Peer Support and Discussion Group Facilitators  
Training Manual  
ver. 8.1.13

This manual will be updated as new information is obtained through research, feedback and experience. Feedback is a necessary part of this program’s effectiveness. A process for providing such feedback is included in this manual. Certified PGFs are required to stay current.

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SECTION 1: INTRODUCTION

According to the ACISTE survey of experiencers, peer support and discussion groups were the most requested program. Not everyone who has had a spiritual experience wants or needs peer support, but for those who do, many seek fellow experiencers with whom they can share and discuss their experiences, messages, challenges or aftereffects without fear of judgment, ridicule or invalidation. Your role as an effective facilitator is a vital one! ACISTE support and discussion groups provide a safe place for peer community sharing and discussion. Peer
support and discussion groups are vital to the integration process, helping experiencers mutually
develop options and suggestions in dealing with integration needs and concerns. The ability to
share one’s experience, ideas of interest and integration challenges in a supportive environment
may be one of the most important steps towards creating a sense of belonging, well-being and
community.

This manual provides tools for the facilitator to understand group dynamics, develop
communication skills and conduct effective meetings.

SECTION 2. DEFINITIONS & GOALS

What is the goal of an ACISTE peer support and discussion group?

The goal of a peer support and discussion group is to help each other find greater meaning,
purpose and well-being while working through individual integration issues, discuss topics of
interest and explore possible remedies to challenges associated with their spiritually
transformative experiences. The group explores the spiritually transformative experience as a
catalyst for individual, positive, personal learning and growth. **Under no circumstances is the
group to be used to promote any individual’s belief, experience, service, product or philosophy.**

What is a peer?

A peer is a person who has had a spiritually transformative experience and who shares similar
issues and interests associated with those experiences. A peer is also someone who is attempting
to derive the same benefit from the group as the other members. Although each member has a
different experience and perspective, it is important for everyone to feel they have the right to
their own truth. Facilitators **may not screen** or filter prospective members based on types of
experiences. If a member identifies and feels they have had a “spiritually transformative
experience”– regardless of its nature, content or circumstance – and is seeking support or a place
to derive meaning, discuss, but not promote their experiences – he or she is considered a peer.
Non-experiencers such as the public, researchers, the media, seekers, or writers seeking material
are **not allowed to attend support groups**. They are invited to view the ACISTE website, or attend
workshops or events, instead.

What is peer support?

Peer support is based on communication, empathy and understanding. It is achieved by:

1. listening and sharing experiences, topics of interest, concerns and challenges.
2. exploring options for addressing concerns and challenges.
3. providing a sense of community, confidence and belonging.

The effectiveness of peer support groups conducted by trained peers is well-researched and a
tool for growth and positive change.

What is a peer group facilitator (PGF?)
The key role of the peer group facilitator is to facilitate mutual support and interactive discussion and learning. The PGFs are NOT professional counselors or therapists, nor do they act as a therapist, coach, leader, teacher or advisor, but as a mentor and facilitator of support and discussion. Peer facilitators are NOT to be looked upon as an authority. Their purpose is to create a safe and comfortable environment conducive to support, giving each member an opportunity to share. PGFs model nonjudgmental, respectful and empathetic listening for members to emulate. As a volunteer peer, they are expected to participate in sharing their own experience(s), derive the same benefit of support, discuss issues and ideas as an equal.

Effective meetings are created by effective facilitators. Effective facilitator has the following qualities:

1. They understand and believe in the group process as a valuable integration tool.
2. They are confident, non-defensive and openly accept constructive comments.
3. They understand peer needs and concerns.
4. They appreciate new ideas and experiences different from their own.

What do PGFs do?

1. They ensure the group rules are followed.
2. They encourage (but not pressure) peers in talking about their experiences, needs, concerns and ideas.
3. They assist peers in normalizing these experiences.
4. They help peers feel valued and understood.
5. They assist the group in generating discussion topics of particular interest to the group while placing a priority on supporting individuals dealing with current issues.
6. They use the group to help each other derive meaning from these experiences and offer suggestions with associated needs and challenges.
7. They assist peers in owning their own ideas and suggestions rather than telling others what they should think or do.
8. They assist peers in identifying their needs.
9. They assist peers in communicating with others.
10. They provide insight and reflect on progress.
11. They prepare a basic agenda based on group desires, rather than impose their own.

Facilitators may not use the groups to build a practice, promote a service, product or particular belief or otherwise use the group for any other purpose than intended by this program. A therapist who wishes to run a group for individuals dealing with particularly difficult challenges is encouraged to become an ACISTE certified MHP.

SECTION 2. RULES, DUTIES & ETHICS

This section outlines and explains the rules, duties and ethics of an ACISTE certified PGF.

1. Acts as a positive role model:
Group facilitators have a powerful role and responsibility. It is the role of the facilitator to model group ethics, norms and active listening skills, which are usually set in the first few sessions. Once the group norms are set, they are very hard to change. Members tend to emulate group facilitators. For example, members are more likely to be on time, if the facilitator is also on time. Delaying the beginning of the session until tardy members arrive will result in others coming late. If the facilitator talks to a group member when someone else is talking, then the members will feel free to do the same. If a PGF becomes lax on the rules, members will soon follow. Contrary to what individuals might say, overall, groups respond well to rules, structure and consistency. Groups have a right and a need to know what to expect.

### 2. PGFs must provide a safe & confidential environment:

PGFs must remain alert and aware at all times of group process and discussion in order to insure that an emotionally safe environment is created and maintained. The PGF will respond appropriately to actual and potential safety issues. The PGF will act to prevent, mitigate, and resolve any activity that detracts from the group member’s enjoyment of an emotionally safe and confidential group meeting. The PGF will both model and periodically remind the group of the vital importance of confidentiality, while acknowledging that in a group environment cannot be absolutely guaranteed.

PGFs must be aware of the following issues in order to provide a safe and confidential group environment.

#### Invalidating Behavior

Invalidating behavior can cause harm and may inhibit the healthy integration of the experience or jeopardize the well-being of the experiencer. Just as spiritually transformative experiences can occur to anyone, at any time, under any circumstance, there are also no limits to the variety, complexity and diversity they may contain. ACISTE does not require the presence of any one of the commonly reported elements (light, love, knowledge, tunnel, out-of-body, etc.) to be considered an “experiencer.”

ACISTE accepts an experiencer strictly by the person’s own identification with a spiritually transformative experience and the changes and challenges associated with that experience.

To suggest that an experiencer is not an experiencer because his or her experience is different from anything they have heard is extremely invalidating.

Experiencers do not interpret, process or deal with their experiences in the same way. The variety of emotions is as diverse as the people who have them. Some may become more fundamentally religious. Others may reject organized religion altogether. Some become more convinced that evil is a reality, while others can’t conceive of evil at all. Some may be angry that they have been sent back. Others may be thrilled and eager to find their purpose. Some develop psychic gifts, while others may think that is crazy or fraudulent.

To deny or invalidate the responses, changes, challenges and interpretations of the experience is to invalidate the experiencer. Therefore, to be supportive of each other, group members must be
willing to respect and accept the diversity of challenges and help each other find positive
meaning, purpose and well-being without attempting to convince, sway or proselytize.

Group members must be reminded that they are there to help each other process the experiences,
its meaning for the experiencer and its challenges, not to analyze the validity or interpret the
meaning of the experience for others. To judge or question the validity of another’s experience is
not acceptable.

Examples of invalidating behavior include:

- overt or covert pathologizing
- discounting
- demonizing
- diminishing
- proselytizing
- false, but well-intentioned assumptions
- re-languaging or assigning interpretations

Examples of invalidating comments include: “Oh, since you were sleeping, it must have been a
vivid dream.” or “Since you took that drug, you must have had some type of hallucination.” or
“Since you have a mental illness, your mind must have played a trick on you.” Discounting,
pathologizing or diminishing comments often begin with words like “Just – or only.” “You were
just dreaming.” “It was only a fantasy.”

Another type of invalidation includes “re-languaging” or re-interpreting another member’s
experience, terminology or interpretations. Examples include:

Experiencer: “My guardian angel told me to…”
Invalidating response, “Oh, you mean your spirit guide?”

Experiencer: “I am worried that God will judge me for that.”
Invalidating response: “Oh, God never judges.”

PGFs are conscientious and use the individual language communicated by the experiencer.
In cases of invalidation, PGFs need to step immediately step in and redirect in a positive manner.

Respecting an experiencer’s right not to share his or her STE

There may be reluctance – at least initially- to share one’s experience, in part or at all within a
group. This can be due to previous experiences or fear of invalidation, or very private or
personal nature of the experience or its circumstances. Under no circumstances should an
experiencer be urged to share beyond his or her comfort zone. On the other hand, a consistently
non-participating member can have a negative impact on group cohesion. See “The Non-
Participating Member” under “Overcoming Challenges to Effective Groups.” To lessen the
pressure on individuals to share, do not “go around the circle” but allow sharing to occur
spontaneously. A good technique is to use a speaking stick. With time and trust, a reluctant
participant may eventually share his or her experience.
Be aware that support groups may attract people who are looking to exploit vulnerable people. Keeping the group safe from exploiters begins with recognizing, educating and discussing vulnerabilities, while working to build confidence. The following is a discussion of various vulnerabilities and how to respond.

**Boundary issues**

While the PGF cannot set the boundaries for others or advise experiencers on personal matters, they can – if called for - facilitate a group discussion in which sensitivities, risks, vulnerabilities, and practical ways of coping are shared. If desired by the group, the PGF might consider bringing in an expert, therapist or guest speaker to talk about how to reestablish boundaries while maintaining one’s spiritual perspective.

A common aftereffect of a spiritually transformative experience may be the loss of the need for personal boundaries. This vulnerability can be an aftereffect of the numinous, oceanic, and intense experience of universal and unconditional love, which is characteristic of many STEs, leaving the experiencer in an ungrounded or vulnerable. The STEr may then feel frustration, distress, uncertainty, unreasonable certainty, or confusion regarding how best to respond to a potentially exploitative situation.

**Sexual exploitation:**

The feelings of compassion and unconditional love for others may lead an experiencer to put out innocent cues and behaviors that may be misinterpreted or deliberately exploited by others seeking sexual or love relationships.

**Financial vulnerabilities:**

In the months following an STE, money, careers and possessions may be seen as evil, useless or obstacles to finding or living one’s spiritual purpose. An experiencer may wish to walk away from a career and give away all their money and/or possessions. On the other hand, some experiencers may also be more easily duped by charismatic figures promising wealth, health and abundance through spiritual practices, in return for thousands of dollars in payment for workshops, treatments and healings. These decisions can wreak financial havoc on families or loved ones.

**Vulnerabilities to cults and spiritual or religious coercion:**

An STEr may feel lost, isolated or confused about spiritual, religious, paranormal or afterlife issues. The result might be a need to seek spiritual or new age masters or religious authority figures to relive the experience, find guidance or they may have an intense desire to have everything explained. These needs might lead an experiencer to be persuaded by charismatic leaders claiming to have all the answers as are often found in cults or fundamentalist sects. An STEr without boundaries may not recognize the harmful and exploitative tactics. For an STEr who is feeling this way, PFGs might suggest seeking out an ACISTE Certified Mentor, Mental Health Professional or Spiritual Guidance Counselor.
A legitimate spiritual, new age or religious authority can be differentiated from a cult by the tactics that are used. Tactics used by cult leaders frequently include isolation from friends and families, a strong resistance to objections or questioning of the leader, brainwashing tactics involving sleep, and/or food deprivation, and a stripping of one’s privacy and former identity. Cults tend to be centered around a person.

On the other hand, an experiencer himself may be convinced that they have all the answers, get carried away by their egos, invalidate the experiences of others.

**Media Exploitation:**

The subject of STEs, in particular NDEs, is the frequent focus of the media. While experiencers may have a need to publicly share their experiences and the wisdom derived from it, the media is often out to sensationalize the experience, turn it into a controversy or subject of ridicule. Without boundaries, an experiencer may not question the motives of the media, thus leaving themselves exposed to potential emotional and financial harm. Without experience in this field, an STEr may not agree with or understand copyright and libel issues. For example, they may not be aware that, in some instances, once they have submitted their experience, they no longer have rights to publish it elsewhere. They may not be aware that they can incur liability if they talk about others who may have had a hand in causing their death or trauma.

The media may pressure the experiencer to reveal personal details that have not even been revealed to family members. The result, if not carefully handled, can be increased isolation and distress for the STEr.

Even in seemingly friendly situations, such as conferences or gatherings to discuss these experiences, anyone with a film camera might be filming an experiencer telling of his or her experience and post it on the web for the world to see. Reading critical blogposts and having strangers pry into one’s life as a result can be distressing. PGFs should discuss the risks of media exposure so that experiencers can make wiser and more conscious choices for themselves.

**What to do?**

As with all vulnerabilities and issues, the PGF may choose to bring these topics up for non-judgmental discussion and awareness, if desired or indicated. If an experiencer is dealing with a distressing or challenging personal issue related to exploitation or vulnerability, the PGF should consider referring the experiencer to an ACISTE Certified Mentor, Mental Health Professional or Spiritual Guidance Counselor found on the ACISTE website.

http://www.aciste.org/index.php/support-directory

**Support and Referral Line**

To ensure a safe and appropriate level of support, experiencers may contact a central phone number through ACISTE, staffed by trained volunteers who will direct experiencers to a program of their needed level of support. (This program is not yet available).

**Confidentiality**
What is shared in the room, stays in the room. Similar to Alcoholic Anonymous, experiencers do not reveal the identity of participants, nor do they discuss other participants' experiences with people outside the group. Facilitators and members do not reveal the identity of the other participants. Except for documentation of potential liability issues, no written records with identifying information may be maintained by the PGF. Contact information may be collected by the PGF for purposes of group meeting announcements only and may not be disclosed to anyone beyond the group. Sharing of contact information among group members themselves may be done only by mutual agreement. If group members wish to receive additional announcements from ACISTE, they are invited to subscribe through the ACISTE website. In addition to expressing and taking action to maintain these principles of confidentiality, PGFs need also to communicate that in any group setting, confidentiality cannot be guaranteed absolutely.

Discussion Limits
In support groups, some group members may wish to take the conversation outside the purposes of the group. They may wish to express or ask others personal details that may be inappropriate, offensive or lead to unintended consequences. Examples of inappropriate questions or comments may include sharing what drugs one takes, medical conditions, illegal activities, sexuality, information about others outside of the group (gossip), etc. It is the job of the PGF to interrupt potentially offensive or harmful comments or questions and bring focus back to the group topic.

Media, Researchers, Writers, Journalists, etc.
No recording media or photography is allowed. Under no circumstances, shall the PGF speak to the media, researchers or writers on behalf of ACISTE, its groups or its group members. If a PGF is approached by researchers, the media, writers or other entities wishing to contact group members, the PGF shall refer them to ACISTE.

Experiential Practices:
Facilitators may not engage in, or allow others to guide members through experiential or ritualistic practices such as visualizations, readings, channeling, mediumship, healings, prophecies, intentions, prayers, hypnosis, shamanic drumming, massages, touching, eye-gazing, rituals, or guided meditations, dimming of lights, lighting candles, etc., as these practices can be uncomfortable, proselytizing, invalidating or even unsafe for some. Facilitators, however, encourage discussion of these tools as individual practices.

Promotion & Sales
No promotion or sales of non-ACISTE approved materials are allowed at support group meetings. Facilitators may not use the groups or contact information to independently promote themselves, their businesses, practices, research, books or other financial or professional interests. PGFs may NOT use their support group lists for any other purpose other than to announce information re: ACISTE peer group meetings, events and workshops.

3. Understands integration issues and acts as a resource:
PGFs should try keep themselves up-to-date on the latest resource information re: STEs, for their peer group members. (links, books, events, etc.) This information is regularly disseminated by ACISTE. Please read Attachment A. carefully.

When a group member asks for information, resources or referrals to others related to their STEs, the PGF is prepared to provide that information or knows where he/she can direct the group member for that information.

4 Facilitates exploration, progress & interactive learning:

Facilitators believe in the importance and value of group process, peer support and interactive learning. They help groups explore and appreciate new ideas and experiences different from his or her own. By helping experiencers see greater options in dealing with the aftereffects and integration process, their sense of control can be increased and their confidence enhanced.

5. Demonstrates empathy, respectful communication, interpersonal & active listening skill:

The aftereffects and challenges of STEs frequently stir deep emotions and feelings that may have been suppressed. Emotions need to be expressed as part of the integration process. Peer support groups are places of empathy and understanding when these emotions arise. Facilitators model active listening skills and create a safe and empathetic atmosphere in which each member feels equally valued and validated. Respect, non-judgment, empathy and active listening are very significant to the integrative process. An experiencer is the expert on his or her experiences, motivations and feelings. The facilitator may have similar experiences that may help to explore concerns and issues related to the integration process and aftereffects. The facilitator may also encourage other members to share similar experiences, challenges or concerns. They reflect, summarize, ask questions, suggest, empathize and support. PGFs facilitate open communication patterns and discourage destructive or invalidating remarks. They help to clarify statements when there is confusion. They summarize group ideas or suggestions after a discussion.

Facilitators allow sufficient active listening time for each experiencer to share spiritual and personal issues related to processing the STE and/or its challenges, without judgment in a supportive, informative and validating manner. Facilitators encourage all members to share their experience and provide a better chance to understand each others’ feelings and concerns. Each member, including the facilitator, must be given ample opportunity to speak without interruption.

The facilitator will ensure that the right of a participant to not share or even remain silent at times is respected.

Communication in a group is influenced by four needs:

1.) the need to establish and maintain personal integrity.
2.) the need to understand one’s role within the group. (why am I here?)
3.) the need to help, serve or feel empowered.
4.) the need to feel acceptance by others.

Members will stop communicating if they feel they are being judged, criticized, diagnosed, ordered, threatened or if they feel their concerns are not being addressed. As members of the group begin to see that the group is nonjudgmental and supportive, they will feel more comfortable about sharing. The facilitator models this nonjudgmental acceptance in order to create a safe environment.

Respectful communication includes:

- focus on the person talking
- listening with one’s heart, as well as one’s ears
- avoiding the making of any assumptions
- keeping the focus on the member, not on the facilitator
- being observant and verbalizing positive strengths
- being curious and genuinely responsive
- being available as a resource
- meeting peers where they are
- getting to know each other
- being flexible
- reflecting back what was heard

Invalidating cues and behavior may include:

- fidgeting or foot tapping
- not looking at the member
- rolling one’s eyes back or other dismissive facial expressions
- crossed arms
- yawning
- looking at others, around the room or at one’s watch
- interrupting
- ignoring what was said
- talking about one’s self, while ignoring what the group member has been saying
- making judgments or assumptions

Active Listening Techniques

Listening and communication skills make up the major part of good peer group facilitation. Active listening techniques include engaging and responding to the experiencer on something he or she has expressed, either in words, or in non-verbal actions or behavior.

Active listening does not mean that you should repeat what the experiencer said to show you were listening. Be careful with paraphrasing, summarizing or repeating as it can sound patronizing and increases the potential for distorting the experiencer’s intent.

Example:

Group Member: "It annoys me when perfect strangers ask me about my STE.”
PGF: "This really annoys you."

**Distortion:**

PGFs must be aware of the biggest danger in responding to group members. DISTORTION. Therefore, check periodically with your member for accuracy. Be prepared to focus on the positive aspects of the situation and don’t feed into the negative aspects.

Below are other techniques to use which can improve your listening and communication skills and help you deal with problems which might arise in your group. These techniques take time to learn. With practice, they will become easier and easier.

**Open-Ended Questions**

To keep group conversation moving, you will want to use open-ended questions and probe deeper into topics and issues raised by peer group members. A “closed” question can be answered with "yes" or "no" or a simple statement of fact. An open ended question requires other information to be answered.

Example:
Closed: "How old when you had your STE?
Open: "What was going on in your life when you had your STE?"

Benefits of open-ended questions:

- Reveals deeper and more relevant issues
- Allows for more peer centered support
- Encourages more active participation in the support group

Drawback of open-ended questions:

- May take more time to get information
- May open up difficult or challenging issues that are not easily addressed in the group.

Open-Ended Questions may be used in any of the following active listening categories:

- **Reflection**
- **Interest**
- **Reframing**
- **Redirection**

**Reflection:** Expanding on the topic, adding in an acknowledgment or exploration of feelings or unstated thoughts.

Group Member: "It annoys me when perfect strangers ask me about my STE."
PGF: “What is it about that situation that really puts you off?”
Interest: Expressing genuine interest in the circumstances of the statement and inviting further disclosure.

Group Member: "It annoys me when perfect strangers ask me about my STE."

PGF: "How do you respond when that happens to you? What's going on in your mind?"

Reframing: Offering an alternative way of looking at a situation, or one that is more constructive and positive.

Group Member: "It annoys me when perfect strangers ask me about my STE."

PGF: "It's great that you've shared your STE with people you know. Why do you think strangers ask you about it?"

CAUTION: Since a PGF is not a therapist, so it is important not to interpret or read more information into a statement than has been made. An example of an interpretation would be:

Group Member: "It annoys me when perfect strangers ask me about my STE."

PGF: "Do you think anger or fear issues are the cause of your annoyance?"

Redirection. This is a combination of one or more phrases and includes a reflection of feelings. A PGF ties together content and feelings and tries to put things in perspective and identifies important trends, conflicts and possible decisions. Example:

PGF: "A few of us have shared how we don’t like to be asked by perfect strangers about our STEs. Others don’t mind at all. For those of us who don’t like to be asked by strangers, what would be the best kind of response to strangers? What decisions have you made about boundaries?"

6. Does not proselytize:

Facilitators do not proselytize or promote a single viewpoint, and discourage proselytizing by others toward each other. They encourage exploration of each others’ meaning, perspectives and experiences. It is important that the facilitator ensures that each group member respects the autonomy and free will of each participant.

Should a participant make a declarative statement such as “This is the way it works.” Or “The reality/ truth is that” “We all are here to...” “God wants us to...” and/or says what someone else needs to do the PGF should step in and say, “So this is what you’ve discovered for yourself. You’re suggesting that Mary/ others might consider this or try it themselves.”

7. Respects diversity:

Facilitators respect and model respect for all cultural, ethnic, political, religious, sexual backgrounds or orientations. They are respectful of the many varieties of experiences, challenges, aftereffects and circumstances in which they occur. Facilitators provide information that validates the broad array of experiences, understandings, changes, beliefs and aftereffects.

8. Does not provide therapy:
Facilitators do not provide therapy, unless they are ACISTE qualified mental health professionals conducting a therapy-type support group. See “How to recognize when and know how to refer people to therapy or other resources” in #9 Below.

9. Knows his/her limitations and when to suggest a professional.

A facilitator is keenly aware of his or her own limitations in being able to handle a difficult issue. He knows when a member should be referred to a therapist or other professional assistance.

Always suggest other resources when the person’s needs, wants, or desires are different than the mission or the purpose of the group. Always suggest professional resources when the person’s needs, wants, or desires are beyond the skills, training, or availability of the PGF.

Always refer to the ACISTE Certified Professional Directory when a group member requests it. Do NOT recommend a particular individual, but suggest that the group member choose a professional from the directory.

ACISTE Certified Mental Health Professionals or Spiritual Guidance Counselor directory should be made when a person’s distress is centered around profound issues of personal meaning, work or career changes, relationships with primary family members or significant others. Always refer when there is a substantial reduction in the person’s usual functioning, isolation, or moderate to severe depressed mood that lasts for several days or more.

Do NOT refer out when a person’s distress is mild and primarily concerned with people believing or not believing in the reality of the STE itself. Do ask questions though, to see if the person’s distress is of a broader nature and a referral to an ACISTE Certified Professional is appropriate (as above). If the person is not distressed, therapist referral could be considered on a case-by-case basis. Do NOT necessarily refer if the person is seeking (or would otherwise benefit from) information provided by the group or would benefit from companionship of others who have had analogous experiences.

A referral to a professional should be made when a person is describing distressing internal phenomena that is inconsistent with STE experiences known to the PGF, and there is no current dangerousness.

10: Understands Group Dynamics

Group Process:

ACISTE peer-led support groups are relationship/peer-centered rather than goals oriented. They create a strong, supportive emotional or social atmosphere that fosters discussion, personal or spiritual growth.
ACISTE peer-led support and discussion group goals are generally to achieve integration to a level that is satisfactory for and defined by the group member. Therefore, ACISTE support and discussion groups do not suggest setting common group goals, however groups or individuals could decide themselves if they wish to set goals.

Four Stages of Group Development

In order to better prepare for meetings, it is important for facilitators to understand group dynamics and the four stages of group development.

The following is adapted from Community Health Education Methods: A Practical Guide

**Initial Stage:** The initial stage is focused on creating a group structure, orienting members and dealing with group expectations. People tend to cautiously observe others and decide whether or not they fit in the group. There may be periods of silence or nervous laughter. Members rely heavily on the facilitator for direction. It is very important that the facilitator model norms that both reflect the norms of the community in which the group occurs, and are norms that the facilitator desires to be operative in the group especially in these early stages.

**Transition Stage:** In the transition stage, members may risk expressing differences, concerns, issues. Communication styles are tested as members begin to share more intimate details and perceive others’ responses. This stage may also involve testing the leader for control or to see and experience how group norms are applied in the group setting. This transition stage is critical as members may increase or decrease their participation. The facilitator’s role is to maintain objectivity and continue to model group norms of acceptance, interest and support.

**Working Stage:** This stage is marked by productivity in addressing integration issues. When groups function well in the working stage, significant growth may be achieved. A sign that the group has moved into this phase is when there is enough trust and comfort for both facilitators and members to take action and try out new meanings, purposes and behaviors associated with their spiritually transformative experiences. There is an increase in self-disclosure, confrontation, feedback and humor. There is often a pleasing feeling of confidence and pleasure that progress is being made and group members are benefiting.

**Final Stage:** All groups eventually face closure or termination. A number of emotions might arise – from anger over unmet needs to sadness over the loss of cohesion. To mitigate stressful emotions, it is recommended that facilitators begin discussing the ending several weeks prior to the final session. Facilitators should allow time for each member to reflect on what has been gained and what needs still need to be met. At this time, facilitators may want to refer members to other ACISTE resources.

**Developing Cohesion**

Cohesion is very important in maintaining groups. Factors that increase that cohesion include a cooperative group attitude, adherence to a group norm, a great deal of member interaction, a sense of meaning, growth and/or enjoyment. Factors that decrease cohesion include the inability to agree or stick to the agenda, disorganization, members talking among themselves rather than one at a time, arguing, dominating, lack of group direction or a “we versus them” attitude in the
Continually inviting each individual to share is a way to be inclusive and maintain cohesion.

**Overcoming Challenges to Effective Groups**
The success of the group often depends on how well PGFs handle problem members and attrition.

All groups have problem members. The following describe three of the most common types of problem members and suggest remedies:

**A. The Talker**
The biggest problem in most groups are people who tend to respond to every statement, take up too much time talking or interrupt others. In addition, experiencers who have not been able to talk to others about their experiences for years, may not realize how much time they are taking from others.

**Effect on the group:** At first the group may welcome and encourage long-winded talkers. Later they may become angry or frustrated. Members may drop, if the talkers are allowed to dominate the meetings at the expense of others.

**Facilitator role.** The facilitator should allow equal and ample time for each member to talk. If a member continually interrupts another or responds to every comment, the facilitator can work to redirect and reframe a long-winded talker’s comments to generate a group discussion and response which is in alignment with the purpose of the meeting. If the talker persists, the facilitator should be direct, thank them for their contribution, but state that the others also need to be heard. If the talker continues to monopolize, dominates or has a negative effect on the group, please see Steps for Dealing with Inappropriate behavior below:

**B. The Non-participating Member**
A non-participating member may be fearful of judgment, is still evaluating his or her role in the group or have other issues preventing him or her from actively participating.

**Effect on the group:** Group members may feel resentment toward a member who is consistently silent or fear that the silent person is sitting in judgment themselves. Cohesion is difficult to maintain if one or more members do not participate in the group.

**Facilitator role:** The facilitator should avoid assumptions or judgments about the non-participation of a particular member. If a member continues to be silent for more than one or two meetings, the facilitator should privately and empathetically inquire as to the reason for silence and without undue pressure, remind him or her of the importance to the rest of the group that each member participates. Often a silent member will begin participating when they realize that they will not be judged and can feel safe. A member can actively participate without needing to reveal every detail of his or her experience.

**B. The Help-Rejecting Participant**
Support groups may attract people who are interested in complaining, venting or dramatizing, but may not be interested in others or being helped themselves. While it may be beyond the
scope of the group to change this pattern, there are things facilitators can do to minimize negative
effects of this behavior on the group.

**Effect on the group:** Initially group members may rally to support and offer advice and help for
the help-rejecting participant, but may become bored, frustrated and impatient if this person does
not respond to suggestions or seem to make progress.

**Facilitator role:** Listen actively for positive strengths and comment briefly without offering
support or advice. Model for others how to listen for positives. Be sure that the comments are
expressed as positive feelings or observations, not as judgments. Ex. “I am really inspired by
your patience/compassion/strength in dealing with that. Have any of the rest of you dealt with a
similar situation?”

**Dealing with inappropriate behavior:**

A common problem in peer groups is that one group member is especially judgmental or
monopolizes the group. A PGF may follow these suggestions:

1. Talk with the person outside of group about your feelings and perception.
2. Discuss options regarding how to maintain a supportive environment.
3. Come to a joint resolution on how each person is an important support to another

If a problem arises between group members, here are a few hints for how a PGF could handle the
situation.

1. Identify feelings of members using the techniques outlined above.
2. Defuse the situation and encourage "airing out" of feelings

**Awareness:** Maintain your awareness of feelings going on in the group. This alone may not be
enough to keep difficulties from arising in the meeting.

**Observation:** Acknowledge the feelings.

**Peer Consultation:** Share experience with colleagues and express your frustration, as well as
gathering information for dealing with such situations.

**Mentoring:** Share experience with a more experienced colleague especially if there is a continuing
issue with an ongoing member.

**Referral:** If your feelings are strong and interfering with ability to provide "good" peer counseling
and after consultation the situation has not improved. Recommendation: Refer this member to
another support group, seek professional assistance or ask members’ from the peer group a
consensus on the situation.

For those who continue to disrupt or further control the meeting, the following escalating series
of actions need to be taken:

1. Ask the person to step outside of the meeting and remind them of their prior agreement.
Let the person know that this continued behavior is inappropriate.

(3) Threaten the person with expulsion from the group if the behavior continues.

(4) If inappropriate behavior continues, terminate the meeting early.

(5) If the person won’t leave or makes threats, see Attachment E

What to do in an Emergency:

Natural Disasters: Fire, Earthquake, Flood etc.

Before the first meeting, the PGFs must familiarize themselves with all emergency protocols, fire alarms, extinguishers and exits provided by the facility where the meetings are held. If none exist, the PGFs must create such a plan themselves. The PGFs should have access to a phone at all times and be able call 911 in case of emergency.

These plans must be communicated to the members at the first meeting.

Threatening Behavior

If a member or non-member speaks or acts in a manner that appears to the PGF as potentially threatening to themselves or others in the group. The PGF must quickly assess the immediacy and extent of the threat to emotional and physical safety of the group as a whole. This can be done by considering the following questions as part of a general safety assessment of the situation. The PGF must then immediately take some action to calm the situation such as those listed below.

1. Immediacy of risk. Is violent action imminent? Likely after the meeting has ended? The next day? In the next week? At some vague undefined future?

2. Who is at risk of harm? The PGF? A group member? The distressed person? Any other identified or un-identified person?

3. What means are available to do physical injury? Guns, knives, broken glass, sticks, baseball bats other objects?

4. Identify extent of emotional intensity of distressed person. Very high with shouting, threats, anger? Very high but controlled, focused, determined? Very low with despair, emptiness, depression, at a loss and ready to give up, to end the pain and distress of living?

2. Calm the Situation:

A. Make sure the distressed person is getting the attention that is being demanded.

B. Use the attention being provided to facilitate a calmer and more flexible mood on the part of the distressed person.

C. Ignore attempts by the distressed person to solve the immediate problem. Focus instead on calming the situation and ending the emergency. The distressed person’s problems are best
addressed in safe, calm, and thoughtful circumstances where consequences of action and alternative possibilities can be identified and considered!

D. Consider having the PGF and distressed person leave the meeting (if needed to emotionally protect certain group members). The PGF should meet with the distressed person outside the meeting to ensure adequate emotional resources are identified, requested, or available to the person on their own initiative (support person(s), mental health hotline number, or hospitalization), and appropriate referrals have been made.

The PGF should call 911 when the PGF believes that there a more than 50% probability that a person is an immediate danger to themselves or to others.

In situations where the PGF determines that there is no immediate danger, or the danger is less than 50%, the PGF together with the distressed person, should contact the ACISTE Support and Referral Line supervisor for information and advice as to what are appropriate next steps. - see Support and Referral Line below TBA.

E. Document a summary of the incident and actions taken for use in responding to inquiries of police, family members, or other authorities.

SECTION 4: MEETINGS

Location: There are usually many free community meeting space opportunities for nonprofit groups, but ACISTE must rely on the PGF to assist in finding it. To protect the privacy of individuals and to create a protective space, meeting places should be in closed rooms without free public access. It should be free of distractions, such as loud noises coming from outside of the room. The atmosphere should be inviting and physically comfortable. Options for meeting locations may include local health departments, churches, schools, community or nonprofit agencies, universities, hospitals, libraries, medical clinics or office buildings. Shopping malls, apartment complexes or government buildings often have community rooms, as well. Under no circumstances may a PGF hold ACISTE meetings at their own residence. ACISTE must approve of the location before marketing the group may begin. If an agreement with the property owners must be signed, it must be submitted to info@aciste.org for approval.

Length of meeting: Suggested time is 2.5 hours. (reserve extra time for set up and clean up)

Duration: There is no set number of meetings. Whether they last for 6 months for a number of years is largely due to the availability and willingness of the PGF to continue as well as adequate numbers of interested participants.

Frequency: Groups should ideally meet twice a month. Experience shows that meeting once a week is too frequent – while monthly meetings tend lose the effectiveness created by group cohesion and trust.

Size:
Limited to a preferred maximum of 12 experiencers. When 6-7 more members beyond 12 the group are interested, a new ACISTE support group should be formed.

Cost/Money:
The meetings must be completely free. Facilitators work as volunteers and may not collect funds of any kind at meetings – except to purchase food or drinks if the group desires and the venue allows it. You may encourage donations to ACISTE by handout donation envelopes (provided by ACISTE) to be sent to ACISTE by the participant. Those who wish to make a donation ((You may suggest $5 per person per meeting payable with credit card online at www.aciste.org, or checks made payable to ACISTE, PO Box 1472, Alpine, CA 91903. All donations are tax-deductible.

Marketing
To build and maintain a solid group requires a great deal of initial and ongoing publicity. Marketing is a partnership between the PGF and ACISTE whose primary responsibility is to provide printed and/or digital materials, promote the groups on websites and pay for advertising. The job of the PGF facilitator or their designee is to distribute those materials or forward those announcements to their contacts where allowed (not considered spam) and make ACISTE aware of local newspapers or events where reasonable advertising can take place. A good place to post such notices is any place wherever “support groups” are announced or at places of worship or any event where experiencers are likely to gather. IANDS or IONS groups are also possible venues. PGFs must use ACISTE standard fliers, posters or brochures to maintain a consistent look and message.

Seating Arrangements:
Most facilitators prefer to have members sit in a circle where they are able to see one another. This type of arrangement allows for verbal and nonverbal communication.

Meeting Agendas and Structures:
The First Meeting:
At the first meeting and for every new member arriving at a subsequent meeting, members are handed a brief list of agreements. If they agree to follow these guidelines, they are then asked to sign in and are handed a Welcome Booklet and ACISTE brochure. (See Attachments) that outlines policies and disclaimers that help ensure the safety and efficacy of the support group. Facilitators reinforce these policies by reading the set of agreements at the first meeting.

If new member expectations do not pertain to the purpose of the group, the facilitator may suggest other resources.

People are usually anxious when first attending a group meeting. Since anxiety inhibits group effectiveness, it is important that the facilitator alleviate anxiety as soon as possible. An extremely effective tool is to begin with an icebreaker or group activity that relates to the purpose of the group.

Agenda:
1. **Introductions – Hopes and Expectations**

2. **Establish Rapport through an Icebreaker. Here are a few examples:**
   
   http://adulted.about.com/od/icebreakers/tp/toptenicebreakers.htm

3. **Group Rules (Welcome Booklet)**

4. **Brainstorm Topics for Next Meeting(s)**

A short icebreaker is a quick way can begin to create a sense of group cohesion. Ideally after the icebreaker, group rules should be presented. This is best accomplished by going over the guidelines contained in the attached ACISTE welcome booklet.

**Subsequent meetings:**

After the initial meeting, meetings can be divided into three components.

1. **Introduction:** Announcements made. (Workshops, events, etc.) Educational and resource materials are introduced. New members – if any - are introduced.

2. **Sharing/Support** Priority time should be set aside for experiencers, especially those new to the meetings to share their experience and/or need. Time should always be given to group support over discussion topics first. After the introduction, facilitators should begin by asking if there are any pressing questions or needs an individual might want to bring forth.

   If nobody desires sharing – especially in a new group, sharing one’s own or published experiences, can create trust and get the conversation rolling. Here are some examples of STE-related support challenges.

   - What are the values we learned from our STEs and how do we integrate them?
   - How do you deal with expectations in relationships, careers, religion, families, communities, etc.?
   - How do we find and live one’s purpose?
   - What are some of your with new sensitivities, psychic gifts?
   - What do you do to stay grounded? Is there a balance?
   - How do we best communicate the experience and cope with negative reactions, judgment, inappropriate responses?
   - How do we accept being here and deal with “homesickness.”?
   - How do we trust, listen or stay connected with the experience?
   - How do we deal with misdiagnosis or inappropriate responses from caregivers?
   - What kind of boundary issues did you have following your STE?
   - How did you learn to reset your boundaries?
   - How can we stay in keeping with the values learned in our experiences without subjecting ourselves or our families to harm?
   - What kinds of vulnerabilities can arise following an STE, and how do we deal with them?
   - How do we deal with negative energy?

3. **Topics for Discussion** If time allows, a planned topic for future meetings that is collectively agreed gives members a sense of ownership, purpose and something to prepare for and look forward to. Meetings with no preparation or planned topics tend to dissolve quickly. On the other hand, PGFs should not interrupt a spontaneous and
appropriate discussion to keep the group on a particular topic – unless that discussion appears to exclude the majority of the group.

If the group does not suggest a discussion topic, some ideas are below:

- Spiritual transformation
- Knowledge gained
- Health and healing
- Science and spirituality
- Life's purpose or mission
- Nature of the universe
- Nature of consciousness
- Mystical practices and traditions
- Meditation techniques
- World problems and solutions
- Angels, spirits, etc.
- Death and dying
- Afterlife
- Religion and spirituality
- Energy, auras
- After Death Communications

These topics are just suggestions for brainstorming these or other topics. The group will have their own ideas. One suggestion is give each member an opportunity to lead a topic discussion. Be sure that each meeting gives time for support.

**Guests:**

Facilitators may bring in a guest experiencer to present and discuss any one of these topics. That guest must allow sufficient time for discussion and may not promote business, conduct research, sell books or receive compensation.

**Attendance:**

Attendance and attrition are challenges for facilitators. There can be many, many reasons for this that may have nothing to do with the quality of the meetings. If attendance becomes a problem, facilitators may wish to ask for feedback by calling or writing to that member or members. Excessive absenteeism or attrition must be dealt with in an open and honest way.

The general goal of the groups is to have individuals reach a level of integration that is self-defined. When they feel their needs have been met, they may exit at their choice. They may attend all or select topic meetings. New individuals could join at any time, as long as the size of the group does not exceed size limit. Members are encouraged to stay connected with workshops, events, etc.

**Drinks/ Snacks:**

Providing drinks and snacks can provide a welcome break and opportunity for socializing and creating a sense of community. The PGF and the group must together decide if or how this can be arranged. The rules of the meeting space regarding food must be followed. ACISTE is not responsible for costs or problems associated with food, nor can the cost of the food, come from
the donations to ACISTE. Under no circumstances may alcoholic beverages be offered or food or
drinks be sold.

Outside Gatherings:
If individuals wish to gather socially after or before meetings, that is entirely up to those
individuals. ACISTE encourages community building, but is not involved with or responsible for
any outside activities individual members may wish to undertake together.

SECTION 5. TIPS FOR FACILITATOR SELF-CARE
Support work can be as demanding and challenging as it is rewarding. Here are some tips
to assist you in maintaining your own balance and to avoid “burnout.”

- Monitor and manage your stress levels.
- Don’t over do it.
- Define and maintain your personal boundaries.
- Create and maintain a personal wellness routine.
- Eat healthy and get plenty of rest.
- Have regularly scheduled debriefing sessions with your supervisors and peers.
- Ask for help when you need it.

Create opportunities for your own enjoyment and pleasure.

SECTION 6. FEEDBACK PROCEDURES
PGFs should inform and encourage group members to leave feedback to help them improve.
PGFs may do this informally by calling participants or formally by developing their own
evaluation forms. The PGF will consider whether the provided feedback indicates behavior that
is contrary to the guidelines and directions in this manual. If so, the PGF will make appropriate
changes in their group facilitation processes, to create behaviors that are more consistent with the
guidelines and directions in this manual.

Participants who have a grievance are encouraged to first discuss his or her issue with the PGF.
If an issue cannot be resolved in this manner, or if members are reluctant to voice their concerns
directly with the facilitator for any reason, members lodge grievances by emailing us at
info@aciste.org. The Welcome Booklet informs members on how to address issues. PGFs will be
made aware of relevant feedback received. Information gathered from this feedback will help
ACISTE determine how to improve our programs, help PGFs become more proficient or
determine if there are more serious issues that need to be addressed. Issues will be handled on a
case-by-case basis. ACISTE also reserves the right to dismiss a facilitator without cause or
explanation.

SECTION 7: RESOURCES AND HELPFUL INFORMATION
The ACISTE website maintains a reference bibliography on integration and other relevant topics
that is continually updated. For those interested in more information, this is an important
resource. (TBA)
ACISTE’s initial surveys indicate that people who have had spiritual experiences, but were not
close to death (kundalini, spiritual emergencies, etc) deal with the similar integration challenges
and aftereffects as those who were near-death or clinically dead at the time of their experiences.
Since integration deals with the aftereffects following the experience itself, the type of experience
may be less relevant.

Common Challenges following a Spiritually Transformative Experience.

As part of the integration process following a spiritually transformative experience, an
experiencer may have to deal with one or more challenges. Not every person who has had a
spiritually transformative experience deals with difficult challenges, nor to the same degree. The
intensity, scope, or absence of the challenges depend on many factors, including the age or health
of the experiencer, their cultural background, beliefs and attitudes prior to the experience, the
content of the experience and/or how the experience was accepted by one’s significant
relationships, including spouses, parents, friends, colleagues, doctors, clergy, therapists, etc.

The following is a list and description of possible challenges faced by people who have had one
or more spiritually transformative experiences. The challenges may overlap and they may not
occur in the sequence provided.

Common challenges include:

- Processing a radical shift in reality
- Accepting the return and “homesickness”
- Issues related to sharing the experience
- Integrating new spiritual values with earthly expectations
- Problems dealing with psychic abilities or gifts.
- Increased sensitivity to electricity, chemicals, smells, sounds, etc.
- A yearning to find and live one’s purpose

Depending on the severity of these challenges and other life factors, an experiencer may have
difficulty with isolation, depression, anxiety, divorce, substance abuse or financial distress.

Processing a radical shift in reality

A spiritually transformative experience can be a dramatic and complete immersion into a reality
unlike anything experienced in one’s life previously. As a result of this experience, experiencers
may undergo a permanent and complete paradigm shift in their views of their roles in life, reality
and what happens when they die. It can be a sudden diversion from one’s accustomed
perspective on life and a catalyst for profound change. Childhood experiencers may not
remember their lives prior to their experiences, but are impacted by feeling different from
children who have not had these experiences.

Unlike dreams or hallucinations, STErs often describe their experiences as either equally real or
more real than reality itself. To re-enter one’s body or reality after this experience, with a new
view of self and life’s purpose, much time is needed to process the experience and all of its
implications. The adjustment or integration period can continue for years or for the rest of one’s
life. Henceforth, experiencers may struggle to integrate or bring into balance the two differing subjective experiences of reality – a physical and a non-physical realm, this life and an afterlife, an earthly reality and a spiritual reality.

Accepting the return and “homesickness”

How easily an experiencer accepts being returned to his or her life depends on many of the above-mentioned factors. While many experiencers may refer to the reality of their experiences as “home,” not all experiences are filled with love and light. Some may be extremely frightening.

In the case of uplifting experiences, many can develop a yearning to return or become “homesick” which can be an ongoing challenge or one that is intermittent. The yearning for “home” can be so strong that some may become depressed or even consider suicide. They may not carry out their suicides, for fear or guilt, or religious concerns. Others may feel ungrounded for some time, or devote themselves to spiritual or meditative practices in the attempt to recapture the love and peace felt in their experience.

In the case of near-death experiencers, a good percentage choose to return to their bodies, for the sake of loved ones or other reasons, however many more are not given a choice to return at all. Emotions regarding the return can range from anger to giddiness at the thought of being able to serve others. Other emotions are fear, disappointment, bitterness, unhappiness, acceptance, rejection, gratitude, confusion, relief and humility.

Near-death experiencers, in particular, may still be dealing with the physical pain, illness and/or emotional traumas that led up to the experience in the first place, which can acerbate any feelings of homesickness, sadness or anger over being sent back.

Issues related to sharing the experience

One of the most common challenges experiencers face are those related to labeling, describing and sharing their experiences. At the same time, research has indicated that in order to successfully integrate the meaning and impact of these experiences, experiencers need to be able to share them and discuss their meanings and consequences in supportive contexts. Yet, most experiencers encounter invalidating, uninformed, or otherwise harm-producing responses or they do not share them at all, for fear of invalidation. The need to disclose or share the experience, especially immediately afterwards, may be intense, especially with one’s loved ones. Their response can greatly influence whether or when the experiencer chooses to share his or her experience again. Perhaps the least shared experiences are those which may invoke ridicule or judgment, including those who had suicidal near-death experiences, ones associated with substance abuse or for those who had terrifying or distressing experiences.

Dealing with invalidation

Another issue related to sharing the experience is coping with traumatic and isolating effects of having shared this very intimate and personal experience with doctors, family members or trusted friends who were dismissive, misunderstanding, or otherwise negative. There is a valid concern that one could be pathologized or diagnosed with a mental illness by uninformed professional healthcare providers. Experiencers have reported divorce, ex-communication from
churches and being fired from jobs for issues related to sharing the experience. As long as people commonly dismiss these experiences as “dreams,” “tricks played by Satan” or hallucinations, experiencers’ fears are well justified. – hence the importance of confidentiality within ACISTE.

There several kinds of invalidating responses, even from well-intentioned persons. While a near-death experiencer may be seeking validation and understanding, listeners may be more interested in the details surrounding the manner of death. Others may be curious about the experience, but are seeking confirmation in that experience for their own religious or spiritual beliefs. Others may not believe in a person’s near-death experience because the experiencer was not clinically dead or did not see a tunnel or other expected feature. Others may expect an experiencer to behave more positively or have certain attitudes or beliefs because of their experience. If their expectations are not met, they may dismiss the experience or reject the experiencer.

**Ineffability**

Even in a supportive context, experiencers struggle to express what happened to them because there is no earthly comparison or existing vocabulary for much of the content of the experience. Those can include new and palpable feelings of love, peace, unity, timelessness or all-knowing. There may be perceptions, colors and sounds never felt, seen or heard before. The inability to convey the totality of the experience leaves many feeling that other people can never truly share, comprehend or believe them.

As a result of the difficulties related to sharing many have kept their experiences to themselves for decades, often with stressful consequences. Some have never shared their experiences even with family members. Experiencers often report feelings of alienation, isolation or depression.

**Integrating new spiritual values with earthly expectations**

The values, message and meaning of the experience are often completely inconsistent with one’s life prior to the experience, but the experiencer is compelled to align that inconsistent life with his or her new paradigm. Perhaps the most common message in these experiences is the importance of unconditional love and how we treat each other on earth. Experiencers are frequently given implicit instructions, guidance, warnings, lessons, prophecies, knowledge or messages. They report feeling challenged, urged or compelled to live up to these upon their return, thus becoming more compassionate, forgiving, tolerant, loving and/or empathetic.

These new outlooks, directions and changes can bring friction in almost all important areas of an experiencer’s life. The experience affects relationships with others, careers, money, religion, spirituality, etc. Divorce and career changes bring on stressful emotional and financial upheaval, in addition to the other challenges an experiencer faces. In studies of near-death experiencers, the divorce rate among adult experiencers is higher than that of non-experiencers.

**Changes in attitudes towards careers and money**

Experiencers frequently report career changes due at least in part to their experiences. Conflicting values and attitudes may be: “A position of power no longer meant anything to me.” “I saw how
my job was irrelevant.” “I couldn’t handle how they treated people.” “They took earthbound things too seriously.” “They saw me as weak.” “I could no longer tolerate the avarice and greed.” “I had a heightened intuition about what was happening and didn’t dare speak the truth.” “It wasn’t acceptable to talk about my experience at work.” Experiencers may have difficulty in choosing new careers or directions that are more closely aligned with his or her spiritual values. To meet this challenge, experiencers often turn to careers or volunteer work with charitable organizations or service-oriented businesses.

Changes in religious views

Experiencers may no longer hold conventional views of "heaven," "hell," "God," “evil,” or “sin.” In one study, 78% of near-death experiencers said their attitudes about their religious upbringing changed following their NDEs. An experiencer’s new and often passionate views of spirituality and/or religion, can evoke tension and even hostility among family members and religious followers. A radical change in spiritual, religious views may alienate the experiencer from previous relationships with family, friends and one’s traditional religious community. Some may strengthen their previously held religious views and become more involved with their religious communities.

Changes in societal, political views

Views towards social issues of violence, prejudice, disease, poverty, or justice often become very pronounced. An experiencer may become an activist or intensely devoted to a cause that previously held little or no interest to him or her. Changes in political or social views can bring additional tensions to spouses, family members and friends who once shared similar views.

Changes in attitudes toward death

As the vast majority of near-death experiencers lose their fear toward death, they may express a joy or assurance in the afterlife for the dying or the grieving. These helpful emotions can be difficult to suppress as they see their loved ones suffer, in their view, perhaps needlessly. These views can put them at odds with family members who may misinterpret an experiencer’s confidence in the afterlife. Many experiencers become hospice workers or spiritual counselors for the dying and the bereaved.

Changes in attitudes toward healing

While little research has been done in this area, it can be surmised from changes in careers that experiencers change their attitudes in what causes or heals disease. Many experiencers become healers using energy, visualization, intuitive or other alternative approaches to standard medical treatments. They themselves may be reluctant to seek out medical attention for a number of reasons, including a lack of confidence in medical procedures, heightened sensitivities to chemicals, an aversion to the system itself, a belief in the power to heal themselves, or by alternative methods, a belief that the health problem is the result of fate, punishment or spiritual lesson, or they may have a yearning to return “home.” These beliefs may frustrate family members or friends of the experiencer who rely on standard medical procedures as their chief source of healing.
Problems dealing with psychic abilities or gifts.

Of all spiritually transformative experiences, near-death events have been the most studied, especially as it relates to aftereffects. Initial survey results by ACISTE indicate that these same aftereffects apply, whether or not an experiencer was close to death. As part of the change experiencers undergo, they describe the challenge of adjusting to heightened sensitivities and or psychic gifts, not all of which were welcomed. In one study, 78% of near-death experiencers said that these heightened sensitivities or gifts caused them problems.

In this same study, 100% of the respondents reported a heightened awareness and sensitivity to strong emotions and negative behaviors. Typical comments were: “I had to be alone with my senses a lot. This caused a problem with my relationships.” “It’s hard for other people to understand why I am so sensitive.” “Lying behavior is most troublesome.” “I feel other people’s pain.” “I would pick up on people’s anxiety and get stomach problems.” “I walk out of places that feel evil.”

83% reported being more acutely sensitive or aware of smells, visions, tastes, sounds and/or touch. The majority reported a heightened awareness or sensitivity to electricity, energetic fields, chi and/or auras.

In addition to these aftereffects, they may report one or more psychic abilities. The abilities may include:

1. intuitive, auditory or visual knowledge of what is or what is to come
2. ability to heal through energy work or hands-on
3. mediumship
4. telepathy
5. seeing auras
6. ability to communicate with animals
7. automatic writing

While many people may embrace or seek these abilities, that is not necessarily the case with some experiencers. These abilities can surprise and disrupt one’s customary thought processes and actions. Some may adjust them into their lives or turn them into careers, accepting them as gifts, while others described how they prayed to be “left alone.”

Increased sensitivity to electricity, chemicals, smells, sounds, etc.

Many experiencers report a heightened sensitivity to electricity, chemicals, smells, loud noises, etc. They frequently describe difficulties readjusting into previously “normal” environments, job settings, situations and events. The sensitivity towards electricity or energetic fields can be so intense that experiencers may feel they cannot work with computers, wear watches or be around electrical devices. They may believe devices not only malfunction in their presence, but feel uncomfortable around any event, device or person who generates “negative energy.”

Some report new allergies or sensitivities to chemicals or smells. Many to turn to organic foods, avoid perfume or scented or chemically treated products.
A yearning to find and live one’s purpose

Experiencers may struggle not just with the fact that they were sent back, but also with the reason for it. Some are told they have a purpose, but they may not be told what it is. Many rely on some form of guidance or intuition to make their decisions, but others struggle with finding a specific purpose. Experiencers may agree that, in general, we are here to serve and show unconditional love, but that may be a tall order - short on specifics and difficult to apply.

Many believe that everything happens for a reason, although they may not know what those reasons are. Some believe that we chose our lessons. Comments may include: “It’s all homework.” “It’s not the experience, but how we respond to it.” “We manifest our own disasters.” “To keep us on the path.” “In order to appreciate life more, we must experience loss.” These are beliefs that often run counter to traditional religious views.

Experiencers may have a very urgent need to live according to the message or values learned in the experience. Some may fear returning without having fulfilled their mission.

Integration of a Spiritually Transformative Experience

Research demonstrates that the profound changes and aftereffects associated with spiritually transformative experiences typically require an extended, period of adjustment. Integration is ideally achieved when the experience, its meaning and its aftereffects have been incorporated into one’s life to a degree that is assuring to the experiencer and when accompanying challenges, stresses and disruptions are reduced to an acceptable minimum. When integration is complete, experiencers recognize that their STE is now an important part of their lives, congruent not only with their attitudes but also their actions.

The integration process can be accelerated or delayed by a wide variety of factors, such as how well the sharing of the experience was accepted in significant relationships, the health of the individual, one’s life situation, the intensity of aftereffects, the age of the experiencer, the manner in which one was returned, etc. An experiencer may also have different issues depending on the length of time that has passed since the experience. Childhood and teenage experiencers may have compounded issues as they deal with the ordinary challenges of growing up. Peer pressure to conform, school and parental expectations, puberty, making friends, etc. may all contribute to distress or isolation. Childhood experiencers may not remember their experiences initially, but sense that they are somehow different. Integration of these experiences is a dynamic process which is continually negotiated, evaluated and managed by the individual within a variety of situations. The process of integrating the experience may last for many years, if not for the duration of one’s life.

Helpful resources beyond ACISTE Peer Support and Discussion Groups

Other Groups:

Experiencers are encouraged to attend ACISTE events or IANDS meetings for discussions related to spiritually transformative experiences. More information can be found at www.aciste.org or www.iands.org (under groups)

Referrals to One-on-One Support
For help in locating ACISTE certified mentors Mental Health Professionals or Spiritual Guidance Counselors see: http://www.aciste.org/index.php/support-directory

Social Networking
PGFs might invite and encourage online social networking for experiencers only at www.aciste.ning.com

Written Materials and Links
Books, articles, videos and links to relevant resources are on the website at www.aciste.org

ATTACHMENTS.
Sample New Member Sign in with Agreements, Welcome Booklet, Brochure