



**CULTURAL COMPETENCY GUIDELINES FOR PROFESSIONALS
WORKING WITH CLIENTS WHO REPORT ISSUES RELATED TO
THEIR SPIRITUALLY TRANSFORMATIVE EXPERIENCES (STEs)
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INTRODUCTION

These guidelines are intended as an introductory or summary aid to helping mental health or spiritual guidance professionals work more effectively with clients who report issues related to their spiritually transformative experiences (STEs). It is written for professionals who have had little or no background with this population. This document was developed in response to input from ACISTE surveys on needs following an STE, research (see bibliography included) and other recommended resources. This document was created, edited and reviewed by a team of experiencers, spiritual guidance counselors and mental health professionals. Those involved in the creation and review of these guidelines are listed in Section 6. As more research and experience in this field are gained, this document will continue to develop. Watch for the latest versions.

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1. Definitions

a. Cultural Competency

“Cultural competence includes being able to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of culturally competent care include striving to overcome cultural, language, and communications barriers; providing an environment in which patients/consumers from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options.” (U.S. Department of Health and Human Services, OPHS Office of Minority Health, 2011)

Many in the mental health community make a strong case that to work with people on issues related to their spiritual beliefs and values - whether that spirituality arises from spiritual or transcendent experiences, religions, cultural backgrounds or personal faith - requires “cultural competency” from a mental health professional in order to be effective in supporting that individual. There are distinctive needs and sensitivities of each population. The following are guidelines to increase a mental health professional’s sensitivity, knowledge, and proficiency in working with individuals who’ve had spiritually transformative experiences.

b. Spiritually Transformative Experience

The term “spiritually transformative experience” (STE) itself is a subjective one to which the client may or may not relate. Not all spiritual experiences (SEs) are “transformative.” Whether or not an SE is transformative depends on the nature of the experience, one’s age at the time of the experience, on the experiencer’s culture and personal spiritual beliefs, and on whether the experience(s) have been integrated into one’s personality and everyday life. Not all paranormal, psychic, out-of-body, alien or other “otherworldly” experiences are seen by the individual as spiritual. The following is ACISTE’s definition of a spiritually transformative experience:

“An experience is spiritually transformative when it 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.” (“What is an STE?,” 2011)

There are many types and many names for experiences that can share common features and be catalysts for spiritual transformation: near-death experiences (NDEs), near-death-like experiences (NDLEs), out-of-body experiences (OBEs), visions, spiritual awakenings, spiritual emergencies, kundalini awakenings, spiritual enlightenment, exceptional human experiences (EHs), pre-birth memories, past-life experiences, nearing death awareness (NDAs), after-death communications (ADCs), empathic or shared near-death experiences, peak experiences, conversion experiences, etc. STEs include or may be called altered states, numinous, noetic, transcendent, transpersonal, mystical, anomalous, religious, paranormal, parapsychological, or ecstatic experiences (James, 1902; Lynn, Krippner, & Cardeña, 2000; Myers, 1903; Smith, 2009; Tart, 1990).

STEs can happen to anyone, at any time, spontaneously or through intention, for any length of time and under any circumstance – including during clinical death as with near-death experiences. Induced spiritual experiences can happen through meditation, breathwork, drug intake, sensory deprivation, prayer, ceremonial or religious rituals, shamanic drumming, ritual dancing, in sweat lodges, in natural settings, during sex or sleep, or after extended periods of physical exertion, fasting, pain or silence, etc. They can also occur while conducting ordinary activity such as while conversing or driving a car. A person who has had – or is having - a spiritually transformative or emergent experience - with its subsequent changes or differences in values, beliefs and identity can become part of a larger shared culture or part of distinctive individual culture(s) as defined below by the US Department of Health and Human Services. Thus, ACISTE considers individuals who report spiritually transformative experiences a unique cultural group that requires competency from mental health professionals.

c. “Culture” as defined by the US Department of Health and Human Services’ Office of Minority Health.

The United States Department of Health and Human Services Office of Minority Health defines culture as “integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups” (U.S. Department of Health and Human Services Office of Minority Health, 2000).

Others have defined culture as “the learned and shared beliefs, values, and life ways of a designated or particular group which are generally transmitted intergenerationally and influence one's thinking and action modes” (Leininger, 1988).

The above definitions of culture also apply to people who have had spiritually transformative experiences. For example, some of those who have had near-death experiences may develop a more spiritual rather than religious language, seek out peer groups, retreats, gatherings and forums where they often share individual or shared beliefs in the afterlife and spiritual values that are more pronounced or distinctive from those who have not had near-death or similar experiences.

d. Cultural Competency in the Context of Health Behavior

Culture in the context of health behavior has been defined as “unique shared values, beliefs, and practices that are directly associated with a health-related behavior, indirectly associated with a behavior, or influence acceptance and adoption of the health education message” (Pasick, D’Onofrio, & Otero-Saboga, 1994).

The experience itself, the profound changes a person can undergo as their “culture” or worldview shifts can frequently result in or mimic health related challenges that require a great deal of sensitivity and competency to make appropriate assessments and to distinguish between pathology versus nonpathology (Fulford & Jackson, 1997; Johnson & Friedman, 2008; Kelly & Kelly, 2009; Menezes & Moreira-Almeida, 2010), and to provide proper care (Brown, 2011; D Lukoff, Lu, & Turner, 1995; David Lukoff, Lu, & Turner, 1992, 1996).

The new DSM-5 has been recently published. Unfortunately, the revision made to the V-Code 62.89 category: “Religious or Spiritual Problem” is not useful for health professionals attempting to make

appropriate assessments. The recommendations to the DSM-V made by numerous clinicians were not heeded. (Peteet, Lu, & Narrow, 2011).

If the experience is viewed as a spiritually transformative event, it has the potential for greater wellbeing. If it can be used as a catalyst for positive growth, it is thus by nature NOT pathological (David Lukoff et al., 1996; McCreery & Claridge, 2002; Montanelli, 2008; Moreira-Almeida & Cardeña, 2011). The experience can, however, lead to or be confused with mental health issues that - when left unsupported or inappropriately handled - could lead to harm. Since the experience can happen to anyone, it can happen to people with relatively strong or weak coping strategies, as well as to people who have mental disorders. Various individuals' responses to a similar experience can be quite unique and varied. Even when an experience is deeply loving or light-filled, it may include some distressing aspects either of the experience itself or of challenges related to subsequent changes. It also can bring up long repressed psychological issues. Any STEs, including those that are predominantly distressing in content, have the potential for healthy growth (Bush, 2012; Rominger, 2009, 2010; Rommer, 2000).

Depending on the response to or meaning ascribed to both distressing and light-filled STEs, that response or interpretation might give rise to health-related challenges such as anxiety, depression (50%)(ACISTE, 2011a), substance abuse (10%)(ACISTE, 2011a), suicide attempts (6.7%)(ACISTE, 2011a), divorce (65%-76% of whom were married at the time of their near-death experience) (Christian, 2005; Stout, Jacquin, & Atwater, 2006).

2. STEs and Health-Related Behavior: Reported Challenges

Depending on a wide variety of circumstances, transformation following a spiritual experience can involve positive, negative, or mixed effects on feelings and/or functioning. The effects or challenges can be temporary or enduring. The integration of an STE can take years, even a lifetime. Many times the experiences and/or their integration present challenges that call for a competent mental health professional over various issues at various times throughout the period of integration. In a recent ACISTE survey on professional support of 101 individuals, 67 of 101 respondents (66%) indicated some kind of challenge or concern for which they might seek professional support. 72% said that if they felt they needed to speak to a professional regarding their STE, they would seek a professional that had specialized training and/or certification in dealing with STE issues. (ACISTE, 2011b) What follows is a summary of a variety of challenges from several surveys and input from the participants in the creation of these guidelines. (ACISTE, 2011a, ACISTE, 2011b; Stout et al., 2006; Sutherland, 1990)

a. Processing a Radical Shift One's Reality

- Experiencing life as an illusion or a dream.
- Confusion. What just happened to me? What now?
- Questioning one's mental health. Am I really going crazy? Am I the only person who had this experience?
- Anxiety, disorientation.
- Dealing with a variety of emotions – including anger and depression – over being “sent back.” (often after a near-death or similar experience)
- Having a sense of no longer belonging in the world.
- Mourning over the loss of one's life or identity prior to the STE (in particular after a near-death or similar experience in young adulthood or adulthood)

- Identity crisis, questioning or finding one's identity.
- Being preoccupied with the spirit world to the detriment of one's family, job, and friends.
- Depressed or suicidal - wanting desperately to return - "homesick." Wanting to leave one's body (die) to return "home" again.
- Anxiety over death and the afterlife (often after a frightening experience) or that one is being punished in this reality (life as hell).
- A sense of unworthiness for having such an awesome experience.
- Fear and confusion around unresolved shadow or psycho/emotional issues that may now spontaneously emerge.

b. Sharing the Experience

- Frustration over being unable to share the experience due to its ineffable, beyond-language quality.
- Alienation, isolation, divorce, substance abuse, loneliness over being unable to share or discuss the gifts, wisdom, information or values with significant others.
- Depression over having world solutions, all-knowledge, warnings or prophecies learned in the experience, but nobody seems to care or listen.
- Depression over one's inability to express exuberance or excitement about the STE with others who may interpret the exuberance as grandiosity or feeling "chosen" or "special."
- Stress over needing to keep such a profound experience to one's self or that one cannot be true when interacting with others.
- A sense of being different from others (frequently true for childhood STEs).
- Dealing with abuse, ridicule, judgment, abandonment, demonizing, or pathologizing by others.
- In the case of a distressing experience, dealing with compounded alienation and stressors.

c. Integrating New Spiritual Values and Knowledge with Worldly Expectations

- Broken or strained relationships with family, religious community, or friends due to changed values and previous worldviews, religious beliefs, attitudes or behavior.
- Struggles with ego, ego loss, or self-importance.
- Difficult decisions with careers, choice of jobs, money, etc. that may run counter to the lessons learned in the experience.
- Difficulties with boundaries, competition, rules or limits.
- Feelings of relative invulnerability.
- A grandiose, messianic zeal, special favor or sense of destiny that can be taken to positive or negative extremes.
- Approaching life less cautiously, taking more risks or less care with one's physical health.
- Depression over the inability to remember all of the knowledge that was gained in the experience.

d. Adjusting to Hypersensitivities and Psychic Aftereffects

- Experiencing PTSD-like aftereffects and flashbacks.
- Developing hypersensitivities to energy, noise, emotions, chemicals, electro-magnetic fields, negativity, etc.
- Concerns on how to protect oneself from negative energy or entities.

- Experiencing psychic aftereffects – seeing auras, affecting electricity, feeling others’ emotions, sensing the future.
- Feeling ungrounded, disconnected, off balance. Difficulties focusing or concentrating.
- Anxiety over evil or dark energies.
- Fear that one’s body has been taken over or will be taken over by another spirit. (walk-ins)

e. Finding Purpose

- Questioning what the experience means for one’s life and beyond.
- Experiencing a sense of inadequacy, frustration or stress over finding and living one’s purpose. What is it? Can I ever measure up? Is God punishing me?
- Having difficulty with new directions, decisions, and finding one’s desired place in the world.
- Questioning life’s events and what they might mean in a spiritual context.

f. Other

- A client may identify with any or all of the above, but not remember the experience. (Ex. possible repressed memory of a childhood STE).
- A client may want, but not be able to get the experience out of his or her mind.
- Expect clients to report unusual phenomena, emotional and psychological turmoil and/ or experiences frequently associated with STE aftereffects without their necessarily recognizing that it was their STE that triggered them.
- Expect that clients may not recognize or identify their experience as an STE. They may come to you with issues related to the experience - issues that match or correlate with known STE challenges and aftereffects described above - from paranormal experiences to depression to relationship strains.

g. Challenges specific to Childhood Experiencers

- Isolation: feeling different than other children, being teased, bullied or called out in front of other children over their experience(s).
- Often gifted, very sensitive, introspective, preferring to spend time alone or around adults, not enjoying childhood, feeling older than their age.
- May spend a lot of time expressing themselves in the arts.
- Difficulty focusing on schoolwork (can be confused with ADD/ADHD).
- Dealing with possible pathologization by parents or professionals.
- Children with pre-birth memories of a soul or spirit family may have difficulty bonding with birth parents.
- Acting out or becoming angry for no apparent reason.

3. Goals of Integration: STEs as a Catalyst for Growth

STEs have been known since recorded history to be catalysts for both positive and negative growth– in both subtle and profound ways. While clients may report challenges and issues related to their STEs, remember that 91% consider their experiences to be positive (Kennedy & Kanthamani, 1995) and that overall and over time such experiences lead to positive health outcomes, improved relationships and greater well-being (Hood, 2001; Mathes, 1982; Woodward, Findlay, & Moore, 2009). Studies on near-death experiencers for example, have consistently shown a general increase in well-being, health,

generosity, compassion and stability (Bauer, 1985; Greyson & Ring, 2004; Groth-Marnat & Summers, 1998; Musgrave, 1997; Noyes, 1980; Ring, 1982, 1984; Sutherland, 1990). In addition, many experiencers have developed creative gifts, profound abilities or genius insights that have contributed to the betterment of the world as a whole. Carl Jung, Bill Wilson (founder of AA), Dr. Edgar Mitchell (astronaut who had STE in space – founder of IONS) and Elisabeth Kübler-Ross, M.D. (launched the hospice movement, 5 Stages of Grief) are just a few of many modern Western examples of people who were inspired by their STEs to improve lives in major ways.

At various times, cultures and places throughout the world, they have been honored, encouraged, demonized, ignored or pathologized. You, as a mental health professional, play an important role in helping a client who had such an experience and may be dealing with particularly difficult associated challenges, to facilitate potential, positive outcomes for the individual and those involved in their life. For those who do not integrate their STEs in a healthy way, the result can sometimes be spiritual emergencies, psychological disruptions, mental disorders or harm to self or others. (Clarke, 2010; Miller, 2000; Tart, 1990).

Research demonstrates that the profound changes and aftereffects associated with spiritually transformative experiences may require an extended period of adjustment and/or psycho-spiritual exploration and development. The following is ACISTE’s description of healthy integration of an STE.

“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 achieved, experiencers recognize that their STE is now an important part of their lives, congruent not only with their attitudes but also their actions (“Integration of an STE,” 2011).

A healthy balance between the spiritual and worldly self brings about wholeness. The individual now feels a sense of oneness and connection to other people, the world, and to a higher power. Splits and dualities dissolve; life and death are felt to be the natural cycle of life, life purpose is strong, compassion and forgiveness are felt for others, attachments to events, situations and material objects are greatly reduced; and life is lived more gently and with greater ease.

Several themes emerged in response to the open-ended question on ACISTE’s program needs survey, “How would you describe a person who has thoroughly integrated their spiritually transformative experience(s) into their lives?” Those themes are listed below in order of prevailing responses (ACISTE, 2011a).

- **At peace:** Feeling at peace, having no fears or anxieties, feeling safe or comfortable in most situations.
- **Respectful:** Respects, forgives, listens, accepts, understands and does not judge others who hold different views. Several persons indicated that this would include the lack of a need to impress their views or values on others.
- **Balanced:** Being emotionally and mentally balanced, whole, grounded, centered or able to live effectively with a foot in both worlds.
- **Aware:** Being aware, enlightened, evolved, awakened, realized, or being fully conscious.

- **Connected:** Able to appreciate connections, feel oneness with God, their spiritual nature, and others. They'd see the divine in others and in all situations or things. Spirituality would be present in all aspects of one's life.
- **Living with Purpose:** Doing work that is creative, meaningful, and/ or serves humanity or the greater good. Involved in activities that are valuable, enjoyable, fulfilling or inspirational for others.
- **Financially Stable:** Able to comfortably maintain one's home life. Has a secure financial base, is successful or has the resources to pursue one's inspiration.
- **Present:** Able to focus on the here-and-now, be present in meditation, accept, learn or live well within each moment or be present when needed or when events arise.
- **Loving and Compassionate:** Loves, cares, or is compassionate for all.
- **Accepting:** Has accepted the experience, one's self and being here. Trusts that the spiritual realm is always available, has no fear of death, accepts that not everyone is ready to hear of their experience, trusts that one is being guided.
- **Joyful:** Is happy, content, blissful, ecstatic, or able to enjoy life.
- **Healthy relationships:** Has loving, supportive, like-minded or fulfilling relationships.
- **Authentic:** Truthful, walks the talk, genuine.
- **Open:** Able to share freely; heart is open.
- **Respectful of Body:** Loves one's body; respects it as a divine mechanism.

12% volunteered that one can never thoroughly integrate an STE – that it is an ongoing process of growth, exploration, work and learning. From the diversity of responses, it is suggested that both the integration process and desired outcomes are highly individualized.

Factors which inhibit or promote integration can include: how well the sharing of the experience was accepted in significant relationships, the health of the individual, one's life situation, the intensity of the aftereffects, the age of the experiencer, the manner in which the person 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 compound 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 their distress or sense of isolation. Childhood experiencers may not remember their experiences initially, but sense that they are somehow different. Again, 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, and even for the duration of one's life (ACISTE, 2011a).

4. Guidelines for Mental Health Professionals

A. Educate and Prepare Yourself

1. **Decide if This Population is for You**
 - Explore your own spirituality, and examine your beliefs and attitudes about death, a higher power, the afterlife, reincarnation, etc. Consider how open you are to exploring accounts that

may include unusual phenomena such as encounters with aliens; distressing, hellish, or frightening accounts; mystical experiences, psychic phenomena, New Age beliefs, fundamental religious beliefs and experiences, miracles, synchronicities, life in other dimensions; prophetic visions; etc.

- Decide whether you can approach these experiences and their aftereffects in an open and unbiased manner.
- Each STE is unique. Expect to hear accounts that, on the surface, sound bizarre, unlikely or impossible to you. They may challenge your beliefs, experiences and assumptions.
- If you cannot be open and genuine about these experiences and their aftereffects, that's ok. Just be honest and admit that this isn't your population. Consider also that you might be more open to working with certain types of experiences or STE populations that are more in alignment with your spiritual or religious beliefs.
- Refer clients to ACISTE's directory of certified mental health professionals (to be instituted following certification completion).

2. Conduct Your Own Research

- Read up on a wide variety of spiritual experiences, associated challenges, transformations, value shifts, aftereffects, new orientations and therapeutic tools.
- Familiarize yourself with related books, documentaries and articles from the recommended reading list in Section 7 and elsewhere.
- Encourage or participate in solid research yourself.

3. Be Skeptical of Generalizations

- Be highly skeptical of non-standard research, beliefs or practices that come primarily from individuals, popular movements or commercial ventures, broad generalizations and popular oversimplifications. ("The only thing that experiencers need is," "I/we have all the answers.")
- Be wary of reductionist theories that do not benefit your clients. ("It's only a lack of oxygen / REM effects / temporal lobe seizures / drug reaction / dissociation, etc.")

4. Increase your Sensitivity

- Sensitize yourself to the needs of people who have had such experiences by listening to videos or reading a variety of firsthand accounts online. Go to groups where experiencers gather and listen. (See Section 8 for organizations.)
- Ask family members, friends, or others if they've ever had a spiritual experience. Get to know how it affected them.

5. Consider Specializing

- As the field is vast, consider specializing in one area, such as childhood experiences, teenage experiences, marital relations following an experience, distressing experiences, psychic aftereffects, spiritual emergent experiences, trauma-associated experiences, experiences of people from particular religious or cultural backgrounds.
- The needs of sub-groups within the STE population are different and diverse (e.g., elderly, children, teenagers).

6. Prepare appropriate therapeutic tools, assessments, diagnostics and outside resources

- Examine how typical approaches or routine clinical diagnostic language might be offensive, invalidating and/or harmful to this population. Terms such as “dissociation, hallucination, anomalous, psychoses, etc.” have been frequently used by professionals in non-pathological association with these experiences, but to your client, they may likely imply pathology.
- Have an array of therapeutic tools ready to potentially adapt and apply for a variety of associated, presented challenges and personalities.
- Do not pathologize a client presenting to treatment solely on the basis of an STE (Fulford & Jackson, 1997). Diagnose co-occurring issues only after careful assessment and if absolutely justified. Exercise a great deal of caution and consider all the alternatives, issues and their potential relationship to the spiritual experience, weigh the potential for iatrogenic harm before applying any kind of diagnosis or conventional treatment and, conversely, weigh the potential for iatrogenic harm if danger signals are ignored.
- Continually evaluate the potential for self-harm or harm to others and respond to avoid harm. This takes precedence over cultural or spiritual sensitivities or beliefs.
- Familiarize yourself with available associations, support groups, organizations and other community support and referral facilities related to these experiences.

B. Open the Door and Listen

1. Allow the experience and its aftereffects to unfold.

- Approach clients who report STEs with the same standards of ethical behavior, care, and clinical professionalism as you would with any other client.
- Create an environment of openness to spiritual/paranormal/transcendent experiences and trust. Ask, but never pressure your client to disclose any or all of the STE or its aftereffects. Remember, too, that your client may not describe his or her event as spiritual, but rather as Christian, religious, mystical, transcendent or other descriptive word matching his or her culture or belief system. Never pressure your client to use different terminology.
- When working with an STE client, set aside your own spiritual, religious, popular or personal assumptions, judgments or pre-conceptions about spiritual experiences or their aftermath. Stay open to diversity, alternatives, and differences. Help normalize the experience for your client.
- A client who reports an STE may have fears or concerns about their mental health or they may not question their experience at all. It is important to validate and normalize the experience, to reassure the client and to use the STE as a catalyst for growth. An STE, by itself, is not evidence of “insanity.” You, as a professional, must determine if pathology is indeed present and respond accordingly.
- If needed, help your client to identify or label the type of event, without pressuring them to use specific terminology.
- Give information on what is known about this kind of situation or process.
- Whether or not the STE was a “real event” it was experienced by the client and is thus a psychological reality. Accept that it was a real event for the client, even if you have never heard of anything similar or if it seems to you to be materially impossible. (72% described their STE as being “more real than reality.”) (ACISTE, 2011a). He or she had a profound experience and is attempting to make meaning from it as it relates to his or her life. Be equally open and supportive of the reality of the subsequent challenges and aftereffects. Remember that the person and the experience are not the same thing.

- Honor your client’s reality by listening fully, sincerely, carefully and compassionately to the details of both the experience and how the client is dealing with it, without judgment. Remember that there is no “one size fits all” approach. Don’t let your curiosity or spiritual interests interfere with your role as a mental health professional.
- Revealing the experience is a demonstration of trust in you. Treat it with utmost respect. If your client doesn’t volunteer it, don’t assume that your client doesn’t trust you. They may have many valid reasons to not share. The client may feel it is not necessary or not your business to know. They may feel it’s too sacred to utter or they may come from a tradition where sharing the specific experience is taboo. They may not remember the experience, (as is often the case with children or associated trauma) but still feel they must have had one. They may not be ready to share the experience.
- Don’t offer material theories on how the experience might be caused or attempt to “explain it away.” An explanation of kundalini rising (if you are knowledgeable) might be useful in some cases. What usually matters more to the client is support, affirmation and guidance for the consequences and aftereffects of the experience – and to know that he or she is not alone with the experience. How and what is theoretically discussed depends on the client and his/her cultural context, belief systems, or need for assurance. Case histories, cultural metaphors, myths and heroes’ journeys all can offer useful maps and assure a client he/she is not alone or delusional.

2. Accommodate your Practice

- The ineffability of some STE accounts alone may necessitate longer sessions. Consider offering longer than typical therapy sessions. It’s possible that you are the first person to hear their story in years...or ever. Be prepared for a range of emotions.
- Accept and use the terminology your client uses to describe or interpret his or her experience. For example, if he or she describes the “light” as “God,” accept and use his or her word “God.” Changing the terminology used by the client might be interpreted as judgment or invalidation.
- Watch your body language, choices of words and tone of voice. These subtle behaviors can reveal to your client if you are hearing them or not.

C. Provide Guidance and Support: Use the STE as a Catalyst for Growth

1. Help your client to define their own integration processes and goals.

- Clients may or may not have their own “goals” that would integrate their experiences in a healthy or positive way. Inquire into his or her spiritual values and sense of purpose and incorporate them into therapeutic strategies. Attempt to be helpful if the client struggles with goals, values, or purpose. Offer a variety of examples or maps of transformation, growth or integration models suggested by others. (See Recommended Reading List in Section 7.)
- Never pressure a client into a particular system of integration, outcomes, or models.
- View the experience not as an isolated “phenomenon” or “anomaly,” but work with it in context of the client’s entire life: attitudes, personality, background, values, belief systems, and so on.
- Help the client to accept and integrate the STE within the context of their worldview. Help the client redefine his/her relationship with self and others (e.g., the client may need help accepting the limitations of human relationships as compared to the depth of spiritual, unconditional connection and union experienced during the STE).

- Support resulting changes in values, self-definition, habits, ideology, vocation, and behavior. Previous life-roles may no longer carry the same significance. If necessary, help your client mourn the loss of the person he or she was prior to the experience.

2. Help your client develop new insights and make connections

- Explore the timing and meaning of their experience. Help the client clarify their own interpretation of the experience. Use details of the experience to guide the client toward helpful insights. If the experience itself is not helpful in that regard, consider using similar experiences of which you are informed. If the experience contains symbolic or metaphorical content, Jungian analysis (if you are qualified), dreamwork techniques, or exploration of possible metaphorical archetypes –as with dream imagery - can be very helpful.
- Be aware that pieces of the experience might be remembered at different times throughout the experiencer’s entire life, mainly at times of life-transitions, trauma anniversaries, and difficult life crises. Clients may relate to the aftereffects, but cannot remember the experience itself. Memories may return spontaneously or gradually through processes that access the subconscious, such as through dreams, fantasies, expressive arts, and so on.
- Be aware that a client may report aftereffects and challenges of an STE, but may not immediately see a connection, due to the long and complex nature of transformation and integration. If clients report phenomena, challenges or issues which seem like they might stem from a spiritual experience, it might be meaningful and therapeutic to suggest or explore that possibility, but don’t pressure the connection if there is resistance.
- Keep in mind that some STEs may be beyond the reach of our language(s) and our understanding. When words fail, encourage the use of metaphors, feelings, images, sensing, stream of consciousness, journaling, visualization, poetry, art and so on.

3. Offer or suggest a variety of alternative therapeutic tools

- Consider suggesting meditation, mindfulness, relaxation, prayer, breathwork, dream journaling, grounding or centering techniques, movement, collage, music, poetry, art therapy, guided visualizations, and other alternative approaches to aid in some of the aftereffects and challenges. Be sure that any alternative tools suggested are solid, established, and evidence-based.
- Be aware that some techniques facilitate grounding and others facilitate enhanced spiritual experience; choose techniques based on clients’ goals and your assessment of their needs. Attempting to induce spiritual experiences or prolonged meditation may be harmful to a client who is overly consumed with the desire to return to the transcendental realm, to reach ‘enlightenment,’ or has not integrated the previous experience(s) in a healthy way. (Shapiro, 1992)
- Point to books and online resources for support.
- Suggest - and in some cases encourage - your client’s involvement with reputable peer support or discussion groups for people who have had STEs such as through ACISTE.
- Help clients discern who will be supportive listeners and how to talk with others about their STE.
- Be open to the client’s requests for joint meetings with family members and friends to help facilitate disclosure, validation, and support for their STEs and sequelae.

D. Stay Informed: Continue Your Education

- As awareness increases and the needs of people who have had STEs are better understood, more research and information will become available. It is important to stay current.
- Join various organizations or RSS feed to their websites in order to learn about recent developments in this field of research. Subscribe to journals in this field.
- Attend conferences, take relevant classes or online webinars with ACISTE and such institutes as Sofia University, (formerly the Institute of Transpersonal Psychology), Pacifica Graduate Institute, Carl Jung Institute, California Institute of Integral Studies, Saybrook University and/or from experts in the field. (See authors listed in Recommended Reading [Section 7])
- Join listservs, discussion groups, or other sites where these experiences are discussed.

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8. Useful Websites & Organizations

Websites Devoted to Experience Types

After-Death Communications www.after-death.com

After Death Communication Research Foundation www.adcrf.org

The Archives of Scientists' Transcendent Experiences (TASTE) www.issc-taste.org/index.shtml

Exceptional Human Experience Network (EHE) <http://www.ehe.org/display/ehe-page3313.html?ID=85>

Induced After-Death Communication www.induced-adc.com

International Community for Hearing Voices www.intervoiceonline.org

Forever Family Foundation www.foreverfamilyfoundation.org

Kundalini Research Foundation www.kundaliniresearch.org/foundation.html

Kundalini Research Institute www.kundaliniresearchinstitute.org

Kundalini Research Network www.kundalininet.org

International Academy of Consciousness (Out-of-Body Experiences) in Portugal
www.iacworld.org/english/iac-portugal-campus-pt-en

International Association for Near-Death Studies (IANDS) www.iands.org

Near Death Experience Research Foundation www.nderf.org

Near-Death Experiences and the Afterlife www.near-death.com

Out-of-Body Experience Research Foundation www.oberf.org

Spiritual Emergency Resource Center www.virtualcs.com/se/resources/senciis.html

Universities & Other Higher-Education Institutions

California Institute of Integral Studies

European University Viadrina, Institute for Transcultural Health Sciences, Frankfurt/Oder, Germany

Liverpool John Moore University, Transpersonal Psychology Studies, UK

Pacifica Graduate Institute

Saybrook University

Sigmund Freud University, Vienna, Austria

Sofia University (formerly the Institute of Transpersonal Psychology)

University of Arizona: Center for Consciousness Studies

University of Edinburgh: Koestler Parapsychology Unit
University of North Texas: Doctoral Program in Counseling
University of Oldenburg, Transpersonal Psychology Studies

University of Virginia: Division of Perceptual Studies
University of Wales: The Alister Hardy Religious Experience Research Centre
West Virginia University: The American Religious Experience

Research Organizations & Associations

American Society for Psychical Research
Association for Transpersonal Psychology
The Bial Foundation (in Portugal)
Carl Jung Institutes and Societies
Center for Consciousness Studies
Cognitive Sciences Laboratory
European Transpersonal Association (EUROTAS) / Division of Transpersonal Research
Esalen Institute
Eternea
Exceptional Human Experiences Network
Institute for Frontier Areas of Psychology and Mental Health (IGPP - in Germany)
Institut de Recherche sur les Expériences Extraordinaires (INREES - in France)
Institute of Noetic Sciences (IONS)
International Institute for Consciousness Exploration and Psychotherapy (IBF - in Germany)
International Consciousness Research Laboratories
The Monroe Institute
Omega
Parapsychological Association
The Rhine Research Center
Society for Psychical Research
Society for Scientific Exploration
Society for the Study of Spiritual Experience
The Windbridge Institute

Online Continuing Education Courses

Spiritual Competency Resource Center
www.spiritualcompetency.com
Near-Death Experiences: Implications for Clinical Practice
www.healthforumonline.com/Our-Courses/Courses/47/categoryId_/productId__93/secure__true/
Near-Death Experiences: An Online Educational Course
www.iands.org/education/online-nde-course/ceu-information.html