate STErs' post-STE integration processes. Limitations and suggestions for future research are discussed.

## Dedication

I dedicate this research study to God as I understand and experience God—as the Magnificent Creator that undergirds this living universe with Divine Love. I felt, at every point along the path of the unfolding of this research, that God was leading me. I pray that I will continue to align my will with God's Will in disseminating these research findings as best I can. May this study be helpful in assuaging suffering and illuminating the sacred living Glory that glows in all of us.

**Acknowledgments**

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“O God that madest this beautiful earth, when will it be ready to receive Thy saints?
How long, O Lord, how long?”
from *Saint Joan* by George Bernard Shaw

(Shaw, 1898/1951, p. 911)

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# Chapter 1: Introduction

Although people seldom talk about spiritually transformative experiences (STEs) in casual conversation, research (Foreman, 1998) shows that half of people in the Western world have experienced a spiritual experience, and there is reason to believe that many people do not recognize them and/or do not report them. A s*piritually transformative experience (STE)* is a term used to describe a variety of phenomena that have in common aspects of spiritual relevance and personal change. Many expressions have been used to describe this type of experience such as religious experience (James, 1902/1958), peak experience (Maslow, 1964), spiritual emergence/y (S. Grof & Grof, 1989), exceptional human experience (White, 1999), quantum change (W. R. Miller & C'de Baca, 2001), anomalous experience (Cardeña, Lynn, & Krippner, 2013), visionary spiritual experience (Lukoff, 2007b), and spontaneous awakening experience (Taylor, 2012). Kason (1994/2008) coined the term "spiritually transformative experience" to include these and others that had been studied over the previous decades, such as mystical experiences, near-death experiences, psychic experiences, spontaneous inspired creativity, and spiritual energy/kundalini episodes.

Successive Gallup polls over the last half-century suggest that an increasing number of Western English-speaking people have experienced a nonordinary experience that may have been an STE. In 1962, pollsters found that 20% of respondents reported having experienced a religious or mystical experience or a moment of sudden religious insight or awakening (Gallup, 2012). In polls taken between 1976 and 1988 the percentage ranged from 30% to 34%. A poll in 2002 showed 41% of respondents reporting a profound religious experience or awakening that changed the direction of their lives. The Religious Experience Research Unit at Oxford University in England (Hay, 2006) reported research indicating that in 1987, 48% of British

citizens claimed they had a spiritual experience, and in a 2000 follow-up survey 60% of the population reported having had a spiritual experience. The experiences reported in the Oxford University research were, in order of prevalence, synchronicity (coincidences that seem to be meaningfully related, presumably the result of metaphysical forces), awareness of presence of God, sense of prayer being answered, sensing sacred presence in nature, awareness of the presence of the dead, and awareness of an evil presence. Surveys of Americans, Britons, and Australians affirm that not only is a high prevalence of spiritual experiences reported on surveys but that the reports increase if individuals are in face-to-face interviews or know they will talk about their experiences later (Hood & Francis, 2013).

Among people who experience life-changing intensity in their STEs, some suffer great difficulty in adjusting to their normal life after the event. This adjustment period, referred to as "integration" (American Center for the Integration of Spiritually Transformative Experiences [ACISTE], 2017a, para. 1) can be so problematic that professional help from mental health professionals may be sought. One area of clinical study has become examining the challenges posed for people who have experienced an STE in integrating its aftereffects into daily life.

A principal problematic issue is self-disclosure, especially in the Western world (S. Grof & Grof, 1989; Kason, 1994/2008; Palmer, 1999; Paper, 2004; Rominger, 2004). In modern American and Eurocentric society where the cultural sense of reality is guided by materialistic paradigms, people who unexpectedly experience an STE may have no reference with which to frame their experience. Thus they may not be able to communicate what has happened; may fear that others will consider them insane; and/or if their religious affiliation does not support the kind of experience they had, may find themselves considered blasphemous, heretic, or even possessed (Paper, 2004). Another common challenge is that the very intensity of some STEs

disinclines experiencers to disclose them to avoid others trivializing what, to experiencers, was a compelling event (Kason, 1994/2008; Paper, 2004).

Researchers have consistently found no relationship between STEs themselves and mental disorder (Cardeña et al., 2013; Greyson, 2013; Nobel, 2016; Streit-Horn, 2011). This is an important fact and points to the potential damage of diagnosing mental disorder where it does not exist during STEs and during the following process of integration. Mental disorders are regressive and tend to call for remedial interventions but STEs are progressive and tend to call for supportive and facilitative interventions (Cardeña et al., 2013; Holden, Greyson, & James, 2009; Lukoff, Lu, & Yang, 2011; Wilber, 2016).

One of the gravest risks is misdiagnosis as a psychotic disorder due to experiencers' reports of hearing and/or seeing things neither visible nor audible to others (Boisen, 1936/1952). The public's lack of understanding, including that of medical personnel, exacerbates the risk of complications. Some experiencers need clinical help, but they may suffer from inadvertently being prescribed treatments that compound their situation, especially if they are inappropriately institutionalized and/or given pharmaceuticals (S. Grof & Grof, 1989; Lukoff, 1985). Because one of the main challenges after experiencing STEs is to adjust back to their former life before the experience and to integrate the newly discovered sensory information into their intellectual paradigm of reality, taking STErs out of their normal life to place them in an institution and/or prescribing psychoactive drugs can prolong this process and/or usurp the self-confidence needed to psychologically process the event (Phillips, Lukoff, & Stone, 2009; Silverman, 1967).

The events of STEs can be so compelling that major shifts in personality occur, resulting in such difficulties as disruption of families through divorce, leaving employment situations, and estrangement from support systems (Holden, Long, & MacLurg, 2009; Kason, 1994/2008).

Based on experiencers' longing to return to the realms they temporarily visited, they commonly consider suicide—and sometimes attempt and succeed at it (S. Grof & Grof, 1989; Kason, 1994/2008). A needs-based survey initiated through the American Center for the Integration of Spiritually Transformative Experiences (ACISTE) in 2011, used to gather information about how the organization could serve this population, showed that 30% of people integrating STEs contemplated suicide, and 7.5% attempted it, for the express purpose of returning to the state they had experienced during their STEs (ACISTE, 2011).

Several organizations have sprung up to address issues associated with STEs. For example, the International Association for Near-Death Studies (IANDS) has been serving experiencers and researchers of near-death experiences since 1978 (Holden, Greyson, & James 2009; IANDS, 2014). The Spiritual Emergence Network (SEN) has been serving experiencers of spiritual emergencies, often triggered by hallucinogenic drugs or unexpected responses to intense spiritual practices. Since 1980 the network has been furnishing a list of clinicians familiar with treating these kinds of conditions (S. Grof & Grof, 1989; SEN, 2017). A decade later in the early 1990s, several other organizations sprang up. The Kundalini Research Network (KRN, 2017; Lukoff, 2009) was created to encourage research to support health professionals and experiencers of transformative events related to kundalini yoga practice. Around the same time, the Exceptional Human Experience Network (EHEN) was created in response to Rhea White's work in cataloguing over 200 types of reported paranormal and supernormal events, perceptions, or powers that cannot be explained through an empirical paradigm that is verifiable by scientific experimentation (EHEN, 2017). Also in 1990, Spiritual Directors International (SDI) was created to support spiritual direction and guidance based upon surveyed needs of spiritual directors for peer support to "tend the holy" through companioning. First conceived by Catholic nuns, the

organization was created to be ecumenical. It has since blossomed into a multireligious network with cross-cultural access to include contemplatives from all spiritual traditions (SDI, 2017). In 2011, ACISTE (2017) was organized in response to a survey indicating need for (a) assistance for experiencers in integration of STEs, and (b) training for qualified professionals.

The American Psychological Association (APA) has responded recently to the increasing need for addressing spiritual and religious issues. Their acknowledgement of the growing awareness of unaddressed needs has been to publish a two-volume handbook, the goal of which is:

> to provide thorough coverage of the current state of the field: what we know about religion and spirituality and their roles in human functioning (as well as what we do not know), and how we can apply this knowledge to advance the welfare of people, individually and collectively. In addition, we hope to spur the field forward by encouraging greater coherence and integration in the field. (Pargament, Exline, & Jones, 2013, xxiv)

Psychologists have developed various approaches to help people integrate STEs more successfully and to propose means for optimal integration, but these theories are still in their infancy. Although various religious traditions might have their own practices for addressing integration needs of STEs, such religious-centered practices may not reach and may not apply to the broader public. The focus of this study is on integration practices/issues for the general public, which clinicians might use in their practices and which are largely outside of an established religious tradition. Four researchers have developed approaches that overlap to varying degrees: David Lukoff (Lukoff et al., 2011) suggested nine therapeutic interventions for spiritual and religious problems that are helpful to people in integrating spiritually transformational experiences; Ryan Rominger (personal communication, November 4, 2014) outlined four pivotal situations that determine the degree of difficulty or ease in integrating an STE; Yolaine Stout (Stout, Jacquin, & Atwater, 2006) identified six significant areas of

challenge for people during the process of integrating STEs; and Yvonne Kason (1994/2008) listed practices and habits to help an experiencer survive the process of integration of STEs. At this time the efficacy of these approaches is unknown, particularly from the experiencers' points of view.

To address need for further inquiry, the proposed overarching research question presented here is: What practices, habits, and behaviors assist an individual to integrate a transformative spiritual experience (STE)? The purpose of this research study is to test the validity of theories put forth by prominent leaders in the field of research of integration of STEs. To investigate the validity through quantitative research of the proposed guidelines will be of great value in the growing field of STE assistance. Empirical research will provide evidence-based guidelines for applications in clinical treatment and spiritual guidance and provide information for friends and families of people negotiating the challenges of integrating their STEs.

STEs are an integral part of transpersonal studies. Bray (2010) proposed that transpersonal psychology's explanation of psycho-spiritual transformation provides a useful lens through which to view the growth resulting from reintegration after an STE. He supported this proposition by pointing out that transpersonal psychology specifically emphasizes both spirituality and healthy functioning. The field of transpersonal psychology has generated many comprehensive models of human spiritual development that include aspects directly applicable to research on integrating STEs (Friedman & Hartelius, 2013; Grof, 2014). A definition of transpersonal psychology put forth at the Samueli Conference of Definitions and Standards in Healing Research speaks to the core issues involved in integrating STEs, which includes a temporary transcendence of quotidian realities:

> Transpersonal psychology is a system of personal understanding that is based on people's experiences of temporarily transcending their usual identification with their limited

> biological, historical, cultural, and personal self and, at the deepest and most profound levels of experience possible, recognizing/becoming something of vast intelligence and compassion that encompasses/is the entire universe. (Dossey, 2003, p. A12)

Using the field of transpersonal psychology to research what assists an individual to integrate an STE is not only appropriate but also advantageous in bringing together the diverse scientific paradigms necessary to bring the question into relevant focus and carry through the inquiry in a way that is applicable across various fields of study.

# Chapter 2: Literature Review

## Types of STEs

The term *spiritually transformative experience* first appeared in 1994 in Yvonne Kason's (1994/2008) book, *Farther Shores: Exploring How Near-Death, Kundalini and Mystical Experiences Can Transform Ordinary Lives.* The term has been picked up by enough authors and researchers (ACISTE, 2017a; Boorstein, 1997; Chapman & Lukoff , 1996; Holden, Greyson, & James 2009; Rominger, 2004) that within professional circles it has become a relatively familiar way of referring to these experiences. Kason did not directly define the term STE but, rather, used it as an umbrella term to include mystical experiences, near-death experiences, psychic experiences, spontaneous inspired creativity, and spiritual energy/kundalini episodes. Kason's usage has furnished a fertile ground for scholarly and clinical exploration of a large variety of altered state experiences and their long-term effects.

The broad implication of the inclusivity of the term STE is that diverse experiences of mystical, near-death, creative, and energetic/kundalini have so much in common that they can be grouped under one description. This grouping not only has been accepted by researchers and professionals in the last decade, but also has furnished a container into which to add other types of experiences. A clearer description of the types of STEs and the context of what makes them so is needed before more carefully defining an STE. What types of experiences do STEs include?

A cultural perspective may be especially helpful in approaching this question, and that perspective invites first a clear differentiation between a materialistic or rationalistic paradigm and nonmaterialistic or mystical orientation. STE is a term possibly applicable only when limiting a sense of reality to rationalistic, materialistic thinking. For millennia, religions and indigenous cultures around the world have embraced mystical and metaphysical experiences as

fitting into humans' present natural world, which includes more than the material plane of reality (Prince, 1992; Radin, 1997; Tart, 2009; Turner, Lukoff, Barnhouse, & Lu, 1995). The very expressions of *paranormal* (*para* meaning beyond), *other-worldly*, and *anomalous* (meaning outside the norm), suggest that these experiences do not fit into the materialistic, rationalistic world view whereby all real things are made up of matter and whereby that which is objectively verifiable is considered to be true. This relatively recent adoption of Cartesian philosophy has pervaded the dominant rational materialistic paradigm in modern cultures in which paranormal occurrences are considered to be unreal and illusory (Tart, 2009).

During the Enlightenment Age in Europe, reason and the scientific method gained ground as the accepted means for ascertaining reality. Spiritual experiences came to be viewed as relatively random and irrelevant psychological byproducts of this selective worldview. As a result, STEs, which are discussed and studied in materialistic cultures as anomalous life-changing events, were degraded to a more diminished status than in nonmaterialistic cultures (Prince, 1992; Thong, Carpenter, & Krippner, 1993).

A theoretical perspective is also necessary to address the question of what experiences are included in the category of STEs. Within the scientific discipline of psychology, acknowledging and studying STEs can be traced back to William James, often credited as being the father of American psychology. In 1902, James (1902/1958) published *The Varieties of Religious Experience: A Study in Human Nature*, which became a canon of psychology and philosophy and has remained in print since that time. James wrote from a Western scientific perspective on the value of spiritual experiences and included in his treatise examples of individuals sensing divine presence, sensing God's presence, and having other mystical experiences.

Carl Jung (1965) wrote prolifically about religious and spiritual experiences. One of the underlying theories he is best known for, *individuation*, is a theory of psyche transformation that Jung believed was the potential natural spiritual maturation of human beings. Jung (2009) delved into not only academic study of altered states associated with spiritual exploration but also extensive personal engagement of mystical states. His works formed the basis of scholarly introduction for Western science into an in-depth study of mystical and altered states and set into motion the beginning of acceptance of STEs as potentially psychologically healthy and beneficial rather than intrinsically pathological.

Abraham Maslow (1964), considered to be the father of humanistic psychology (Association of Humanistic Psychology, 2017, para. 1), used the expression *peak experience* to describe an altered state of consciousness that he attributed to spiritual maturation. Maslow proposed the theory of a hierarchy of needs that described psycho-spiritual development flowering in *self-actualization.* According to Maslow, peak experiences, which included moments of rapturous love, bliss, truth, harmony, and aliveness, were sometimes experienced as part of a lifelong natural spiritual progression of self-actualization. He popularized the term self-transcendence, which referred to the highest potential of human development in which an individual develops a sense of wisdom that originates beyond his ego-centered self and which gives the ability to automatically know what to do in a variety of situations (Maslow, 1971).

These researchers argued for study of spiritual practices and acceptance of mystical states that had been discouraged in the Western scientific paradigm of psychology. Soon after these scientists proposed their new theoretical perspectives that imbued psychology with spiritual overtones, forces were sweeping into the United States and Europe from other sources.

A historical perspective of recent decades helps to understand how the term STE came to include a large collection of seemingly diverse experiences. In the mid-1900s, cultural influences from Asia and South America brought critical exposure of altered state-inducing practices into the contemporary Western culture at about the same time that social change, especially antiestablishment movements in the U.S., supported activities that had previously been illegal or strongly sanctioned, especially the use of mind-altering substances. Plants found in North America used historically for indigenous shamanic practices, such as peyote and mescaline, became popular as well, due partially to the writing of controversial Peruvian anthropologist Carlos Casteneda (1968/1998). Beginning in 1968, Casteneda wrote a series of influential novels, which sold 8 million copies worldwide and were published in 17 languages. In his fictional writing, he portrayed the teaching of Don Juan, purported to be a Yaqui sorcerer and shaman, whose spiritual journey included altered states induced by plants with hallucinogenic properties that taught about metaphysical mysteries. The series caught fire in the Western world, apparently enflamed by thirst for modern mythical stories that combined altered states, spiritual pursuits, and indigenous shamanic mythology.

Concurrent with this new interest in entheogens (hallucinogens taken for spiritual purposes), a Czech psychiatrist and researcher, Stanislav Grof (1980), was exposed to lysergic acid diethylamide (LSD), a hallucinogen that creates psychedelic experiences, including altered thinking processes, closed-and open-eye visuals, synesthesia, altered sense of time, and spiritual experiences (Lüscher & Ungless, 2006; Passie, Halpern, Stichtenoth, Emrich, & Hintzen, 2008). Grof pursued rigorous examination of the potential of LSD to unlock the unconscious through hallucinogenic states. Eventually, he relocated to the United States where he continued his research until the use of LSD was outlawed. With his wife Christina, Grof developed a particular

breathing method in which the breather takes no pause between inhalation and exhalation, accompanied by evocative music supporting certain neurological frequencies. They called the intervention *Holotropic Breathwork,* which purportedly has the potential to induce altered states similar to LSD in a carefully controlled environment that includes social support (S. Grof & Grof, 2010). Through their work, the Grofs became intimately involved in popular experiential exploration of altered states during the 1960s and '70s, including the need to extend help to individuals who had delved into altered state exploration beyond their ability to integrate it psychologically into their lives. In 1978 the Grofs spearheaded the support-oriented organization SEN by gathering a group of psychotherapists interested in and willing to work with people undergoing spiritual emergencies (S. Grof & Grof, 1989). SEN was set up as a clearinghouse for individuals seeking help, offering a hotline and referrals to professional psychotherapists and other health professionals.

At approximately the same time as the establishment of SEN, other occurrences of spiritually attributed altered states of consciousness were rapidly increasing in the culture with concurrent difficulties in psychological integration. The increased incidence of near-death experiences (NDEs) has been attributed to developments in cardiac resuscitation techniques (Parnia & Young, 2013). NDEs are altered states reported by individuals who anticipated immediate death or physically died and were then resuscitated, bringing back with them memory of what occurred while they were clinically dead or near death. An extensive compilation of NDEs was initially reported by Raymond Moody (1975), who brought the phenomenon into the public’s awareness. Kenneth Ring (1985) conducted the first scientific studies of NDEs and worked with colleagues to found IANDS in 1981 to bring together researchers and experiencers to examine the phenomena in scholarly contexts (Holden, Greyson, & James, 2009; IANDS,

2017). IANDS has published a professional journal since its inception and continues to publish scientific investigations into NDE and related phenomena.

Over the last few decades, as NDEs have become more accepted as genuine, the difficulties people have endured in integrating their experiences into their lives has received greater attention. Some of the widespread acceptance of NDEs as genuine can be credited to key researchers Bruce Greyson and Kenneth Ring (2004), authors of books and dozens of scholarly articles about NDE experiences and aftereffects. In 1984 Ring developed a questionnaire that eventually became the Life Changes Inventory (LCI). The survey instrument has been used by IANDS and other researchers for over two decades to quantify psychological and behavioral changes following an NDE. When Greyson and Ring revised the Life Changes Inventory in 2004, they voiced their belief that "the LCI . . . can easily be adapted for the measurement of personal transformation following a variety of spiritually-oriented experiences and practices in addition to NDEs and we encourage researchers to do so" (Greyson & Ring, 2004, p. 48). However, later in two studies, the LCI yielded consistently weak reliability (Goza, 2011). Goza (2011) found evidence of inadequate methodology and suggested revision to establish acceptable psychometric properties.

Yet another influx of opportunities for mainstream exposure to altered states was the widespread cultural exchange when Western spiritual seekers traveled to India, China, and Japan to study yoga, meditation, and Qigong and Eastern spiritual teachers taught classes, opened ashrams, and organized spiritual centers in the United States and Europe. In 1967 Gopi Krishna (1993), a yogi from the Jammu and Kashmir states in northern India, wrote an autobiographical book about his experience of awakening kundalini, an energetic and biological force that is considered responsible for creativity, genius, psychic ability, religious and mystical experience,

as well as some types of mental illness. His book has since been published six times under several titles. The most recent edition, published in 1993, was entitled *Living With Kundalini: Autobiography of Gopi Krishna.* Krishna published 17 books during his lifetime, relating his spontaneous kundalini awakening, covering much research on mystical experience, and hypothesizing the evolution of consciousness from a scientific point of view. Some scholars (Greenwell, 1990; Harrigan, 2004; Kason, 1994/2008; Khalsa, 2009) have theorized that kundalini is the transformative energetic mechanism at work in all cases of spontaneous healing, mystical experiences, and spiritual transformation.

These converging currents of access to alternate states of consciousness—hallucinogenic substances, near-death experiences, and kundalini awakenings—had many important aspects in common. All three were relatively new to Western culture and not fully understood by the current scientific paradigm. They caught the imagination of the American and European public, which were in a religious vacuum evidenced by decreasing church attendance (Hay, 2006). They involved the sudden induction to powerful altered states without any prerequisite spiritual focus, intention, or practice. The power of the experiences was sometimes so profound that the individuals had difficulty returning to their former lives because their former psychological, emotional, and psycho-spiritual orientations underwent profound disruption. The shifts in self-identity, although usually experienced as expanding and revelatory, were often challenging to incorporate into their former social-cultural context.

Other general types of experience that may have spiritual or transformative characteristics are found in religious/spiritual conversions, mystical states, altered states (ASCs) reached through physiological stress or eustress, trauma-induced ASCs, and spontaneous ASCs. These types of STEs represent areas that may or may not have significantly changed in

prevalence over the last century; however, more recognition and research have brought them into the forefront of popular and scientific awareness.

From a psychological point of view, religious/spiritual conversion is generally approached with attention to its benefit or detriment to psychological wellbeing. William James (1902/1958) considered religious conversion to be a radical change in which “a self, hitherto divided and consciously wrong, inferior and unhappy, becomes unified and consciously right, superior and happy” (p. 157). Hood, Hill, and Spilka (2009) defined religious conversion as a radical transformation through a process that is more discrete than maturation, referring to a specific event of spiritual development that is distinctly separate from gradual spiritual maturation. The psychological definition of a religious conversion experience as cited in the *Oxford Handbook of Religious Conversion* (Paloutzian, 2014) is:

> a more distinct process by which a person goes from believing, adhering to, and/or practicing one set of religious teachings or spiritual values to believing, adhering to, or practicing a different set. The transformative process in conversion may take variable amounts of time, ranging from a few moments to several years, but it is the distinctiveness of the change that is its central identifying element. In contrast to someone arriving at a point of belief through the process of socialization and other developmental mechanisms, the convert can identify a time before which the religion was not accepted and after which it was accepted. (p. 211)

Religious conversion can be considered a subset of the broader category of spiritual transformation, with the latter referring to a change in the “meaning system a person holds as a basis for self-definition or their personal meaning for their life, the interpretation of life, and overarching purposes and ultimate concerns” (Sandage & Moe, 2013, p. 334). According to Paloutzian (2005), religious conversion was essentially a religious version of a spiritual transformation.

Kenneth Pargament, a widely recognized psychology researcher of spirituality and principal editor of *APA Handbook of Psychology, Religion and Spirituality* (Pargament, Exline,

& Jones, 2013), defined spiritual conversion as a process that "alters the destinations that clients perceive to be of greatest importance in life (significance) and the pathways by which clients discover what is most significant in life (search). . . [and] incorporates 'the sacred,' into the content of change" (Mahoney & Pargament, 2004, p. 481). Currently within the field of psychology, the definition of spiritual conversion is considered a category that is independent of religious conversion, with the understanding that spiritual conversion deals primarily with inner phenomenological experience in contrast with religious conversion that involves exploration or adoption of a particular religious group (Mahoney & Pargament, 2004; Sandage & Moe, 2013). Although separating religious conversion into separate categories of spiritual and religious may simplify and clarify psychological approaches, there is good argument for maintaining that they have an inseparable relationship. Rambo's (1993) dialectical and process-oriented stage model of religious conversion is one that considers mutual inclusiveness of spiritual and religious aspects of conversion experience giving significant consideration to contextual, relational, emotional, and meaning-oriented dimensions of change. As Rambo's theory and many other studies show, the challenges of integration of STEs in spiritual conversion can be both compounded by religious associations as well as eased and supported by them (Exline, 2013; Lukoff et al., 2011; Paloutzian, 20015; Pargament, 2001; Rambo, 1993; Sandage & Moe, 2013).

Although mystical experiences have a long history of acceptance in religious contexts, recently they are undergoing a surge of popularity in psychological literature. The earlier focus on religious conversion has shifted toward a recent emphasis on spiritual transformation in the psychology of religion (Sandage & Moe, 2013). Systematic empirical research dates back to the Mysticism Scale (M-scale), created by Ralph Hood (1975), which is the most widely used empirical measure of mysticism (Hood, 2013; Lukoff & Lu, 1988). A definition put forth by

Hood and Francis (2013) in the *APA Handbook of Psychology, Religion and Spirituality* characterizes mystical experience as (a) ineffableness, (b) noesis, (c) transiency, (d) passivity, (e) consciousness of the oneness of everything, (f) sense of timelessness, (g) true ego. This definition is based upon composite definitions from William James (1902/1958) in *The Varieties of Religious Experience* who in 1902 used criteria (a)-(d), and Happold (1963) in *Mysticism: A Study and an Anthology* who added criteria (e)-(g). Empirically, there is strong support to claim that mystical experience is identical across diverse samples, whether expressed in language referring to "reality" or with either "God" or "Christ" references (Hood & Francis, 2013, p. 395).

Evelyn Underhill (1911/2005) authored the well researched religious/psychological treatise *Mysticism* nine years after James's study on religious experience. Underhill countered William James's definition of mystical experience with four criteria that describe the experience from a more subjective and practical, less rational and analytic stance: (a) mysticism is practical, not theoretical, (b) mysticism is an entirely spiritual activity, (c) the business and method of mysticism is love, and (d) mysticism entails a definite psychological experience. General agreement supports other criteria of super-reality and momentousness mentioned by Wulff (2007), who described mystical experience as that which "encounter[s] a reality different from—and in some crucial sense, higher than—the reality of everyday experience . . . . Rare and fleeting though they are, such experiences often stand out as defining moments in the lives of those who have them" (p. 397).

From the arena of clinical psychology, Calhoun and Tedeschi (2006) have proposed that posttraumatic growth (PTG) can be a catalyst for personal transformation, including spiritual transformation. Extensive documentation of survivors of trauma, including life-threatening disease, war, abuse, immigration, and death of loved ones, led to the development of a

Posttraumatic Growth Inventory (PTGI) that measures extent of psychological maturation spurred by surviving and integrating a traumatic event. The researchers have taken the theory so far as to define a traumatic event by its potential to transform.

> A good way to judge whether an event is truly traumatic may be to consider the way it interrupts the personal narrative. If a person refers to a negative event as a watershed that divides a life into "before and after" the event, it has become traumatic and it can initiate the cognitive engagement that produces posttraumatic growth (PTG). (Calhoun & Tedeschi, 2006, p. 9)

Whereas spiritual conversion, mystical states, and psychological transformations of character speak to the transforming aspect of STEs, the experience of altered state of consciousness (ASC) is another ingredient in STEs that has received increased secular attention in the past two decades. ASC is a term popularized by Charles Tart (1969) in his anthology of the same name. He defined ASC as "a qualitative alteration in the overall pattern of mental functioning such that the experiencer feels his [or her] consciousness is radically different from the 'normal' way it functions" (Tart, 1969, p. 95). The definition and understanding of ASC has remained since that time to hinge upon subjective experience (Cardeña et al., 2013; Ritchey, 2003; Tart, 2009). Despite extensive research documenting a variety of brainwaves that correspond to various states of consciousness, heretofore no clear and consistent correspondence has been verified, nor has the assumption been verified that the brain causes states of consciousness, or even houses states of consciousness (Cardeña et al., 2013; Radin, 1997; Ritchey, 2003; Tart, 2009). Given that ASCs are very complex, a useful definition for the purpose of this study is the very practical one offered by David Ritchey (2003): "any state of consciousness that differs substantively (. . . noticed by the experiencer or an observer) from the three theoretically discrete 'ordinary' states of consciousness—that is, waking consciousness, dreaming consciousness and sleeping consciousness" (p. 334).

Categories of ASCs are too numerous to delve into extensively in this thesis, but a summary of some of the studies that have enjoyed popularity in American and European thinking include ASCs triggered by various physiological states of stress and eustress such as athletic sports, sex, engagement in "flow," and psychologically traumatic events. Mihaly Csikszentmihalyi (1990) researched ASC inquiring about enhanced performance and subjective engagement. He popularized the term *flow*, which he considered the single-minded immersion that represented the ultimate experience in harnessing emotions in the service of performing and learning. Csikszentmihalyi concluded from his research interviewing artists who became fully immersed in the creation of their work, that flow was made up of components of focused concentration in the present moment, merging of action and awareness, minimized reflective self-consciousness, sense of personal control, and distortion of subjective temporal experience, which he termed *autotelic.*

Following this ground-breaking and intriguing inquiry into a secular approach to states that had heretofore been considered spiritual or pathological, successive authors found areas of fertile ground in interviewing people who experienced ASCs through, for example, extreme athletic exertion and sexual intercourse. Michael Murphy and Rhea White (1995) published a popular study *In the Zone: In Sports*, in which they collected reports suggesting engagement in sports had the power to bring athletes beyond their ordinary sense of self, to evoke capacities that had generally been regarded as mystical, occult, or religious. Jenny Wade (2004) published *Transcendent Sex*, a scholarly examination based upon interviews of 91 otherwise ordinary people who stumbled into extraordinary states of consciousness during the act of sexual intercourse.

With the explosion of popularity of ASCs, lists of ASC triggers and experiences have appeared. Rhea White, who popularized the term Exceptional Human Experiences (EHEs), researched varieties of EHEs and created a support network for experiencers. Her work has been carried on by the Parapsychological Foundation. Presently the list has expanded to include more than 500 types of experiences, ranging from ordinary events such as acts of random kindness and laughter, to esoteric phenomena such as levitation and phantom phone calls (EHEN, 2017).

In an anthology published by the APA entitled *Varieties of Anomalous Experience: Examining the Scientific Evidence* (Cardeña et al., 2013), ASCs have been examined from the perspective of researchers embracing subjective and objective evidence. In addition to physiologically understood ASCs such as sleep, dreaming, and drug-induced states, a new term has been introduced into accepted clinical vocabulary to cover states that are heretofore unexplained in medical science, termed *anomalous experiences.* The term is defined as "an uncommon experience . . . or one that, although it may be experienced by a substantial amount of the population, . . . it is believed to deviate from ordinary experience or from the usually accepted explanations of reality" (Cardeña et al., 2013, p. 4). In the volume, anomalous experiences are categorized into 10 types: hallucinatory, synesthesia, lucid dreaming, out-of-body, psi-related, alien abduction, past-life, near-death, anomalous healing, and mystical (Cardeña et al., 2013). In his study to identify anomalously sensitive people, Ritchey (2003) created a survey grouping ASCs into 18 groups:

> Deja-vu, synchronicity, telepathy, precognition, psychic dream, clairvoyance/clairaudience/clairsentience, psychic healing, psychokinesis, electrical pychokinesis, out-of-body experience, past-life recall, contact with spirit guides, mediumistic episode, apparition, UFO sighting, alien contact, spirit possession, near-death experience. (pp. 311-312)

Goretzi, Thalbourne, and Storm (2013) identified the following categories of experiences:

> (a) Dark Night of the Soul; (b) Awakening of Kundalini; (c) Shamanic Crisis; (d) Peak Experiences; (e) Psychic Opening; (f) Past-Life Experience; (g) Near-Death Experience; (h) Possession States; (i) Activation of the Central Archetype; and (j) Experiences of Close Encounters with UFOs. (p. 105)

Grof (1972) outlined the following taxonomy of transpersonal experiences:

I. Experiential extension (or expansion) within the framework of "objective reality"
- A. Temporal expansion of consciousness
  1. Perinatal experiences of cosmic unity
  2. Cosmic engulfment
  3. "No Exit" or Hell death-rebirth struggle/death-rebirth experience
  4. Embryonal and fetal experience
  5. Ancestral experiences
  6. Collective and racial experiences
  7. Phylogenetic (evolutionary) experiences
  8. "Past incarnation" experiences
  9. Precognition, clairvoyance and "time travels"
- B. Spatial expansion of consciousness
  1. Ego transcendence in interpersonal relations identification with people
  2. Group identification and group consciousness animal identification
  3. Plant identification
  4. Oneness with Life and all Creation
  5. Planetary consciousness
  6. Extra-planetary consciousness
  7. Out-of-Body experiences
  8. "Space travels" and telepathy
- C. Spatial constriction of consciousness (organ, tissue & cellular)

II. Experiential extension (or expansion) beyond the framework of "objective reality"
- A. Spiritistic and mediumistic experiences
- B. Experiences of encounters with supra-human spiritual entities
- C. Experiences of other universes and of encounters with their inhabitants
- D. Archetypal experiences
- E. Experiences of encounter with blissful and wrathful deities
- F. Activation of the chakras and arousal of the serpent power (kundalini)
- G. Consciousness of
  1. Universal Mind
  2. The Supracosmic
  3. Metacosmic Void (pp. 77-78)

No treatise on STEs would be complete without including the current state of scientific research regarding STEs from a perspective of neuroscience. Neurotheology is the study of what

happens in the brain when someone engages in an activity or has an experience that is labeled religious or spiritual (Maselko, 2013). In the chapter on neuroscience in the *APA Handbook of Psychology, Religion and Spirituality*, Maselko (2013) poetically described the drive behind this scientific inquiry as a search "to establish whether human beings are 'wired for God'" (p. 205).

To inspect the neural underpinnings of spiritual phenomenological experiences, scientists have studied neural transmitter activity by tracking and measuring regional cerebral blood flow during the complex cognitive task of meditation. This type of functional brain imaging has been primarily used to study Buddhist meditators (Fox et al., 2014; Grant & Rainville, 2009; Newberg et al., 2001; Pagnoni, Cekic, & Guo, 2008) as well as a variety of other studies such as of Franciscan nuns in prayer (Newberg, Pourdehnad, Alavi, & d'Aquili, 2003) and Transcendental Meditation practitioners (Stigsby, Rodenberg, & Moth, 1981). Newberg et al. (2001) developed a neurotheology theory from neuroimaging studies in which he concluded that (a) there is an increase in activity in the parts of the brain involved in concentration and attention, and (b) there is a decrease of activity in the part of the brain involved with orientation in space. Beauregard and O'Leary (2007) aligned themselves with a movement they called *non-materialist neuroscience.* Their research involved computational modeling and noninvasive imaging of living brains; through it they described how complex thought emerges from the firing patterns of neurons. Beauregard and O'Leary put forth the proposition that modern theories of neuroscience cannot track down nor explain how thoughts alter the brain; therefore, thoughts must originate in a "mind" that is outside of the material bounds of the matter.

Despite increased research and speculations, the search to find a specific part of the brain that either creates sacred experience or is connected to something mystical or holy has continued to elude neuroscientists (Flanagan, 2011; Fox et al., 2014; Holden, Greyson, & James 2009;

Maselko, 2013). However, progress along these lines has been moving in the direction of neurochemistry. The neurotransmitter dopamine has emerged as a key molecule in the “neuropsychology of religion” (Maselko, 2013, p. 212) based on studies of dopamine engagement both in the reinforcement of religious behaviors such as praying and also in addiction formation, with evidence of an additional characteristic effect of adding “salience” (p. 212) to a particular experience, making it more meaningful and important. Other research has pointed to possible involvement of the limbic system, which is activated during any emotionally intense experience, such as sensations of unreality (sensed presence, out-of-body experience) and ecstasy (sexual erotic sensation, unconditional love; Maselko, 2013). For the purpose of this study, the neuroscience of religion and spiritual experience is so much in its infancy that it does not directly enhance the premises of the thesis. The state of current neuroscientific advancement may begin to describe, but does not even start to explain, the phenomenological experience studied in this inquiry. Questions addressed in this research study fall into behavioral sciences, so that psychological sciences are best employed in the endeavor of addressing the issues of integration of STEs.

**Definition of STEs**

An exact definition is in order to clarify more fully the parameters of STEs: What are they and what are they not? Yvonne Kason (1994/2008), who first coined the term, did not define it, but rather described it as inclusive of several types of experiences. ACISTE, the organization that is a flagship for this term, defined it loosely as something that “causes people to perceive themselves and the world profoundly differently: by expanding the individual’s identity, augmenting their sensitivities, and thereby altering their values, priorities and appreciation of the purpose of life” (ACISTE, 2017b, para. 1).

An operational definition is needed for this research study. To that purpose, I propose three distinct criteria to define an STE. The three criteria describe specific interpretations of the three components of the term, that is, *spiritual, transformative,* and *experience.* First, the *experience* in an STE must be a *discrete spontaneous experience of an altered state of consciousness (ASC)*. The meaning of a *discrete* experience is that it is a separate, distinct, noncontinuous event (Discrete, n.d.). Cases have been recorded in which altered states lasted only a few minutes and range to the other extreme of altered states lasting several weeks (Holden, 2012; Kason, 1994/2008; W. R. Miller & C'de Baca, 2001). An experience of one STE does not preclude having more STEs at later times, in some cases becoming progressively more frequent (Palmer & Broad, 2002). The importance of it being a *spontaneous* experience is that it cannot be completely determined or created by the experiencer. Although the STEr may have taken a drug or practiced a spiritual exercise in hopes of seeking an experience, the actual event can neither be exactly determined nor fully controlled.

An important part of the experience in an STE is that it involves an *altered state of consciousness (ASC)*. Tart (1969), author of the term, described it thus:

> An altered state of consciousness for a given individual is one in which he clearly feels a *qualitative* shift in his pattern of mental functioning, that is, he feels not just a quantitative shift (more or less alert, more or less visual imagery, sharper or duller, etc.), but also that some quality or qualities of his mental processes are *different.* Mental functions operate that do not operate at all ordinarily, perceptual qualities appear that have no normal counterparts, and so forth. (pp. 1-2)

Unusual mental functions during altered states can include rapture, ecstasy, heightened sense of profundity, experiences of divinity, and ultimacy (Cardeña et al., 2013; Radin, 1997; Ritchey, 2003; Tart, 2009). Ultimacy can be defined as sensing reality as more real than materially limited perception (Lomax, Kripal, & Pargament, 2011). Perceptual qualities during altered states can include extrasensory perception such as telepathy, clairaudience, clairvoyance,

precognition, retro-cognition, remote viewing, and sensing presence of or interaction with noncorporeal beings (Radin, 1997; Tart, 1990, 2009).

Another term that could be equated with ASC is *transpersonal experience* (Capriles, 2009; Greyson & Ring, 2004; Hibbard, 2007; Holden, 2012) or *transcendent experience* (Cohn & Markides, 2013; W. R. Miller & C'de Baca, 2001). The prefix *trans*- in both uses describes a phenomenological experience of going beyond or above the personal egoic boundaries, with "trans" meaning "above" or "beyond" (Trans-, n.d.). Grof's (1972) original definition for transpersonal experience was "an experience involving an expansion or extension of consciousness beyond the usual ego boundaries and the limitations of time and space" (p. 48).

Shults and Sandage (2006) adapted assorted definitions of subjective experience within differing religious traditions to fit an interdisciplinary relational framework, defining spirituality as "ways of relating to the sacred" (p. 161). A common demarcation of a component of an STE has been the inclusion of a reported phenomenon mentioned in spiritual literature from all cultures and times. This encounter, or state of consciousness as it may be, is the reported experience of unity with God/the divine, often referred to as a *unitive experience* (Grof, Friedman, Lukoff, & Hartelius, 2008; Viggiano & Krippner, 2010). Commonly reported descriptions have included dissolution of ego boundaries, feelings of bliss, rapture, and ecstasy, sense of divine presence, and profound peace and joy (Boisen, 1936/1952; Cohen, Gruber, & Keltner, 2010; EHEN, 2017; Underhill, 1911/2005). In her encyclopedic treatise on spiritual mysticism, Underhill (1911/2005) referred to temporary experiences of this state as "perception of the transcendent reality and presence of God" (p. 47), "awakening of the Self to consciousness of Divine Reality" (p. 117), and "transient state of rapturous union" (p. 279). These types of ASC are spontaneous occurrences that meet the criteria for discrete spontaneous experiences.

The second criterion in defining an STE is that the event leads to a *profound transformation in the life expression of the experiencer.* The meaning of a *profound* transformation is that it is not merely a change in appearance or condition but rather an alteration in disposition, character, and nature of the person, evidenced by a seemingly permanent change in attitudes, beliefs, and/or behaviors (Bray, 2010; Holden, 2012; Mahoney & Pargament, 2004; Mainguy, Pickren, & Mehl-Madrona, 2013; W. R. Miller, 2004).

Almost a century ago Anton Boisen, a psychology researcher and clinical pastor, addressed the issues of spiritual transformation. “The cataclysmic experiences,” Boisen (1936/1952) claimed, “are manifestations of the power not ourselves that makes for health. . . . They are nature’s attempts to get rid of sets and attitudes that block growth, and to effect a reorganization of the personality” (p. 82). Boisen compared the challenges of profound spiritual change to “the disturbance [of] the casting off of an old skin by a molting reptile or the breaking of an eggshell by the chicken ready to be hatched” (p. 82).

William Miller (W. R. Miller & C’de Baca, 2001) used the term *quantum change* to describe the quality of profound transformation and defined it as “vivid, surprising, benevolent and enduring personal transformation” (p. 131).

> The person knows immediately that something major has happened and that life will never be the same again. There is no question about it, and some would say there is even no choice about it. . . . [It] mark[s] the beginning of lasting and often pervasive changes in the person’s life . . . tends to impart a mysterious and enduring sense of peacefulness, . . . [and] involves a significant sense of alteration in how one perceives other people, the world, oneself, and the relationships among them. (W. R. Miller & C’de Baca, 2001, pp. 20-21)

There is a prevalent assumption within the scholarly and clinical fields that profound transformations take time to be integrated into people’s lives (Holden, 2012; Stout et al., 2006). Although an STE is a discrete event, and some transformative changes may be immediately evident, the process of integration of an STE has been known to take months to years, depending

upon how much change is required and the condition and situation of the person undergoing the integration process (Holden, 2012; Kason, 1994/2008). Some people may never reach a stage of integration (Sandage & Moe, 2013; Trichter, 2010; Welwood, 2000).

The third criterion in defining an STE is that the transformation is *spiritual* and involves the *spiritual identity.* Two aspects of spirituality need be addressed for this study. The first aspect is to differentiate *spiritual* from *religious*. An authoritative differentiation for this inquiry is taken from the *APA Handbook on Psychology, Religion and Spirituality*, which is that spiritual "focus[es] on people's relationships with God or with a transcendent or sacred realm," whereas religious "center[s] on teachings, practices, or group dynamics of an organized religious group" (Exline, 2013, p. 458). A second aspect of spirituality is *behavioral transformation*: Was the character of the experiencer, as a result of the STE, transformed to change their personal values and to practice greater compassion, generosity, service to humanity, eco- and global-perspectives, and so forth?

Boisen helped to set the stage for present-day research on *behavioral transformation* to address the still unanswered questions such as: Why do some people who experience potentially transformative events report no change from before to after the event, whereas others report profound transformations? It is well documented that ASCs and other paranormal experiences sometimes do not produce life-changing effects (Greyson & Ring, 2004; Holden, Long, & MacLurg, 2009; Mainguy et al., 2013). Boisen (1936/1952) held that the moral and ethical power of a person was the determining factor of the outcome of the transformation, that outcomes were "determined by the character elements present, particularly by the strength of the moral strivings and aspirations and the determined outreach after the unattained possibilities" (p. 81). Cohen et al. (2010) studied spiritual transformations that seemed to produce long-lasting change in

contrast with experiences of profound beauty and reported findings that although evocative, the profoundly beautiful experiences by themselves do not seem to produce long-lasting change, which they attributed to the discrepancy in intensity of emotionality. J. Holden (personal communication, April 25, 2017) theorized that whether a STE results in transformation depends on the interaction between at least three factors: the nature and emotional power of the experience itself, the developmental level and disposition of the individual, and the individual's social context that either supports or thwarts transformative potential and urges.

When W. R. Miller and C'de Baca (2001) surveyed people who had undergone profound transformations, they examined what personality characteristics changed during the transformations. The results showed that the direction of personal character change, or spiritual identity, predictably led towards more spiritual development and away from self-serving egotistical characteristics. Participants of both genders chose from a list of 50 prioritized values how they would describe themselves before and after, and the prioritization of the lists was generally reversed. The top 12 reported were:

> Men --
> Before: wealth, adventure, achievement, pleasure, be respected, family, fun, self-esteem freedom, attractiveness, popularity, power
> After: spirituality, personal peace, family, god's will, honesty, growth, humility, faithfulness, forgiveness, self-esteem, loving, intimacy
>
> Women --
> Before: family, independence, career, fitting in, attractiveness, knowledge, self-control, be loved, happiness, wealth, faithfulness, safety
> After: growth, self-esteem, spirituality, happiness, generosity, personal peace, honesty, forgiveness, health, creativity, loving, family (W. R. Miller & C'de Baca, 2001, pp. 131-132)

W. R. Miller and C'de Baca divided transformations into *insightful*—merely new ways of mental-level-only thinking and understanding, and *epiphanies*—mystical experiences of whole mind/body/spirit altered states of consciousness that stir spiritual change and transform spiritual

identity. “When they are the mystical type that lead to personal transformation, [the] person knows immediately that something major has happened and that life will never be the same again. There is no question about it, and some would say there was even no choice about it” (W. R. Miller & C’de Baca, 2001, p. 20).

Ring (Greyson & Ring, 2004) developed the Life Changes Inventory (LCI) to measure psychological and behavioral changes that are common aftereffects of NDEs. His research indicated significant increase in value systems of NDErs who experienced spiritually transformative experiences in altruistic categories such as concern for others and concern with social planetary issues. A current scholar and researcher in the field of depth psychology and religious studies, Jorge Ferrer (2009), suggested a new “spiritual bottom line” that would differentiate, regardless of religion or spiritual orientation, whether a person exhibited the behavior of attuning to spiritual inner guidance according to:

> the degree into which each spiritual path fosters both an overcoming of self-centeredness and a fully embodied integration that make us not only more sensitive to the needs of others, nature, and the world, but also more effective cultural and planetary transformative agents in whatever contexts and measure life or spirit calls us to be. (p. 146)

In summary, for the purposes of studying integration of STEs, this author proposes the following operational definition of an STE*: (a) a discrete spontaneous* experienc***e*** *of an altered state of consciousness (ASC) (b) that after a time of integration brings about a profound* transformation *in the (c)* spiritual *identity and behavioral life expression of the experiencer.* A closer look at this formula for defining STEs is needed to distinguish which transformational experiences, spiritual experiences, or spiritual transformations satisfy all three criteria for STE. What follows are exclusionary guidelines and explanatory examples for use in this study of clearly defining the term *spiritually transformative experience*.

The criterion of the STE being a *discrete experience* disqualifies spiritually transformative progression that is not clearly identifiable in time but rather gradual in nature. Transformations that occur over long periods of time may involve repetitious and varying occurrences and are difficult to directly attribute to specific events. Examples of practices that might result in gradual transformation include participation in ongoing prayer, yoga, or meditation practice; church attendance; long-term enrollment in AA; and residence in an ashram, monastery, or sangha. These situations may involve many smaller occurrences of altered states of divine connection, rather than a single impactful event or a specific series of major events. The relatively minor occurrences can be very spiritually transforming, but they happen gradually over an extended period of time.

The criterion of the STE being a *spontaneous experience* disqualifies states induced and controlled, in particular relying upon thinking, memory, and imagination. These mental states may lead to a spontaneous STE, but they themselves are not spontaneous.

The criterion of the STE involving an *ASC* disqualifies spiritually transformative occurrences that remain solely within ordinary reality. Examples of spiritually transformative occurrences that do not involve altered states of consciousness could be living with the challenges of imprisonment, chronic illness or pain, elder care, raising a developmentally disabled child, or participating in intense short-term mission or charity work. These situations can be radically transforming on spiritual levels, and they can also happen within mundane reality. There is no evidence suggesting that spiritual transformation cannot happen within the experience of normal everyday reality. However, for them to be considered STEs in this study, experiences of ASCs would be involved in the transformations.

The criterion of the STE leading to a *profound transformation* disqualifies significant, yet not profound, life changes such as landing a dream job, falling in love, dramatic weight loss, or sudden financial wealth from winning the lottery. These things may accompany or initiate more changes, but they are not in themselves evidence of profound transformation. If the person experiences transformation only on one level, such as mental, emotional, or physical, then it is not a fully transformational event. Holden (2012) referred to the profound effects of STEs on a person's life as *aftereffects,* and divided the long-term traits into four categories: biological, psychological, social, and spiritual. She clarified that this four-category differentiation is ultimately an artificial one, as most effects are holistic, with features that resonate throughout an individual's entire biopsychosociospiritual system (Holden, 2012). To make her point, she referred to the events, by themselves, as pSTEs, or *potentially spiritually transformative* experiences, reasoning that only if the criteria for profound, holistic, permanent change in the form of aftereffects is produced, can the pSTE then be termed an STE. This differentiation was based on Holden's research of her own and other studies, which showed evidence that for two people apparently having the same discrete ASC experience, such as an OBE, the experience may be transformative for the one but not the other.

It follows this course of reasoning, that if the transformation was limited to the intellectual dimension, as in a mental reconstruction of an understanding of reality or having new thoughts about one's place in the world, then it was not an STE. If the transformation was solely emotional, for example, an instant of release of guilt following repentance and forgiveness, or a moment release of anger in a nonviolent stance, then it was not an STE. If the transformation occurred only in the physical body, as in a spontaneous physical healing, without accompanying implications on levels in the psyche, then it was not an STE.

Profound transformation in the context of STEs is beyond the psychological models of assimilating developmental skills or shedding maladaptive defense mechanisms. Assimilation was defined by Piaget (1957) as the developmental process whereby new cognitive elements are fitted in with old elements or modified to fit more easily. Defense mechanisms were defined by Freud (1937) as psychological strategies brought into play by the unconscious mind to maintain one's self schema, from which a person can undergo psychoanalysis to free oneself. Although both assimilation and release from defense mechanisms are profound psychological events, they do not, in themselves, qualify for a whole STE as defined here. In contrast, transformation is defined as a form dissolving and changing into a new form (Transformation, n.d.). If only one aspect of a person's character is changed in some way so that it is different, that could be considered development. Transformation is not considered training oneself to improve, as in increasing one's sense of empathy or practicing patience. It is also not to be confused with minimizing a characteristic, such as curbing one's temper or working to become less distracted by anxiety. Transformation implies *taking on a new form,* such that something is being replaced, for example peace radically replacing fear, or compassion replacing judgmentalness in a person's character with repercussions in one's spiritual identity and life expression. In taking on a new form, transformation also has the power of *permanence* over transience. A temporary experience of deep compassion is not the same as a permanent character change into becoming a deeply compassionate person. Ebenezer Scrooge, in Charles Dickens' (1843) *A Christmas Carol*, represents an archetype in American/European cultures of profound transformation.

The criterion for an STE that it be *spiritual,* not merely religious, differentiates spirituality as a personal relationship, rather than a group affiliation or ritual practice. This distinction does not mean that the experience cannot involve religious images, occur in a

religious setting, result from religious practices, or relate to religious themes. It means that the personal relationship with the experience—the actual phenomenological event—is a direct sensate relationship with something greater beyond oneself. One example might be one's spiritual heart being deeply touched to the point of soul-level weeping by the words of a sermon in comparison to merely mentally comprehending its message or being merely emotionally moved. Another example could be entering into a familiar church, but this time with an altered sense of time and place along with an unusually profound direct relationship with infinity, power, and/or mercy.

The criterion for the STE to lead to *spiritual behavioral change in spiritual identity and life expression* disqualifies transformations that do not involve refinement of value systems and associated actions towards less self-serving, more ethical, and more compassionate directions. An example that would not qualify as an STE might be a powerful transformative event that fills a person with such confidence that they are like a new person, yet they use their newfound confidence to accumulate increased wealth and fame without redeeming spiritual attributes.

In summary, the operational definition of an STE for this research study involves careful consideration of each of the elements of the term; *spiritual, transformative,* and *experience.* The working definition for this research study is that an *STE is a discrete spontaneous experience of an altered state of consciousness that after a period of integration brings about a profound transformation in the spiritual identity and life expression of the experiencer.*

**Research in Integration of STEs**

Integration of STEs is an area of clinical study only recently addressed in training for psychologists and counselors. The exponential growth in Spiritual Directors International (SDI, 2017) and appearance of training programs in spiritual direction in almost every state in the U.S.

in only two decades is one indication of a need in the country for help with integration of spiritual experiences. Pargament (2007) summoned attention to this need among peers in psychotherapeutic circles:

> No decent clinician avoids the most private and sensitive of topics; love, sex, death, jealousy, violence, addictions, and betrayal are grist for the therapist's mill. Questions about spirituality and religion, however, are routinely neglected. Spirituality is separated from the treatment process as if it were an irrelevant topic or a subject so esoteric that it falls outside the bounds of psychotherapy. (p. 7)

The need for greater attention to religious and spiritual relevance for the psyche in clinical practice is particularly noticeable in some surprising statistics: Although more than 90% of Americans report that they believe in God, only 24% of clinical and counseling psychologists do so (Shafranske & Cummings, 2013). Whether the lack of attention to spiritual relevance in psychotherapy comes from an attitude that it is irrelevant, too esoteric, too unfamiliar, or simply not in range of awareness, the lack is presently being documented by researchers such as Hathaway, Scott, and Garver (2004), who found in their survey that most clinicians do not routinely assess the client's religion and spirituality as part of treatment.

Two doors that have opened a major part of the research into empirical spiritual and religious studies have been through the medical health system and through social research, in which benefits of religious and spiritual belief and practices are being measured. Evidence-based studies show spirituality is associated with greater emotional and physical health; greater interchange with minority, marginalized, and disadvantaged groups; increased charitable giving; stronger sacred vision for living; and changed or strengthened set of values (Pargament, Mahoney, Shafranske, Exline, & Jones, 2013). An ideological issue surfaces here, however, when viewing religious and spiritual issues from perspectives of medicine and social science. Pargament et al. (2013) pointed out that the emphasis on medical health is generally oriented towards a focus on personal control, in contrast to the inner process of spiritual transformation,

which emphasizes a focus on aspects of human frailty and finitude, such as suffering, surrender, transcendence, transformation, love, compassion, and forgiveness.

To furnish clinical access for people addressing spiritual issues who are also in need of psychological care beyond pastoral counseling and spiritual direction, the American Counseling Association division, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) has existed for several decades. ASERVIC sponsors a peer-reviewed journal, *Counseling & Values*, which has published articles on spiritual emergencies (STEs) since 1999 (Holden, VanPelt-Tess, & Warren, 1999).

A new branch of psychotherapy termed "integrative psychotherapy" is being created to address the needs of people wanting to experience and needing help in integrating the experience of STEs (Sperry, 2013). To carry forth this vision, Division 36 was founded 6 years ago by the APA. Society for the Psychology of Religion and Spirituality is a new name given to APA Division 36, which has existed since the 1930s (APA, 2017a). The peer-reviewed journal for Division 36, *Psychology of Religion and Spirituality*, published its introductory issue in August of 2008. The Society carries forth the mission of promoting psychological theory, research, and clinical practice to understand the significance of religion and spirituality in people's lives within the discipline of psychology. Like ASERVIC, Division 36 facilitates the interchange of ideas between science and clinical and applied practice, and seeks through its activities to increase public awareness of psychological dimensions of religion and spirituality (APA, 2017a). Division 36 has recently launched a new journal *Spirituality in Clinical Practice.*

In the second year of publication of the Division 36 journal, *Psychology of Religion and Spirituality*, a special section was published entitled *Watching for Light: Spiritual Psychology Beyond Materialism*. This section introduced STE-related research as "an awareness and

dialogue with the powerful nonmaterial presence that surrounds us and is in us, and view [of] the nonmaterial presence as sacred" and summoned psychologists to "contribute to the field of psychology by extending a map of human experience beyond materialism [and] expand scientific inquiry to explore consciousness as it pertains to states other than matter" (L. Miller, 2010, p. 35).

Another example of special issues in scholarly journals highlighting the growing interest in STEs across scientific fields was two consecutive special issues of *The Journal of Near-Death Studies* published by IANDS. In these special issues, Holden and Rominger (2013) collected and edited presentations from the annual conferences held by ACISTE. The editors' expressed intent was to introduce people familiar with NDEs—but unfamiliar with the broader topic of STEs—to how these experiences may initiate developmental processes that at times may require psychotherapeutic or spiritual guidance counselor assistance (Holden & Rominger, 2013, p. 132). Proceedings from the annual ACISTE conference in 2013 and 2014 were published in IANDS journals and are due to be published following the 2016 conference (J. Holden & R. Rominger, personal communication, April 25, 2017).

Professional training for counselors, psychologists, and spiritual guides through IANDS (2017) and ACISTE (2017) reflects the growing need to clinically address integration issues for people who experience STEs. CEUs for helping professionals that focus on the particular needs of STErs are now available through the Spiritual Competency Resource Center (2017). Training of professionals competent in assisting STErs focuses on two major areas. One is the differentiation of spiritual experiences from pathology, and the second is a specific skillset for offering assistance in integration of STEs into experiencers' lives.

Differentiation between spiritual experiences and pathology has been a point of contention in the field of mental health that puts STErs at risk. In American and European cultures, where the scientific medical paradigm gives credence only to material reality, altered states of any kind have not only been highly suspect but have been generally considered to be evidence of mental illness. According to the National Institute of Health (NIH, 2017a, para. 1), the terms psychosis and psychotic disorder are defined as a “distorted view of reality.” They are further defined as “beliefs that are abnormal,” which are termed “false beliefs,” and “abnormal . . . perceptions” termed “hallucinations,” further defined as “sensing things that are not there” (NIH, 2017a, para. 1). Regarding the etiology of schizophrenia, the NIH (2017b, para. 3) represents to the public, “No one is sure what causes schizophrenia.” It is described as perceptions of things “that are not there” with no identifiable physical cause, after alcohol or drugs, brain tumors, brain infections, and stroke have been ruled out. According to Medline, the Internet public service arm of the NIH, the prognosis for schizophrenia is: “There is no cure” (NIH Medline Plus, 2017b, para. 4). The condoned treatment for schizophrenia is unilateral: “Medicine can help control many of the symptoms. You may need to try different medicines to see which works best. You should stay on your medicine for as long as your doctor recommends” (NIH Medline Plus, 2017b, para. 4).

This paradigm of pathologizing perceptions outside the cultural norm, and of pathologizing the beliefs resulting from those perceptions, puts people who experience STEs at risk of being diagnosed with a psychotic disorder. With this diagnosis, an individual would then be out of compliance with medical advice if they chose not to submit to pharmaceutical intervention until the psychiatrist was satisfied with the medicine’s effectiveness in inhibiting the “abnormal” perceptions, with the presumption that there is no cure for the “disorder” and the

medication must be taken for the duration of the patient's life. Recently the Spiritual Emergency Scale (SES) was developed by Goretzki, Thalbourne, and Storm (2013) to identify spiritual emergencies likely to be misdiagnosed as psychotic symptoms. Participants scored high on the SES when spiritual emergencies were more likely indicated and definitive. The authors found that because spiritual emergency symptoms bore close resemblance to psychosis symptoms, SES scores predicted diagnosis of psychotic episode and medication use. Other research has been directed towards this area of inquiry in the last few years, stimulated by the recent acceptance of the new Religious or Spiritual Problem category in the DSM-IV and -5 (Lukoff, 2009). Research findings are consistent in rejecting the claim that mystical experience is either an instance of pathology itself or more common among persons who have mental disorders (Hood & Francis, 2013; Lukoff, 1985, 2009; Lukoff & Lu, 1988). This movement was spearheaded by Lukoff (Turner et al., 1995) and resulted in the new diagnosis being added to the *DSM, Fourth Edition* (DSM-IV) entitled *Religious or Spiritual Problem* under the category of Other Conditions that May Be a Focus of Clinical Attention (American Psychiatric Association, 1994; Turner et al., 1995). Since this time, the American mental health system has been "undergoing a quiet revolution" (Lukoff, 2007a, p. 642) that leaves room for clinicians to incorporate spirituality into their diagnoses and treatments. By introducing this new category into the DSM-IV and -5, the APA essentially created an alternative to psychotic disorder for mystical and visionary experiences (American Psychiatric Association, 1994; Lukoff et al., 2011).

The importance of discernment between spiritual experience and pathology during the phase of integration of STEs is that the experiencer is in a vulnerable state of disintegration of personality structures that may mimic various mental disorders, and by the very nature of the challenges of this inner change, is susceptible to a sense of insecurity and confusion. Integration

of STEs involves change in mental, emotional, and sometimes physical structures that are presumably in place in a person’s identity before their STE, yet must expand and alter so radically during the period of transformation that the challenge of the change creates disturbance in the person’s life. To undergo this kind of change in the psyche involves a period of unraveling, losing control of parts of one’s sense of reality and thus of one’s sense of one’s own identity. Although this process has been considered a prerequisite for shamanic initiation and Christian conversion (Lukoff, 2007b; Mahoney & Pargament, 2004), within the scientific medical paradigm there is no account for this process, and the symptoms often resemble those of psychosis and schizophrenia.

Integration of STEs has been increasingly compared to posttraumatic growth (PTG), a relatively new area of study that has sprung from PTSD studies (Calhoun, 2006; Lukoff, 2007a; Palmer & Braud, 2002; Tedeschi & Calhoun, 1996). Tedeschi and Calhoun (1996) theorized that survivors of PTSD may not only recover their former level of functioning but may improve over pre-event functioning during the posttraumatic period of integration. Calhoun and Tedeschi (2006) found evidence of “transformation or reformulation” (p. 11) of the person’s character and personality resulting from the period of time wrestling with the challenges of integrating a traumatic experience. Calhoun and Tedeschi (2006) put forth a theory that integration involves a specific inner process they refer to as *rumination:*

> This ruminative process involve[s] establishing “comprehensibility” first. This is the attempt by survivors to grasp that what has happened really *has* happened. When fundamental understandings of personal reality are violated there seems to be a time lag between the event and a full appreciation that circumstances are irrevocably changed . . . [following this] comes a better chance at manageability, figuring out ways to cope with the changed circumstance, and reaching the conclusion that one has the resources to deal with it. . . . A final piece of the engagement is “meaningfulness,” and this is the more reflective element that can yield PTG. (p. 10)

This process parallels Lukoff's (2007a) findings that symptoms associated with difficulty in integrating STEs will resolve spontaneously with appropriate support and can lead to "improvements in wellbeing, psychological health, and awareness of the spiritual dimension in life" (p. 635).

David Lukoff (1992, 2007a, 2007b) researched the phenomena of transformation and integration both within and outside of the medical paradigm. In addition to going through the process of integrating his personal STE, Lukoff conducted many case studies in a format helpful to understanding the complicated process of integrating an STE within present materialistic-oriented society. Because of his expertise as a researcher both in clinical and transpersonal academia, he was able to perform case studies from four vantage points: (a) the experience itself, a phenomenological view; (b) the experience as viewed by a diagnostician working within the DSM format; (c) the experience as viewed by a transpersonally oriented clinician; and (d) the experience as viewed by an anthropologist (Lukoff, 1992).

Lukoff researched cases both in mental hospitals and in private practice in which the difference between psychosis and spiritual experience was blurred. He found what other clinicians and researchers had found, which was that in some cases, mental health patients diagnosed with psychotic episodes not only recovered from their mental conditions but actually improved as a result and attributed the improvement to spiritual experiences (Boisen, 1936/1952; Lukoff, 2007b; Silverman, 1967). It was in response to this finding that psychologists and other spiritually oriented health practitioners began a campaign to bring alternative perspectives to the medical establishment's limited views categorizing all nonordinary experiences as pathological.

Ken Wilber (2000) addressed another issue of the potential of misdiagnosis for STEr in developing the concept of the pre-trans fallacy, whereby *pre-personal*, regressive conditions and

*supra-personal*, progressive conditions can be misdiagnosed as each other because of the common feature that they are nonrational. This differentiation can be seen in comparing the two in the experience of expanded personal boundaries. The pre-personal, which is due to immature emotional development indicative of a weak ego structure, may manifest in ways such as codependent or projective distortions and self-aggrandizement. In contrast, the supra-personal, which is the fruit of spiritually mature development, may lead to expanded personal boundaries characterized by mystical states of union with God and/or the cosmos, deep compassion for other beings, and inner bliss. The expanded boundaries of the pre-personal are reflective of arrested psychological development in which a stable coherent sense of self has not yet formed. In contrast, the expanded boundaries of the supra-rational is a result of having attained a stable coherent sense of self that remains intact while the person also functions consistently in ways that exceed the personal domain. The two conditions call for different treatments, and to treat one like the other will likely be harmful (J. Holden, personal communication, January 13, 2014).

An in-depth study of integration of STEs would not be complete without addressing the issue of arrested spiritual maturation during the integration process. This phenomenon has been commonly referred to as *spiritual bypass* (Sandage & Moe, 2013; Trichter, 2010; Welwood, 2000). Welwood (2000) defined spiritual bypass as:

> the tendency to avoid or prematurely transcend basic human needs, feelings, and developmental tasks . . . they wind up using spiritual practices to create a new “spiritual” identity, which is actually an old dysfunctional identity—based on avoidance of unresolved psychological issues—repackaged in a new guise. This means someone might self-report a profound change into heightened spiritual awareness, but this could represent a defensive or dissociative process in some cases. (p. 12)

The basis for viewing integration as a sometimes necessary phase following an STE is that the STE catapults the experiencer’s spiritual identity or spiritual understanding so quickly and/or unexpectedly beyond a former paradigm that a period of time is needed to catch up to where one

left off in one's accustomed lifestyle or familiar identity. Spiritual bypass can be considered a psychological behavior used by persons who overspiritualize experience to avoid the pain or difficulty of certain psychological issues (Welwood, 2000). In the case of STEs, the danger is greater for this kind of psychological pattern to be used, not directly as a defense, but rather as a crutch or means of coping while processing the challenges of integrating the chasm of experiential growth so suddenly and quickly demanded of the experiencer.

The issue of spiritual bypass refines the process definition of integration, suggesting that two distinct stages of integration are in question. The first stage could be considered the *lifestyle adjustment*. The adjustment to the STE is the phase of returning to a recovery of the basic order of identity and living, such as regaining employment, stabilizing relationships, finding an appropriate religious or spiritual orientation to accommodate mental acceptance of the STE, and settling into a functioning sense of confidence and productiveness. However, it is at this stage that the risk of spiritual bypass appears if the STEr does not continue into the second stage of integration—the *psycho-spiritual transformation,* which is characterized by a more refined level of spiritual growth. Psycho-spiritual transformation describes an inner process of spiritual integration. It involves further development beyond the outer world adjustment to a stable lifestyle. Spiritual integration is a process that takes place in the inner psyche of establishing a healthy spiritual path of growth for one's own self that supports the inclusion of the new dimensions of spiritual identity and a corresponding life expression from what was introduced during the STE experience and its aftermath.

Division of the process of integration of STEs into these two stages has also been proposed by Tobin Hart (2014), who described three phases following the experience of an STE. The first phase (a) is the initial phase of shock with the basic existential question "What is this?"

Hart's second and third phases described two levels of integration similar to the two levels suggested here: (b) understanding—developing a new worldview with the existential question of "What do I do with this?" *(adjustment)*, and (c) embodiment—inner integration of personal presence with the existential question of "How am I to be?" *(psycho-spiritual transformation)*. Hart described the needs in the latter phase as that of developing the ability to hold higher vibration/consciousness. Tobin proposed that the specific needs for men during this inner transformational stage are the ability to surrender and open emotionally and for women the ability to center and empower oneself (Hart, 2014). These gender differentiations correspond with W. R. Miller and C'de Baca's (2001) findings researching quantum change.

These descriptions of male and female styles of psycho-spiritual integration echo theories proposed by Carl Jung (1965), who coined the term *anima* and *animas* to describe the male and female counterpoints within all humans that emerge as an individual approaches a higher level of spiritual integration, which Jung called *individuation.* In his autobiography, Carl Jung detailed the account of his own personal transformation, acknowledging that if it were not for the nurturing and protective attention from his wife during the most intense four years of his descent into psychosis, he would have likely ended up in a mental institution for treatment. According to his autobiography, Jung spent his life integrating his spiritual transformation and bringing the information and knowledge into the field of psychotherapy for others to use. Jung's term of individuation for the integration of spiritually transformative experience explicitly refers to the theoretical foundation that this is a natural potential spiritual maturation of each individual human being.

Rominger (2014) has proposed a seven-stage model for integration of STEs. The stages are:

1. Initial shock, confusion, upheaval—"I've had this experience."
2. Initial settling, reorientation—"I'm surviving, continuing with my (new) life."
3. Internal referencing, growing accustomed to changes in internal framework and social groups—"Where would I fit in now?"
4. Finding identity in new internal framework & social groups—"Who am I now & who is my new "tribe"?
5. Assertion of "new" self, finding a comfortable self-identity, loosing former ties—"How can I be myself and still be in relationship?"
6. New homeostasis, understanding recent growth, and acceptance within new world-view—"I now have a broader awareness of my experience and where it fits into this world."
7. Engaging in the ever-changing process, accepting continual growth—"I can be comfortable with continuous change."

Rambo (1993), a researcher of religious conversion experiences, suggested a model for spiritual maturation that is made up of nonlinear stages, including a crisis in a given context that leads to questing for meaning and eventually commitment to a group or community as aspects of the overall process of change. Rambo's model considers both sociocultural or contextual factors outside the person as well as intra-psychic factors in understanding the process. This model also highlights the roles of relationships to both religious behavior and spiritual experience and the need for meaning as part of the "matrix of transformation" (Rambo, 1993, p. 107).

Welwood (2000) proposed a dialectical Buddhist model of spiritual and psychological transformation integrating an awareness of pure being including actualization in everyday life. In his model, realization involves liberation of the conditioned self into an awareness of ultimate

truth, whereas transformation involves the integration of spiritual development with the rest of life into a more human presence. Thus realization involves dwelling in spiritual awareness, and transformation involves actively seeking practical spiritual embodiment. Welwood's model would conceivably lead to assessing developmental qualities of personal and relational maturity to help validate an actual transformation.

Pargament's (2007) model of spiritual maturation suggests that spirituality involves both conserving and transforming forms of spiritual coping within a sociocultural context. People often attempt to hold onto or conserve sacred meaning through various coping mechanisms, such as positive reappraisals of negative events or engaging in spiritual purification. The challenges brought on by STEs, however, can lead to new forms of coping that represent a spiritual transformation. For example, a person may move from a focus on anger over injustice to valuing forgiveness on the basis of a spiritual transformation.

Although theorists are bringing more knowledge to the field of assistance for integration of STEs, empirical research is lagging behind. There has been very little quantitative research directly addressing how people integrate STEs into their lives, in particular the challenges associated with that integration. Most empirical research on STEs has been done in the field of NDE research and has focused primarily on the phenomena experienced during the NDE event, with some studies inquiring into what triggers or precipitates the event (Holden, Greyson, & James 2009). A broad range of general research on different types of STEs exists inquiring into paranormal perceptual anomalies and new perspectives termed *aftereffects* of EHEs (Murphy & White, 1995), NDEs (Holden, Greyson, & James, 2009; Ring, 1985), kundalini awakenings (Harrigan, 2004; Krishna, 1993; Lukoff, 2009), and mystical experiences (Lukoff & Lu, 1988; Underhill, 1911/2005).

Up to the present, most information on how people integrate STEs has been accumulated by individual therapists who have carried a significant caseload of people reporting STEs (Kason, 1994/2008; Lukoff, 2007b; W. R. Miller & C'de Baca, 2001; Ring, 2006; Rominger, 2004; Sannella, 1992). These anecdotal data have been turned into theories that are presently being shared through such educational offerings such as the Spiritual Competency Resource Center (2014), which offers online courses in spiritually oriented interventions; IANDS (2017), which offers online educational courses about NDEs; and ACISTE (2017), which offers certification and continuing education programs for mental health professionals and spiritual guidance counselors.

Although to date no researchers have undertaken rigorous controlled studies on the integration of STEs, a few studies report findings that contribute toward better understanding reported symptoms, which is preliminary to developing protocols for assistance in integration. Kenneth Ring (1985) set the stage for examining the overlap among different spiritually transformative experiences in one chapter of *Heading Toward Omega,* devoted to examining the similarities between physiological symptoms of NDEs and the symptoms reported in the kundalini syndrome. Five years later, Ring and Rosing (1990) undertook the Omega Project, one of the first controlled studies cross-fertilizing between these two separate types of experiences. In order to do this, the researchers embedded nine items characteristic of kundalini syndrome into a Psychophysical Changes Inventory given to NDErs in the Omega Project. They discovered that NDErs more frequently reported characteristics common to kundalini experiencers than the control group. These nine items were further examined in the discussion of their overlap, suggesting either that kundalini might be the energy underlying NDEs or that NDEs might trigger stimulation of kundalini awakenings.

Greyson (1993a) subsequently designed a study to more directly compare the occurrence of kundalini phenomena among a sample of near-death experiencers. Participants were recruited through an IANDS newsletter, which reached a circulation of approximately 1,400 readers. Volunteers were solicited who could report unusual physiological symptoms possibly related to an NDE. The 321 individuals who responded included 44% males and 56% females, mean age of 49.5 years (*SD* = 13.6, range = 20–86). The Near-Death Experience (NDE) Scale (Greyson, 1983) and the Physio-Kundalini Syndrome Index (Greyson, 1993a) were used. The NDE Scale was used to differentiate the NDErs from the non-NDErs, whereby a score of 7 or more out of a possible 32 was used to identify NDEs from other close brushes with death. Of the 321 volunteers, 208 had reported being close to death. Of the 208, 153 scored above and 55 below the cutoff of 7 on the 16-item NDE Scale. The 153 identified as NDErs produced a mean score of 16.7 (*SD* = 6.5) on the NDE Scale, and the 55 identified as non-NDErs in this group showed a mean score of 2.0 (*SD* = 2.1) on the NDE Scale. The difference between these two groups was significant.

For the study (Greyson, 1993a), participants were divided into three groups: (a) 153 NDErs; (b) 55 people who had a close brush with death but no NDE (non-NDErs); and (c) 113 people who had never come close to death. The third instrument given to the participants was the Physio-Kundalini Syndrome Index, a 19-item questionnaire created by Greyson for this study. The wording of the questions were designed to identify physiological and psychological symptoms based upon aspects of kundalini proposed by Bentov (1977) and Sannella (1992). Items covered were grouped into four categories: motor, somatosensory, audiovisual, and mental phenomena.

The primary purpose of the study (Greyson, 1993a) was to determine if the NDErs in the first group would identify more of the 19 items on the Physio-Kundalini Syndrome Index than would the control samples in the second and third groups. Analysis of variance was used to differentiate between the number of symptoms reported by the three groups. The secondary purpose was to find whether a correlation existed between the scores on the NDE Scale and the Physio-Kundalini Syndrome Index, that is, whether the deeper experiences of near-death correlated with increased number of kundalini symptoms. To evaluate this possibility, Pearson's correlation coefficient was used. A tertiary focus was to isolate which if any particular symptoms of physio-kundalini would differentiate NDErs from control subjects. To evaluate this possibility, chi-squared tests were used for each of the 19 symptoms. To adjust for any of the 19 items that might not be statistically independent, the Bonferroni procedure was used to correct for interdependence of these tests. To accomplish this analysis, the researcher chose $p < .0026$ for each individual item in order to yield a total significance level for all 19 items together of $p > .05$.

Results of the study (Greyson, 1993a) showed mean scores on the Physio-Kundalini Syndrome Index (range 1-19) as 7.6 ($SD = 4.8$) for the first (NDEr) group, 4.6 ($SD = 3.2$) for the second (non-NDEr) group, and 4.6 ($SD = 3.7$) for the third (never come close to death) group. Thus, NDErs reported significantly more physio-kundalini symptoms than did either of the two control groups ($F = 20.31$; $df = 2{,}318$; $p < .0001$). Analysis also showed a significant positive correlation between NDE Scale score and number of physio-kundalini symptoms acknowledged ($R = .31$, $p =.0003$), indicating that deeper NDEs were associated with more physio-kundalini symptoms.

Ten of the 19 symptoms were more frequently reported by participants in the NDE group than in the two control groups (Greyson, 1993a). Of the four *motor* symptoms, the following three were reported significantly more frequently among NDErs: (a) body assuming and maintaining strange positions; (b) body becoming frozen or locked into immovable position; (c) breath spontaneously stopping or altering normal rhythm. Of the six *somatosensory* symptoms, three were reported significantly more frequently among NDErs: (a) spontaneous orgasmic sensations; (b) sensations starting in feet, legs, or pelvis, and moving up the back to the top of the head then down the front side of the body to the abdomen; (c) extreme sensations of heat or cold moving through the body. Of four *audiovisual* symptoms, the only symptom reported more frequently was internal noises, such as whistling, hissing, chirping, roaring, or flutelike sounds. Of five *mental* symptoms, three were reported significantly more often by NDErs: (a) sudden intense ecstasy, bliss, peace, love, devotion, joy, or cosmic unity; (b) witnessing normal happenings as if from a distance; (c) thoughts spontaneously speeding up, slowing down, or stopping.

Greyson (1993a) concluded that there are substantiated reasons to suspect an association between NDEs and kundalini experiences, which he corroborated with anecdotal evidence of previous investigators. He concluded that 10 of the 19 physio-kundalini symptoms differentiated NDErs from control subjects with greater reliability than others and extrapolated that these same 10 items might be useful indicators of kundalini awakening. A critique of Greyson’s study is that the recruitment was limited to the IANDS organization, which reduces generalizability. However, from a practical point of view, no other organization could offer a pool of NDErs easily accessible for this study.

An IONS study (Vieten et al., 2013) brought together clinical psychologists through a focus group and survey instrument to establish a baseline of competency for psychologists that would be inclusive of religious and spiritual issues. Over 3 years the focus group met to draft a set of provisional basic competencies. These were taken through a four-stage validation process: (a) half-day focus group of 15 professionals selected to attend; (b) online survey of 184 psychologists, including experts in the field; (c) quantitative and qualitative data analysis of the results; and (d) follow-up survey of 300 mental health clinicians (Vieten & Scammell, 2015). The resulting proposed 16 competencies were adopted into practice and training guidelines for psychologists and psychotherapists to minimize future misdiagnoses of religious and spiritual problems, provide more appropriate care, take into consideration religious and spiritual contexts in psychotherapy, and utilize religious and spiritual referrals more effectively for clients. This study offers important implications for competency guidelines for clinicians who treat people in therapy for help with STEs.

One pilot research study (Stout et al., 2006) has begun to more directly address needs reported by STErs themselves. The inquiry was an informal questionnaire created on the spot when an opportunity arose to survey a group of individuals gathered in one place, all meeting for the purpose of exploration of integration of their own STEs. This published, but informal, survey was distributed as a paper-and-pencil questionnaire in 2006 to a group of 25 attendees from 15 states in the U.S. on the closing day of the first retreat for NDErs held by IANDS. Consent forms were not used. The participant pool was whoever was in the conference room at that time.

Two open-ended questions on the survey (Stout et al., 2006) were (a) What were the struggles or challenges that you faced following your near death experience?, and (b) What would help you or did help you with these challenges? The data from the responses were

thematically analyzed. Of the 115 challenges described by the experiencers at the retreat, 113 fell into one of the following six main categories:

1. Processing a radical shift in reality
2. Accepting the return to life
3. Sharing the experience
    a. Expressing the ineffable
    b. Choosing confidants
    c. Coping with negative reactions
    d. Focus of other's interest
4. Integrating new spiritual values with earthly expectations
5. Adjusting to heightened sensitivities and supernatural gifts
6. Finding and living one's purpose

In addition to the informality of the survey due to lack of distribution of consent forms (Stout et al., 2006), other limitations were that both the material covered in the conference retreat and group affects likely influenced responses. This bias was due to the timing of the survey, which was distributed the final day of the conference when participants had recently reviewed and inspected their own experiences in a supportive group setting. Generalizability was limited to individuals who identified themselves as having challenges with their NDEs through IANDS's lens, and who could afford the price of a supportive retreat setting. Notwithstanding, this was the first retreat solely of NDErs that included an explicit intent to explore the challenges they face.

The importance of disclosure has been addressed by various clinician researchers who emphasize that the experiencer can more easily and fully integrate an STE if they are able to tell their experience to others (Holden, 2012; Holden, Greyson, & James 2009; Kason, 1994/2008;

Palmer & Braud, 2002). Holden addressed the importance of how experiencers' stories of their transformative events and the effects upon their lives are listened to. She created a therapy-friendly list of the detrimental versus helpful listening attitudes:

> The "D's" [detrimental]:
> 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"
> deprives the experiencer of information and resources regarding such experiences
>
> The "N's" [helpful]:
> knows and names the experience
> naturalizes it as something others have experienced
> normalizes it as unrelated to psychological pathology
> invites the experiencer to discuss and explore the psycho-spiritual meaning
> numinizes the experience as potentially spiritually developmental and/or transformative
> navigates the experiencer toward relevant resources of information and people (Holden, 2012, pp. 75-76)

A few studies have explored therapeutic interventions that might aid in integrating STEs, including group process and expressive arts such as painting, drawing, journaling, and autobiographical writing for NDErs (Rominger, 2004) and EHErs (Palmer, 1999; White, 1998). A mixed methods research study by Genie Palmer (Palmer & Braud, 2002) attempted to promote selected therapeutic interventions to address some of these challenges faced by STErs. Palmer's study employed an experimental design to measure therapeutic effects of a 10-week program consisting of group disclosure, written disclosure, expressive arts, and individual interviewing upon people who experienced exceptional human experiences (EHEs). Eighty-one participants were divided into five groups: three groups given a variety of interventions focused around disclosure of EHEs, and two control groups, one with parallel activities and the other with no activities. The purpose of the experiment was three-fold: determining whether

disclosure/expression assisted in integrating EHEs; inquiry into whether disclosure/expression encouraged transformative processes after experience of EHEs, and exploring whether disclosure/expression might increase occurrence of more EHEs. Through interviewing and answering questionnaires, participants reported frequent and/or profound exceptional human experiences that correlated significantly and positively with measures of meaning and purpose in life, spirituality, thinness of boundaries, and with stress-related complaints. Palmer concluded that exceptional human experiences appeared to be associated with increased meaning, purpose, spirituality, and openness. She also interpreted the positive correlation between Survey of Exceptional Human Experiences (SEHE) scoring and stress-related physical and psychological complaints as possibly indicating that when EHEs occur, lack of integration could contribute to ongoing levels of chronic stress, which she likened to unassimilated traumatic experiences. Limitations to the study include a weak definition of EHEs in the design, and high attrition during implementation of the program.

Four researchers and clinicians selected for this research study have been observing aspects of integration of STEs while serving clients who are STErs. They have developed approaches they have found useful, but these have not been empirically tested. David Lukoff helped initiate studies with SEN, is responsible for the introduction of *Religious and Spiritual Problem* into the DSM-IV, and presently sponsors an online education center for professional training covering spiritual aspects for clinical practice (Spiritual Competency Resource Center, 2017). In the course of his research, Lukoff et al. (2011) suggested nine therapeutic interventions for spiritual and religious problems that are helpful to people in integrating STEs. Ryan Rominger, a researcher in the field of transpersonal psychology who specializes in STE integration, outlined four pivotal situations that determine the degree of difficulty or ease in

integrating an STE (R. Rominger, personal communication, November 4, 2013). Yolaine Stout is the founding director of ACISTE and former executive director of IANDS. She created and distributed a survey targeting STE experiencers to study what helps in integrating the experience. Stout (Stout et al., 2006) analyzed survey data showing evidence of six significant areas of challenge for people during the process of integrating STEs. Yvonne Kason is a family physician and assistant professor in the Faculty of Medicine at the University of Toronto. Kason (1994/2008) authored a comprehensive book in which she listed 35 practices and habits to help an experiencer survive the process of integration of STEs. The work of these four clinicians and researchers make up the body of the *Integration of Spiritually Transformative Experiences Inventory* that were used in this study.

# Chapter 3: Research Method

The research question for this study was: What practices, habits, and behaviors assisted an individual to integrate a spiritually transformative experience (STE)? The study consisted of a survey created to specifically answer the following questions:

1. With what frequency do spiritually transformative experiencers (STErs) report having used various practices to assist them in the integration process?
2. Among the practices STErs used, how helpful do they report those practices having been in their integration processes?
3. What is the relationship between reported frequency of use and reported helpfulness?
4. What other patterns emerged regarding reported frequency and/or helpfulness of various practices to assist STErs in the integration process?

The research utilized a quantitative survey design in order to collect and analyze data from STErs to evaluate approaches and practices that have been proposed as being helpful in published guidelines based upon individual experiences of clinicians. The questions on the survey explored the extent to which accepted wisdom captured what STErs found most helpful. The means of doing this was to operationalize guidelines put forth by experts in the field of treatment for challenges in integrating STEs and convert them into specific survey questions, thereby investigating the validation of constructs proposed. The four lists of guidelines were taken from works by Kason (1994/2008), Lukoff (Lukoff et al., 2011), R. Rominger (personal communication, November 4, 2013), and Stout (Stout et al., 2006; see Appendix A.)

An important intention in choosing this survey strategy, in line with transpersonal theory and practice, was that the respondents would benefit from participating in the research study. One of the main challenges of integrating STEs is a sense of isolation because an experiencer

seldom finds others who have experienced STEs or who have heard about STEs beyond mythological and quasi-historical sources (ACISTE, 2011; Holden, Greyson, & James 2009; Kason, 1994/2008; Stout et al., 2006). In addition to collecting data, the method was designed both to give participants a greater sense of companionship through realizing that others have had similar experiences and to inform them, through reading the various items, about a large selection of methods people have utilized to integrate their STEs. The intentional design of the survey was to help participants feel less alone and more equipped to continue to integrate the psychological, emotional, and energetic shifts triggered by the STEs in their lives. Because STErs often do not find people in their social circles who have had similar experiences, participating in surveys of STEs can be very helpful to bring them a sense of companionship with others who are living now, rather than only with spiritual persona from history. Sometimes STEs are considered in literature, research, and through various media only for the positive qualities of the experience and of the aftereffects, whereas acknowledgment of the challenges is likely very comforting to those who have endured—and may continue to endure—them. The questions on the Integration of Spiritually Transformative Experiences Inventory (ISTEI) revealed potentially helpful methods for integrating the experience. Thus, while respondents read through and answered each item, they likely encountered new ideas of ways to assist themselves in the process of integration of STEs. In addition, a section at the end of the survey listed resources for people such as Spiritual Competency Resource Center and ACISTE that could be new information for them.

**Participants**

The participants were people who responded to the invitation to take the online survey and who self-reported as having experienced one or multiple STEs. Claiming to have had an STE

was the principal inclusionary criterion for participation. People regardless of sex, race/ethnicity, nationality, socio-economic status, educational status, or religious/spiritual preference were eligible, as heretofore no research indicated that any of these factors affected either experiencing an STE or integrating the experience. Participants were required to claim being above the age of 18 to provide legal informed consent.

**Recruitment**

Recruitment began with reaching out through personal connections and emails to organizations such as ACISTE, SEN, KRN, IANDS, SDI, IONS, UTS, GTU, and other religious and educational institutions. During the year (2015-2016) that the survey was online through Survey Monkey, several Facebook groups developed that lent themselves well to promoting the survey. Two were private groups made available to me because I enrolled in courses with teachers promoting ways to integrate STEs. These two Facebook groups were Blessings of Transformation hosted by Bonnie Greenwell and Spiritual Emergency Dialogue by Emma Bragdon. In addition to closed Facebook groups, other semi-open Facebook groups also gathered momentum that year, specifically Shades of Awakening hosted by Dabney Alix and Emerging Proud hosted by Katie Mottrem (director of International Spiritual Emergence Network). These Facebook groups attracted people worldwide who were seeking information and community while undergoing spiritual transformations. By creating my own professional Facebook page for the sole purpose of making the online ISTEI Survey available, distribution of the survey was spread by *word of mouth*—or more accurately *profile on Facebook.* See Figure 1.

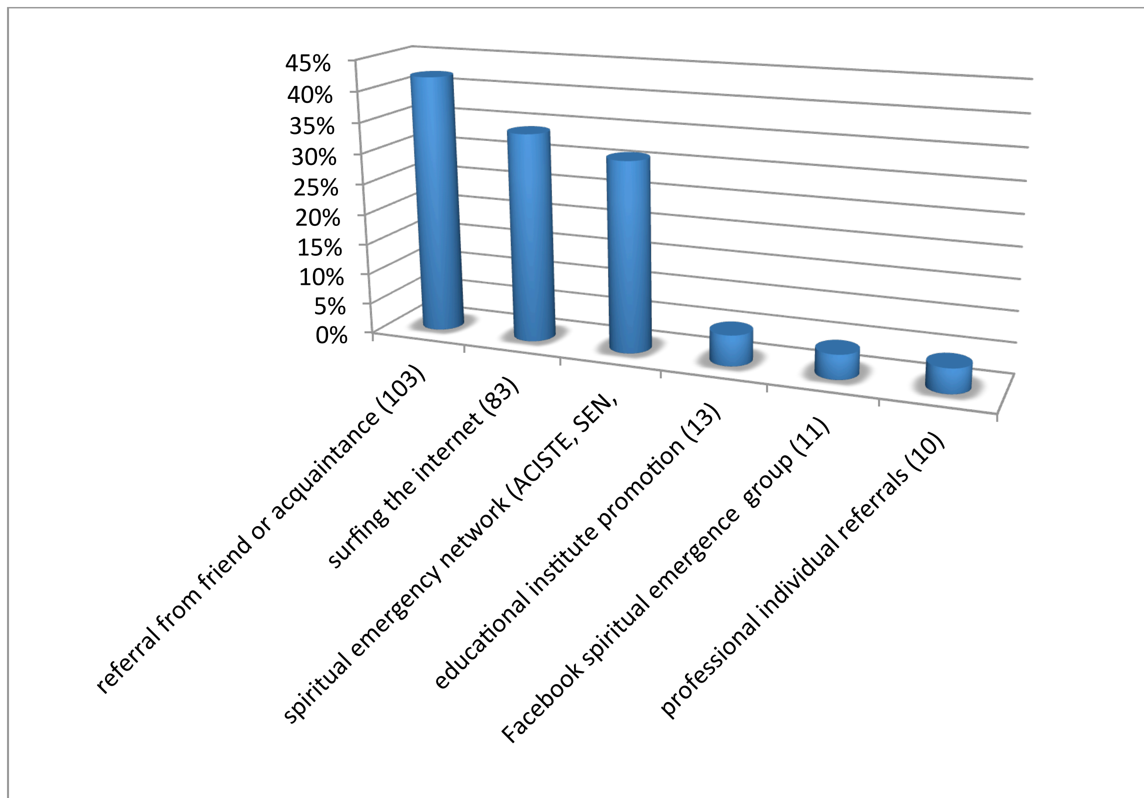


*Figure 1*. Self-reported sources of recruitment by percentages and numbers of participants.

For calculating a sample size with sufficient power, I used the sample size calculation for correlation. The hypothesis for this purpose was that the frequency of use of practices would be positively correlated to reported helpfulness of that practice. Sample size calculation was performed using a null hypothesis that there would be no correlation (correlation coefficient = 0) between frequency of use of practices and reported helpfulness. The alternative hypothesis was that the correlation coefficient would be greater than 0. Given a true correlation coefficient of 0.25, a sample size calculation for correlation with alpha = 0.05 and power = 0.8, 97 participants were necessary to determine that the correlation coefficient would not equal 0. If the actual correlation coefficient were less than 0.25, the sample size would have been insufficient to distinguish the correlation coefficient from 0. If the actual correlation coefficient were greater than 0.25 with 97 participants, then the study would have had enough power to conclude that

there was a positive correlation between frequency of use of practices and reported helpfulness. Thus, the sample size of 245 participants found for the ISTEI survey was more than sufficient for the study and afforded strength for cross-examination of specific patterns found during data analysis.

**Procedure**

Initially the pilot survey was distributed to three clinical professionals acquainted with this particular population. After feedback was used for revision, the revised survey was promoted with a letter of introduction (Appendix B) to key people in the organizations targeted. Criteria for inclusion in the research study was described as (a) Must be age 18 or over, and (b) Must have experienced a spiritually transformative experience, defined as *a discrete spontaneous experience of an altered state of consciousness that brought about a profound transformation in your spiritual identity and life expression*. Included in the description were five generally recognized examples of STEs: mystical experience, out-of-body experience, near-death experience, paranormal experience, and anomalous experience. Those organizational representatives willing to distribute the announcement to their membership were then sent the letter of invitation (Appendix B), with a link to the *Survey Monkey ISTEI Survey* (Appendix B). This same link was passed on through Facebook pages where it was easily clicked to begin the survey. Protection was put in place by Survey Monkey that required (a) accepting the Consent Form (Appendix C) before beginning the survey, (b) checking only one item when specified, (c) completing the survey by notifying the respondent if it was left unfinished, and (d) restricting use of one computer to only one survey completion.

**Instruments**

**MHI-5 and PTGI-SF.** The standardized instruments in Section II of the survey were short forms of the Mental Health Inventory (MHI-5; Berwick et al., 1991) and the Posttraumatic Growth Inventory (PTGI-SF; Cann et al., 2010). The original MHI (Veit & Ware, 1983), which was a 38-question test measuring psychological distress and wellbeing, was developed for use in general populations. It was designed with a factor model composed of a general underlying psychological distress versus wellbeing factor; a higher order structure defined by two correlated factors—Psychological Distress and Well-Being; and five correlated lower order factors—Anxiety, Depression, Emotional Ties, General Positive Affect, and Loss of Behavioral Emotional Control. Summated rating scales produced high internal consistency estimates with Cronbach's alpha of .90 (Veit & Ware, 1983).

For the ISTEI study, the MHI was used to indicate whether the respondent had sufficiently adjusted to their STE so that they could function well in society, that is, made a healthy lifestyle adjustment. It was presumed that if a test score indicated a sufficient level of wellbeing and absence of pathological levels of anxiety or depression, the participant had the capacity to function in the workplace, in personal relationships, and in social situations. The MHI was chosen for this study due to its simplicity in addressing basic factors of wellbeing and lack of mood pathology, which was more appropriate for the purpose of this research study than other more specialized scales of functioning.

Another aspect of the MHI important for this study was the availability of a shortened form of the scale, the MHI-5 (Berwick et al., 1991; Rumpf, Meyer, Hapke, & John, 2001). This five-item version of the MHI was tested and shown to be as good in detecting depressive, anxiety, and general affective disorders as the MHI (Berwick et al., 1991). Subsequent reliability

assessment of the MHI-5 yielded Cronbach's alphas of .84 (McCabe, Thomas, Brazier, & Coleman, 1996), and .8 (Strand, Dalgard, Tambs, & Rognerud, 2003). The MHI-5 was endorsed by the NIH in the U.S. for use in screening for mood disorders (Rumpf et al., 2001), by the Norwegian Institute of Public Health for use in surveying general health as well as mental health (Strand et al., 2003), and by the Australian Government Department of Health (2017) for use as a global mental health index.

Scoring for the MHI-5 involved reverse scoring so that a high score defined a more favorable health state. The items were then transformed linearly so that the lowest and highest possible scores were set at 0 and 100, respectively, then items were combined into a single score with potential range from 0 to 100. Scores from the MHI-5 were used to determine whether the respondents reported baseline mental health sufficiency or distress. Respondents who showed compromised mental health were considered to be in varying stages of the earlier phase of integration of their STEs. The recommended cutoff point of 65 (Kelly, Dunstan, Lloyd, & Fone, 2008; Rumpf et al., 2001) was used to determine if a respondent met inclusion criteria for wellbeing with absence of mood disorder.

To corroborate scores of those who had not met the cut-point of the MHI-5, a question was included in the survey that gave participants the opportunity to self-report if they felt they had not yet integrated their STE. A chi-squared test was run to examine the level of correspondence between participants self-reporting not having integrated their STE and participants who did not meet the MHI-5 cut-point.

For the purpose of confirming that the respondent had experienced a life-transforming event, and to furnish a cut-point for whether a person had reached a sufficient level of psycho-spiritual integration, the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996)

was chosen for its wide range of use and because a short form (PTGI-SF) with 10 questions was available (Cann et al., 2010).

The 10-question PTGI-SF (Cann et al., 2010), like the original 21 question PTGI (Tedeschi & Calhoun, 1996), measured the experience of positive change resulting from struggle with highly challenging life circumstances. The five subscales of these psycho-spiritual changes were: relating to others, new possibilities, personal strength, spiritual change, and appreciation of life. Internal reliability reported by Cann et al. (2010) was Cronbach's alpha of .90. Two of the limitations reported by the authors bore no consequence for use in this study, which were, first, that a single total score should be used (because this instrument is being used as a cutoff for selection) and, second, that it had been tested for validity only with an English-speaking, primarily white population (because this was the population targeted for the ISTEI study). The only adaptation needed for use of the PTGI-SF was the substitution of the term *STE* for *crisis* in the six Likert-scale responses.

Although Tedeschi and Calhoun (1996) originally created the longer form of the PTGI to examine the five factors of character change resulting from integrating a trauma or crisis, they designed the short form (PTGI-SF) for use when a single total score for growth is desired (Cann, 2010). The short form lent itself well to the purpose sought in this research study, which was as a cut-point to determine whether participants had experienced profound transformations from their STEs and whether they had integrated the changes.

The respondents answered each of the 10 questions on the PTGI-SF on a scale of 0 through 5. An answer of 0 was "I did not experience this change as a result of my STE," an answer of 1 was "I experienced this change to a very small degree as a result of my STE," ranging to 5, which was "I experienced this change to a very great degree as a result of my STE."

An answer of 3 was "I experienced this change to a moderate degree as a result of my STE," which I expected to be the most likely response for individuals who have successfully begun the process of integrating their STEs. Therefore, the recommended score of 30 (out of 50 possible points) was chosen as the cut-point for the purpose within this study of identifying persons who had made sufficient progress in integrating their STEs.

**ISTEI Survey.** The *ISTEI Survey* was made up of five sections. Section I consisted of multichoice demographic items to identify age, sex, race/ethnicity, nationality, socio-economic status, and religious/spiritual preference. Section II consisted of multichoice questions about the STE, such as "How many years ago did you experience your STE?", "How old were you at that time?", and "How long did it take you to integrate the experience?"

Section III contained the two standardized tests chosen to select qualified participants for the ISTEI: (a) the MHI-5 in order to differentiate participants who had integrated their STEs from those who had not, and (b) the PTGI-SF in order to confirm that the respondents experienced STEs according to the definition in this study.

Section IV consisted of the *Integration of STE Inventory* (*ISTEI*; see Appendix D) created for this study, which was made up of 84 questions asking participants to rate the helpfulness of practices, behaviors, and habits in integrating their STEs. The 84 questions were operationalized from guidelines put forth by Kason (1994/2008), Lukoff (Lukoff et al., 2011), R. Rominger (personal communication, November 4, 2013), and Stout (Stout et al., 2006). Respondents rated the helpfulness of these practices on a Likert scale.

The creation of ISTEI involved taking the four lists of the experts' guidelines of how to assist integration of STEs (Appendix A), operationalizing these guidelines into survey questions (Appendix E), and refining that list of questions into an inventory of items that became user-

friendly for the Likert scale (Appendix D). This process involved first notating the 58 items from the four theorists in numerical form (Appendix A). These 58 condensed items were then taken apart to separate out components into individual items. The individualized components were operationalized into statement form and redesigned so that they expressed a particular practice, habit, or behavior (Appendix E). Duplicate statements were identified and dropped, leaving 84 distinct items. These statements were then simplified to make comprehension easier and to operationalize more smoothly in conjunction with a Likert scale created to measure helpfulness. The items were then arbitrarily grouped into eight themed groups to increase ease for the respondents in taking the survey.

Section V consisted of three optional questions with text boxes followed by a note of appreciation from the author and a resource list for STE support. The three optional text boxes were invitations to (a) share additional practices that help integrate STEs, (b) include a narration of the personal STE story, and (c) leave email address if interested in receiving study results.

**Treatment of Data**

Survey Monkey assigned code numbers to order of responses. Identifying information was not solicited from the respondents. While collecting responses, ISTEI Survey was locked and password protected on the Survey Monkey program for viewing only by me and the owner of the Survey Monkey account (Yolaine Stout, executive director of ACISTE). I deleted all raw data from Survey Monkey when the survey was closed and thereafter held the data during analysis passworded on my laptop (with backups) backed up with the professional statistician. Poststudy, coded raw data and analyzed data were stored and password protected on disk and back-up disk in my office and with the statistician.

**Data Analysis**

Question 1: *With what frequency do spiritually transformative experiencers (STErs) report having used various practices to assist them in the integration process?*

I analyzed for frequency of responses indicating use of the practices by using binomial data. First, a dichotomous (*yes/no)* variable was constructed by recoding the responses (i.e., *didn't try this practice* and *I wish I had the opportunity to try this*) as *no*, and indicating the other four responses (i.e., *not at all helpful; somewhat helpful; very helpful; essential*) as *yes*. Percentages of *yes* responses for each ISTEI item were calculated, with higher percentages indicating greater usage of the item. The overall usage of each practice was calculated. Based on these percentages, practices were rank-ordered from most frequently used to least frequently used.

Question 2: *Among the practices STErs used, how helpful do they report those practices having been in their integration processes?*

For this question, I analyzed only the responses of those who said *yes* in the dichotomous analyses for Question 1. Therefore, *n* (the number analyzed) varied between ISTEI items. For respondents who used the practices, their reported helpfulness scored as 1—*not at all helpful*, 2—*somewhat helpful*, 3—*very helpful*, or 4—*essential*. For each item for which at least two respondents reported using the practice, I calculated the mean degree of reported helpfulness, along with a standard deviation of reported helpfulness, and a 95% confidence interval around the mean. Based on these means of rated helpfulness, practices were rank-ordered from most helpful to least helpful.

Question 3: *What is the relationship between reported frequency of use and reported helpfulness?*

To determine correlation between frequency of use and rated helpfulness, I created a scatterplot with *y*-axis representing means of reported helpfulness and *x*-axis representing percentage of use.

Employing the approach of exploratory data analysis, I formed a scatterplot of ranked mean rated helpfulness (*y*-axis) by ranked percentage of frequency of use (*x*-axis). These rank orders were obtained by ranking frequency of use from Question 1 and rated helpfulness from Question 2, from highest to lowest for each practice. I chose Spearman's Correlation test because of the abnormal distribution of the data. The Spearman's correlation test measured the overall relationship between each practice's comparative (rank order) helpfulness and its comparative (rank order) prevalence of use. The scatterplot graphs assisted in examining noticeable patterns and outliers that were addressed in the Discussion Chapter.

Question 4: *What other patterns emerged regarding reported frequency and/or helpfulness of various practices to assist STErs in the integration process?*

In order to begin to examine potential patterns, I divided the 84 practices into the original eight groups that I had arbitrarily chosen to organize the survey in a user-friendly manner. All of the practices ranking lowest in helpfulness appeared in one group. I noticed that that group naturally divided itself into two groups; thus, I ended up with nine groups. I also reverse-scored five items across all the groups to make them match the Likert-scale measurement more accurately. With these resulting nine groups, I charted differences using a negative binomial model and found statistically significant difference between one group and each of the other eight groups. This comparison was graphed with a box plot format to view it more clearly.

The next primary pattern that stood out was that three layers of ratings were easily separable. Most participants used the practices rated essential to very helpful (66% of practices). The least helpful practices consisted of four items (5% of practices). A middle layer of 24 items (29% of practices) existed between the two. For ease in reporting the practices rated essential and most frequently used, I created several categories to display the top 20 practices. I examined the 24 practices that made up the middle-rated group and found them to be logically separated into five subgroups with particularly characteristic patterns.

# Chapter 4: Results

## Results From MHI-5 and PTGI-SF Tests

To be selected for the ISTEI, it was necessary that the participants filled out Section III, which contained the two short versions of standardized validated psychological tests, MHI-5 and PTGI-SF. Of the 413 people who responded by beginning the survey, 336 completed the two inclusion criteria tests. Of those 336, 70 (17%) did not meet the cut-point of the MHI-5 test, and 32 (8%) did not meet the cut-point of the PTGI test. Considered together, 11 (3%) did not meet the cut-points of both tests. After exclusion of these 91 respondents, 245 (59%) remained who met cut-point for both tests. Data from this group of 245 qualifying participants was used for the research study. See Figure 2.

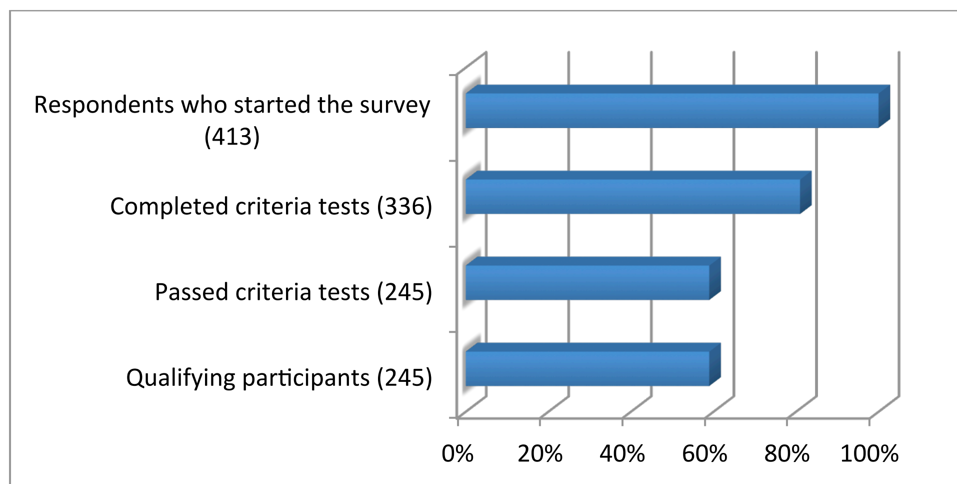


*Figure 2.* Results of criteria testing to determine whether participants' data qualified for the ISTEI study shown as percentage of respondents who began filling out the survey.

Meeting the cut-points for the MHI-5 suggested that their mental health status was stable; thus they most likely had integrated their STE. Passing the PTGI-SF suggested that their experience was a spiritually transformative event that profoundly and permanently changed their lives, which gave reason to utilize their opinion about which practices had been helpful in their integration process.

**Corroboration of Inclusionary Criteria**

Because the definition of *integrated* can be very broad, two different terms were used in the survey to look more closely at what respondents might consider integration. *Integration* was defined in one question as “comfortable with your personal identity and your direction in life (such as at peace with inner changes; stabilized in your spiritual orientation; comfortable with habits of physical, mental and social balance; sensing harmony between your inner identity and outer activities).” *Adjustment* was defined in the other question as “could function comfortably and well in society (such as viable employment, stable family relationships, sufficient social support, good health).”

In order to corroborate the validity of the MHI-5 for this use of criteria testing, two questions were included in the survey: one addressing length of time for integration of STE and the other length of time for adjustment following the STE. The questions included an option indicating not yet integrated or not yet adjusted. Correspondence between not meeting the MHI-5 cut-point and self-reporting as not having integrated the STE was calculated. Because the correspondence calculation was not simply between two numeric variables, a statistical correlation comparison would not suffice. Instead the association between the two categories (not continuous variable, not numbers) was done with a chi-squared test. The results showed a very strong $p$-value of $< .001$. The correspondence between participants who did not meet the MHI-5 cut-point and those who self-reported not having *integrated* their STE was statistically significant. See Table 1.

Table 1

*Correspondence Between Self-Rating and MHI-5 Rating on Integration*

| Self-rating on integration | Did not meet cut-point | Met cut-point |
|---|---|---|
| Defined self as integrated | 36 | 220 |
| Defined self as not yet integrated | 36 | 54 |

*Note.* Chi-squared test showing significant correspondence ($p$ < .001) between participants who self-rated not integrated and those who did not meet MHI-5 cut-point.

The results from the *adjusted* question provided further evidence that self-reports from participants corresponded with the two different facets of integration (intrapersonal and interpersonal), and also again with the MHI-5 results. The statistical significance found with the chi-squared test was $p < .001$, which concludes that there was an association between not meeting the MHI-5 cut-point and self-reporting as not yet adjusted. See Table 2.

Table 2

*Correspondence Between Self-Rating and MHI-5 Rating on Adjustment*

| Self-rating on adjustment | Did not meet cut-point | Met cut-point |
|---|---|---|
| Defined self as adjusted | 36 | 231 |
| Defined self as not yet adjusted | 36 | 43 |

*Note.* Chi-squared test showed statistically significant correspondence ($p$ < .001) between those who self-rated not adjusted and those who did not meet MHI-5 cut-point.

One of the reasons that I chose to use the MHI-5 test to screen for integration rather than the self-rating of integration is that in the process of integration, I expected that respondents might be likely to make one of two errors in self-assessment. Those with less confidence might

judge themselves as un-integrated even after attaining a reasonable amount of personal and worldly stability (such as someone who suffers from environmental sensitivities, but is functioning well in their family and their workplace). On the other hand, STErs experiencing spiritual bypass would be likely to consider themselves integrated before they had gone through the deeper processes (such as someone who considers themselves enlightened but cannot keep a job).

**Demographics**

Ages of participants meeting the criteria varied between 18 (cutoff for permission to take the survey) and over 75 years old. See Figure 3.

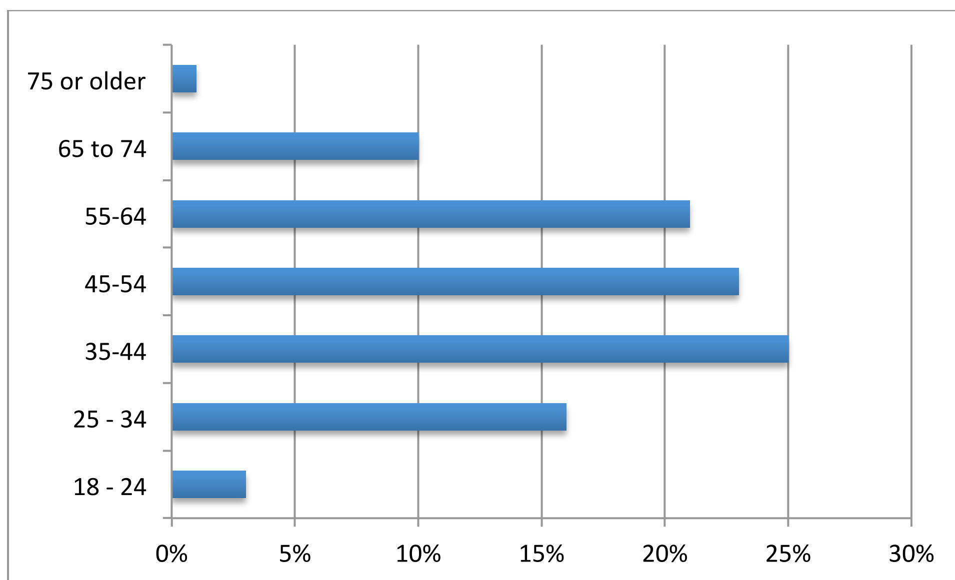


*Figure 3*. Ages of participants.

Of the 245 participants, 177 were female and 68 were male. White participants made up 88% of the sample, with representation from many races and nationalities. See Figure 4.

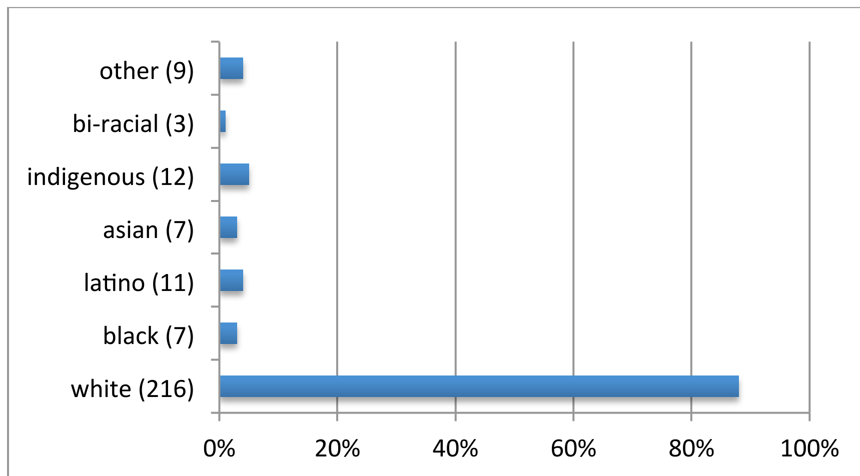


*Figure 4*. Races of participants.

Participants claimed nationality from 33 different countries on six continents. The survey was in English, originating in the United States. Slightly more than half of the participants were from the United States, 14% from United Kingdom, and 6% from Canada. The most represented non-English speaking country was Romania where 6% of participants reported nationality. See Table 3.

Table 3

*Nationalities of Participants*

| Nationality represented by more than one participant | Number of participants | Nationality represented by one participant |
|---|---|---|
| United States | 137 | Austria |
| United Kingdom | 37 | Botswana |
| Canada | 15 | Brazil |
| Romania | 13 | China |
| Australia & NZ | 6 | Finland |
| Germany | 5 | Hungary |
| Ireland | 4 | India |
| South Africa | 4 | Indonesia |
| Chile | 2 | Italy |
| Norway | 2 | Mexico |
| Spain | 2 | Netherlands |
| Slovakia | 2 | Pakistan |
| Sweden | 2 | Panama |
| | | Poland |
| | | Russia |
| | | Singapore |
| | | Slovenia |
| | | Venezuela |
| | | Vietnam |

Participants were not asked to limit their multiple choice answers regarding occupation to one. The average response to this question was 1.54 occupations. Percentages are shown in Figure 5.

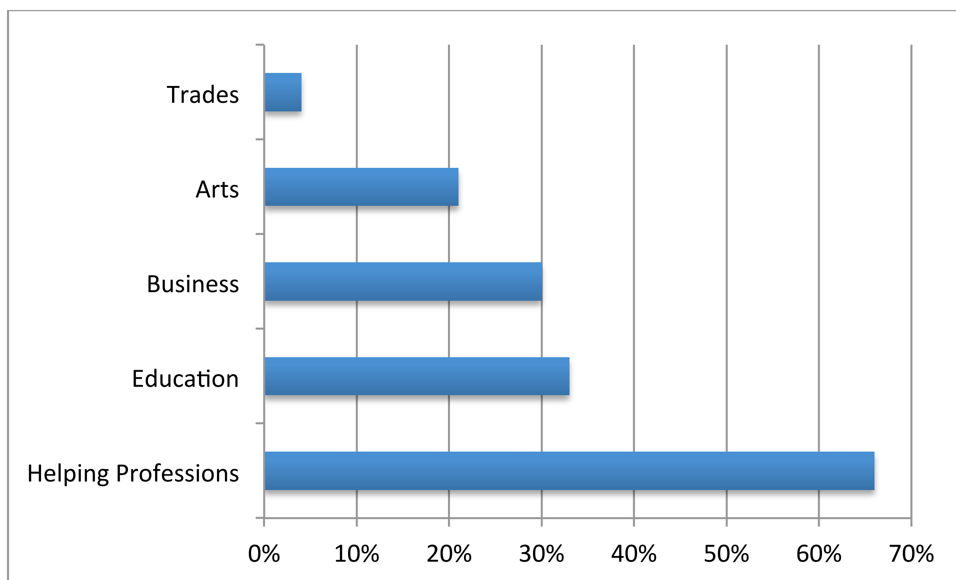


*Figure 5.* Occupations of participants.

Household income varied, with the most frequently reported $0-$24,999 annual income at 31%. See Figure 6.

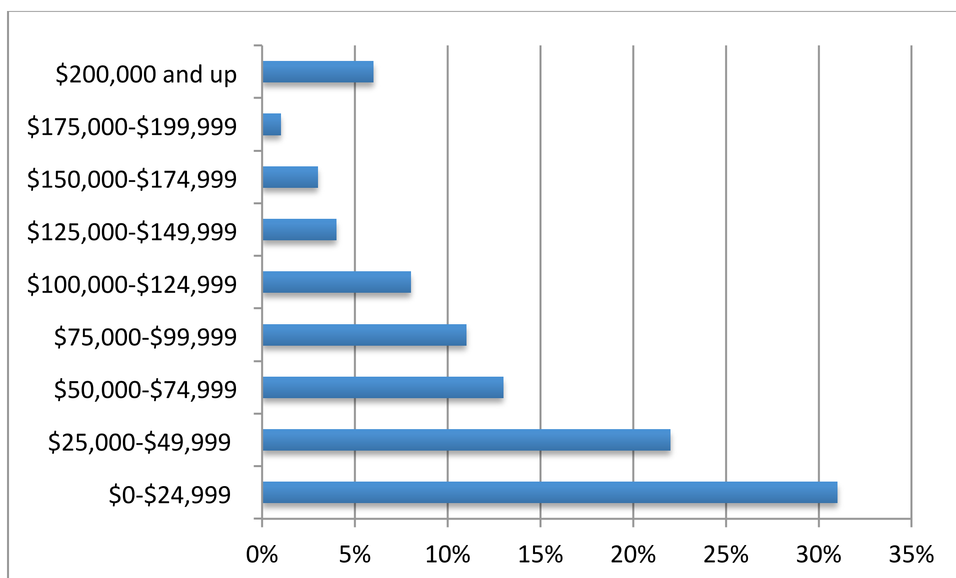


*Figure 6.* Household income of participants.

Religions reported represented all major religions. Participants were allowed to choose more than one religion. Average number of religions chosen was 2.02. Forty-five percent of participants chose *no religion*. Fifty-one percent chose some form of Christian religion, and 37% chose *inter-denominational* and/or *other*. See Figure 7.

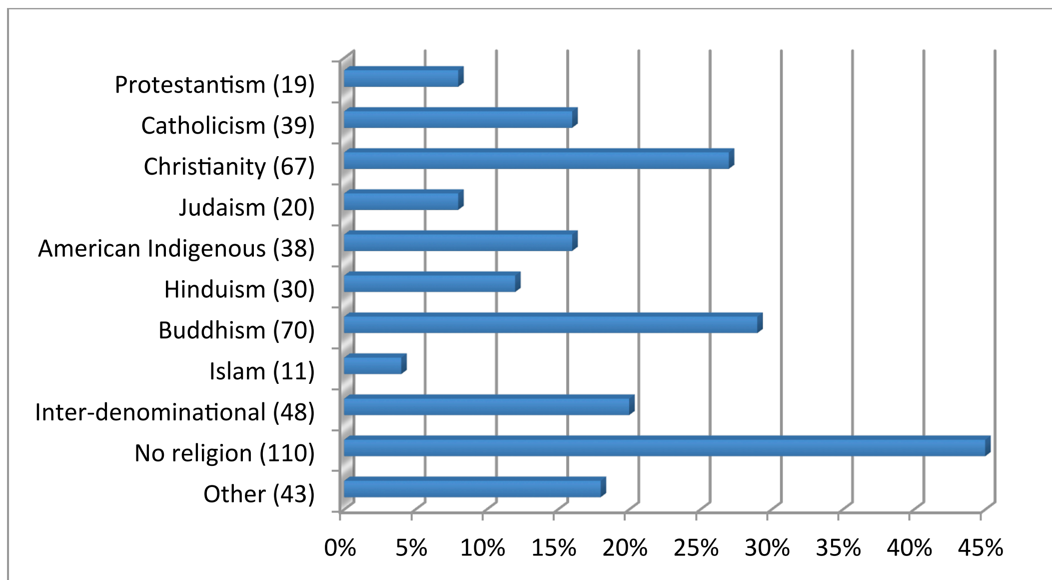


*Figure 7.* Religions of participants.

The text box under the category of Other Religions showed 47 religions reported by the 43 participants who identified *Other Religion* as a current religion. Forty percent of those reporting their *Other Religion* wrote in some equivalent of what is commonly now referred to as *spiritual but not religious.* See Table 4.

Table 4

*Other Religions Reported*

| Other Religions reported by more than one participant | Number of participants | Other Religions reported only once |
|---|---|---|
| Spiritual but not religious | 17 | Advaita |
| Taoism | 5 | Agnostic |
| Pagan | 3 | Andean Quecha |
| Course in Miracles | 2 | Anthroposophy |
| LDS/Mormon | 2 | Metaphysical |
| Nature religions/Celtic | 2 | New Age |
| Wicca/Witch | 2 | Non-dualism |
| | | Santo Daime |
| | | Shamanism |
| | | Siddha yoga |
| | | Spiritualism |
| | | Sufism |
| | | Unitarian |
| | | Universalistic |

*Note. Other* Religions were written into a text box by participants.

**Characteristics of STEs**

Participants reported their age at the time of their STE. Median age was 25-34. See Figure 8.

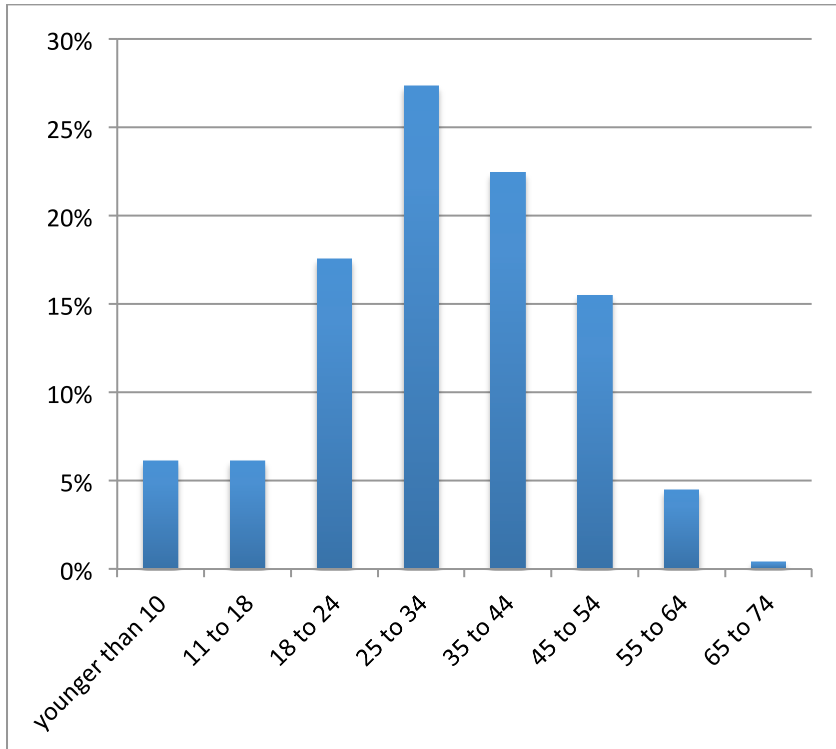


*Figure 8*. Participants' ages at time of STE.

Participants also reported how many years ago they experienced their STE. No pattern emerged here, other than an even spread of participants' estimates of length of time that has passed from less than 1 to over 30 years. See Figure 9.

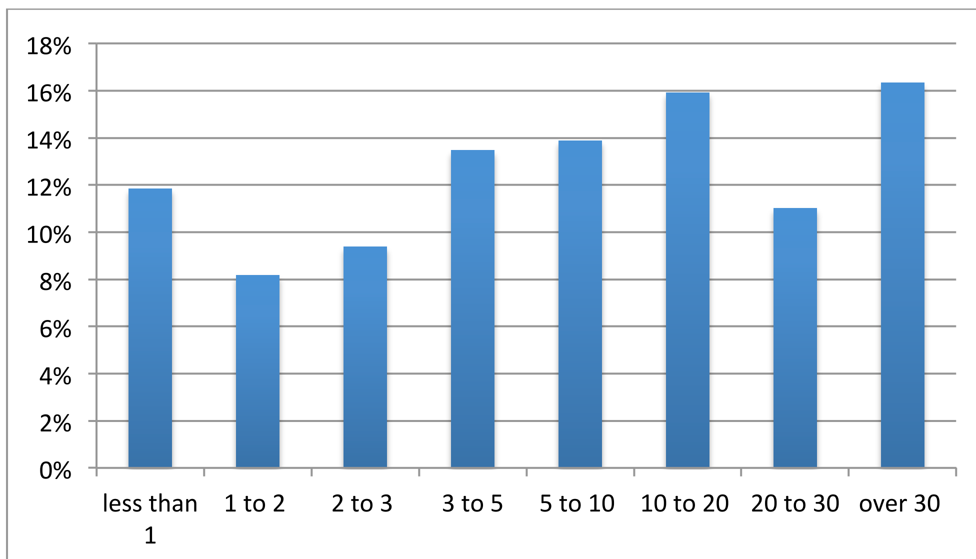


*Figure 9*. Number of years ago that participants experienced their STEs.

Participants were not required to limit their choice of how to describe their STE to a single answer. With a total of 859 responses to this question, the average of the 245 participants was 3.5 choices. The most frequently used descriptions were *mystical experience* (63%), *unitive experience (i.e., of being one with the universe;* 52%), and *energetic experience within the body* (44%). See Figure 10.

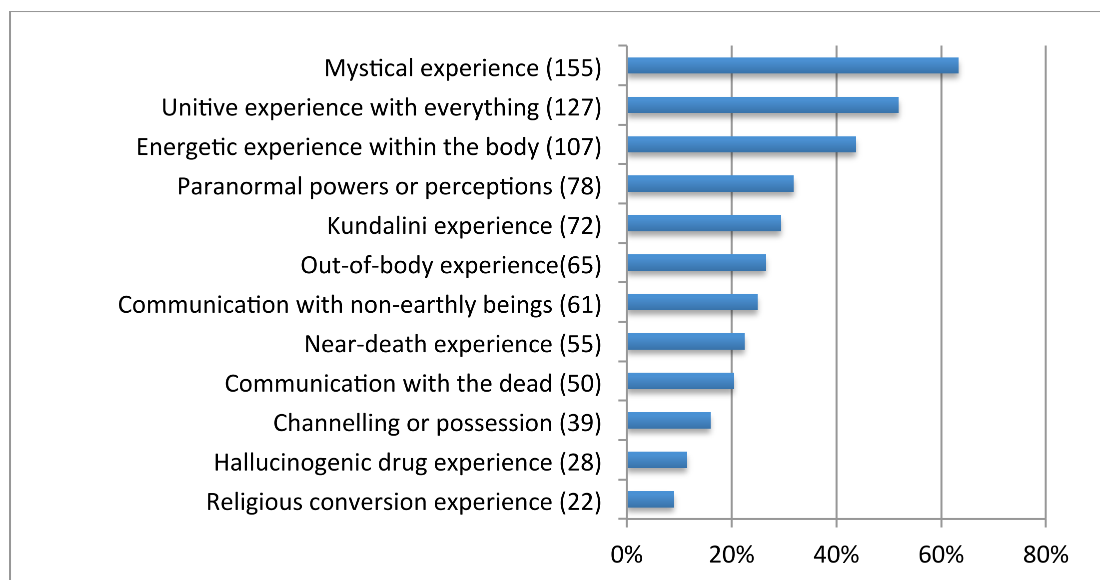


*Figure 10.* Descriptions of STEs.

The category of *Other Description of STE* was followed by a text box. Answers filled in are listed in Table 5.

Table 5

*Other Descriptions of STEs*

| Other descriptions of STES | | |
|---|---|---|
| revelation | pre-conception memories | automatic writing |
| awakening | past life experience | automatic movements |
| cosmic consciousness | shamanic initiation | telepathy |
| spiritual revelation | psychic rebirth | animal & plant telepathy |
| indescribable peace | synchronicity | bi-location |
| suspension of fear | self-realization | precognition |
| healing experience | pre-conception memories | met dead family member |
| utter inner silence | past life experience | universe communication |
| visionary experience | lucid dreaming | prolonged transformation |

*Note. Other* Descriptions of STE were written in text box by participants.

Participants reported the duration of the experience of their STE. The most commonly reported duration was weeks (34% of participants) and minutes (22%). See Figure 11.

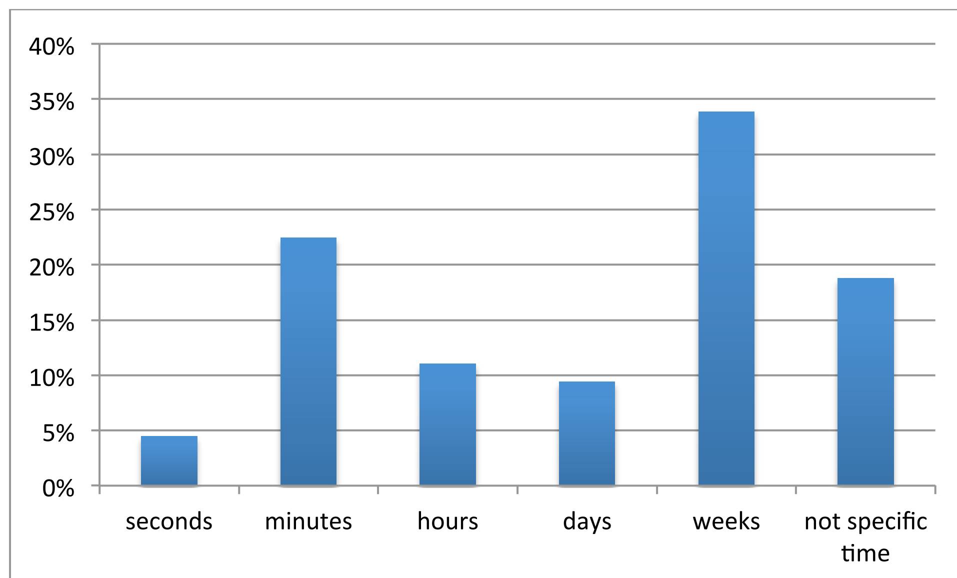


*Figure 11.* Duration of STEs.

On the survey, two questions were asked to gain information regarding time needed to integrate the STE. First, respondents were asked, "How long did it take to adjust after your STE until you could function comfortably and well in society (such as viable employment, stable family relationships, sufficient social support, good health)?" Next, respondents were asked, "How long did it take to integrate your STE until you were comfortable with your personal identity and your direction in life (such as at peace with inner changes, stabilized in your spiritual orientation, comfortable with habits of physical, mental and social balance, sensing harmony between your inner identity and outer activities)?" Figure 11 shows the two responses juxtaposed. The most frequent answer to the question asking time of adjustment is *days* (72 responses, 29%) and the most frequent answer to the question asking time of integration is *years* (92 responses, 38%). The overall comparison shows that generally an STEr takes longer to intrapersonally integrate their STE than it does for them to adjust societally.

Also of note on this chart is the *not fully* column, which represents responses that reported that the STE has not been fully adjusted to and not fully integrated. As mentioned earlier in this chapter, these reports corroborated significantly ($p < 0.001$) both with each other and with those who did not meet the MHI-5 cut-point that was used as criterion to select participants who had sufficiently integrated their STE. See Figure 12.

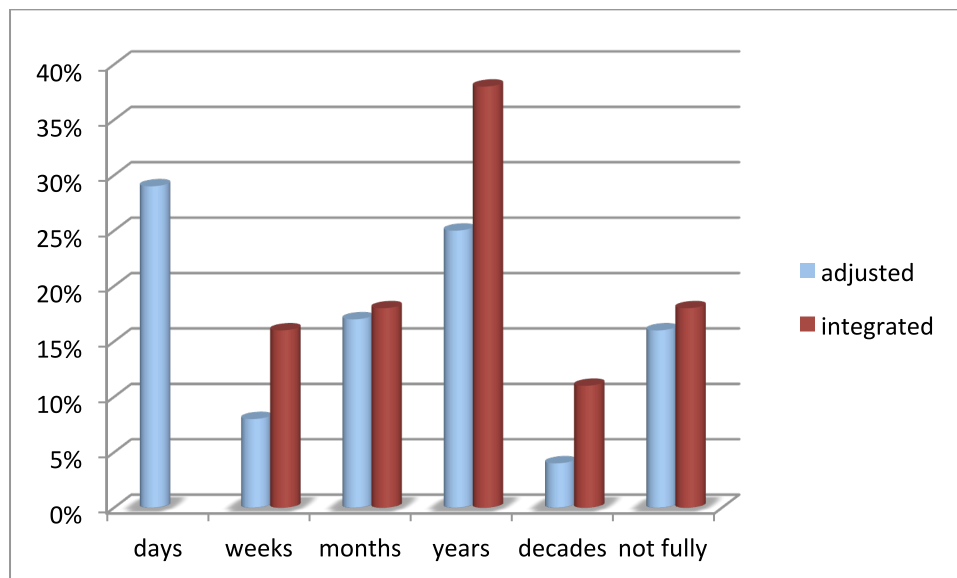


*Figure 12*. Length of time reported by participants to adjust to society and to integrate their STEs.

**Data Analysis for Research Questions**

The first Research Question was: *With what frequency do spiritually transformative experiencers (STErs) report having used various practices to assist them in the integration process?* Frequency of use was determined by how participants answered the Likert scale for the ISTEI. The Likert scale was as follows:

0 I didn't try this practice.

1 This practice was not at all helpful for integrating my STE.

2 This practice was somewhat helpful for integrating my STE.

3 This practice was very helpful for integrating my STE.

4 This practice was essential for integrating my STE.

5 I wish I had the opportunity to have tried this. It would have been very helpful.

If the participant chose 0 or 5, it was assumed that the participant had not used the practice.

All of the practices were used by at least some of the participants. Half of the participants (50%) used at least 63% of the practices. Across all practices, average use by participants was 62%. The practices least used were used 18% of the time. See Table 6.

Table 6

*Percentage of Use of Each Practice Rank Ordered*

| Practice, habit, or behavior | Percentage used |
|---|---|
| I practiced compassion | 97% |
| I spent more serene time alone | 96% |
| I allowed my psychological and spiritual issues to surface rather than resisting them | 96% |
| I practiced honesty | 95% |
| I studied information about the nature of spiritual experience and spiritual transformation | 94% |
| I attended to serving others, even if in small ways | 93% |
| I chose the right people to share the experience with | 93% |
| I practiced gratitude | 93% |
| I spent more time in nature | 93% |
| I found assurance that others had experienced and were experiencing similar things | 93% |
| I shared with at least one friend who was interested, supportive and helpful | 91% |
| I practiced forgiveness | 90% |
| I found ways to find and live a revised purpose more fulfilling for me | 88% |
| I found calmer environments | 88% |
| I found ways to verbally express what I had experienced | 88% |
| I practiced humility | 87% |
| I nurtured calmer interactions with people | 86% |
| I read holy books within my tradition and/or other spiritually uplifting books | 86% |
| I worked on getting in touch with my feelings | 85% |
| I found ways to minimize stress in my life | 85% |
| I worked on developing healthy relationships | 85% |
| I slowed down and minimized busy-ness | 84% |
| I found people to listen to my inner experiences in a nonjudgmental way | 84% |
| I found ways to adjust to more sensitivity to others' suffering | 83% |
| I found ways to match my new spiritual values with my earthly expectations and the expectation of others | 82% |
| I worked on getting in touch with my thought patterns | 82% |
| I found ways to adjust to increased awareness of inner sensations | 81% |
| I increased relaxation | 80% |
| I found ways to adjust to more awareness of other's thoughts and/or feelings | 80% |
| I found ways to radically shift my sense of reality after my STE | 80% |
| I practiced surrender to the divine | 79% |
| I found ways to express my inner experience though writing | 78% |
| I practiced daily meditation | 78% |

(continued)

| Practice, habit, or behavior | Percentage used |
|---|---|
| I sensed that on some level I had chosen to create the radical change happening in my life | 78% |
| I found at least one reliable safe place to let down and authentically share what was happening with someone else | 77% |
| I found ways to adjust to more awareness of metaphysical events | 76% |
| I found people to validate my experiences and assure me that I was not psychotic | 74% |
| I practiced walking or other slight exercise in a pleasant environment | 72% |
| I shared with at least one family member who was interested, supportive and helpful | 71% |
| I spent more time with relaxed people | 71% |
| I engaged with a supportive spiritual community | 71% |
| I found ways to have regular communication with my partner or a trusted friend | 69% |
| I found ways to accept returning from the expanded place of my STE back to the earthly realm | 68% |
| I spent more time in natural light | 67% |
| I practiced simple focused calming activities | 67% |
| I focused on remaining active in society | 67% |
| I increased rest | 66% |
| I worked on exploring my unconscious “dark side” | 65% |
| I found ways to adjust to more sensitivity to light, sound, smell, taste or touch | 59% |
| I increased sleep | 55% |
| I minimized junk foods | 54% |
| I practiced daily prayer | 54% |
| I considered or sought help from alternative medical professionals and/or healers | 52% |
| I chose not to take prescription medicine for psychological balance | 50% |
| I found ways to endure the responses I got from some people I told about my STE | 47% |
| I found ways to express my inner experience through some other creative practice | 46% |
| I found ways to accept which part of my story interested other people (sometimes things not important to me intrigued them, or things important to me were overlooked or discounted by them) | 45% |
| I cut alcohol out of my diet | 41% |
| I increased self-massage and/or bathing and showering | 41% |
| I sought psychotherapy or counseling | 39% |
| I scheduled regular exercise | 39% |
| I practiced visualizing my energy field connecting to the center of the earth through the base of my spine and/or the soles of my feet | 37% |
| I increased light manual work such as gardening or housekeeping | 36% |

(continued)

| Practice, habit, or behavior | Percentage used |
|---|---|
| I found ways to adjust to more sensitivity to toxic chemicals | 36% |
| I spent less time concentrating or reading | 35% |
| I discontinued recreational drugs | 35% |
| I found ways to adjust to more ability to predict the future | 35% |
| I found ways to adjust to more sensitivity to electromagnetic fields | 32% |
| I ate heavier foods such as meats, proteins and/or carbohydrates | 30% |
| I considered or sought psychiatric help | 30% |
| I scheduled regular sleep cycles | 29% |
| I scheduled regular meals | 28% |
| I increased receiving massages | 28% |
| I considered taking prescription medicine for psychological balance | 28% |
| I avoided fasting | 25% |
| I found ways to express my inner experience though movement | 25% |
| I worked at a workplace that offered support and encouragement | 23% |
| I cut sugar out of my diet | 22% |
| I practiced visualizing my energy field withdrawing to my center and/or dropping from my head to lower body | 22% |
| I lessoned the rigor of my spiritual practice(s) of yoga/meditation/chi kung | 21% |
| I found ways to express my inner experience through drawing or painting | 20% |
| I cut caffeine out of my diet | 19% |
| I chose to take prescription medicine for psychological balance | 18% |
| I moderated sexuality, to adjust to my fluctuating libido | 18% |

The second Research Question was: *Among the practices STErs used, how helpful do they report those practices having been in their integration processes?* From the ISTEI Likert scale, it was assumed participants who chose 1 (not helpful), 2 (somewhat helpful), 3 (very helpful), or 4 (essential) had used the practice. All of the practices were considered helpful by at least some of the participants. Most of the practices (90%) were considered very helpful ranked 3-3.9 (76%) or essential ranked 4.0 (14%). See Table 7.

Table 7

*Averages of Helpfulness Ratings for Each Practice Rank Ordered*

| Practice, habit or behavior | Average rating for helpfulness |
|---|---|
| I practiced compassion | 4.00 |
| I found calmer environments | 4.00 |
| I allowed my psychological and spiritual issues to surface rather than resisting them | 4.00 |
| I found ways to adjust to more awareness of metaphysical events | 4.00 |
| I found ways to express my inner experience through some other creative practice | 4.00 |
| I studied information about the nature of spiritual experience and spiritual transformation | 3.98 |
| I practiced forgiveness | 3.98 |
| I practiced humility | 3.98 |
| I found ways to find and live a revised purpose more fulfilling for me | 3.98 |
| I found ways to adjust to increased awareness of inner sensations | 3.97 |
| I practiced honesty | 3.96 |
| I practiced gratitude | 3.95 |
| I spent more serene time alone | 3.94 |
| I worked on getting in touch with my feelings | 3.93 |
| I spent more time in nature | 3.93 |
| I worked on getting in touch with my thought patterns | 3.93 |
| I found ways to minimize stress in my life | 3.93 |
| I spent more time with relaxed people | 3.93 |
| I found ways to radically shift my sense of reality after my STE | 3.92 |
| I found ways to express my inner experience through drawing or painting | 3.91 |
| I found ways to adjust to more sensitivity to others' suffering | 3.91 |
| I found at least one reliable safe place to let down and authentically share what was happening with someone else | 3.90 |
| I sensed that on some level I had chosen to create the radical change happening in my life | 3.90 |
| I nurtured calmer interactions with people | 3.90 |
| I practiced daily prayer | 3.90 |
| I chose the right people to share the experience with | 3.89 |
| I found ways to adjust to more sensitivity to light, sound, smell, taste, or touch | 3.88 |
| I practiced surrender to the divine | 3.88 |
| I found ways to match my new spiritual values with my earthly expectations and the expectation of others | 3.88 |
| I increased relaxation | 3.86 |

(continued)

| Practice, habit or behavior | Average rating for helpfulness |
|---|---|
| I read holy books within my tradition and/or other spiritually uplifting books | 3.85 |
| I found ways to accept returning from the expanded place of my STE back to the earthly realm | 3.85 |
| I considered or sought help from alternative medical professionals and/or healers | 3.85 |
| I found people to listen to my inner experiences in a nonjudgmental way | 3.85 |
| I found ways to adjust to more awareness of other's thoughts and/or feelings | 3.85 |
| I found ways to express my inner experience though writing | 3.84 |
| I shared with at least one friend who was interested, supportive, and helpful | 3.83 |
| I practiced daily meditation | 3.83 |
| I minimized junk foods | 3.82 |
| I found ways to verbally express what I had experienced | 3.82 |
| I worked on exploring my unconscious "dark side" | 3.82 |
| I attended to serving others, even if in small ways | 3.82 |
| I found assurance that others had experienced and were experiencing similar things | 3.82 |
| I found ways to express my inner experience though movement | 3.81 |
| I worked on developing healthy relationships | 3.80 |
| I chose not to take prescription medicine for psychological balance | 3.80 |
| I practiced walking or other slight exercise in a pleasant environment | 3.79 |
| I slowed down and minimized busy-ness | 3.78 |
| I practiced simple focused calming activities | 3.78 |
| I found ways to adjust to more sensitivity to toxic chemicals | 3.78 |
| I discontinued recreational drugs | 3.77 |
| I spent more time in natural light | 3.74 |
| I found ways to have regular communication with my partner or a trusted friend | 3.71 |
| I found people to validate my experiences and assure me that I was not psychotic | 3.71 |
| I increased rest | 3.70 |
| I engaged with a supportive spiritual community | 3.70 |
| I increased receiving massages | 3.69 |
| I cut alcohol out of my diet | 3.66 |
| I increased self-massage and/or bathing and showering | 3.62 |
| I practiced visualizing my energy field connecting to the center of the earth through the base of my spine and/or the soles of my feet | 3.59 |
| I found ways to adjust to more sensitivity to electromagnetic fields | 3.55 |
| I practiced visualizing my energy field withdrawing to my center and/or dropping from my head to lower body | 3.55 |
| I increased sleep | 3.54 |

(continued)

| Practice, habit or behavior | Average rating for helpfulness |
|---|---|
| I scheduled regular exercise | 3.53 |
| I moderated sexuality, to adjust to my fluctuating libido | 3.48 |
| I scheduled regular sleep cycles | 3.48 |
| I cut sugar out of my diet | 3.47 |
| I scheduled regular meals | 3.42 |
| I found ways to adjust to more ability to predict the future | 3.40 |
| I found ways to endure the responses I got from some people I told about my STE | 3.32 |
| I increased light manual work such as gardening or housekeeping | 3.23 |
| I found ways to accept which part of my story interested other people (sometimes things not important to me intrigued them, or things important to me were overlooked or discounted by them) | 3.21 |
| I sought psychotherapy or counseling | 3.19 |
| I focused on remaining active in society | 3.13 |
| I cut caffeine out of my diet | 2.88 |
| I lessoned the rigor of my spiritual practice(s) of yoga/meditation/chi kung, etc. | 2.76 |
| I shared with at least one family member who was interested, supportive and helpful | 2.74 |
| I avoided fasting | 2.71 |
| I worked at a workplace that offered support and encouragement | 2.55 |
| I ate heavier foods such as meats, proteins and/or carbohydrates | 2.44 |
| I spent less time concentrating or reading | 2.24 |
| I considered or sought psychiatric help | 2.00 |
| I considered taking prescription medicine for psychological balance | 1.50 |
| I chose to take prescription medicine for psychological balance | 1.34 |

The third Research Question was: *What is the relationship between reported frequency of use and reported helpfulness?* The two lists of ranked orders for mean helpfulness and percentage were compared. This relationship is shown as a scatterplot in Figure 13.

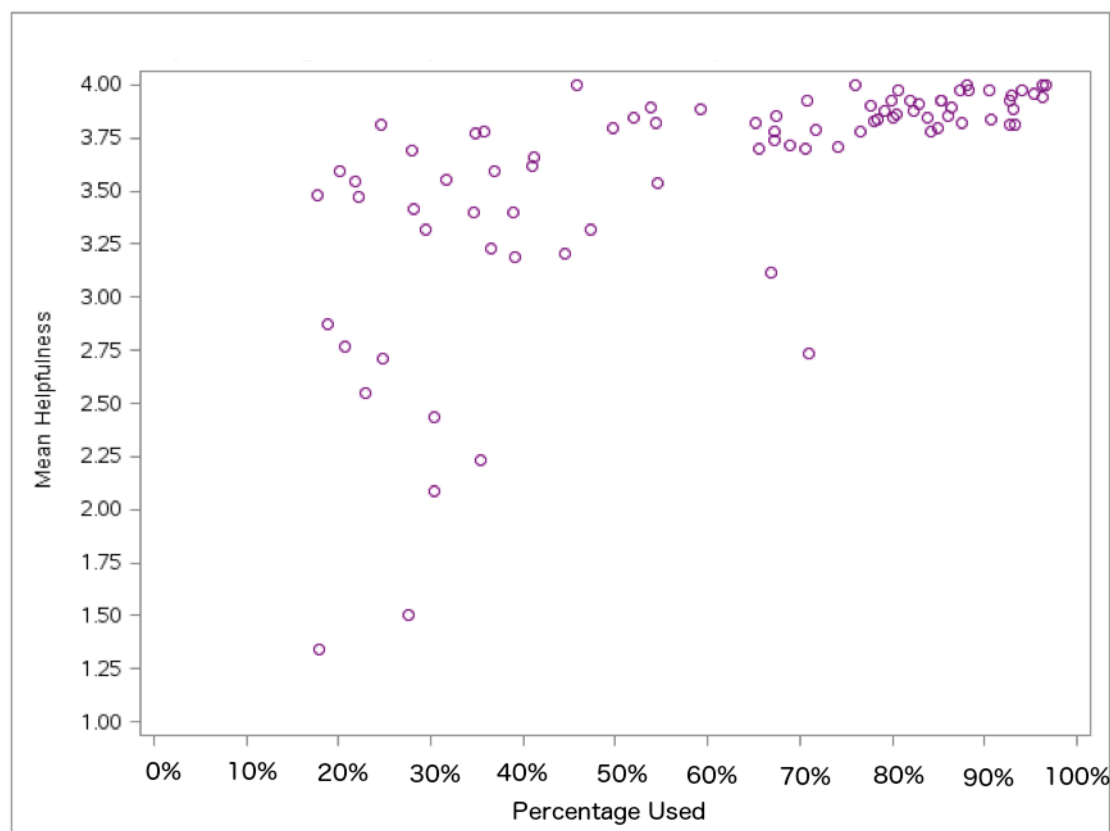


*Figure 13.* Scatterplot of percentage of use and mean rated helpfulness.

The mean helpfulness for each practice is presented on the *y*-axis. The minimum helpfulness is a 1 (not at all helpful), and the maximum is a 4 (essential). The *x*-axis shows the percentage (between 0 and 1 for 100%) of respondents who reported using the practice. There is one dot for each practice.

To better examine this relationship, values of mean-rated helpfulness and percentage of use were replaced by ranks. Spearman's Correlation Coefficient of .788 showed significant correlation ($p < .0001$) between the usage and the helpfulness of the practices. As apparent from

this scatterplot, the relationship between the rank percentage of usefulness and rank of helpfulness is very strong. The significance of this strong statistical correspondence indicates that on average the practices rated most helpful were also used more frequently, whereas those rated least helpful were used less frequently. See Figure 14.

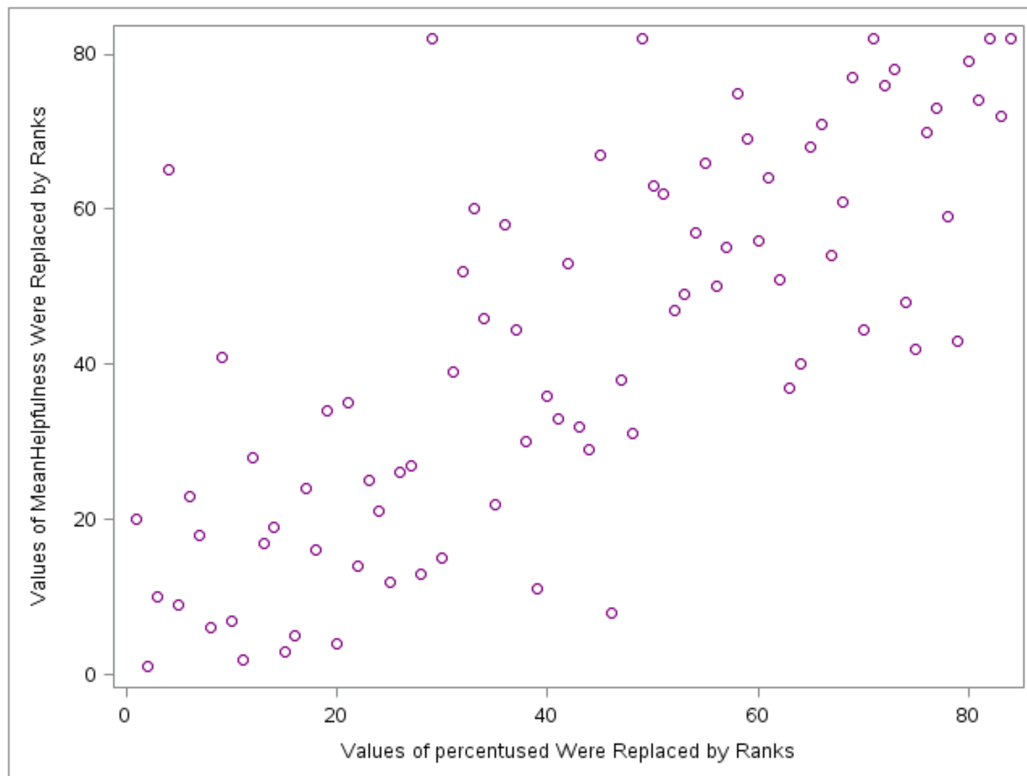


*Figure 14.* Spearman's rating of .788 ($p < .0001$) showing strong correlation between values of mean rated helpfulness and percentage of use by ranks.

The fourth Research Question was: *What other patterns emerged regarding reported frequency and/or helpfulness of various practices to assist STErs in the integration process?* The first step of looking closer at the data was to divide it into the same eight thematic groups arbitrarily chosen in creating the ISTEI. See Table 8.

Table 8

*Practices Divided Into Eight Thematic Groups*

| Thematic group | Practices, habits, and behaviors | Helpfulness rating |
|---|---|---|
| 1. Social situations | Chose the right people for sharing | 3.9 |
| | Found non-judgmental listeners | 3.8 |
| | Shared with a friend | 3.8 |
| | Found ways to serve others | 3.8 |
| | Found others who experienced similar things | 3.8 |
| | Developed healthy relationships | 3.8 |
| | Found safe place to share | 3.8 |
| | Found validation and assurance I was not psychotic | 3.7 |
| | Endured responses when sharing | 3.3 |
| | Accepted how people responded | 3.2 |
| | Remained active in society | 3.1 |
| | Shared with family member | 2.7 |
| | Found a workplace that offered support | 2.5 |
| 2. Supportive environments | Found calm environments | 4.0 |
| | Spent serene time alone | 3.9 |
| | Spent time in nature | 3.9 |
| | Spent time with relaxed people | 3.9 |
| | Practiced calm interactions with people | 3.9 |
| | Spent time in natural light | 3.7 |
| 3. Supportive activities | Minimized stress | 3.9 |
| | Practiced relaxation | 3.9 |
| | Practiced light pleasant exercise such as walking | 3.8 |
| | Minimized busy-ness | 3.8 |
| | Practiced simple focused calming activities | 3.8 |
| | Practiced regular communication with a trusted friend | 3.7 |
| | Practiced rest | 3.7 |
| | Practiced self-massage or bathing/showering | 3.6 |
| | Got more sleep | 3.5 |
| | Moderated sexuality to fluctuating libido | 3.5 |
| | Got regular exercise | 3.4 |
| | Developed regular sleep cycles | 3.3 |
| | Practiced light manual work such as gardening | 3.2 |
| | Spent less time concentrating or reading | 2.2 |

(continued)

| Thematic group | Practices, habits, and behaviors | Helpfulness rating |
|---|---|---|
| 4. Spiritual practices | Studied spiritual transformation | 4.0 |
| | Practiced daily prayer | 3.9 |
| | Practiced surrender to the divine | 3.9 |
| | Read spiritual literature | 3.9 |
| | Practiced daily meditation | 3.8 |
| | Found supportive spiritual community | 3.7 |
| | Visualized grounding my energy field to earth | 3.6 |
| | Visualized centering and dropping inside | 3.5 |
| | Lessoned rigor of spiritual practice | 2.8 |
| 5. Self-exploration | Practiced compassion | 4.0 |
| | Allowed psychological and spiritual issues to surface | 4.0 |
| | Expressed myself through other creative practice | 4.0 |
| | Practiced forgiveness | 4.0 |
| | Practiced humility | 4.0 |
| | Revised my purpose in life | 4.0 |
| | Practiced honesty | 4.0 |
| | Practiced gratitude | 4.0 |
| | Got in touch with my feelings | 3.9 |
| | Got in touch with my thought patterns | 3.9 |
| | Shifted my sense of reality | 3.9 |
| | Accepted responsibility for wanting this STE experience | 3.9 |
| | Matched spiritual desires with earthly expectation | 3.9 |
| | Accepted returning from expanded state to earthly realm | 3.9 |
| | Expressed my inner experience through writing | 3.8 |
| | Expressed my inner experience through verbal sharing | 3.8 |
| | Explored my unconscious “dark side” | 3.8 |
| | Expressed my inner experience through movement | 3.8 |
| | Expressed my inner experience through artwork | 3.6 |
| 6. Seeking professional clinical help | Considered or sought alternative health practitioner | 3.8 |
| | Chose not to take prescription medicine | 3.8 |
| | Received massages | 3.7 |
| | Sought psychotherapy or counseling | 3.2 |
| | Considered or sought psychiatric help | 2.1 |
| | Considered taking prescription medicine | 1.5 |
| | Chose to take prescription medicine | 1.3 |

(continued)

| Thematic group | Practices, habits, and behaviors | Helpfulness rating |
|---|---|---|
| 7. Adjusting to heightened sensitivities | Adjusted to awareness of metaphysical events | 4.0 |
| | Adjusted to awareness of inner sensations | 4.0 |
| | Adjusted to sensitivity to others' suffering | 3.9 |
| | Adjusted to sensitivity to light, sound, smell, taste, touch | 3.9 |
| | Adjusted to awareness of others' thoughts/feelings | 3.8 |
| | Adjusted to sensitivity to toxic chemicals | 3.8 |
| | Adjusted to sensitivity to electromagnetic fields | 3.6 |
| | Adjusted to ability to predict the future | 3.4 |
| 8. Healthier Nutrition Habits | Minimized junk foods | 3.8 |
| | Discontinued recreational drugs | 3.8 |
| | Discontinued alcohol | 3.7 |
| | Discontinued sugar | 3.5 |
| | Scheduled regular meals | 3.4 |
| | Discontinued caffeine | 2.9 |
| | Avoided fasting | 2.7 |
| | Increased heavy foods such as meats, proteins, carbohydrates | 2.4 |

Upon examination of the data, a noticeable pattern emerged. In many groups the practice or practices rated least helpful were specifically practices suggested to slow down the transformative process. Thus they were negating generally accepted spiritual practices of eating lighter, fasting, reading spiritual material, and spiritual traditional practices. To compensate for this, those questions were reverse-scored. Scores of 1, 2, 3, and 4 respectively were substituted for scores of 4, 3, 2, and 1 respectively. The other practice stated in negative form was the item *I chose not to take prescription medicine for psychological balance*. This item was also reverse-scored. Table 9 shows the survey questions that were reverse-scored.

Table 9

*Reverse-Scoring of Five Items*

| Group | Original questions | Average former score | Question as would appear reverse-scored | Average reverse score |
|---|---|---|---|---|
| 3 | I spent less time concentrating or reading | 2.2 | I continued or increased time spent concentrating or reading | 2.8 |
| 4 | I lessoned the rigor of my spiritual practice(s) of yoga/meditation/Qigong, etc. | 2.8 | I continued or increased the rigor of my spiritual practice(s) of yoga/meditation/Qigong, etc. | 2.2 |
| 6 | I chose not to take prescription medicine for psychological balance | 3.8 | I chose to take prescription medicine for psychological balance | 1.6 |
| 8 | I ate heavier foods such as meats, proteins and/or carbohydrates | 2.7 | I ate the same or less heavier foods such as meats, proteins and/or carbohydrates | 2.4 |
| 8 | I avoided fasting | 2.4 | I practiced fasting | 2.7 |

Table 9 shows that the four questions addressed towards slowing down the process changed inconclusively when reverse-scored. Two out of 4 increased in average rating, and the other two (ironically) decreased by exactly the same rating scores. All scores whether reversed scored or not hovered between ratings of 2 and 3 suggesting that attempting to slow down the transformation process through diet or other practices was rated somewhat helpful on average, whether reverse-scored or not.

However, reverse scoring for those who chose not to take prescription medicine in Group 6 noticeably affected the score, which led to the second consideration of the data. Looking more closely at Group 6 (seeking professional clinical help) with consideration to this showed that the range of ratings was noticeably greater than in any other group, and that the lowest ratings overall fell into this group. Upon greater inspection, Group 6 was easily divisible into two

distinct groups. One group was psychiatric professionals practicing within conventional medicine. The other group was alternative heath and healing therapeutic modalities (psychotherapy, massage, bodywork, and other non-allopathic practices that may prescribe herbs, homeopathic treatment, supplements, etc.). For clarity and consistency, Group 6 was separated into two groups, 6A (alternative health professionals) and 6P (psychiatry and medications). See Table 10.

Table 10

*Group 6 Divided Into Subgroups 6A (Alternative Healthcare) and 6P (Psychiatric and Medication)*

| Group | Practice | Helpfulness rating |
|---|---|---|
| 6A: Alternative Healthcare | | |
| | I considered or sought help from alternative health professionals | 3.8 |
| | I increased receiving massages | 3.7 |
| | I sought psychotherapy or counseling to help me work through emotional blocks | 3.2 |
| 6P: Psychiatric and medication | | |
| | I considered or sought psychiatric help | 2.1 |
| | I choose to [not] take prescription medicine for psychological balance [reverse scored] | 1.6 |
| | I considered taking prescription medicine for psychological balance | 1.5 |
| | I chose to take prescription medicine for psychological balance | 1.3 |

A note is important at this point. By reverse scoring the item *I choose to not take prescription medicine,* the meaning is subtly, but importantly changed. Choosing not to take prescription

medication was rated 3.8, which is close to essential (4 = essential, 3 = very helpful). It is a strong statement, with power behind it, implying that *I found it essential to not take prescription medication.* This is slightly altered with reverse scoring in which it becomes a milder statement that taking prescription medication is not helpful (1.3 lies between 1 = not at all helpful and 2 = somewhat helpful).

To further examine the statistical relationship of Group 6P to the other eight groups, the mean of participant ratings of all practices in the groups was calculated. See Table 11. Ratings for helpfulness were as follows: 1 = not helpful, 2 = somewhat helpful, 3 = very helpful, 4 = essential. The eight groups rating very helpful showed means of ratings between 2.9 and 3.4 (very helpful). In contrast, the mean of Group 6P was 1.8 (somewhat to not at all helpful).

Table 11

*Mean Ratings of Helpfulness of Practices Within the Nine Thematic Groups*

| Group # | Thematic groups | Mean of helpfulness ratings |
|---|---|---|
| 1 | Supportive social situations | 3.0 |
| 2 | Supportive environments | 3.4 |
| 3 | Supportive activities | 3.1 |
| 4 | Spiritual practices | 3.2 |
| 5 | Self-exploration | 3.3 |
| 6 A | Seeking alternative health professionals | 3.1 |
| 6 P | Seeking psychiatric professionals and taking medication | **1.8** |
| 7 | Adjusting to heightened sensitivities | 3.2 |
| 8 | Adopting healthier nutrition habits | 2.9 |

Differences of mean helpfulness in each group were modeled using a negative binomial model. Group 6P had a significantly lower mean helpfulness compared to each of the other nine thematic groups ($p < .001$). The mean helpfulness of Group 6P was 1.82, and 95% Confidence Intervals are (1.56, 2.08). A negative binomial model was used to model the mean helpfulness score because the scores are based on a Likert-scale metric and are therefore not continuously

distributed. The negative binomial model is used to model discrete data. The estimates of the negative binomial model were adjusted for multiplicity using a Tukey's adjustment in order to keep the overall alpha level of .05. Because ratings were based on the Likert scale, which is not a bell-curve shaped normal distribution, scale counts of 1 through 4 were used to correspond to the Likert scale. See Figure 15.

| | 1 | 2 | 3 | 4 | 5 | 6A | 6P | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | NS | NS | NS | NS | NS | <0.001 | NS | NS |
| 2 | | | NS | NS | NS | NS | <0.001 | NS | NS |
| 3 | | | | NS | NS | NS | <0.001 | NS | NS |
| 4 | | | | | NS | NS | <0.001 | NS | NS |
| 5 | | | | | | NS | <0.001 | NS | NS |
| 6A | | | | | | | <0.001 | NS | NS |
| 6P | | | | | | | | <0.001 | <0.001 |
| 7 | | | | | | | | | NS |
| 8 | | | | | | | | | |

*Figure 15*. The Tukey adjusted *p*-value of each pair-wise comparison of nine thematic groups showing significant difference of Group 6P. NS represents a nonsignificant *p*-value.

**Narrative Questions at the End of the Survey**

It is beyond the scope of this study to address the data collected in the text box questions in Section V at the end of the survey. However, it is worthy of attention to note the number of participants who did include a narrative in one or more of the text boxes, at least to note that after a survey that took a minimum of 30 minutes to complete, many participants found enough value to be motivated to contribute more to the survey. See Figure 16.

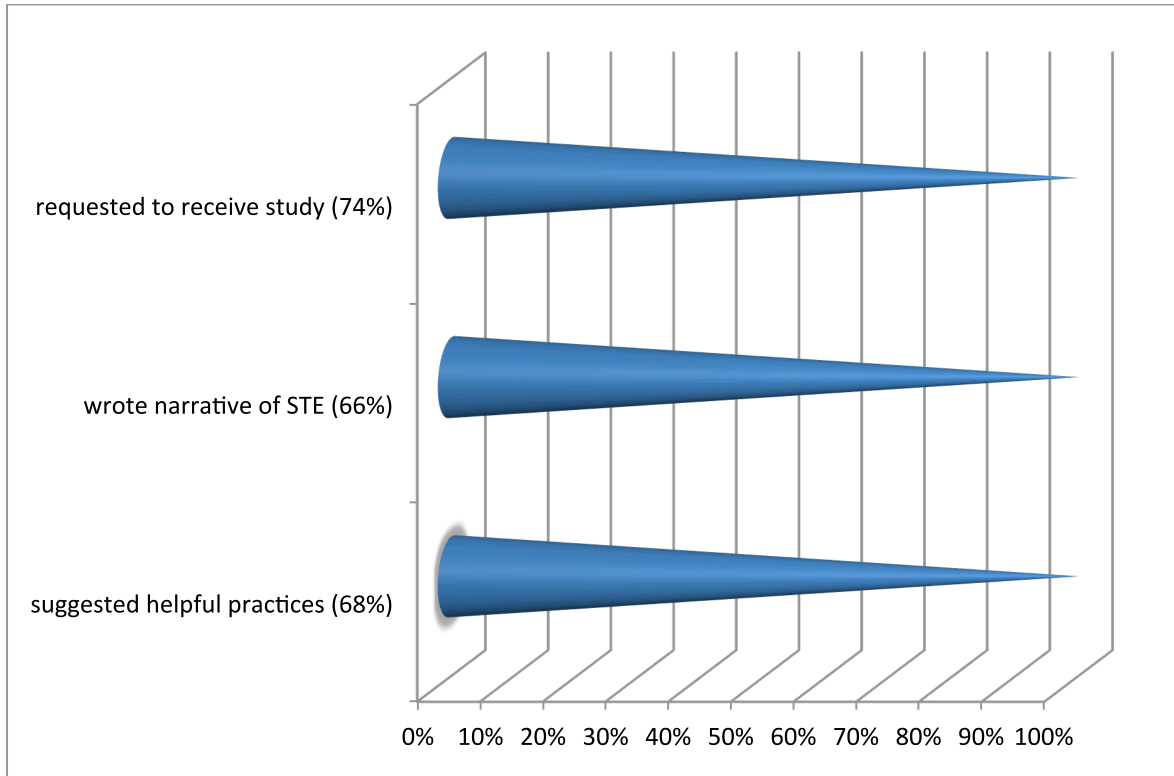


*Figure 16.* Percentage of participants who filled in text boxes in Section IV.

# Chapter 5: Discussion

## Comparative Studies

An important part of any research study discussion is presentation of similarities and differences in the study's findings as compared to other studies on the topic of the study. To the best of my knowledge, no other researcher has undertaken a study of this topic. Research thus far on how to assist people in integrating STEs has been primarily theoretical, usually proposed by experienced clinicians with sufficient STErs in their caseload such that they put forth suggestions based upon their clinical experience. Quantitative research such as this study in the field of integrating STEs has been lacking.

A characteristic unique to this research study is the inclusion of a broad range of STEs. The ISTEI study has furnished new information showing evidence of commonality of several different types of STEs, which heretofore have not been studied together as a group, or even conclusively identified as a common group. Qualitative studies and a few quantitative studies (Greyson, 1993b; Grof, 1972; Radin, 1997; Ring & Rosing, 1990; Tart, 2009; White, 1999) have been done in academic fields addressing near-death experiences, paranormal experiences, hallucinogenic substances, shamanic experiences, healing experiences and religious conversions. These studies addressed only one type of transformative or nonordinary experience, with the exception of Greyson and Ring's (2004) work comparing near-death experiences to kundalini awakenings and White's (1999) descriptive lists of a wide variety of paranormal experiences. Recently the online CEU website by David Lukoff (Spiritual Competency Resource Center, 2017) has been one of the first professional resources to bring this assumption of the commonality of many types of STEs to professional circles. The ISTEI study was inspired by Lukoff's work.

A recent project was launched in this area of inquiry with the assumption that different types of STEs have sufficient aspects in common that they can be treated as a group. Over the past several years concurrent with, yet independent from, the ISTEI survey research study, a group of clinicians met to create a much-needed set of competencies. At the time that the ISTEI survey was posted online collecting responses, a new manual was being published entitled *Spiritual & Religious Competencies in Clinical Practice* (Vieten & Scammell, 2015). In chapter 6 of this book, spiritual emergencies are addressed inclusively, which carries an assumption of viewing diverse STEs as a group.

In order to create the ISTEI survey study, a diverse range of STEs was regarded as a group according to their similarities, and the data were analyzed as a group. Engaging in this research study involved the implied assumption that the information I was seeking about people's experience of integrating their STEs would be similar enough to quantitatively draw conclusions regarding their use and helpfulness. That assumption has been validated. This is not to assert that differences such as types of STEs, age, culture, or other groupings would not involve different integration trajectories, but findings from this study give evidence that across all STEs a statistically significant number of practices were deemed helpful and essential. This finding validates the original assumption that different STEs involve strong similarities in integration processes.

An aspect of this research that stands on its own with no previous comparable studies is that this quantitative research addresses only and specifically methods of integration. Most of the previous research studies of various transformative events inquired into frequency, phenomenology, and postexperience changes known as *after effects*. After effects refer to special sensitivities and powers that the experiencer notices following a transformative experience.

There is little if any formal statistically grounded research that directly addresses the experiencer's challenges and needs during their period of integration back into the worldly realm.

**Sample Size and Results**

The large number of respondents and participants who passed the criteria for inclusion in this study gave statistical strength to the analyzed results. Of the 413 respondents, 245 (more than half) met the qualifications to be participants in the study. This number of participants allowed analysis to be strong, and statistical significance was found in several aspects of the analysis. An observation regarding this surprisingly large number of participants was that during the year of creating the study (2015) and the year of posting the survey online (2016), a variety of online social media groups sprouted in many different countries for the purpose of gathering together companions for the mutuality of their individual experiences of spiritual emergence and emergency.

The diversity of participants and of their experiences was an important part of the strength of the study. There was expected lack of diversity in race, given that the survey was in English. However, with the power of the Internet, all six continents were represented, all major races represented, a full spread of ages from 18 to older than 75, all economic stratas, and all major religions represented. Approximately half of the participants were either U.S. citizens, some form of Christian, or reported a household annual income of less than $50,000. Approximately three quarters were female. In the area of employment, over half reported working in the helping professions and approximately half held more than one job. Diversity was also a strength when considering the range of STEs. Over half of the participants reported a mystical experience and/or a unitive divine experience. Defining situations such as near-death

experience, religious conversion experience, kundalini experience, hallucinogenic drug experience, and communication with beings on other realms of reality were all strongly represented. Duration of the STE, length of time having passed since the STE, and length of time to adjust and to integrate the STE ranged widely.

**Summary of Research Questions Results**

The research question for this study was: What practices, habits, and behaviors assist an individual to integrate an STE? In order to fully address this question and supply supporting evidence for the results, the following four phases were undertaken for the study:

1. An operationalized definition of STE was crafted.
2. The Integration of Spiritually Transformative Experiences Inventory (ISTEI) was created. It demonstrated validity that it is aligned with the selected guidelines of authorities in the field operationalized into a survey of 84 practices, habits, and behaviors that assist people in integrating STEs. It was also designed to benefit the responders and thus engage them sufficiently to collect required data for producing valid results in the research study.
3. Survey respondents were selected by inclusionary criteria to ensure that they that had sufficiently integrated their STE so as to contribute viable opinions of which of 84 practices had been beneficial and to what degree, and to ensure that the STE they claimed to have had was an authentic STE, according to the definition used in the research study.
4. Data were analyzed according to the four subordinate research questions.

*The first phase* was to create a definition of STE. This was needed because, although *spiritual emergency* and *spiritually transformative experience* are common terms referred to in

other research, as yet no definitive expression has been proposed. From study of the scholarly literature the following definition was created: *A spiritually transformative experience is a discrete experience of an altered state of consciousness that brings about a profound transformation in the spiritual identity and life expression of the experiencer.*

*The second phase* was creation of the ISTEI, which involved several phases of operationalizing the lists of suggestions from authorities in the field (David Lukoff, Yvonne Kason, Ryan Rominger, and Yolaine Stout) into ISTEI 84 practices, habits, and behaviors that were conducive to rating in a Likert-scale format in an online survey. Evidence for the appeal of the design of the ISTEI survey in engaging enough respondents was that 413 people were recruited to take the survey and respondents cooperated voluntarily for over 30 minutes. Because the majority of responses to the survey were referrals from friends or acquaintances and online spiritual emergency networks, this pattern indicated that the design of the survey was beneficial enough to be circulated by personal referrals.

There is significant evidence that creation of the content of the ISTEI was successful in statistically validating accepted helpful practices, habits, and behaviors. The study results showed that all of the 84 items were used, with the least used items used 18% of the time. Over 50% of the items were used by over 50% of the participants, and 90% of the items were rated between very helpful and essential.

*The third phase* was selection of the respondents to meet criteria for the survey. This involved inserting standardized validated psychological tests into the survey. Meeting the cut-points of the MHI-5 indicated sufficient integration and of the PTGI-SF indicated authentic experience of the defined STE. Ninety-one respondents did not meet these cut-points.

Correlational analysis showed that the tests were well chosen for the purpose they were used. The comparable responses to survey questions regarding description, duration, and length of time of adjustment and integration of STEs among participants who met the cut-point for the PTGI-SF matched expectation of the type of STEs this study was interested in examining, verifying that those who met the cut-point for the PTGI met criteria. There was statistically significant correspondence ($p < 0.001$) between respondents who chose the answer *I have not yet integrated my STE* with same respondents who did not meet the cut-point of the MHI-5 test. Thus evidence shows that these two tests were successful in being used as inclusionary criteria to select the 245 participants from the larger pool of 336 respondents who completed the tests.

*The fourth phase* was data analysis to answer the four subordinate research questions. Each one built upon the next to reveal patterns in the data.

*Question 1: With what frequency do spiritually transformative experiencers (STErs) report having used various practices to assist them in the integration process?* All of the practices were used by at least some of the participants. Half of the participants (50%) used at least 63% of the practices. Across all practices, average use by participants was 62%. The practice least used was used 18% of the time. See Table 6 for frequency of use for specific practices.

*Question 2: Among the practices STErs used, how helpful do they report those practices having been in their integration processes?* Sixty-six of the 84 practices (66%) were rated between very helpful and essential, and four (5%) were rated as least to not at all helpful. See Table 7 for rated helpfulness of specific practices.

*Question 3: What is the relationship between reported frequency of use and reported helpfulness?* Significant ($p < .0001$) correspondence was shown to exist between the percentage

of participants who used a practice with the mean rating of the helpfulness of the practice. Spearman's correlation was .788. See Figures 13 and 14 for correlation of frequency of use to rated helpfulness.

The strong pattern of correspondence suggests two very important things. First, it suggests that there is a consistency of opinion among a large diversity of participants and experiences regarding what practices were helpful in integrating an STE. Secondly, it suggests that individuals in the process of integrating STEs naturally and intuitively seek out on their own practices, habits, and behaviors that are the most beneficial, given that there is little formal clinical or public guidance for this process.

*Question 4: What other patterns emerged regarding reported frequency and/or helpfulness of various practices to assist STErs in the integration process?* The most important pattern of findings was that people who integrate STEs agree on essential and helpful practices, as well as what is not helpful, and that the pattern of correspondence between rated helpfulness and frequency of use is consistent.

For example, 96%-97% (highest percentage of people trying any single practice) of participants practiced compassion, found calmer serene environments, and allowed their psychological and spiritual issues to surface rather than resisting them. Of these participants, 100% rated these three practices as essential (highest rating of helpfulness) for integrating their STE. See Table 12. On the other end of the spectrum, the practices considered least helpful or not helpful (lowest rating of helpfulness) were seeking psychiatric help and taking prescription medication. Of the participants, 28% sought psychiatric help and 18% (lowest percentage of participants trying any single practice) took psychiatric medications. See Table 13.

Table 12

*Examples of Practices Ranked Essential for Integration*

| Category | Practice, habit, or behavior | Helpfulness (4 = essential, 3 = very helpful) |
|---|---|---|
| Spiritual practice | | |
| | Practiced compassion | 4.0 |
| | Practiced forgiveness | 4.0 |
| | Practiced humility | 4.0 |
| | Practiced honesty | 4.0 |
| | Practiced gratitude | 4.0 |
| Self-exploration | | |
| | Allowed psychological and spiritual issues to surface rather than resisting them | 4.0 |
| | Read spiritual literature and studied spiritual transformation | 4.0 |
| | Expressed my inner experience through creative practices | 4.0 |
| | Found ways to find and live a revised purpose more fulfilling for me | 4.0 |
| | Worked on getting in touch with my feelings and thought patterns | 3.9 |
| Spiritually supportive practices | | |
| | Found ways to adjust to more awareness of metaphysical events | 4.0 |
| | Found ways to adjust to increased awareness of inner sensations | 4.0 |
| | Found at least one reliable safe place to let down and authentically share what was happening with someone else | 3.9 |
| | Found ways to adjust to more sensitivity to others' suffering | 3.9 |
| | Practiced daily prayer and surrender to the divine | 3.9 |
| Supportive environment | | |
| | Found calm environments | 4.0 |
| | Spent more serene time alone | 3.9 |
| | Spent more time in nature | 3.9 |
| | Spent more time with relaxed people | 3.9 |
| | Practiced calm interactions with people | 3.9 |

The most pronounced pattern of contrast that showed up in analysis of the data was examination of the practices at the low end of the range of helpfulness. See Table 13.

Table 13

*Mean Helpfulness Ratings for Items in Group 6P (Psychiatric and Medication)*

| Items in Group 6P: Seeking psychiatric care and taking medication | Mean helpfulness rating (2 = somewhat helpful, 1 = not at all helpful) |
|---|---|
| I considered or sought psychiatric help | 2.1 |
| I choose to [not] take prescription medicine for psychological balance [reverse scored] | 1.6 |
| I considered taking prescription medicine for psychological balance | 1.5 |
| I chose to take prescription medicine for psychological balance | 1.3 |

This strong pattern is best recognized when the practices were grouped thematically with their mean rates of helpfulness statistically analyzed with pair-wise comparisons. Items in Group 6P (psychiatric care and taking medication) showed significant difference of $p < .001$ between it and each of the other eight groups in pair-wise comparisons. The eight groups rating very helpful showed means of ratings between 2.9 and 3.4 (2.0 = somewhat helpful, 3.0 = very helpful). In contrast, the mean rating of Group 6P was 1.8. (1.0 = not at all helpful, 2.0 = somewhat helpful) See Figure 17.

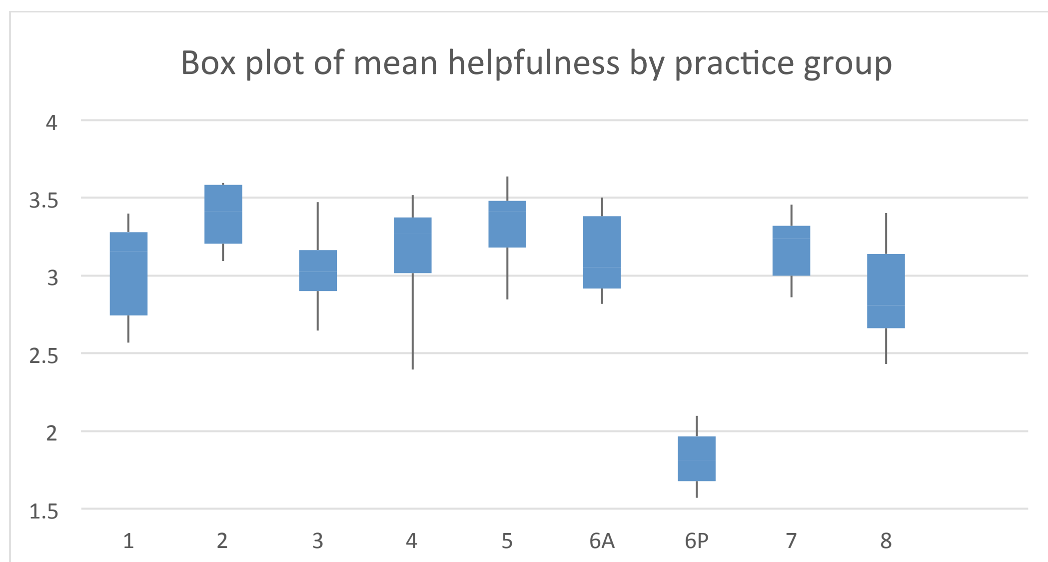


*Figure 17.* Box plot of pair-wise comparisons between Group 6P (psychiatric care and medication) and other thematic groups.

Psychiatric care and taking medication (Group 6P) contained the only practices reported on average to be not helpful. Of equal importance was that the item reverse-scored, *I choose to not take prescription medicine for psychological balance*, was rated essential (3.8) by 50% of the participants.

This finding from the ISTEI survey is particularly important because of the prevalence of misdiagnosis within spiritual emergency situations. Individuals undergoing the psycho-spiritual transformative processes that follow STEs can exhibit symptoms that mimic psychosis. The difficulties that individuals encounter while integrating STEs can be seriously exacerbated when psychiatric misdiagnosis occurs and/or when inappropriate psychiatric medications are prescribed.

There were several patterns within the middle range of reported helpfulness (2.2–3.6) that made up 29% of the practices. Of all 84 practices, 66% were reported to be essential to very helpful. Only psychiatric care and taking medication (totaling 5% of items) were reported to be somewhat helpful to not at all helpful. See Table 14.

Table 14

*Ranked Helpfulness Ratings Divided Into Groupings, Then Subcategories*

| Ratings of helpfulness | Percentage of use | Number of practices | Subcategories within each grouping |
|---|---|---|---|
| 4.0 to 3.7<br>essential<br>to<br>very helpful | 66% | 56 | Spiritual practice<br>Self-exploration<br>Spiritually supportive practices<br>Supportive environment |
| 3.6-2.2<br>very helpful<br>to<br>somewhat helpful | 29% | 24 | Regulating daily physical rhythms<br>Eliminating detrimental substances<br>Moderating sexuality to libido<br>Counter-cultural practices<br>Guidelines for grounding |
| 2.1-1.0<br>somewhat helpful<br>to<br>not at all helpful | 5% | 4 | Psychiatric care<br>Psychiatric medication |

The middle grouping of moderately helpful items invite further inquiry. They can be divided into five categories: (a) regulating daily rhythms, (b) eliminating detrimental substances, (c) moderating sexuality to adjust to fluctuating libido, (d) other practices that go against societal norms in the U.S. and similar cultures, and (e) guidelines for grounding.

The first category, *regulating daily physical rhythms*, is made up of the five questions in the survey that involve daily basic physical rhythms. See Table 15. The ratings of 3.2–3.5 indicate that these practices were considered to be very helpful (3.0 = very helpful). What is noticeable is that except for increasing sleep, the percentage of people who used these habits is only approximately one third of the participants (28%–39% range). The discrepancy is worth noting. It could well be that the increased sleep was involuntary, whereas regulating sleep, meals, and exercise required very focused volition, particularly in U.S. and similar cultures where expectations of society make such regulation difficult.

Table 15

*Regulating Daily Physical Rhythms; Helpfulness and Usage*

| Regulation of daily rhythms | Average helpfulness rating | Percentage used |
|---|---|---|
| Increased sleep | 3.5 | 55% |
| Regular exercise | 3.5 | 39% |
| Regular sleep cycles | 3.5 | 29% |
| Regular meals | 3.4 | 28% |
| Light manual work | 3.2 | 36% |

In the second category, *eliminating detrimental substances*, a similar pattern occurs as noted in the category above. Ratings are again higher in relationship to percentage used than the overall correspondence evidenced in the survey predicts. Discontinuing alcohol, sugar, and caffeine were ranked very to somewhat important yet practiced by only two fifths to one fifth of the participants. See Table 16.

Table 16

*Eliminating Detrimental Substances; Helpfulness and Usage*

| Eliminating detrimental substances | Average helpfulness rating | Percentage used |
|---|---|---|
| Alcohol | 3.6 | 41% |
| Sugar | 3.5 | 22% |
| Caffeine | 2.9 | 19% |

The third category, *moderating sexuality to adjust to fluctuating libido*, is a single item that is the one noticeable outlier in the correlational analysis between helpfulness and usage. The average helpfulness rating was 3.5, solidly in the middle of the "very helpful" range. In contrast, the percentage of participants who used this behavior was the lowest found in the survey (18%)—equally as low as the percentage of those who chose to take prescription medicine. See Table 17. Explanation for this statistical outlier may be that culturally this practice of moderating

sexuality to libido level is generally neither known nor advocated in the U.S. and related cultures.

Table 17

*Moderating Sexuality to Adjust to Fluctuating Libido; Helpfulness and Usage*

| Outlier practice | Average helpfulness rating | Percentage used |
| --- | --- | --- |
| Moderated sexuality to adjust to fluctuating libido | 3.5 | 18% |

All together these three groupings (regulating daily physical rhythms, eliminating detrimental substances, and moderating sexuality to adjust to libido) have several themes in common. In addition to the commonality that all of them go against the cultural norms in the U.S. and similar regions, they all regard physical and physiological health. The conflict between societal values and health-inducing values is beyond the scope of this treatise, but it is worthy of noting that advertising and mega industry have much to gain through influencing spending habits in ways that are detrimental to health. Similarly, work ethics of production and continual increase of profits places a burden on the health of workers.

Traditional medicine and traditional spiritual paths such as Ayurvedic (Hindu), indigenous (shamanic), and traditional Chinese medicine (Taoism) have emphasized the importance of physical vitality and entrainment with the natural rhythm of the earth in spiritual development. Their prescriptions for healthy energy both physical and spiritual are similar: healthy food; freedom from toxic substances; regular sleep, exercise, and meals; moderated sexuality; and living in connection with eco-rhythms. In the U.S. and other industrialized cultures, these simple but profound prescriptions for health and balance are all but lost under the pressures of commercialized spending and workplace expectations. As David Lukoff wryly

described the conundrum, "I meet with someone to advise them regarding better nutritional habits, and where do we go? We sit down over a cup of coffee!" (personal communication, March 3, 2017).

The fourth category, *practices that go against societal norms in the U.S. and similar cultures*, could include categories 1, 2, and 3. This fourth category consists of the additional items that likely pose difficulties for the STEr due to the culture's unfamiliarity with STEs and thus societal inhibitions of processes of psycho-spiritual growth and integration. See Table 18.

Table 18

*Counter-Cultural Practices; Helpfulness and Usage*

| Counter-cultural practices | Average helpfulness rating | Percentage used |
|---|---|---|
| Adjust to electromagnetic fields | 3.6 | 32% |
| Adjust to more ability to predict the future | 3.4 | 35% |
| Found ways to endure unsupportive responses from others | 3.3 | 47% |
| Found ways to adjust my story to suit others | 3.2 | 45% |
| Sought psychotherapy or counseling | 3.2 | 39% |
| Focused on remaining active in society | 3.1 | 67% |
| Shared with one interested, supportive family member | 2.7 | 71% |
| Found workplace that offered support and encouragement | 2.6 | 23% |

The fifth category contained seven therapeutic suggestions to aid a person specifically in grounding a spiritual experience that was overwhelming. *Grounding* in this sense refers to balancing the physical, emotional, and mental state by slowing down the experience to allow greater mindfulness and integration as the experience unfolds. Typically during the period of integrating an STE, several processes are happening simultaneously, and grounding allows this to happen more in synch with body rhythms and nervous system adjustments. Some of the

processes can include mentally adjusting to a broadening sense of reality; accommodating new sensations of greater subtlety; navigating lowered tolerance to some kinds of stimulation; unconscious psychological material becoming conscious; and adjusting increased sensitivity to other humans, beings in the natural world, and beings beyond the natural world. These seven grounding guidelines mentioned in the inventory are suggested in certain cases to balance the effects of sudden energetic and mental/emotional transformation, and may benefit the person integrating an STE by slowing down or temporarily reversing the direction of energetic expansion.

This grounding guidelines group coincidentally included the four items that were reverse-scored during data analysis in which no significant difference was found because the items were all approximately halfway on the Likert scale. All four of those ratings fell between 2.2 and 2.8 whether reverse-scored or not. They were also the lowest rated items in the survey, with the exception of the psychiatric care and medication items. Percentages of use for all four practices fell between 21% and 35%. See Table 19.

Table 19

*Guidelines for Grounding; Helpfulness and Usage*

| Guidelines for grounding | Original average helpfulness rating | Reverse score rating | Percentage used |
|---|---|---|---|
| Increased self-massage and/or bathing and showering | 3.6 | n/a | 41% |
| Practiced visualizing my energy field through my body connecting to center of the earth | 3.6 | n/a | 37% |
| Practiced visualizing my energy field withdrawing to my center or dropping into my lower body | 3.6 | n/a | 22% |
| Lessened the rigor of my spiritual practice(s) of yoga/meditation/Qigong, etc. | **2.8** | **2.2** | 21% |
| Ate heavier foods such as meats, proteins and/or carbohydrates | **2.7** | **2.4** | 30% |
| Avoided fasting | **2.4** | **2.7** | 25% |
| Spent less time concentrating or reading | **2.2** | **2.8** | 35% |

Another pattern of interest in the four lowest rated grounding guidelines (lessened the rigor of spiritual practice, ate heavier foods, avoided fasting, spent less time concentrating) was that the individual ratings for all four of these items were bi-modally distributed, meaning they were all either high or low. This could be attributable to simple reading errors of missing the negative implication within the question. However, another more likely interpretation of the characteristic bi-modal distribution, and the specific pattern of ratings generally lower in proportion to use, could be that particulars of each person's process dictated the helpfulness of these particular guidelines. These guidelines are often recommended for specific individual cases at specific times. If, for example, excessive spiritual practice had led to the STE, then lessening

the practice during an intense phase of the integration period could help very much, while for someone with no background of spiritual practice, lessening spiritual practice would likely not help and introducing such practices might be helpful. Another example is that if someone was underweight or already vegan/vegetarian, increasing meats or proteins could be very helpful or even essential during intense periods of integration, but if that person were an overweight heavy meat eater, then increasing meats and proteins would not likely help. These two arguments could apply to all four of these items. The clear demarcation of this pattern within the inventory suggests that these and other grounding practices should be studied further. The benefit of these particular practices to STErs could be great; thus it is important that future research be done regarding grounding guidelines.

After analyzing the data in more detail, a step back offers a broader perspective of the 24 types of practices, habits, and behaviors that rated relatively moderate in helpfulness. Almost all of the practices that rated essential to very helpful were psychologically, socially, and environmentally oriented. In contrast the 24 practices in the middle range of use and rated helpfulness (categories 1-5) cover specifics of caring for the body through healthy daily living, support by society for the psycho-spiritual process, and knowledge of grounding guidelines for navigating psycho-spiritual expansion. In modern industrialized and now computerized society, the connection between bodies and minds with the eco-system is strained or greatly separated. The statistical results of the ISTEI are likely a reflection of this schism. Given that most of the survey participants live in Western English societies, this could be data skewed in a cultural direction. In much of the rest of the world, traditional wisdom and lifestyles support these elements, which may indicate that STEs and the challenges that ensue might be very different in other cultures. Closely connected with the ecology of nature, natural spiritual movements within

humans most likely find grounding rhythms without crisis. In societies that accept, study, and seek nonmaterial spiritual realms, a safer environment for spiritual transformation is likely available. Sages acknowledged and sought for their help have furnished grounding guidelines that have eased the imbalance inherent in radical transformation.

Thus it may be that the ISTEI is of no use other than in Western society, estranged from tradition and earth knowledge as it is. The ISTEI could in this way furnish findings for the budding study of *ethno-medicine* that is being brought to the attention of researchers looking toward other more traditional sources to regain individual and communal health.

This topic brings to mind a surprise I experienced while presenting research at an international conference in Indonesia. I had compiled data collected from interviews with Indonesian shamans and spiritual teachers. The results showed surprisingly different ways of addressing the case studies of U.S. citizens going through critical psycho-spiritual crisis. When I was finished with the presentation, ready to receive questions from what I thought was evocative research, not a hand raised. It took several minutes before I realized what had happened. I asked the audience, who was almost entirely Asian, “Please let me ask you a question. Does any of this surprise you?” They very politely affirmed my guess, and told me that what seemed to me to be very esoteric and intriguing results was common knowledge in their regions.

**Limitations and Delimitations**

Delimitations in the recruitment methods lead to reduced generalizability to a broad population. The respondents were self-selected, which indicates that the respondents were acting on characteristics of self-motivation, curiosity, and confidence. This was not a statistical sample in the strict meaning of statistics, because it was not possible to locate a large group of people who have experienced STEs and then to take a statistical sample from that group. Instead, this

exploratory study consisted of recruiting through attraction in order to find the largest number of qualified participants possible.

A delimitation in the ISTEI instrument is that except for the correlation between self-reported integration and adjustment, on the one hand, and mental health scores, on the other, the ISTEI is lacking in psychometric reliability (internal consistency, test-retest) and validity (factor analysis). A psychometrically sound instrument is yet to be developed—and this study could contribute mightily to that development.

The online survey was created with the inherent delimitation that it was written in English and displayed over Survey Monkey. Thus only people who could read English and who had access to the Internet could participate in the study. Expectedly, the majority of participants were from primarily English-speaking populations: North American, European, and Australian continents. Education was not a demographic item in the survey, but it can be assumed that a delimitation of the recruiting was that people were educated and had access to Internet.

Another delimitation to be considered is the languaging of the survey, given cultural norms within Christian denominations. In many Christian religions both historically and currently, language such as *communications with the dead*, *kundalini*, *out-of-body*, and even *meditation* or *yoga* may elicit strong aversion, judgment, or at least avoidance from a large part of the U.S. and Western population. It can be assumed that because the survey contained many of these types of words, a number of people who may have experienced STEs but are strongly identified with fundamentalist Christianity, narrowly scientific circles, or generally conservative thinking would choose to not take the survey. In summary, people taking the survey were most likely to be American, white, educated, and liberal, thus narrowing the results of the study to apply to this specific population, and compromising generalizability beyond this population.

Delimitations inherent in participation in the survey included the selective and ever-changing memory of the responders while they fill out the surveys. This could affect the accuracy of their recall, thus the accuracy of the data. However, of note is recent research affirming a frequently reported phenomena, which is extreme accuracy in remembering STEs. Thonnard et al. (2013) reported that recall ability is higher for NDEs than for memory of events in what we refer to as normal reality, even when the events are highly emotionally charged. A possible outcome of this tendency to more clearly remember an NDE (or similar transpersonal experience) may be that the related integrative process might also stand out in memory.

A delimitation related to this issue of recall that specifically applies to the field of study of integration of STEs is the potential difficulty in discerning exactly which practices, habits, and behaviors help integration. STE retrospective research such as this survey is problematic in itself (Holden, Long, & McLurg, 2009), but more so in this survey where respondents were asked to rate the *helpfulness* of practices, habits, and behaviors. Further compounding difficulties in self-assessment of the nature of how the integration process was supported were: (a) the potentially long duration of the time of integration, (b) the highly individual nature of each case, and (c) difficulty in differentiating causes and effects during the integration process. Another compounding interference in assessing spiritual maturation and psychological integration is that simultaneously normal human maturation was going on while the individual was assimilating the extra opportunities and challenges of the STE integration.

A delimitation built into the study was that the pool of STE experiencers involved a range of the extent to which each respondent had integrated their experience. This target audience was considered to have the best knowledge of what kind of assistance is most beneficial to integration of STEs. However, within this design was built the delimitation that responders had

varying distance from the initial experience, in measure of time, perspective, and completeness of integration. Because their reports were based upon their personal judgments of which practices, behaviors, or habits enhanced the process of integrating their STE, levels of integration became a variable in the analysis of the data. In addition, the accuracy-of-recall of their progress in integrating their STE may have been altered by the lengthy psycho-spiritual process of mental and emotional integration of the event.

Regarding the ISTEI itself, a few potential limitations became apparent as the survey was put online. One was that participants were not required to fill out every question. This option was done purposefully while transcribing it to Survey Monkey in order to encourage ease of taking the survey, to compensate for the length and lack of compensation of the survey. Because of this limitation, the number of people who rated each question varied. This limitation was overcome by the large number of participants overall, so that each question had sufficient number of responses to maintain statistical validity.

Another potential limitation could have been that some of the items on the inventory required sufficient financial support to be able to afford them, such as massage, alternative health practitioners, psychiatrists, and so on. This limitation was addressed within the survey with the added Likert-scale choice of *I wish I had the opportunity to have tried this. It would have been very helpful.* According to statistical analysis of utilizing this additional scaling by adjusted scoring, the compensation within the instrument appeared successful. There was no statistical significance between overall averages of ratings for each item when the “wish I had” answer was weighted equal to “very helpful.”

A potential limitation of accuracy in one specific area of the ISTEI that was discovered after the survey was put on line was the wording used in the group of detrimental substances

questions. These questions were taken directly from the author's list of suggested practices such as "cut caffeine from my diet," "cut sugar from my diet," and so forth. It was pointed out during the course of the survey by one of the respondents that the diet questions were difficult to answer for participants who already did not drink coffee nor eat sugar. It is possible that this group may have ranked higher in helpfulness and usage if the questions had been rephrased to read *consumed reduced or no caffeine*, *consumed reduced or no sugar*, and so on.

Researcher bias, due to personal experience, clinical practice, and professional study, pervaded the creation of the survey and the implementation of the study. Researcher biases include the belief that STEs are of great value to individuals and to society at large, and that assisting people who struggle with integrating them is worthy of investment of time and resources. An assumption that underlay creation of the ISTEI was that enough similarity could be found between different types of STEs that a comprehensive study such as this could shed light on that assumption, as well as produce findings of value in many facets regarding integration of STEs. Another bias is an opinioned view of present-day practice of psychiatry as detrimentally insufficient in consideration of spiritual issues, thus compounding suffering and increasing time and expense by ignoring spiritual needs while focusing narrowly upon neuro-scientific and behavioral perspectives. To my view, redirection of focus away from pertinent issues is a danger inherent in overreliance on medically based diagnostic practices.

Benefits to the study of the researcher's personal involvement with the subject include empathetic and practical personal experience of integrative processes of STEs combined with lifelong work assisting other STErs. The researcher is an experiencer of multiple and various types of STEs, a healing arts practitioner, a clinical psychotherapist and spiritual guide, and a scholar in the field. Another benefit is that the researcher has studied and professionally

practiced in-depth forms of physical healing models, psychotherapeutic models, and religious/spiritual models of addressing STE integration.

**Further Research**

The data collected during this research project were prolific. It is beyond the scope of this study to utilize all the data or to expand beyond the quantitative scope into the qualitative data that is available from the survey results. With more resources of time, more analysis can yield additional results. There are several potential substudies that could be done with data from this survey.

**Potential research with data from participants selected with inclusionary criteria**. More analysis could be done regarding the items that refer to regulation of daily habits such as eating, sleeping, and exercise, as well as dietary habits and consumption of detrimental substances. These important and pervasive balancing mechanisms go under the radar of our current medical and consumer/advertising-driven cultural mentality but could hold important keys to psychological, emotional, and energetic balance, which is imperative to support for individuals integrating STEs. Research on these groups of practices associated with ethnomedicine could bring fruitful results.

Participants answered the Likert-scale questions not only with ratings of helpfulness 1–4, but also with 0 (I did not try it) and 5 (I wish I had the opportunity to have tried this. It would have been very helpful.) A cursory exploration was done during the data analysis which suggested that there was no statistical difference overall when 3 (This was very helpful) was substituted for the 5 (I wish I had . . .) selection. Further analysis could glean understanding of what proportion did not try or wished they had, and what implications this would have, for the individual items.

There are few outliers in the database, but it could be useful to examine them more closely using other demographic and descriptive data as well as narrative data. For example, one that showed a low correspondence of usage with helpfulness, “Moderated sexuality to fluctuating libido,” was noted but not examined in detail. Further exploration of the data regarding this practice, coordinated with further research on the correspondence between sexual libido and spiritual emergence, could be elucidating. “Lessened rigor of spiritual practice” was the only other outlier that showed an average rating significantly lower (2.8) than the other eight items within Group 4, Spiritual Practices (ranging 3.5–4.0). Frequency of use and rated helpfulness of this practice could be examined as a single item on its own, looking at other associated data of those participants who rated it.

This type of examination of practices cross-correlated with other data could be done with various practices throughout the data base. Cross-correlations with practice use and helpfulness could also be done by examining certain points of data from Section I (demographics and description of STE) such as type of STE, length of time to adjust/integrate, economic strata, culture (Western/non-Western), age at time of STE, and so on.

**Potential research with data from all respondents to the survey**. Although only a portion of respondents passed the criteria for the study, the pool of 413 people who responded to the survey filled out Section I, which reported on demographic information and descriptions of their STE. This pool of data offers a wealth of information that could be analyzed to learn more about STEs. Likewise the narrative stories at the end of the survey could glean much data, especially given that many of them may not have integrated their STEs.

It was beyond the scope of this study to address the narrative responses invited in Section IV of the survey because the study was strictly quantitative. However, qualitative

analysis of this data would likely bring very interesting results. The two text boxes that could be analyzed both as studies individually, or in conjunction with other data patterns in the ISTEI Survey, were: (a) *Was there anything else that you found helpful in integrating your STE?* (68% replied), and (b) *Please write a short description of your STE and your journey of integrating it.* (66% replied).

Further research could be done with the data collected concerning reported time needed for adjustment to society and reported time needed for psycho-spiritual integration—an arbitrary differentiation created for this study. This is a key point because across the board, participants seemed to adjust to society more quickly than they integrated the experience. In many cases this is probably due to necessity (financially supporting themselves), social discomfort (human need to feel accepted), and lack of resources (support in psycho-spiritual integration is lacking in our society). This period of inner turmoil and the stress associated with it generally goes unrecognized. Cross-comparisons with results from the PTGI test might bring interesting discoveries, including cross-comparisons with how the inventory ratings corresponded. This direction of inquiry could provide a lens with which to more clearly view the overall integration process.

The integration process itself could be further examined through several opportunities provided by this data. The pool for this study could also include participants who did not make the cutoff for the MHI-5. Helpful information could be gleaned not only through inquiring into length of time for adjustment and integration, but also by inquiring into the cross-correlations of culture (Western/non-Western), economic advantage, privileged versus minority status, and type of STE. Utilizing the narrative textbox sections could add greatly to this by combining

quantitative and qualitative perspectives. Possible stages of phases of integration could emerge from such closer examination of the data available.

Related to this, but possibly examined from another perspective, could be using further analysis to determine whether certain practices were useful at different stages of integration. For example, if some practices were rated helpful by most participants regardless of what stage of integration, while other practices were rated helpful primarily by participants who had more fully integrated their STE or reported a longer length of time of integration, this could be an indication that the latter practices were utilized at a time of further maturation in the integration process.

Comparison analysis could be done between the information reported by individuals about their STEs, such as type (e.g., near-death, kundalini, religious conversion, communication with noncorporeal beings, hallucinogenic drugs), description (mystical, unitive, energetic, out-of-body), duration of experience (seconds to weeks), as well as length of adjustment (days to decades) and of integration (weeks to decades). These could be cross-referenced among the Section I answers, or also compared within the 245 selected participants who met criteria.

Comparison analysis could be done between former and current religions, which showed a noticeable migration overall. There were five categories that showed the most noticeable change. Those showing the greatest number of change away from their former religion were Christian, Catholic, and Protestant. Each showed approximately 50% attrition. Respondents showed the greatest number of change towards no religion and other religions. An increase of approximately 50% was reflected between former and current responses to *No Religion* and *Other Religions*, with the most common other religion written into the text box as “spiritual but not religious.” This demographic is generally reflective of recent trends throughout the U.S. and

other Western countries; therefore, analysis of this aspect on the ISTEI survey would need to be compared with more universal demographics to see if it is of significance.

The group of respondents that did not meet cut-points could be a source of more research. Comparisons of various demographics, STE characteristics, and helpfulness ratings between those considered having integrated and those considered having not integrated their STEs could be carried out. Subgroups within the groups of respondents who did not meet cutoff points could be examined, such as those who reported both lack of integration and lack of adjustment. Another subgroup of data available for comparison is the group that did not meet criteria for the definition of STE furnished in the study.

**Other potential research studies.** Because this was an original research study, other studies to validate the findings are critical to support the evidence. In addition to this need, findings speak to creating research studies to inquire more closely into the questions raised by analysis of the data. Five areas in particular that could be vital to guiding and caring for people integrating STEs are: (a) better alternatives to psychiatric medication for this population; (b) investigating the role of regular eating, sleeping, and exercise patterns for this population; (c) investigating with increased rigor the role that diet has in balancing and integrating STEs, specifically toxicity of drugs, alcohol, sugar, and caffeine; (d) inquiring into the value and availability of potentially key areas lacking in cultural availability such as support in the workplace, support within the family, and awareness of the role of sexuality and libido in spiritual emergence; and (e) tracking more carefully the helpfulness of grounding practices in specific cases such as eating heavier foods, lessening rigor of spiritual practices, and balancing mental striving with simpler physical activity.

Another trajectory from the findings of this study, regarding high correspondence of self-rating and testing with MHI-5 for level of integration, is the potential to further develop an instrument to identify spiritual bypass. There would potentially be a negative correlation between the integration measures introduced in this study, and a spiritual bypass measurement. This could be very helpful for self-examination within the STEr population, and for clinicians who work with this population.

The study of how to assist in the integration of STEs is a growing area of research that crosses into disciplinary boundaries of psychology, medicine, psychiatry, neurobiology, sociology, anthropology, and religious studies. It is well suited to be approached from the perspective of transpersonal psychology, although the ramifications of this ISTEI study can be utilized directly in many academic and clinically oriented disciplines.

**Implications**

The ISTEI research study has contributed to recognition of the problem and furnished further evidence of the scope of the problem of integration of STEs. There is much research to be done in this relatively new field. This is evidenced by interest growing worldwide in academic circles such as transpersonal psychology and university programs cross-fertilizing psychology and spirituality, such as the APA's Division of Psychology of Religion and Spirituality (APA Division 36), American Counseling Association's Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), Association of Transpersonal Psychology (ATP), and European Transpersonal Association (EUROTAS). Professional journals that publish articles related to STEs include *Spirituality in Clinical Psychology* by APA Division 36, *Counseling and Values Journal* by ASERVIC, *International Journal of Transpersonal Studies* by California

Institute of Integral Studies, and *Journal of Transpersonal Psychology* by ATP. Online support networks and Facebook groups have burgeoned.

According to research, either the frequency of STEs is increasing and/or inhibitions people have had about discussing them are decreasing. Emergency hotlines are being established to serve the needs of people in spiritual emergency. Movies are being produced, conferences are being held, and trainings are being created. People are needing assistance, and the quality of assistance is an important factor in both how well and how timely STErs can integrate these experiences—and how much suffering and expense can be avoided.

**Clinical implications**. The ISTEI is a solid beginning to answering a call for creating a source of evidenced-based guidelines for clinical practice based on surveying persons with lived experience. The call was magnified for such guidelines in the recently published book, *Spiritual & Religious Competencies in Clinical Practice* (Vieten & Scammell, 2015). This manual for therapists, healers, doctors, nurses, and other healing professionals is a much needed answer to the quickly changing terrain of spiritual and religious issues becoming acknowledged, rather than ignored, by clinicians. Of particular note is that the manual is perhaps the first mainstream acknowledgment that disparate types of STEs have main aspects in common and can be viewed together as a group. The noticeable similarity that all of them may mimic psychosis brings them together, from the point of view of clinical psychology, in a way that they can be addressed together.

If the resulting data reported for the ISTEI had ranged widely, this diversity would have not been helpful for drawing valuable conclusions and would put into question this growing assumption regarding the similarities of diverse spiritually transformative experiences. However, because the data from this study suggested strong correspondence between the broad diversity of

people and experiences, valuable conclusions can be drawn regarding the commonality of what practices are most beneficial for integration of STEs.

This finding from the ISTEI survey is particularly important because of the prevalence of misdiagnosis within spiritual emergency situations. Psychiatric emergencies should be screened for the possibility that the patient is experiencing distress in trying to integrate an STE. The clinical implications of this are extremely important, mostly for the sake of the individual in distress and for their friends and relatives, but also for the sake of the medical establishments that serve them. Increased cost, increased complications within caregiving facilities, and continued confusion within clinical bodies of knowledge prolong the suffering and inadequate care. This can be avoided by promoting education regarding best practices for assisting in integrating spiritual emergencies.

Individuals undergoing the psycho-spiritual transformative process that follows an STE can exhibit symptoms that mimic psychosis. The difficulties that individuals encounter can be seriously exacerbated when psychiatric misdiagnosis occurs and/or when unhelpful psychiatric medications are prescribed. One of the clearest and most potent findings from this research study is that respondents reported they seldom found psychiatric medication helpful to their integration processes and usually found it not helpful. When psychosis is present before the STE, continued medications may be appropriate. However, for the majority of STErs, especially those who did not exhibit psychotic symptoms before their STE, psychiatric medication is usually contraindicated. The significance of this finding calls for a new approach, that is, discontinuation of introducing psychiatric medications for treating STErs.

The findings from the ISTEI study offer better alternatives for psychiatrists. A psychiatrist is often the professional sought out when all else fails. To tell a patient that there is

nothing psychiatry can offer goes against an unspoken standard of the psychiatric profession and an outer standard of the pharmaceutical motto that there is a pill for everything. Medical ethics put pressure on doctors to avoid at all cost neglecting efforts to find the right treatment. A doctor could even be sued for negligence if that doctor did not exhaust all possibilities for the sake of the patient. This action leaves the doctor vulnerable to lawsuits if nothing is prescribed and leaves the patient vulnerable to trying one medication after another seeking something that works.

However, when results from studies such as this one are confirmed by future researchers, empirically based guidelines will become available for psychiatrists. Ideally, guidelines such as the ones suggested in this research study will have the potential to put the doctor at ease and give the patient hope. This would give the doctor ethical reason to not prescribe, and could give the patient confidence and motivation to look inward towards personal intuitive authority in order to search out the right personal pathway. If validated guidelines can be furnished to the doctor, along with appropriate contraindications towards pharmaceuticals, the doctor might then give these guidelines to the patient instead of medication.

In *Spiritual & Religious Competencies in Clinical Practice* (Vieten & Scammell, 2015), Competency Number Six explains: Psychologists understand that clients may have experiences that are consistent with their spirituality or religion, yet may be difficult to differentiate from psychopathological symptoms. Chapter 6 articulates Competency Six with evidenced-based means of differentiating spiritual emergencies from psychopathological symptoms. In the final section of the Competency Six chapter entitled Choosing Interventions, the choices given are:

> to treat the issues a client presents as a religious or spiritual problem, a psychiatric problem, or a blend of the two. If a client is facing a religious or spiritual problem, you might choose a combination of talk therapy, social support, and consultation with clergy or a spiritually oriented therapist. (Vieten & Scammell, 2015, p. 73)

Further recommended reading listed in the Resources Section of Vieten and Scammell's (2015) publication include books and videos by individuals who draw upon their own experiences in suggesting guidelines. Findings from ISTEI research will add further resources to this literature section, making available to clinicians specific evidenced-based guidelines for their patients.

**Religious and pastoral implications**. Although some STErs in distress, or their friends and family who care for them, might seek medical help, others seek help within churches and other spiritual institutions. The difficulties faced by clergy and pastoral counselors can be similar to those of medical clinicians if they have no experience or training to recognize the characteristics of this kind of spiritual emergence. Religious professionals have tended to go one of two directions. Either they refer the person to psychiatric treatment, or they interpret the situation as demonic. Stories of these unfortunate interactions abound, and many people avoid even approaching pastoral counselors or clergy because of apprehension of this very thing. Such tragedies compound the suffering for the STErs and also diminish the potential churches and religious institutions have to help in these situations. Religious professionals trained in recognizing spiritual emergencies will be able not only to refer people struggling to integrate STEs to helpful resources, but also will be in ideal positions to set up safe and supportive opportunities for them and their families.

**Implications for individuals, friends, and families**. The evidenced-based, statistically validated results made available through this ISTEI research study offer an additional level of relevant support for individuals and families and friends of individuals going through the challenging process of integrating STEs. On the simplest level, an individual can use these 80 helpful practices, habits, and behaviors to navigate their own awakening consciousness. Because

currently there is such an explosion of supportive communities, trainings, and websites directed towards this phenomenon of spiritual emergence, these evidence-based practices, habits, and behaviors can furnish a much-needed guideline with which to discern what resources will be helpful or which ones may be misleading or overly expensive. Thus these 80 practices can serve as a litmus test in viewing additional resources online or recommendations from local acquaintances. In addition, many STErs are understandably intimidated by the looming question of whether they should take psychiatric medication. The strong evidence resulting from this research study can put their minds at ease concerning this question. This alone can relieve untold suffering in the future.

Evidence from this study shows strong implications that STErs employ a great amount of inner knowing and self-awareness in their journey towards integrating their experience. This indicates the importance of supporting STErs' sense of what they need, rather than disempowering them through diagnosis, treatments, or any intervention that might be at odds with their own intuition or their personal sense of what is beneficial. Evidence for this occurs in this study in several forms: (a) significant evidence ($p < .001$) that those who self-identified as integrated or not yet integrated corresponded with whether they met the cut-point for the MHI-5, which shows that STErs are aware of what integrated versus unintegrated entails from within the process; (b) items requiring differentiation between adjusting to society and integrating intrapsychic processes were responded to by participants in predictable ways, suggesting that STErs are very aware of how their integration process unfolds; (c) significantly corresponding ratings ($p < .0001$) of how helpful and how often the practices are used between participants shows a common intuitive knowledge available to STErs; and (d) significant difference ($p < .001$) in mean ratings of the one out of nine groups of practices rated as minimally beneficial

or not beneficial was being under psychiatric care and taking medication. These results suggests not only that psychiatric medication is unnecessary and/or counterindicated, but suggests that taking courses of treatment from psychiatric or other forms of treatment that are not patient-determined is better replaced with self-determined practices.

Of additional interest is that of those who did not meet the cutoff for the MHI-5 test, exactly half defined themselves as integrated and the same half defined themselves as adjusted. (See Tables 1 and 2.) This suggests strongly that individuals who experience inner integration also exhibit social and worldly adjustment. Although this may seem like common sense, in the case of individuals struggling with the process that follows a profound and potentially traumatic STE, this is worthwhile noting, both for clinical expectations and also for families and the individuals themselves. To expect people struggling internally with integration to also function well in worldly and relational matters is likely unhelpful.

Another point that these tests accentuate is that they point to validation of self-report in general with this population. If there was doubt that STErs can accurately assess themselves, then these tests suggest the opposite. The evidence supports trusting that these individuals can assess themselves accurately, are aware of their own process of integration, and from that it can be extrapolated that their opinions about what assisted them in integrating their STE are likely valid.

**Conclusion**

Results from this study furnish a pool of information that can potentially be introduced across a spectrum of disciplines: psychiatry, psychology, medicine, religion, anthropology, cultural studies, and community services. The study offers confidence in concluding that there is a consistency of opinion among a large diversity of participants and experiences regarding what

practices were helpful in integrating STEs. Findings suggest that individuals in the process of integrating STEs naturally and intuitively seek out on their own practices, habits, and behaviors that are the most beneficial, given that heretofore in U.S. and related cultures there has been little formal clinical or public guidance for this process. The ISTEI provides a major step toward a comprehensive set of evidenced-based guidelines to assist in that process.

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# Appendix A

## Four Integration Guidelines From Experts in the Field

**I. These nine therapeutic interventions for spiritual and religious problems are helpful to people in integrating spiritually transformational experiences.**

1. Normalize the experience
2. Create a therapeutic container
3. Help patient reduce environmental and interpersonal stimulation
4. Have patient temporarily discontinue spiritual practices
5. Use the therapy session to help ground the patient
6. Suggest the patient eat a diet of "heavy" foods & avoid fasting
7. Encourage the patient to become involved in simple, grounding, calming activities
8. Encourage the patient to express his or her inner world through drawing, journal writing, movement, and so forth
9. Evaluate for medication (p. 208)

Lukoff, D., Lu, F., & Yang, C. P. (2011). DSM-IV religious and spiritual problems. In J. Peteet, F. Lu, & W. Narrow (Eds.), *Religious and spiritual issues in psychiatric diagnosis: A research agenda for DSM-V* (pp. 171-198). Arlington, VA: American Psychiatric Publishing.

**II. These four situations determine the degree of difficulty or ease in integrating an STE.**

1. Was the STE intentionally sought after or not?
2. Was the period of integrating the STE contained within spiritual community or not?
3. Was the integration of the STE supported by family and friends or not?
4. Was the integration of the STE supported by the workplace or not?

Rominger, R. (private communication on Nov. 4, 2013)

**III. These are six major challenges faced in integrating a spiritually transformative experience.**

1. Processing a radical shift in reality
2. Accepting the return
3. Sharing the experience
    a. Expressing the ineffable
    b. Choosing confidants
    c. Coping with negative reactions
    d. Focus of other's interest
4. Integrating new spiritual values with earthly expectations
5. Adjusting to heightened sensitivities and supernatural gifts
    a. Heightened awareness & sensitivities
    b. Supernatural gifts
6. Finding and living one's purpose

Stout, Y., Jacquin, L. & Atwater, P. (2006). Six major challenges faced by near-death experiencers. *Journal of Near-Death Studies*, *25*(1), 49-62.

**IV. These five categories with thirty-five subcategories offer ways to help survive the process of spiritual transformation**

1. Promote physical health through a balanced life-style
    a. Regular eating, exercise, relaxation and sleeping schedule
    b. Eating healthy balanced foods
    c. Minimizing stress
    d. Regular communication with a friend or partner
    e. Moderate sex life with response to needs
    f. Plenty of time in nature and in natural light
    g. Avoid toxic foods and drugs
    h. Moderate amount of time daily in spiritual practice
2. Grounding strategies (antidote for "spiritual intoxication")
    a. Reducing time in meditation or prayer
    b. Reducing time concentrating or reading
    c. Slowing down and minimizing busy-ness
    d. Increase rest, relaxation, and sleep
    e. Eating more frequently, avoiding fasting
    f. Increasing protein intake
    g. Cutting out sugar, caffeine, drugs, & alcohol
    h. Walking or slight exercise in a pleasant environment
    i. Light manual work such as gardening or housekeeping
    j. Increasing body awareness through massage or bathing/showering
    k. Increase time spent in nature
    l. Attending to sex life by matching it with fluctuating libido

m. Visualizing energy field withdrawing toward center, dropping from head to lower body
n. Visualizing energy connecting to center of the earth through soles of feet
o. Using outlets for creative energy such as art, dance, music or writing
p. Allowing psychological and spiritual issues to surface rather than resisting them

3. Promote psychological health
   a. Practice gratitude, honesty, forgiveness, compassion, humility
   b. Promote healthy relationships
   c. Remain active in society
   d. Serve others, even if in small ways
   e. Get in touch with feelings, thought patterns and unconscious “dark side”
4. Promote spiritual health
   a. Daily practice of prayer, meditation, gratitude, and surrender to the divine
   b. Reading holy books of the major traditions and other spiritually uplifting books
5. Receiving help from others
   a. Support: listen to the story of the person’s inner experiences in a nonjudgmental way
   b. Validate: Verify to the person that their experiences are real and not psychotic
   c. Educate: Help inform the person about the nature of STEs and spiritual transformation
   d. Facilitate: Promote the psycho-spiritual housecleaning process by using psychotherapeutic techniques.

Kason, Y. (2008). *Farther shores: Exploring how near-death, kundalini and mystical experiences can transform ordinary lives.* New York, NY: HarperCollins. (Original work published 1994)

# Appendix B

## Recruitment Letters

### Request to organizational representatives to put survey online to membership/listserve

Dear *[key officer or contact of organization]*,

Thank you for our earlier conversation by *[phone/email]* on *[date]*. To follow up, I am sending you a request to advertise to your membership the opportunity to participate in this survey, *Integration of Spiritually Transformative Experiences Inventory (ISTEI)*.

I appreciate your willingness to assist me in finding participants for this research. This study is my doctoral dissertation research project towards earning a PhD in transpersonal psychology. I intend to circulate the analyzed results of the study to assist people in finding ways to address the challenges that can occur with integration of spiritually transformative experiences (STEs). My intention is to distribute the survey to organizations that support and/or educate people who are likely to have experienced these types of life-changing experiences. The definition I use for STE is: *a discrete experience of an altered state of consciousness that after a period of integration brings about a profound transformation in the behavioral life expression and spiritual identity of the experiencer.* Examples might include, but are not limited to, mystical experience, out-of-body experience, near-death experience, paranormal experience, and anomalous experience. Respondents must be 18 years old or older.

This research study has been approved through the Sofia University research ethics approval process. Each survey participant will fill out a consent form online before filling out the survey form. The survey consists of three parts that together take approximately half an hour to answer. The first section is demographic information with some identifying questions regarding the experience STE that they wish to report about. The second section consists of two short standardized tests to help to identify if they have experienced an STE according to the operationalized definition for this study, and how much they have integrated it into their lives. The third section consists of the ISTEI, which asks for ratings of helpfulness for 84 methods of adjustment and integration suggested by experts in the field of STE integration, along with two optional narrative questions. Design of this survey was done with the intention of directly benefitting the survey respondents; participants will have the benefit of reading through the compiled list of suggestions from experts of what may has aided people in integrating STEs, which they may find helpful in their own lives.

You may also contact my immediate dissertation chair, David Lukoff, at david.lukoff@sofia.edu regarding this research study.

I look forward to your response, and will promptly send you the questionnaire link from Survey Monkey as soon as I receive your consent via email. Please contact me with any questions you may have.

Sincerely,

Marie Grace Brook, PhD(c), LCSW
Mariegracebrook00@gmail.com
970-903-8630
Sofia University

1069 East Meadow Circle
Palo Alto, CA 94303 USA

**Recruitment letter sent out to membership/listservs**

**Have you experienced a spiritual event that transformed your life?**

**What:** A survey of how people integrate spiritually transformative experiences*. The study is oriented towards people who have had a profound life-changing spiritual experience that took months to years to integrate into their lives.

**Why:** To benefit you—as you take the survey, you will read about 84 ways that experts suggest to help in integrating transformations initiated by powerful spiritual experiences
*and*
To benefit others—to create an evidence-based list of helpful suggestions for experiencers, their families, and professionals helping them

**Who:** If you are—
age 18 or over
have experienced a spiritually transformative experience*
can use a computer

**When:** The survey will take about half an hour. Find a comfortable place, relax, have a cup of tea, and enjoy a quiet experience revisiting this part of your life.

**Where:** Click this link: https://www.surveymonkey.com/r/surveyISTEI

*For this survey, "spiritually transformative experience" is defined as *a discrete experience of an altered state of consciousness that after a period of integration brings about a profound transformation in the behavioral life expression and spiritual identity of the experiencer.* Examples might include, but are not limited to, mystical experience, out-of-body experience, near-death experience, paranormal experience, and anomalous experience.

**Thank You.** My name is Marie Grace Brook, and I am conducting a research study for my doctoral program in transpersonal psychology to examine how people who experience powerful life changing spiritual experiences cope with the sudden change and integrate those changes into their lives. mariegracebrook00@gmail.com.

# Appendix C

## Participant Consent Form

### Integration of Spiritually Transformative Experiences Inventory (ISTEI) Survey

**Thank you—**In return for your investment of time and attention to this, I commit to ensuring as best I can that the results of this research study benefit others.

**Purpose of Survey--**
This survey was created by the researcher for the purpose of assisting people with integration of spiritually transformative experiences (STEs). An STE is defined as: *a discrete experience of an altered state of consciousness that after a period of integration brings about a profound transformation in the behavioral life expression and spiritual identity of the experiencer.*

**Taking the Survey--**You will read through 84 methods, practices and habits that four experts in the field have recommended to people to help them integrate spiritually transformative experiences. You will be asked to rate each one regarding whether you tried it and how helpful it was. The survey will take about half an hour. There are two introductory sections, followed by the main survey. I recommend setting aside un-interrupted time as you read through this material.

**Confidentiality—**
numerical code used instead of your name
all data password-protected
approved by university ethics board
your identity will not be revealed

**Potential benefits--**studies indicate that it is helpful to people who have experienced STEs to have the opportunity to learn more about how other people integrate these experiences. You may find beneficial while taking this survey learning what interventions have helped others with STEs. You may also find that the time you spend reflecting while taking the survey will enhance your understanding and appreciation of your experience.

**Potential risk—**Filling out the survey may bring up memories that could be disturbing. There is always a risk that someone could be triggered by reviewing any significant life event but the survey is not inquiring about any former traumatic events that would be likely to trigger difficult emotional responses. If you wish for help, please contact me, or the resources mentioned at the end of the survey, for psychological or emotional support.

**Security--**The survey is conducted by Survey Monkey, which uses SSL and TLS technology for server authentication and data encryption. This ensures that user data in transit is safe, secure, and available only to intended recipients.

**No commitment—**You are free to discontinue anytime—without penalty or prejudice.

**Results of study--** you can request a copy of the results in the last section of the survey by supplying your email address.

**My contact information—**

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Or you may contact my research advisor

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Or you may contact the Research Ethics Committee Chairperson

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**Your Consent—**Please indicate your consent that you agree to participate:

- You agree to participate
- I have sufficiently answered your questions
- You feel no obligation or pressure to proceed

**Do you consent to participate in this ISTEI survey?**

**Yes, I consent.**

**No, I do not consent.**

## Appendix D

## Integration of Spiritually Transformative Experience Inventory (ISTEI) Survey

**Section I: Demographic Information**
**Section II: Information about your STE**
**Section III: Mental Health Inventory (MHI-5) and**
**Posttraumatic Growth Inventory (PTGI-SF)**
**Section IV: Integration of Spiritually Transformative Experiences Inventory (ISTEI)**
**Section V: Optional Narrative Questions and Further Resources**

### Section I – Demographic Information

*Current status (pull down menus):*

1. What is your age?
2. What is your sex?
3. What is your race/ethnicity?
4. What is your country of birth?
5. In what country do you reside?
6. What is your occupation?
7. What is your annual household income?
8. What is your current spiritual or religious preference? *choose all that apply*
9. Are you currently active in any spiritual or religious community? If so, which? *choose all that apply*
10. How did you hear about this survey? *choose all that apply*

### Section II –Information about your STE event

*In this survey, we will be using the term "STE" as an abbreviation for "Spiritually Transformative Experience." If you have had more than one (or a set of STEs in a short time), then choose either an STE or a set of STEs that was the most difficult for you to integrate into your life, for the purpose of this study. Please choose the answer that is closest to your experience.*

11. How old were you at the time the STE occurred?
12. How many years ago did you experience that STE?
13. Which of these best describes your STE? (You may choose more than one)
    a. Mystical experience
    b. Religious conversion experience
    c. Unitive experience of being one with everything
    d. Near-death experience
    e. Kundalini experience
    f. Hallucinogenic drug experience
    g. Out-of-body experience

h. Energetic experience within the body
i. Communication with the dead
j. Communication with non-earthy beings
k. Channeling or possession
l. Paranormal powers or perceptions
m. Other___________________

14. How long did the STE last? *choose one*
    a. It was not a specific experience
    b. A few/several seconds
    c. A few/several minutes
    d. A few/several hours
    e. A few/several days
    f. A few/several weeks
15. How long would you say it took to adjust after your STE until you could function comfortably and well in society (such as viable employment, stable family relationships, sufficient social support, good health)? *choose one*
    a. I have not yet adjusted
    b. A few/several days
    c. A few/several weeks
    d. A few/several months
    e. A few/several years
    f. A few/several decades
16. How long would you say it took to integrate your STE until you were comfortable with your personal identity and your direction in life (such as at peace with inner changes, stabilized in your spiritual orientation, comfortable with habits of physical, mental and social balance, sensing harmony between your inner identity and outer activities)? *choose one*
    a. I have not yet integrated it
    b. A few/several weeks
    c. A few/several months
    d. A few/several years
    e. A few/several decades

**Section III– Qualifying standardized tests MHI-5 and PTGI-SF**

**Section IV - ISTEI**

*Please read each sentence and choose only one that best describes how helpful each behavior, habit, or practice was for integrating your spiritually transformative experience into your life. You may not have done these things initially, but may have had the opportunity at later points in your life.*

0. I didn’t try this practice.
1. This practice was **not at all** helpful for integrating my STE.

2. This practice was **somewhat** helpful for integrating my STE.
3. This practice was **very** helpful for integrating my STE.
4. This practice was **essential** for integrating my STE.
5. I **wish I had the opportunity** to have tried this. It would have been very helpful.

**I. I found supportive social situations**

1. I found at least one reliable safe place to let down and share authentically with someone what was happening
2. I shared with at least one friend was interested, supportive and helpful
3. I shared with at least one family member was interested, supportive and helpful
4. I found ways to endure the responses I got from some people I told about my STE
5. I found ways to accept which part of my story interested other people
6. I found people to listen to my inner experiences in a nonjudgmental way
7. I found people to validate my experiences and assure me that I was not psychotic
8. I found assurance that others had experienced and were experiencing similar things
9. I chose the right people to share the experience with
10. I worked at a workplace that offered support and encouragement
11. I worked on developing healthy relationships
12. I focused on remaining active in society
13. I attended to serving others, even if in small ways

**II. I found supportive environments**

14. I found calmer environments
15. I nurtured calmer interactions with people
16. I spent more time in nature
17. I spent more time with relaxed people
18. I spent more serene time alone
19. I spent more time in natural light

**III. I found supportive activities**

20. I found ways to minimize stress in my life
21. I slowed down and minimized busy-ness
22. I spent less time concentrating or reading
23. I practiced simple focused calming activities
24. I increased rest
25. I increased relaxation
26. I increased sleep
27. I scheduled regular sleep cycles
28. I scheduled regular exercise
29. I practiced walking or other slight exercise in a pleasant environment
30. I increased light manual work such as gardening or housekeeping
31. I increased self-massage and/or bathing and showering
32. I found ways to have regular communication with my partner or a trusted friend
33. I moderated sexuality, to adjust to my fluctuating libido

**IV. I refined my spiritual practices**

34. I engaged with a supportive spiritual community
35. I practiced daily prayer
36. I practiced daily meditation
37. I practiced surrender to the divine
38. I read holy books within my tradition and/or other spiritually uplifting books
39. I studied information about the nature of spiritual experience and spiritual transformation
40. I lessoned the rigor of my spiritual practice(s) of yoga/meditation/chi kung, etc.
41. I practiced visualizing my energy field withdrawing to my center and/or dropping from my head to lower body
42. I practiced visualizing my energy field connecting to the center of the earth through the base of my spine and/or the soles of my feet

**V. I focused on getting to know myself better**

43. I found ways to verbally express what I had experienced
44. I found ways to express my inner experience through drawing or painting
45. I found ways to express my inner experience though movement
46. I found ways to express my inner experience though writing
47. I found ways to express my inner experience some other creative practice
48. I worked on getting in touch with my feelings
49. I worked on getting in touch with my thought patterns
50. I found ways to radically shift my sense of reality after my STE
51. I found ways to accept returning from the expanded place of my STE back to the earthly realm
52. I found ways to match my new spiritual values with my earthly expectations and the expectation of others
53. I allowed my psychological and spiritual issues to surface rather than resisting them
54. I sensed that on some level I had chosen to create the radical change happening in my life
55. I practiced gratitude
56. I practiced honesty
57. I practiced forgiveness
58. I practiced compassion
59. I practiced humility
60. I worked on exploring my unconscious “dark side”
61. I found ways to find and live a revised purpose more fulfilling for me

**VI. I considered or sought professional help**

62. I considered or sought psychiatric help
63. I considered taking prescription medicine for psychological balance
64. I chose to take prescription medicine for psychological balance
65. I chose not to take prescription medicine for psychological balance
66. I considered or sought help from alternative medical professionals and/or healers
67. I increased receiving massages
68. I sought psychotherapy or counseling to help me work through emotional blocks

**VII. I found ways to adjust to heightened awareness and sensitivities**

69. I found ways to adjust to more awareness of inner sensations
70. I found ways to adjust to more awareness of other's thoughts and/or feelings
71. I found ways to adjust to more awareness of metaphysical events
72. I found ways to adjust to more ability to predict the future
73. I found ways to adjust to more sensitivity to light, sound, smell, taste or touch
74. I found ways to adjust to more sensitivity to toxic chemicals
75. I found ways to adjust to more sensitivity to electromagnetic fields
76. I found ways to adjust to more sensitivity to others' suffering

**VIII. I began healthier eating habits**

77. I scheduled regular meals
78. I ate heavier foods such as meats, proteins and/or carbohydrates
79. I avoided fasting
80. I minimized junk foods
81. I cut sugar out of my diet
82. I cut caffeine out of my diet
83. I cut alcohol out of my diet
84. I discontinued recreational drugs

**Section V - Optional questions [text boxes]**

1. If you would like to share any other practice(s), habit(s), or behavior(s) that helped you to integrate your STE, please add them here.

2. Please write a short description of your STE & your journey of integrating it.

3. If you would like a copy of the results of this research study, please supply your email address.

4. Thank you for taking this survey. I hope it was helpful to you. I intend to use your generous offering of time and attention to make this helpful to others.
If you would like to get connected with organizations that support integration of spiritually transformative experiences, here are some resources:
American Center for the Integration of Spiritually Transformative Experiences: aciste.org
Spiritual Emergence Network: spiritualemergence.info
Spiritual Competency Resource Center: spiritual competency.co

## Appendix E

## Four Lists of Guidelines Operationalized

**David Lukoff: These nine therapeutic interventions for spiritual and religious problems are helpful to people in integrating spiritually transformational experiences.**

1. Normalize the experience
2. Create a therapeutic container
3. Help patient reduce environmental and interpersonal stimulation
4. Have patient temporarily discontinue spiritual practices
5. Use the therapy session to help ground the patient
6. Suggest the patient eat a diet of "heavy" foods & avoid fasting
7. Encourage the patient to become involved in simple, grounding, calming activities
8. Encourage the patient to express his or her inner world through drawing, journal writing, movement, and so forth
9. Evaluate for medication (p. 208)

Lukoff, D., Lu, F., & Yang, C. P. (2011). DSM-IV religious and spiritual problems. In J. Peteet, F. Lu, & W. Narrow (Eds.), *Religious and spiritual issues in psychiatric diagnosis: A research agenda for DSM-V* (pp. 171-198). Arlington, VA: American Psychiatric Publishing.

(1) I found assurance that others had experienced and were experiencing similar things
(2) I found at least one reliable safe place to let down and share authentically with someone what was happening
(3) I sought out more calm environments
(4) I sought out calmer interactions with people
(5) I chose to lessen the rigor of my spiritual practice(s)
(6) I sought centering and grounding through spending time in nature, spending time with relaxed people, or spending serene time alone
(7) I ate heavy foods such a meat and/or proteins and avoided fasting
(8) I sought out simple focused calming activities
(9) I found ways to express what was going on in my inner world of experience through drawing, writing, movement, or other artistic or creative practices.
(10) I considered or sought professional help from a spiritual guide, counselor, psychologist or psychiatrist
(11) I considered but chose to not take prescription medication.

**Ryan Rominger: These situations determine the degree of difficulty or ease in integrating an STE.**

1. Was the STE intentionally sought after or not?
2. Was the period of integrating the STE contained within spiritual community or not?
3. Was the integration of the STE supported by family and friends or not?

4. Was the integration of the STE supported by the workplace or not?

Rominger, R. (private communication on Nov. 4, 2013)

(12) I sensed that I had chosen to create the change happening in my life and I was engaged in specific spiritual practices
(13) I engaged with a supportive spiritual community
(14) At least one family member was interested, supportive and helpful
(15) At least one friend was interested, supportive and helpful
(16) My workplace offered support and encouragement

**Yolaine Stout, Linda Jacquin, & P. M. H. Atwater: These are six major challenges faced in integrating a spiritually transformative experience.**

1. Processing a radical shift in reality
2. Accepting the return
3. Sharing the experience
    a. Expressing the ineffable
    b. Choosing confidants
    c. Coping with negative reactions
    d. Focus of other's interest
4. Integrating new spiritual values with earthly expectations
5. Adjusting to heightened sensitivities and supernatural gifts
    a. Heightened awareness & sensitivities
    b. Supernatural gifts
6. Finding and living one's purpose

Stout, Y. M., Jacquin, L. A. & Atwater, P. M. H. (2006). Six major challenges faced by near death experiencers. *Journal of Near-Death Studies, 25*(1) pp.49-62.

(17) It was challenging to radically shift my sense of reality after my experience
(18) It was challenging to accept returning from my experience of an expanded place back to the earthly realm
(19) It was challenging to tell others about my experience because it was difficult to find words to express what I had experienced
(20) It was challenging to tell others about my experience because it was difficult to choose the right people to share the experience with
(21) It was challenging to tell others about my experience because it was difficult to find the right people to share the experience with
(22) It was challenging to tell others about my experience because it was difficult enduring the responses I got from some people
(23) It was challenging to tell others about my experience because it was difficult accepting which part of my story interested them—sometimes things not important to me intrigued them, or things important to me were overlooked or discounted by them

(24) It was challenging to match my new spiritual values with my earthly expectations and the expectation of others
(25) It was challenging adjusting to more awareness of inner sensations
(26) It was challenging adjusting to more awareness of other's thoughts and/or feelings
(27) It was challenging adjusting to more awareness of metaphysical events
(28) It was challenging adjusting to more ability to predict the future
(29) It was challenging adjusting to more sensitivity to light, sound, smell, taste and touch
(30) It was challenging adjusting to more sensitivity to chemicals
(31) It was challenging adjusting to more sensitivity to electromagnetic fields
(32) It was challenging adjusting to more sensitivity to others' suffering
(33) I felt a need to find and live a revised purpose more fulfilling for me.

**Yvonne Kason: How one can best survive the process of spiritual transformation**

1. Promote physical health through a balanced life-style
    - a. Regular eating, exercise, relaxation and sleeping schedule
    - b. Eating healthy balanced foods
    - c. Minimizing stress
    - d. Regular communication with a friend or partner
    - e. Moderate sex life with response to needs
    - f. Plenty of time in nature and in natural light
    - g. Avoid toxic foods and drugs
    - h. Moderate amount of time daily in spiritual practice
2. Grounding strategies (antidote for "spiritual intoxication")
    - a. Reducing time in meditation or prayer
    - b. Reducing time concentrating or reading
    - c. Slowing down and minimizing busy-ness
    - d. Increase rest, relaxation and sleep
    - e. Eating more frequently, avoiding fasting
    - f. Increasing protein intake
    - g. Cutting out sugar, caffeine, drugs & alcohol
    - h. Walking or slight exercise in a pleasant environment
    - i. Light manual work such as gardening or housekeeping
    - j. Increasing body awareness through massage or bathing/showering
    - k. Increase time spent in nature
    - l. Attending to sex life by matching it with fluctuating libido
    - m. Visualizing energy field withdrawing to my center, dropping from head to lower body
    - n. Visualizing energy connecting to center of the earth through soles of feet
    - o. Using outlets for creative energy such as art, dance, music or writing
    - p. Allowing psychological and spiritual issues to surface rather than resisting them
3. Promote psychological health
    - a. Practice gratitude, honesty, forgiveness, compassion, humility
    - b. Promote healthy relationships
    - c. Remain active in society
    - d. Serve others, even if in small ways

e. Get in touch with feelings, thought patterns and unconscious “dark side”

4. Promote spiritual health
   a. Daily practice of prayer, meditation, gratitude and surrender to the divine
   b. Reading holy books within your tradition and/or other spiritually uplifting books
5. Receiving help from others
   a. Support: listen to the story of the person’s inner experiences in a nonjudgmental way
   b. Validate: Verify to the person that their experiences are real and not psychotic
   c. Educate: Help inform the person about the nature of STEs and spiritual transformation
   d. Facilitate: Promote the psycho-spiritual housecleaning process by using psychotherapeutic techniques.

Kason, Y. (2008). *Farther shores: Exploring how near-death, kundalini and mystical experiences can transform ordinary lives.* New York, NY: HarperCollins. (Original work published 1994)

(34) I found a balanced life style was helpful through scheduling regular meals, exercise and sleep cycles
(35) I found a balanced life style was helpful through eating healthy foods
(36) I found a balanced life style was helpful through minimizing stress in my life
(37) I found a balanced life style was helpful through regularly communicating with my partner or a friend
(38) I found a balanced life style was helpful through moderating sexuality, adjusting to my libido
(39) I found a balanced life style was helpful through spending plenty of time in nature and natural light
(40) I found a balanced life style was helpful through avoiding illicit drugs
(41) I found a balanced life style was helpful through avoiding alcohol
(42) I found a balanced life style was helpful through avoiding caffeine
(43) I found a balanced life style was helpful through avoiding refined sugar
(44) I found a balanced life style was helpful through moderate amount of time spent daily in spiritual practice
(45) I found ways to “ground” myself through reducing time in meditation or prayer
(46) I found ways to “ground” myself through reducing time concentrating or reading
(47) I found ways to “ground” myself through slowing down
(48) I found ways to “ground” myself through minimizing busy-ness
(49) I found ways to “ground” myself through increasing rest
(50) I found ways to “ground” myself through increasing relaxation
(51) I found ways to “ground” myself through increasing sleep
(52) I found ways to “ground” myself through eating more frequently
(53) I found ways to “ground” myself through avoiding fasting
(54) I found ways to “ground” myself through increasing protein intake
(55) I found ways to “ground” myself through walking or slight exercise in a pleasant environment
(56) I found ways to “ground” myself through light manual work such as gardening or housekeeping

(57) I found ways to “ground” myself through increasing body awareness through massage or bathing/showering
(58) I found ways to “ground” myself through increase time spent in nature
(59) I found ways to “ground” myself through attending to my sex life by matching it with my fluctuating libido
(60) I found ways to “ground” myself through visualizing my energy field withdrawing to my center, dropping from head to lower body
(61) I found ways to “ground” myself through visualizing my energy field connecting to the center of the earth through soles of my feet
(62) I found ways to “ground” myself through using outlets for my creative energy such as art, dance, music or writing
(63) I found ways to “ground” myself through allowing my psychological and spiritual issues to surface rather than resisting them
(64) I promoted my psychological health through practicing gratitude
(65) I promoted my psychological health through practicing honesty
(66) I promoted my psychological health through practicing forgiveness
(67) I promoted my psychological health through practicing compassion
(68) I promoted my psychological health through practicing humility
(69) I promoted my psychological health through developing healthy relationships
(70) I promoted my psychological health through remaining active in society
(71) I promoted my psychological health through serving others, even if in small ways
(72) I promoted my psychological health through getting in touch with my feelings
(73) I promoted my psychological health through getting in touch with my thought patterns
(74) I promoted my psychological health through getting in touch with my unconscious “dark side”
(75) I promoted my spiritual health through daily practice of prayer
(76) I promoted my spiritual health through daily practice of meditation
(77) I promoted my spiritual health through daily practice of gratitude
(78) I promoted my spiritual health through daily practice of surrender to the divine
(79) I promoted my spiritual health through reading holy books of my tradition and/or other spiritually uplifting books
(80) I received support from others through my inner experiences listened to in a nonjudgmental way
(81) I received validation from others through verification that my experiences were real and not psychotic
(82) I received education from others through information about the nature of spiritual experience and spiritual transformation
(83) I received help from others through psychotherapeutic counseling to help me work through emotional blocks