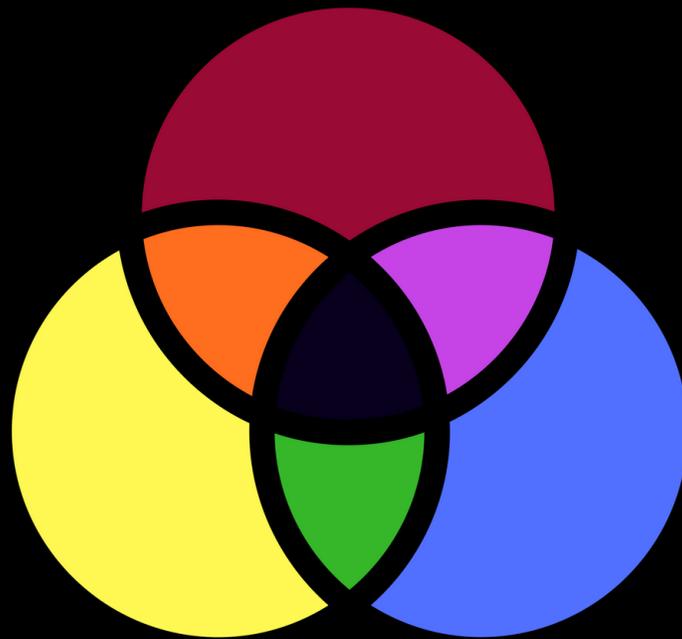


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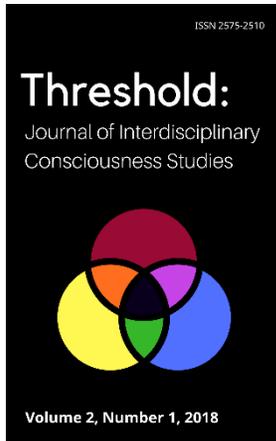
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LETTER FROM THE EDITOR

Intended Audience: Researchers, Clinicians, Practitioners, General

Finding the Right Words

David B. Metcalfe

Editor-in-Chief, Threshold

What does it mean to be on the threshold of the future? It's something that I often ask myself both in terms of my own life/consciousness and the life/consciousness of our shared world. Right now, when I ask myself this question it means struggling to write an editorial!

This writer's block isn't due to a lack of things to discuss or an absence of incredible progress going on in the fields of afterlife and consciousness studies; rather, I find myself mute in the face of so much going on and so many avenues to pursue.

What an amazing time we find ourselves in: faced with environmental, cultural, and economic instability, we are being pushed to the very limits of our collective potential. As a result, research that has remained on the fringes during more stable periods is finding its place at the table out of sheer necessity. The world's deep dive into mechanistic materialism has pushed our standard models far beyond their functional role. Like a Möbius strip we've traveled far enough for our technology and theoretical structures to develop and disprove the very models they seem to be based on. We're pushed to the thin edge of reality where we now stand ready to take a leap into the unknown.

In a recent talk on the work of Carl Jung, the scholar Peter Kingsley said something that I think sums up a key to our time: "We bring the past into the present to reveal the future."

He was discussing Jung's particular use of ancient sources, as well as his own, and yet, if you think about it, this points to our areas of research as well. Thanks to the work of researchers and organizations around the world who never flinched at swimming upstream, we have models, studies, data points, and well over a century of scientific investigation demonstrating without a doubt that we are more than just moving meat with an illusion of

identity. This alone would be a fantastic gift from these researches, and yet they offer so much more.

Think of this: the research going on in the area of afterlife studies, one of the most controversial areas of research in science, holds the potential to completely alter our sense of self, our sense of time, our sense of history, our sense of culture... I could go on, but let's suffice to say that the implications are revolutionary. The secrets of afterlife communication are themselves keys to our own living minds, our own sense of self and identity.

You probably already know all this or you wouldn't be reading this journal, but for those still on the outside of it, who are just now awakening to this wider view of life and being, they are getting their first glimpses of future potentials that leave even the most hardened researchers in awe.

Just take a look at two of our offerings in this edition of *Threshold* to see where we are heading. *Threshold* editorial board member Patricia Pearson's piece introduces us to 'terminal lucidity,' an experience that many have encountered while attending to individuals approaching the end of their life and which draws into question commonly held beliefs about the materiality of the mind. In her editorial she describes cases where the progression of a disease or physical injury has left the individual with severely impaired cognitive expression that seems to suddenly alleviate as they approach the hour of death. As she describes from her personal experience with a friend whose brain cancer had left her with cognitive impairment, "suddenly, she regained a complete flair for crisp and incisive conversation." Two days later her friend had passed away.

Like so many of the issues that surround these areas of research we are left with a very real event that has no place in the accepted mechanistic models. Pearson points out, "we can't fully discuss [these experiences] until we name them and do so with common agreement." One of our tasks at the moment is to develop this common language, and the tools of digital communication and our connected global culture are helping to do this. Such explorations serve to help us widen our sense of being as well as providing caregivers the needed understanding to create valuable end-of-life experiences for those they serve.

William Everist offers us another area of exploration with a dissertation that seeks to "establish a comprehensive understanding of the initial experience associated with the spiritual transformation process of mediums." Again, we find a topic both ripe for increasing our understanding of our own experiences and for helping clinicians and caregivers gain more understanding of this phenomenon in those they serve.

As Everist explains, “these experiences can occasionally be startling or traumatic, sometimes creating a loss of contact with consensual reality that may lead to psychiatric misdiagnosis in the individual’s attempt to understand the experience.” With a better understanding of these experiences, and with a clear consensus on how to describe them, we are able to better assist those who go through them.

This piece also opens up some of the potentials that come with this understanding. By examining the accounts of mediums through thematic analysis, Everist reveals that these transformative experiences often consist of “a sequence of developmental experiences that include an encounter with one or more spiritual entities that one may or may not consider as spirit guides.” Once we develop a language and consensus in which to study these areas, we will be able to step into a more stable understanding of the possibilities that exist when we consider the implications of mediumship and after death communication.

Our world is expanding in so many surprising ways and with it our own self-image. The image we hold of our potential is expanding as well. This has been a key promise of boundary science since ancient times and, I’m sure you would agree, we are fortunate enough to sit at one of those historical nexuses where we can see the past and present merging into a surprising future. Hopefully my own surprise tempers enough that I can get over this writer’s block and find the right words to rejoin the conversation!

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EDITORIAL

Intended Audience: Clinicians, General

Terminal Lucidity and the Need to Precisely Conceptualize End of Life Experiences

Patricia Pearson, MSc

Toronto, Canada

The first person I ever watched die was a dear family friend diagnosed with metastatic lung cancer. She had a seizure while traveling in Spain in late October and was out of this world before Christmas the same year.

I was not, at the time, a researcher in the area of dying and death, so I didn't know what to expect. But all of us working in four-hour shifts around the clock to keep her company through her final weeks noticed the change that happened one day. The cancer had spread to her brain by the time it was caught, and she had notable cognitive deficits based on where the lesions lay. Her speech was halting; she couldn't find words. You had to listen with attentive patience.

Then, suddenly, she regained a complete flair for crisp and incisive conversation. I remember having dinner with her and her family one night, and it was as if she'd never been ill. She offered witty opinions about the subjects at hand, with energy and insight. We all thought that the whole-brain radiation she had undergone had quite obviously shrunk the tumors that had been blanketing her brain.

Two days later, she was dead. The oncologist got the final MRI results of her brain lesions back a week or so later and relayed what he saw to her husband. The tumors had not shrunk in the least after the radiation effort. They had grown.

How to account for her mental vibrancy on the verge of death, then?

Can consciousness flow through and around the damaged architecture of the dying brain the way that water finds its way through a grate, or pebbled soil? Conventional medical wisdom holds that people with advanced Alzheimer's or brain cancer or stroke cannot recover their cognitive function before they die. Their intelligence can only dim, like a wick rolled down in a lamp.

But the concept of "terminal lucidity" puts forth a different perspective, based on observations by doctors and families dating back centuries. Consider the statement of American physician Benjamin Rush who noted in 1812 that, "most of mad people discover a greater or less degree of reason in the last days or hours of their lives." German biologist Michael Nahm reviewed the literature from Hippocrates to present times and introduced the term "terminal lucidity" a decade ago, defining it as "The (re-)emergence of normal or unusually enhanced mental abilities in dull, unconscious, or mentally ill patients shortly before death" (Nahm, 2009, p. 89).

One of the most remarkable accounts of terminal lucidity that Nahm found in his research comes from Fredrich Happich, the director of a German asylum known as Hephata, in the 1920s. There was a woman in his care with such severe mental disabilities that she had never learned to walk or to feed herself. Now in her twenties, and dying of tuberculosis, she had been in the institution, uttering no more than groans or growls, since toddlerhood.

On the evening of her death, the psychiatrist who was attending to her went to fetch Happich because he was so amazed by what he and a nurse were observing. This patient, who had never acquired spoken language, was now singing a hymn, over and over, about being ready to die. 'Where does the soul find its home, its peace? Peace, peace, heavenly peace!' According to Nahm (2009), "For half an hour she sang. Then, she quietly died. Her face, up to then so stultified, was transfigured and spiritualized" (p. 97).

This case, of Anna Katharina Ehmer (Nahm & Greyson, 2013-2014), along with another at Hephata, formed the basis of Happich's appeal to Hitler not to euthanize the disabled as a "degenerate" class of no worth to his society. (To no avail.) He'd grown convinced there was a "hidden inner life" within the damaged brains and bodies of his patients.

Interestingly, in 2015, German medical researchers published a report of a woman diagnosed with "dissociative identity disorder," who produced different electrophysiological brain activity patterns depending upon which "personality" was present. When a blind personality was at the foreground,

for instance, the neural activity associated with sight was absent (Strasburger & Waldvogel, 2015). There is much that remains a mystery about consciousness and the physical brain.

Cases of “terminal lucidity” have popped up sporadically in the scholarly literature, while families continue to experience and describe it without being aware there’s now a term for it. Scientific American contributor Jesse Bering, Associate Professor of Science Communication at the University of Otago in New Zealand, for example, wrote in 2014 of communing for five minutes with his previously comatose mother the evening before she died. “I didn’t quite see the experience as ‘supernatural’ when it happened,” he wrote. “And I’m not sure I do today either. But I also didn’t have a name for the experience then. In fact, one didn’t even exist.”

In many ways, that’s the most important point about these mysterious end-of-life experiences that can heighten our connection to the dying: we can’t fully discuss them until we name them and do so with common agreement.

It’s not dissimilar to how 19th century psychiatrists like Emil Kraepelin realized that they had to advance a more precise set of categories and terms for mental illnesses—that had long been observed but called everything from “moon madness” to “masturbatory insanity” (Ebert & Bär, 2010). It doesn’t matter that we still can’t agree on what causes psychosis, or that there may be many distinct causes; what’s critical is that we don’t spend our time questioning or denying that it even exists. We have been able to move the conversation forward.

As Nahm has written, “a wider knowledge about the phenomenon, and an awareness of its possible occurrence, would give those who attend patients the opportunity to optimally relate to a dying person who has been in a non-responsive condition for an extended period, sometimes years. As it is, this unexpected return of mental clarity and memory often comes as a complete surprise” (2017).

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DISSERTATION SUMMARY

Intended Audience: Researchers, Clinicians, Practitioners, General

Spiritually Transformative Experiences of Mediums

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Abstract: This qualitative study aimed to establish a comprehensive understanding of the initial experience associated with the spiritual transformation process of mediums, individuals who report regular communication with the deceased. Spiritually transformative experiences are thought to be a type of transformation and expansion of consciousness. Often referred to as psychic openings, these experiences can occasionally be startling or traumatic, sometimes creating a loss of contact with consensual reality that may lead to psychiatric misdiagnosis in the individual's attempt to understand the experience. Consequently, the desired outcome of this study was to establish a better understanding of the initial psychic opening and propose a more reasoned approach to its acknowledgement and development by the scientific community. A five-part review of the background literature in the field of study focused on a history of the practice of mediumship, the proposed psycho-spiritual emergence process, the child's perspective of their spiritual development process via an archival biographical analysis of the psychic opening, the subsequent development of the medium's purported abilities, and a review of recent process-oriented mediumship studies. Six participants for this study were selected from a group of certified research mediums pre-screened for their abilities by the Windbridge Institute, LLC. A semi-structured questionnaire in compliance with Saybrook Institutional Review Board oral history specifications was utilized as the primary research instrument to provide biographical accountability. However, additional written documentation of the experience was included when appropriate to further clarify the psychological impact of the psychic opening. A thematic analysis of the data revealed that the participants' transformative experiences consist of a sequence of developmental experiences that include an encounter with one or more spiritual entities that one may or may not consider as spirit guides. Depending upon the age of the experiencer and the existing social support system at the time of the initial experience, the spiritual encounter can be either fearfully traumatic or merely an anomalistic variation of the individual's concept of reality.

Keywords: medium, spiritually transformative experience, psychic opening, thematic analysis

Note: This study (Everist, 2015) was conducted as dissertation research for the completion of a PhD in Humanistic and Transpersonal Psychology from Saybrook University. Dissertation Committee: Stanley Krippner, PhD, Chair, Claire Frederick, PhD, Julie Beischel, PhD.

The impetus for this study (Everist, 2015) originated from an interest in the crisis that some new mediums, individuals who report regular communication with the deceased, may have when they first begin to experience anomalous phenomena and a potential psychic opening. For example, some might begin to have bizarre thoughts or graphic images that do not seem related to their own experiences. They might also find themselves seemingly aware of what they perceive to be deceased or other-worldly beings or the emotions, thoughts, or sensations of other individuals. Initial experiences such as these may confuse and disorient these individuals, often leading them to believe that they have either accidentally ingested a psychedelic substance or are on the edge of insanity. This paper is presented as a summation of the dissertation research I conducted and examines these initial experiences, the spiritual transformation process, and successive related experiences of the developing medium.

Spiritually transformative experiences (STEs) have been described as being a portion of a transformation and expansion of consciousness (Kason, 2008). Sometimes considered a psychic opening or awakening, these transformative experiences vary in intensity and duration, with some people having mild effects, while others have described them as being startling and even traumatic (Grof & Grof, 1989a, 1989b; Kason, 2008). Still others, concerned that they are losing touch with reality, may seek psychiatric care in their search to understand and address their experiences. Of these individuals, some risk or may even experience misdiagnosis, aggressive treatment, and hospitalization in their quest for relief and understanding. Consequently, this study was designed to establish a better understanding of the experiences that initiate the spiritual transformation process and propose a more reasoned approach to their acknowledgement and development.

In order to examine the initial experiential phenomena, this study reviews five primary bodies of literature to establish a background orientation. The first body of literature examines the concept of mediumship in order to establish a general context for the study. This section discusses who mediums are and what they do, the types of mediumship, and a practical look at the mediumship profession. The second body of literature addresses what some writers refer to as psycho-spiritual emergence and development to further examine the competencies that mediums claim to possess. This section defines and discusses alleged psychic abilities and takes a critical look at the nature of emergence and its associated risks. The third body of literature looks at the spiritual development process from the perspective of

a child, with a comparative biographical examination of the initial psychic experience from the medium's point of view, or that of their biographer. The fourth portion examines the post-experience acknowledgement, development, and application of the medium's abilities. The final portion of the literature review examines the recent process-oriented phenomenological studies of mediumship.

Mediumship and its Practical Utilization

From shamans and yogis to renowned religious leaders, certain people within world societies have always been recognized as having the ability to access non-ordinary states of consciousness (e.g., Grof & Grof, 1989a; Kason, 2008; Tart, 2009). Mediums are individuals who claim to regularly experience communication with the deceased (e.g., Beischel, Mosher, & Boccuzzi, 2014-2015) and may be of any gender, sociocultural or psychological designation, or sexual orientation (e.g., Krippner, 2006; Tart, 2009). The medium's general purpose is to facilitate communication between living individuals and discarnate beings (e.g., Gauld, 2012, Tart, 2009). Discarnate beings are described as those who have passed over through bodily death, such as departed friends and relatives, saints, folkloric deities, and so-called earthbound spirits (Krippner, 1994).

Guggenheim and Guggenheim (1996) described examples of these contact experiences, also referred to as after-death communication experiences (ADCs), as spontaneous direct communications with deceased relatives or friends. Arcangel (2005) expanded the concept, describing an after-life encounter as "any sense of being connected to, or in the presence of, a discarnate entity" (p. 17). The specific content of the communication may be to provide comfort and reassurance; give advice or information; achieve closure; or to reduce anger, guilt, or anxiety (e.g., Beischel et al., 2014-2015; Krippner, 2006).

Mediumship has been the focus of both professionalization and criticism over the years. Although the Christian churches condoned private prayer, meditation, and mystical experiences, the Christian culture has traditionally denounced the receipt of discarnate information by parishioners and laypeople. James (1897) noted that Caldwell's (1876) *Contemporary Review* article equated trance mediumship with devil worship and pathology. However, James pointed out that by 1896, public views had changed. He noted that although both the Old and New Testaments in the Bible documented several instances of demon possession, "the diabolic nature of demon possession now, has with us assumed a benign and

optimistic form, in which changed personality is considered the spirit of a departed being coming to bring messages of comfort from the 'sunny land'" (p. 87). In turn, James defended mediumship and advocated for a balance between science and religion on the topic of mediumship.

More recently, mediums have been welcomed as members of medical and mental health care teams in some cultures. One example is the community mental health center in Cayey, Puerto Rico that opened in 1979 (Krippner, 1994). Here, mediums were accepted as members of the team that included a physician, a psychologist, a social worker, and (if needed) a psychiatrist. These professionals work independently and together, as needed, to address clients' mental, emotional, and behavioral needs.

Another example integrates the practice of conventional psychiatrists working in association with Spiritist mediums in the Spiritist psychiatric hospitals of Brazil (Bragdon, 2012). Based on the religious philosophy of French educator, Allan Kardec (1856/2005, 1874/2008), when first established, several of these hospitals were managed by Spiritists, without the collaboration of medical doctors. However, when psychiatry became engaged with the diagnosis and treatment of mental illness from a biochemical perspective in the late 1950s, Spiritist psychiatric hospitals began collaborating with conventional psychiatrists in order to maintain a balance of contemporary medical technology and spiritually based complementary care.

The Spiritual Transformation Process

The spectrum of disturbances in spiritual transformation. It may be beneficial to consider the range of anomalous experiences that occur throughout the spiritual transformation process as a spectrum (Kason, 2008). While one end of the spectrum consists of difficult episodes that occur from time to time in the routine long-term process of spiritual transformation, the parameter extends from various types of crisis incidents and emergencies to various types of psychoses at the opposite end. How, then, does one distinguish between the various types of experience within the spectrum?

Although nearly every individual will encounter their own set of challenges on a spiritual journey, not everyone engaged in a spiritual transformation will experience a spiritual emergency or psychotic episode. Sudden psychic awakenings or openings, however, can still be confusing or disruptive, even frightening to the novice experiencer who does not believe that psychic phenomena actually exist. Even people who do believe in

psychic abilities can be disturbed by their own experience of them (Kason, 2008).

The psychic opening experience is represented by the various types of psi phenomena defined by J. B. Rhine (1947) in *The Reach of the Mind*. Kason (2008) elaborated on the experience, stating the “Psychic Awakening—or psychic opening—has become a generally accepted term for describing the onset of psychic experiences in a person who has not previously had them” (p. 91). Although she believed that not everyone who had a psychic experience was undergoing a spiritual transformation, she was convinced that psychic experiences were often involved in the spiritual transformation process.

The process of spiritual transformation on the more turbulent side of the spectrum, has the potential to become emotionally and mentally troubling. Some individuals may find the intensity and/or content of the experiences to be overwhelming and difficult to cope with (Kason, 2008). However, when these experiences are particularly unfamiliar, intense, or at odds with one’s belief system, the individual can experience severe distress and be catapulted into what Grof (2000) has called a spiritual emergency. A spiritual emergency has been described as a personal crisis that may appear to have symptoms that are traditionally associated with psychosis and, consequently, has occasionally been confused with schizophrenia, bipolar disorder, and schizo-affective disorder (Bragdon, 2013).

Grof and Grof (1990) characterized the spiritual emergency experience as a time when the logical mind is bypassed and the intuitive world of inspiration and imagination are revealed. People who experience these intense psychic openings may be so in touch with the inner process of others that they gain access to the other’s inner cognitive processes and private dilemmas (Grof, 2000). In such cases, people may experience an identity loss, taking on the personal qualities of another individual (whether living or deceased), even to the extent of assuming their body image, posture, gestures, facial expressions, feelings, and thought processes (Grof, 1988).

Although spiritual emergency experiences have been shared with others, as recorded by mystics, shamans, and figures of religious history throughout the ages, ordinary individuals who experience such phenomena are usually of the belief that their sense of self-identity is fragmenting. Sensing that old beliefs and values no longer have meaning, their concept of personal reality is dramatically changed. Consequently, even one who has no known personal vulnerability or family history of mental illness may wonder

if he or she is experiencing a psychosis or having psychotic-like symptoms (Sperry, 2001).

In previous years, people who experienced these extreme mental and physical states would have usually been considered psychotic by those adhering to Western psychiatric standards. However, a significant number of these individuals have been able to successfully move through the experience with an increased sense of well-being and a more positive outlook on life (Grof, 1983, 2000; Grof & Grof, 1990). Hence, years of personal experience and clinical research in experiential psychotherapy, led the Grofs to challenge the conventional Western view and reevaluate its perspective in association with non-ordinary states of consciousness (Grof, 1983; Grof & C. Grof, 1989b).

Pathways to transformation. According to Grof and Grof (1990), in the medical model embodied in the *Diagnostic and Statistical Manual of Mental Disorders* 5th ed. (DSM-5, American Psychiatric Association, 2013) the psychological and physical manifestations of these transitional non-ordinary states of consciousness have been seen as being indicative of a serious disease process. Consequently, those who experienced a transformational crisis had usually been treated with psychotropic medications and hospitalization. Grof and Grof (1990), however, believed that the medical response to individuals who are experiencing a transformative crisis was counterproductive. Long-term dependence on tranquilizers and their related side effects, as well as the loss of vitality and a compromised lifestyle present an unfortunate contrast to the less invasive therapeutic support to individuals involved in the transformative crisis of a spiritual emergency.

Commenting on the significant differences between a spiritual emergency and psychosis, Kason (2008) said, "A number of differences in thought processes, emotional reactions, and behavior distinguish a person who is in a spiritual emergency from one who is psychotic" (p. 247). Although no one but a qualified mental healthcare professional can give an exact diagnosis concerning mental illness, she continued, the following distinctions have proven helpful:

If a person can distinguish between outer and inner experiences, is clearly aware of which inner experiences do not fit into the prevailing world view of reality, is able to function in the world, is able to make discerning judgments, and has appropriate control of his or her emotions, he or she is, by definition, not psychotic. (p. 247)

Spiritual Transformation in Childhood

In *There's Something Under the Bed: Children's Experiences with the Paranormal*, Bielski (2010) stated:

We live during a time of unprecedented paranormal discussion. All forms of media inundate us with content about ghosts, demons, monsters, and other unexplained phenomena. These subjects are going to filter down to our children; we can't stop it. And our children are going to have questions, because all children want to figure out the world around them. Of course we must assure our children that they're safe, but there's so much they can tell us about the world they see and experience. (p. 16)

In a recent qualitative study of parent and child impressions of ADCs in children aged 4 to 12 years, Jeska (2012) revealed a variety of experiences from the interviews she conducted that ranged from fear reactions in perceived *monster interactions* to welcomed interactions with deceased family members and *etheric playmates*. During the interview process, the mothers openly discussed their child's ADCs in full detail, greatly due to the child's parental sharing of the ADCs or being present at the time it occurred. All mothers were also in acceptance of the ADC, both validating it for their child and for the most part, desiring its continuance into adulthood. Some mothers actively pursued community support groups, healers, mediums, and psychics, while others expressed a desire for more public acceptance of ADCs.

In summation, Jeska (2012) felt that the mothers of children experiencing ADCs were more likely to pursue a spiritual path that encourages, validates, and promotes receptivity towards an acceptance of ADCs. Older children had the cognitive ability to regulate their emotions and articulate their thoughts clearly enough to effectively communicate with both their mother and the spirit, while the younger children sought out their mothers when feeling sadness or fear.

A biographical perspective. Creswell (1998) has defined the biographical study as a study of the individual and his or her experiences as told to a researcher or documented in archival materials. Widely defined, he used the term *biography* in reference to a variety of biographical accounts that include the individual biography, autobiographies, life histories, and oral histories. Robson (2002) has also supported the qualitative content of biographical data and claimed that qualitative analysis remains much closer to codified common sense than the statistical analysis of quantitative data. My biographical sampling of representative mediums consisted of George

Anderson (Martin & Romanowski, 1988), Eileen Garrett (Garrett, 2002), and James Van Praagh (Van Praagh, 1997). Each biographical inclusion was presented as it appeared in context within the original biographical account and was selected according to its initial transformative experience.

George Anderson, a well-known contemporary medium, supposedly reported predicting a death at an early age (Martin & Romanowski, 1988). Anderson claimed to have had a happy childhood until the age of six, when he contracted a severe case of chicken pox. This condition ultimately rendered him paralyzed because of viral complications that attacked his brain and spinal cord in a condition called encephalomyelitis. Two months later, he appeared to have recovered as he jumped from bed and began running around the room. His life as a normal six-year-old boy seemed to be restored, with one exception. He could now tell people around him, even those born prior to his birth, about events from their past.

Since Anderson would tell people about personal concerns in their lives, he soon became misunderstood, ridiculed, and even feared (Martin & Romanowski, 1988). One outstanding incident that he was naïvely proud of involved telling a playmate that his grandmother would soon be going to “the next world.” Not understanding what Anderson had said, his friend Tommy frantically asked him to explain.

“Oh don’t worry,” Anderson replied, “because people on the other side are waiting for her to come over so she won’t be alone. She won’t be there by herself” (Martin & Romanowski, 1988, p. 50).

Still confused by what Anderson was saying, Tommy begged for clarification (Martin & Romanowski, 1988). Realizing that his friend was upset, Anderson attempted to calm him down by explaining that Tommy’s grandfather had told him that he was waiting for his grandmother to come over and be with him. However, Tommy should not be afraid, because his grandmother would not really die. Understandably, Tommy rushed home to tell his parents, whereupon they assured him that Anderson just had an overactive imagination. However, one week later, when Tommy’s grandmother died unexpectedly, the prediction was quickly dismissed as a mere coincidence.

Likewise, Eileen Garrett (2002), another medium, author, and founder of the Parapsychology Foundation also had a psychic opening experience when she reported precognitive awareness of the death of her aunt Leone during the early years of her childhood in Ireland:

I was sitting one evening on the porch, lazily turning the pages of a schoolbook, when I looked up suddenly and saw my Aunt Leone, a

favorite aunt, coming up the path toward the house. She was carrying a baby. I had not seen my aunt very often, but I was fond of her. . . . Not having seen her for a long time, I was happy at her arriving without an invitation. She looked tired and very ill, and as I went to reach out and greet her, she said to me—and I shall always be sure she said this—“I am going away now and must take the baby with me.” (p. 27)

When she went to tell her guardian aunt that her Aunt Leone had come to visit, they rushed out to greet her, but she was not to be found. She had disappeared completely and Eileen was severely disciplined for lying. Later, the following evening, she was told that her aunt Leone had indeed died while giving birth to a baby, with the baby also dying in the process. She was also told that she should never again tell anything that she should see because it might *again* come true.

While the clairvoyance and premonition of death appears to be a common theme for the medium, there are also accounts of simple accidents that have been recorded. Another medium, best-selling author, and television producer James Van Praagh (1997) recalled an incident with his first-grade Catholic school teacher:

Lunch break was over, and all the kids were heading back to the classroom. I had just put away my Yogi Bear lunch box when my teacher, Mrs. Weinlick walked into the room. Our eyes met and a feeling of sadness instantly came over me. Then I walked up to her and said, “Everything is going to be all right. John broke his leg.” She looked at me with a cross expression and said, “What are you talking about?” I replied, “John was hit by a car, but he is okay. He just broke his leg.” Well, I thought her eyes were going to pop straight out of her head. She pointed to my seat and told me to sit in it for the rest of the day. About an hour later, the principal came to the door and spoke with Mrs. Weinlick. Mrs. Weinlick panicked, turned white, and ran out of the room screaming. (pp. 3-4)

The following day, Van Praagh noted, his teacher was back to her normal self and later told him after class that her son John was hit by a car the previous day but fortunately had just broken his leg.

It is difficult, however, to determine if the incidents of unusual awareness for Garrett and Van Praagh were precognitive, with the awareness prior to the occurrence, or clairvoyant, with the awareness at the time of the event. By the time both Garrett and Van Praagh had become aware of the actual incident the result was still the same. They were both surprised

to learn of the occurrence validation and left in wonder concerning their role in the experience.

Fortunately, Van Praagh (1997) added, his teacher was later able to calm him down and explain that many people, children and adults alike, were able to know things before they happen and referred to him as “one of God’s messengers” (p. 5). Van Praagh further noted:

She [his teacher] asked me “How did you know it was going to happen?” I didn’t know how to answer her. I just knew it. I had a sense about it. She stared at me, and I started to cry. *Was I responsible for creating this accident and maiming her son?* (p. 4)

Acknowledgement and Application of Mediumistic Abilities

Implementation of the spiritual problem. Due to the unfamiliarity, confusion, and distress of the psychic opening, it’s likely that people may often fail to share their experiences with others for some time. It is common for people to fear embarrassment or a skeptical response when speaking about such things in the presence of others (Auerbach, 1986).

In an effort to reduce the negative stigma associated with these psychic experiences, Lukoff, Lu, and Turner (1998) attempted to create a wider recognition of the spiritual and psychical experiences that might produce the indicators associated with these disorders in the fourth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, American Psychiatric Association, 1994). While the DSM-IV was under construction, the Spiritual Emergence Network proposed a new diagnostic category to the task force in response to a concern that the mental health system might take a pathological approach to the spiritual crisis (Lukoff et al., 1998). The objective was to increase the clinician’s awareness of spiritual issues in treatment by linking a religious or spiritual problem V Code to clients who may display behaviors reflecting signs of psychopathology, yet are actually having a spiritual or religious experience not attributable to a mental disorder.

Proposed to the American Psychiatric Association task force on the *DSM-IV* in 1991 as a V Code category titled Psychospiritual Conflict, it was later revised to include religious problems and accepted as Religious or Spiritual Problem in 1993 (Lukoff et al., 1998). Coded V62.89, the category states:

This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing

experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution. (American Psychiatric Association, 1994, p. 685)

While the DSM-IV and DSM-5 Religious or Spiritual Problem V Code has provided a valuable means of bringing attention to client religious and spiritual functioning, it has been slow to gain recognition amongst clinicians (Scott, Garver, Richards, & Hathaway, 2003). One reason for this reluctance of acceptance may be due to the tendency for third party payers to avoid reimbursement for V Code diagnoses. Consequently, clinicians may routinely ignore them, even when appropriate.

Once individuals have recognized that they are having spiritual or religious experiences (rather than going “crazy”), the possibility of developing alleged psychic abilities emerges. The next section discusses how psychic abilities may be developed according to the precepts of various traditions.

The importance of psycho-spiritual emergence and development. This topic can be illustrated by reviewing the history of Puerto Rico. Since the late 19th century Puerto Ricans have experienced the combined influence of Euroamerican and Latin American cultures. Exposed to intensive cultural changes, yet retaining a distinctive core of cultural tradition, they have also inherited the two equally popular, but competitive world views of the scientific and the spiritual. One aspect of this unique situation is represented by the persistence of a wide spread religious healing cult known as *Espiritismo*. Its ritual practices are centered on working with spirits in several small, household-based *centros* mostly presided over by female mediums who hold regular weekly sessions in order to heal people experiencing a wide range of health and social problems (Koss-Chioino, 2005).

For a three-year period in the late 1970s, Koss-Chioino (1992) coordinated the Therapist-Spiritist project in association with the Mental Health Division of the Puerto Rican Department of Health. The project was aimed at establishing an interface with *Espiritismo* (Spiritism) as a community resource, under the assumption that these popular healing practices were helpful as supportive care to clients suffering from chronic mental illness. Koss-Chioino asked mediums working at community mental health centers to describe their process of psycho-spiritual development where psychic openings are brought into mediumship training and the

person's psychic abilities are developed under the tutelage of a senior medium (Krippner, 1994).

Koss-Chioino (1992) described the first initiatory experience of the *Espiritistas* as “an awakening of consciousness to spirits” (p. 33) that usually begins in early childhood or adolescence. Spiritists described their initiation process into the role of a healer as a personal transformation, often preceded by a personal crisis or serious illness, whereas psychotherapists and medical doctors simply considered their vocational motivation as an appropriate step in the development of their career path.

All of the healers recalled their initial experiences as being vivid and intense, triggered in several cases by a concern about the possible or actual death of a loved one. Even as young children, they were able to identify the visiting spirits as parents, grandparents, siblings and other close relatives who had previously “passed over.” While the types of illness associated with the initiatory experience may vary from a Western perspective, most of the healers could have been considered to be suffering from a psychiatric disorder. However, with two exceptions, none of the healers had ever received mental health care or were diagnosed as mentally ill (Koss-Chioino, 1992).

For mediums who intend to provide a service to others, developing their capability for ADCs is absolutely essential. Mediums from Puerto Rico in Koss-Chioino's (1992) study reported that even though during the earlier stages of their development as healers, frequent spontaneous incorporations of spirits occurred, they were gradually able to exert considerable control over entering the spirit world, and eventually could do so at will, except during periods of emergency or crisis when a guiding spirit might suddenly interrupt the medium's daily activity. Koss-Chioino concluded that they utilized a high degree of control and that the incorporation led to behavior considered adaptive by the medium's community.

Process-oriented Research

Most contemporary mediumship research (e.g., Beischel, 2013) has been primarily proof-oriented in nature, mainly concerned with demonstrating anomalous information reception in a laboratory setting. However, since proof-oriented research cannot alone account for the medium's reported experience with an actual deceased individual (Beischel & Rock, 2009), quantitative methodologies have given way for the inclusion of process-oriented studies that investigate the medium's phenomenology (e.g., Rock & Beischel, 2008) and psychology (e.g., Roxburgh & Roe, 2011).

Phenomenology (Creswell, 1998) explores the structures of consciousness in the human experience. The phenomenological researcher therefore engages in research investigating the way things are experienced and how events are integrated into a meaningful experience (Hanson & Klimo, 1998).

Process-oriented research, however, is not an entirely new concept (e.g., Rhine, 1981). Shortly after the conclusion of World War II, J. B. Rhine acknowledged his desire to utilize material included in numerous letters to the Duke Parapsychology Laboratory that described examples of purported spontaneous occurrences in *real-life psi* situations. Consequently, he revealed his proposal for an examination of these phenomena in an editorial of the *Journal of Parapsychology* (Rhine, 1948). Admitting the suggestive value of the collected experiences in related experimental research, he expressed his desire for a fresh outlook on these long neglected letters as a means of better understanding the nature of purported psi capacities.

L. E. Rhine (1981) subsequently initiated what was called “a return to anecdotal research” and devoted her career to the assessment and classification of collected spontaneous cases of psi phenomena. After years of examining numerous anecdotal incidents, she published *The Invisible Picture* (1981), which presented an extensive analysis of spontaneous psi experiences ranging from extrasensory perception, psychokinesis, and precognition to hallucinatory and apparitional experiences of the deceased.

More recently, Rock, Beischel, and Schwartz (2008) focused on the phenomenological processes involved with the receipt of material utilizing a thematic analysis of the mediumistic process. Based on their study of eight mediums' experiences of communication with discarnate entities, they concluded that the mediumship experience involves seven main themes. These are: multimodal sensory impressions related to the discarnate (e.g., visual, auditory, and tactile); seeing the discarnate in his or her mind's eye; hearing information from the discarnate in his or her mind's ear; feeling discarnates' ailments or cause of death; experiencing fragrances associated with the discarnate before his or her bodily death; alteration of affect (e.g., feeling love or anxiety); and empathy with the discarnate (e.g., adopting behaviors, personality traits, and/or idiosyncrasies).

In another inquiry, Roxburgh and Roe (2011) created a personality profile and conducted a psychological well-being study of mental mediums throughout the United Kingdom. A total of 159 spiritualists (80 mediums and 79 non-mediums) took the survey and completed the Dissociative Experiences Scale (DES, Carlson & Putman, 1993), the Boundary Questionnaire short form (BQ-18, Kunzendorf, Hartmann, Cohen, & Cutler,

1997), the Creative Experiences Scale (CEQ, Merckelbach, Horselenberg, & Muris, 2001) the Mental Health Inventory (MHI-17, Stewart, Ware, Sherbourne, & Wells, 1992), and the Big Five Inventory (BFI, John, Donahue, & Kentle, 1991). No significant differences were found between the groups on dissociation as measured by the Dissociative Experiences Scale (Carlson & Putman, 1993). Reflected in their concluding comments that “mediums do not present as being more prone to generalized dissociation symptoms” (p. 294) and that “it does not seem tenable to characterize mediums as psychologically unhealthy or dysfunctional” (p. 294), the collective test results suggested that mediumship is not associated with a high level of dissociation or pathology.

Two more recent phenomenological studies by Roxburgh and Roe (2013, 2014) focused on the characteristics of reported mediumship communications with the deceased. The first study (Roxburgh & Roe, 2013) analyzed in-depth semi-structured interviews of ten Spiritualist mediums via the Interpretive Phenomenological Analysis (Smith, 1996). Specific questions of interest included how mediums perceived the origin and development of their abilities? Also, how they described and explained communications with spirits, as well as the nature and role of spirit guides? And finally, how they perceived the purpose of mediumship? Subsequent analysis revealed three themes: explanatory systems of mediumship, spirit guides as transcendental beings rather than aspects of the self, and the purpose of mediumship in terms of therapeutic support. Encouraged by the results, the authors suggested further in-depth studies of the spirit guide phenomena, a comparison to non-spiritualist (secular) mediumship experiences, and a study of the phenomenology of mediumship from the sitter’s perspective.

In a follow-up study, Roxburgh and Roe (2014) examined how mediums evaluated their experiences as mediumistic and described their relationship with spirit voices. In this study, in-depth interviews were again conducted with ten Spiritualist mediums and subsequently assessed with interpretative phenomenological analysis. Three themes were identified as: Childhood anomalous experiences, a search for meaning through the “normalization” of mediumship, and relationships with spirit. Roxburgh and Roe concluded that results of this study demonstrated a need for the development of a personal experiential framework or explanatory model that could normalize the phenomena of the voice hearing experience. Furthermore, validation of the experience by a sensitive family, society and mental health community may also facilitate a therapeutic reconciliation for

individuals who have had similar experiences, but became distressed by them.

Method

Participants and Selection Process

To ensure that the participants for this study had experienced an initial “moment of recognition” that included an acknowledgement of their mediumistic abilities and the subsequent development of those associated skills, participants were selected from a group of certified research mediums pre-screened by the Windbridge Institute, LLC (now the Windbridge Research Center) in Tucson, Arizona. Windbridge certification includes a rigorous eight-step process that produces a personal and medical history, professional peer assessment and rapport, blinded test readings, and an educational orientation on the history of researching mediums, human participants research, and the grieving process (Beischel, 2007).

Nineteen Windbridge Certified Research Mediums were sent an email letter of invitation to participate in a research project devoted to the acknowledged identification of the initial mediumship experience. Six of the 19 replied as being interested in the project. However, when a follow-up contact was made to acknowledge their research interest, only five returned their Saybrook Institutional Review Board acceptance forms. Consequently, an additional sixth participant was recruited from the original 19 Windbridge Certified Research Mediums.

Completion of the consent form confirmed personal approval from the participant based upon information provided concerning the rights of a research participant, the specific purpose of the study, the procedures to be used, the possible risk factors, safeguards, potential benefits associated with the study, and the procedure for terminating participation in the research study.

Procedure

Data was collected by way of a pre-arranged, mutually convenient phone interview utilizing a semi-structured questionnaire. Phone times were scheduled to accommodate and maximize participant comfort within the interview environment at either the participant's home or office, free from interruption. Participants were made to feel at ease in the confidential discussion of their personal psychic development. In order to establish a

sufficient rapport, phone interview sessions ran approximately one hour and were recorded, then transcribed for data analysis.

Instruments for Research Interviews

Since this study required detailed biographical accounts of the participants' significant life events leading up to the moment of psychic recognition, the participant interview utilized a semi-structured questionnaire in compliance with Saybrook Institutional Review Board specifications for an oral history. Interview questions were designed to ascertain the psychological impact at the moment of psychic acknowledgement and capture a biographical composite of the participants' family, social, and spiritual influences. Supplemental to the audio interviews, most participants also provided access to a previously written documentation of their experiences in the form of a personal website.

Interview questions were sufficiently open-ended for the provision of additional details when appropriate and focused on the following areas of interest:

1. What was your initial mediumship experience?
2. What was your age at the time of the experience?
3. Describe the experience.
4. How did your experience vary from conventional reality?
5. What was your reaction to the experience?
6. Did you think you were having a mental disturbance?
7. Did you seek out others with whom you could share the experience?
8. How comfortable were you in talking to others about the experience?
9. What was your understanding of the experience?
10. Did you have a support group or supportive atmosphere when discussing the experience with others?
11. Was your biographical background supportive or restrictive concerning non-conventional experiences? (for example, your religious association)
12. How did you cope with the experience?
13. How did you further develop these abilities?

Data Analysis

The interview content was thematically analyzed (Miles & Huberman, 1994) with reference to circumstances of the initially recalled psychic experience, as prescribed by the Moustakas modification of the van Kaam method of analysis of phenomenological data (Moustakas, 1994). Data

analysis with the Moustakas modification systematically reduced participant interview transcriptions to a cluster of thematic invariant constituents that “develop a composite description of the meanings and essences of the experience, representing the group as a whole” (p. 121). Specific items of interest included the participant’s age at the time of the incident, the level of anxiety or distress experienced during the incident, and any perceived significantly relevant follow-up experiences occurring after the original incident.

In order to gain a better understanding of the participants’ subsequent adjustments to the experience, I also utilized what Creswell (1998) has referred to as an interpretive biographical study. Key areas of background interest included the religious and/or spiritual history of the participant, the belief in and acceptance of psychic abilities amongst peers and other members of the family, and the level of receptivity and acceptance for the participants’ alleged psychic abilities.

A detailed look at the data revealed a thematic reduction of the participant interviews based upon the primary questions of interest to this study. Each participant interview was examined for content unique to the specific questions of concern and identified for comparative content analysis with the other participant interviews. The essence of each question was considered as a structural theme for the experience.

A tabular representation of the structural themes, citing specific representative examples of the thematic component was created for each participant interview and documented in the results section of this study. Summarized individual textual descriptions for each participant were then extracted and detailed from the tabular representations and interview content.

A collective examination of the individual textual descriptions revealed a component analysis of the thematic attributes common to all six participants. The component analysis was then reduced to the first four paragraphs of the results section.

Limitations, Delimitations, and Research Issues

Although the multiple case study method offers a valuable means of obtaining relevant information about the personal histories of individuals directly associated with a specific topic of inquiry, the method does have its limitations. Since the person-centered interview in this study was conducted within a relaxed setting, it was anticipated that a greater depth of understanding of the initial psychic experience could be generated with

increased rapport as the questioning evolved throughout the course of the interview. This method is not without its limitations, however, as one is still reliant upon the memory and honesty of the participant for the acquisition of data. Further delimitations reduced participants to adults who were fluent in spoken English and resided within the United States.

Results

A brief summation of the case study biographical interview data in this research inquiry tends to indicate that the STE of the medium may be described, not so much as a single experiential occurrence, but more like a sequence of developmental experiences. Each experience contained an encounter with single or multiple spiritual entities that may or may not be considered as guides. Depending upon the age of the individual and the existing situation at the time of the initial experience, the encounter was considered either fearfully traumatic or merely an anomalistic variation of the individual's concept of reality.

Following an acknowledgement of the initial experience, the individual's level of comfort in the assimilation and accommodation of this paradigm shift into his or her concept of reality was greatly dependent upon the social support system of the individual. An open-minded, loving support system of peers and older family members was considered to be a more beneficial environment to the healthy psychological accommodation of the developmental process for the individual. A more rigid and restrictive environment, with a less receptive acknowledgement of the individual's experience appeared to foster feelings of conflict and self-doubt. Little or no access to an open discussion of the experience led to a questioning of the individual's mental health by either the individual themselves, or surrounding caregivers, peers, and family members.

Since the experience may be considered spiritual in nature, the individual's concept of organized religion or personal spirituality often shaped the parameters of the experience. The adjustment level of comfort for the implementation of the newly imposed psycho-spiritual experience in association with the prior or existing religious influence was dependent upon the degree of liberal or conservative control imposed by the philosophy of the religious doctrine. Personal spirituality adjustment, however, appeared to be more flexible in its accommodation.

Pursuit of a career in mediumship appeared to be dependent upon the ease of adjustment to the initial experience and the availability of a positive

fostering influence. This influence was observed in the form of parental acceptance, professional support personnel, spiritual guides, or available supportive literature concerning the field of interest.

Initial Experience and Age of Experience

All six participants (see Table 1) described their initial mediumship experience as being an encounter with a discarnate being(s). While four of the six participants identified their experience as being associated with their childhood (between the ages of three and eleven), the remaining two acknowledged having their experience during the adult years (ages 29 and 35). After further thought, however, P5 also admitted to the possibility of experiencing spirit visitations when a child. P4, also having had the experience during adulthood, remembered having what she called “intuitive experiences” in her youth.

Table 1. Participants’ initial experiences.

	Participant					
	1	2	3	4	5	6
Initial Experience	Scary spirit	Feeling of Being Watched	Saw and heard imaginary people. Continual visits.	Dead girl visitation.	Possessed by spirit in beginning of psychic development class.	Guided by spirit to get assistance for her mother.
Age of Experience	4	6	During childhood (mediumship at age of 11)	Intuitive during childhood, formally aware at age of 35.	Unacknowledged “Warm-up” experiences in childhood, formally aware at age of 29.	Between the age of 3 and 4. (1957).

Description of, Reaction to, and Concerns about the Experience

Two of the six participants (see Table 2) considered their experiences to be frightening, with little to no parental support in coping with the discarnate beings. Both experiences were described as being an unwelcome intrusion. Each participant assumed he or she was mentally disturbed, with both later receiving associated psychological diagnoses. At the age of 15, P1 suffered from depression at home and anxiety at school. A psychiatrist prescribed anti-anxiety medication and hypnosis sessions with a hypnotherapist. Following her initial hypnosis session, the therapist concluded she was merely very psychic. After hearing voices at the age of 21,

P3 was diagnosed with multiple personality disorder, currently referred to as Dissociative Identity Disorder. Following various types of therapy, she was convinced by a group therapy experience that she had been misdiagnosed.

The remaining four participants reported reactions to their experiences that ranged from passive observation to reluctant acceptance. Two participants reported siblings with mental disturbances. P2 had a fraternal twin that was diagnosed with a schizoaffective disorder. P5 had a brother who was diagnosed with schizophrenia.

Variance from Reality

All participants (as shown in Table 3) reported experiences with distinct variations from conventional reality. P3, convinced that she was raised in a “haunted house,” felt that she was able to see people walking through walls and coming out of the ceiling. P4, initially skeptical about the nature of her experience, saw an apparition that appeared solid, but had her limbs severed from her body. The discarnate entity asked P4 to assist in her murder investigation. Subsequently she complied and assisted the police with the investigation. However, she indicated that a more consistent feedback of police information would have been better appreciated for a more secure validation of the experience.

Sharing the Experience and Associated Level of Comfort

The same two participants who indicated a fear response to their initial experience and who were later diagnosed with a mental disturbance (see Table 4), were prohibited from discussing the experience with their parents. Both of them were terrified to discuss the experiences with their mother. Subsequent physical punishment from her mother taught P1 to avoid discussion of her experiences. P3 had an equal fear of expressing her feelings or discussing the experiences with siblings and friends. This was greatly due to a conservative repression of challenging thought, strongly enforced by her religious mother.

Table 2. Description of reaction to, and concerns about the experience

Participant Attitudes about Experience	1	2	3	4	5	6
Description	Scary Spirit visitation. Only person in the room. Felt like people were staring. Later told she spoke to unseen at the age of two.	Feeling of being watched. Saw being outlines. Could sense and hear them.	Ghost pirate visit. Smelled of rotting flesh. Could hear it breathing and felt water droplets on her head.	Past "spirit" visits from mother. No formal recognition. First formal visit by dead girl, who asked to resolve her murder.	Possessed by a spirit in her psychic development class. Eyes twitched, hands raised. Spirit entered her body.	Lived in wooded area. Alone with mother, who fell to floor from blood clot in her leg. Spirit escorted them to safety.
Reaction	Fear	No fear. Kept calm. Rationalized with imagination.	Frightening. Lived in a haunted house.	Reluctant to believe. Previously a skeptic.	Not scared by the experience. Realized it was real.	No fear of spirit guide. Complete confidence in her ability to help.
Suspected Mental Disturbance	Parents felt she was crazy. At 15, suffered depression at home and anxiety at school. Psychiatrist prescribed anti-anxiety medication and referred to hypnotherapist. After hypnosis session, therapist validated that she was very psychic.	Never felt as though she was losing her mind. No mental illness history. Fraternal twin diagnosed as having a "schizo-affective disorder" at the age of 20.	Thought she was crazy. Always wondered what was wrong with her (11 years). Heard voices at 21. Diagnosed multiple personality disorder. Her therapy convinced her it was incorrect.	Never thought she was mentally disturbed, but had a difficult time believing her experience. Would have appreciated more validation from police.	Never questioned her sense of reality. Didn't completely understand what was happening, but knew it wasn't from a mental problem. Her brother had been diagnosed with schizophrenia.	Never doubted her sanity. However, became concerned about her teenage behavior patterns using the black arts.

Table 3. Variance from reality

Participant	Variance from Reality
1	Presence outside the window
2	Conscious awareness that the presences were not real people, even though she could hear and sense them.
3	Could see people walking through walls and dropping out of the ceiling.
4	Appearance of girl was solid, but could see where arms and legs had been severed from her body.
5	Could sense spirits getting too close and had to set her own physical boundaries.
6	Exceptionally young age, but realized there was something different about the spirit guide.

Another two of the six participants were at ease in discussing the experience, as well as other spiritual interests, with their parents. P2 was able to comfortably discuss meditation and out-of-body experiences in her early teens. P6 was too young to discuss the initial experience at the time of its occurrence. However, she later discussed spiritual matters with her father and speculated on the existence of God.

The last two participants, having had their experience during the adult years, had no associated parental interactions. Instead, they discussed their experience with contemporary adult authority figures. P5 shared her experience with the instructor and student members of her psychic development class. P4, being more of a skeptic, had a slight initial hesitation to share her experience. However, after encouragement from the deceased entity, she was convinced to share her experience with the police in order to help solve the murder case. Consequently, she became more comfortable in her role as an assistant to the detective in charge of the investigation.

Table 4. Sharing the experience and associated level of comfort

Participant	1	2	3	4	5	6
Shared with Others	Shared with her playmate friends on "overnights." Seeing dead people in other houses confirmed her home experiences. Learned not to share with her mother.	Open parental discussion. Meditated during ages 12-14. Had out-of-body experience. Parental response passive until she got a bad scratch during an out-of-body experience.	Discouraged by parents from talking with others. No friends.	Shared with police detective. Periodic experience validation.	Shared experience with the psychic development class. Sought validation from Veritas and Windbridge programs.	Shared first experience with parents, but too young to discuss it at length. Adults saw story as too difficult to believe (especially spirit guide potion) but they were grateful.
Level of comfort in sharing experience	Afraid to share with mother, because of mistreatment.	Comfort in taking with parents, and some friends in high school.	Feared personal expression. Mother was a religious conservative.	Reluctant at first. due to the nature of the experience.	Never doubted herself. At ease in sharing the experience.	Too young to be concerned. Parents unable to explain. Later shared her experience with high school friends.

Understanding of the Experience

All but one participant (see Table 5) believed the initial experience and subsequent occurrences to be a realistic event of their own interpretation. P1 was aware that she could sense the dead and predict the upcoming death of people by the age of 10 or 11. P2 was comfortable with her understanding that the spiritual entities she experienced meant her no harm. However, she was still curious to know why her parents failed to acknowledge them. P5, who had her initial experience as an adult, was comfortable with her acknowledgement of a spiritual presence. However, she felt that she had established physical separation boundaries to avoid the “spiritual occupancy” of her body.

Table 5. Understanding of the experience

Participant	Understanding of the Experience
1	Was always aware she could sense dead people. At the age of 10 or 11, knew that grandfather was going to die while in hospital for minor surgery.
2	Believed the spirits were not guides, but had no harmful intent. Felt the experience was normal, but curious why parents failed to acknowledge the same experience.
3	Thought she was going crazy. Unable to share her experiences, however, tolerated them.
4	Reluctantly accepted the visitation as real.
5	Believed her experiences to be true. As she said, “It’s a knowing.”
6	Believed experience because it happened. No other explanation. Parents saw proof of the results. Mom saved.

P3 was the only individual who failed to establish reconciliation with her experience during her childhood. Restricted from discussing the experience, she adjusted to a personal belief that she had a mental impairment during childhood. However, she later established a more logical comprehension of her experiences during her late teens through an extensive reading of the relevant literature available at the time.

Support Group and Supportive Atmosphere

Although variant in duration from the initial experience, all participants were able to establish a support group (see Table 6) or secure

an empathetic friend(s) to assist them in developing an acceptance of their experience. At the age of eight, P2 was able to establish a friendship with an elderly woman who lived across the street. As a palm reader, the new acquaintance was able to introduce her to a sense of being “in tune.” This participant was also able to establish a peer support group of friends later in high school, but was cautious about sharing the experience with individuals who were more conservative in their beliefs.

While in her mid-20s, P1 sought the services of an elderly medium. Encouraged by her roommate, she wanted to communicate with her recently deceased father, brother, or grandmother. Halfway through the reading, the medium stopped and surprised her by saying, “I’m going to give you information to help you to enhance your ability to be a medium... because you are a medium.” In spite of her protests that she was actually an occupational therapist and musician with merely an enhanced sense of intuition and no intention to become a medium, the participant was further surprised to hear the medium insistently tell her that she actually was going to become a professional medium. “Yes, you are,” she said, “and I am going to give you some tips and help you.” Although the participant was courteously attentive, she made no immediate career changes. Nine months later she returned for another reading, again hoping to connect with her grandmother. Again, the medium insisted on giving tips on mediumship. “You will want this information someday,” she said. “Someday you are going to be doing this.”

The two participants who had their initial experiences as an adult were able to find a supportive atmosphere through associated professional figures. As an assistant to the police detective in charge of the murder investigation, P4 found support in the periodic validation of her experiential information. She found even greater validation, however, in her successful delivery of psychic information on her popular radio program. P5 found supportive validation through research participation in both the Veritas and Windbridge research programs.

Table 6. Support group or supportive atmosphere

Participant	Support Group or Supportive Atmosphere
1	Personally close to father and brother (Especially before and after their death). Sought services of a medium while in mid-20s, who validated her abilities as a medium.
2	Became friends at 8 years old with an older woman palm reader across the street. Got a new awareness of being "in tune."
3	Found a support group in high school, but cautious of those less open.
4	Found books in school library. Found a Catholic friend at 17 years old.
5	Police detective was able to validate and became supportive of her experience.
6	Veritas Research and Windbridge Institute validated experiences. Discussed spiritual matters with her father. Very intuitive. Talked about existence of God.

Religious or Spiritual Background

Two of the participants (see Table 7) considered themselves to have had a type of religious influence during their childhood. P3, raised in a formal religious environment by her conservative mother, was discouraged from becoming a medium because it was considered to be the work of the devil. At the age of 19, P3 married an extremely conservative religious man. Following nine years of marriage, however, she divorced and remarried a more liberal man with metaphysical interests. P2 was raised in a more liberal environment and encouraged to find God herself, free from any imposed Biblical or scriptural doctrines at a very young age. To this day, she believes that this open approach allowed her to be on her current path in a less hindered manner, free from the potential conflict of a dogmatic religious background.

The remaining four participants considered themselves "spiritual," as contrasted to "religious": Two participants indicated they had a personal spiritual relationship with God. Another thought of herself as being spiritually connected since her father and brother passed in her late teens. The remaining participant was influenced by the "Black Arts" as a teenager, however, became a Fundamentalist Christian following her final year of high school. She left the church 12 years later, however, and divorced her minister husband.

Table 7. Religious or spiritual background

Participant	Religious or Spiritual Background
1	Not religious. At age 18, strong intuitive connection (spiritual) with her father and brother.
2	Liberal religious background. Free to "find God" on her own from an early age. Believes that "openness" allowed her current path.
3	Her mother was a religious conservative. When 19 yrs. old, married an extremely conservative religious man. Divorced 9 years later. Remarried a metaphysical man.
4	Doesn't consider herself religious, but has a personal relationship with God.
5	Always connected spiritually with what she referred to as a God or Creator.
6	Currently spiritual, but not religious in her youth. Explored witchcraft as a teenager, but later became concerned. Converted to Fundamentalist Christian for 12 years. Broke from the cult-like organization. Divorced the church minister and remarried.

Coping with the Experience

All participants eventually found a way to cope with their experiences (see Table 8), directly confronting the spirit intruders and establishing personal physical boundary limitations. Although she would hide under her blankets and scream into her pillow at night as a child, P1 was able to overcome her fear by directly communicating with the spirits that would visit her on a regular basis. In doing so, she later found satisfaction in validating the feelings of people she'd meet who were grieving the death of loved ones. With the assistance of her instructor and another professionally employed psychic, P5 was able to establish physical boundaries and limit spirit access to times that fit her own schedule.

P2 was able to accept her initial feelings of anxiety and came to the acknowledgement that she was living in a "separate reality" when having spirit visitations. Realizing that they meant her no harm, she was able to cope with the experience. P3 was eventually able to deal with her experiences by coping with her fears through peer interaction and reading numerous books on paranormal topics in the school library. P4 was able to better cope with her experience through continual validation from the

police department investigation team and the overwhelming success of her psychically-oriented radio program.

At the age of three or four, P6 had no emotional concerns at the time of her experience, hence no coping mechanism was needed. Her parents, however, were both confused and impressed by her ability to secure emergency assistance for her isolated ailing mother, deep within a heavily forested area through the assistance of who she described as a beautiful woman with long golden hair.

Table 8. Coping with the experience

Participant	Coping with the Experience
1	Initially, she would hide under the covers at night and scream into her pillow. Later she overcame the fear by communicating with the entity, enabling her ability to push it away.
2	Believed she lived in a different reality. Accepted anxious, worrisome feelings, but she realized that nothing would cause her harm.
3	Learned to cope by not talking. At the age of 17, a Catholic friend helped her rationalize her experiences. Read several metaphysical books from the school library.
4	Learned to cope via police assistance and the success of her psychic call-in radio program. Husband always supported her in 27 years of marriage.
5	Learned how to establish and maintain safe physical boundary distances from spirits.
6	No coping problem with first experience. Became concerned with the use of witchcraft in teen years. Received a warning from the psychic mother of a high school friend that turned her religious.

Further Development

All participants pursued careers as professionally employed mediums (see Table 9). Three of them were encouraged to continue their study and pursuit of mediumship by other professionals in that field. P1 was persuaded to become a medium by the persistent encouragement of an empathetic medium she initially visited for a reading. Although P1 was initially in denial to the suggestion, the medium eventually became her mentor. P2 was initially encouraged to be more open to her intuition by her palmist neighbor at the age of eight. Two weeks after her encounter with the spirit of a young murder victim, P4 was overwhelmed with several other spirits

wishing to communicate with her. Seeking a means of better control and assistance with the murder case, she asked a psychic to help her with the investigation. However, the psychic refused. Declaring it “her awakening,” the psychic told P4 that she needed to impose control and set her own hours for spirit contact.

Table 9. Further Development

Participant	Further Development
1	In her mid-20s, visited a medium. Declared to be a medium. Given career tips. Denial at first, she later became mentor. Initially worked with missing persons. Later read for friends. Now a professional medium.
2	Encouraged by her palmist neighbor. Passionately read about the supernatural. Saw that palmistry was a tool that one could use intuitively. Began to do informal readings for her parents' friends during high school. Now a professional medium.
3	Read books about the paranormal in high school. Not much available to read. Later she found books on psychic abilities, spirits, dreams, and astral projection. Later still, other books included spirits after death. Now a professional medium.
4	Two weeks after her encounter with a young murder victim, she began to have spirits “drop-in,” desperately seeking her assistance to communicate. A psychic told her she had to set hours for contact. Took metaphysical courses to develop her style. Began readings for her friends. Now a professional medium.
5	Quit her sales career to become a professional speaker. Provided readings in her home. Became assistant minister at Unity. Produced two small books, from the words of her spirit guide. Helped produce a network television special on angels. Now a professional medium.
6	Developmental experiences included psychometry, with antiques. Saw her favorite uncle (continued) after his death. Saw her high school friend make an appearance at her own funeral. Teen fascination for witchcraft, but discouraged by a professional psychic. Joined the Fundamentalist Christian religion. Now a professional medium.

Another participant cited family support as an influential factor in fostering her further development. Although her father traveled with the military during her childhood, P6 was able to discuss life after death and the existence of God through correspondence when he was deployed and while

they were on fishing trip outings when he was home. In her early teens, while visiting an antique shop with her father, she discovered her psychometric abilities when she touched an item of clothing on display and “saw” the deceased former owner of the dress.

Although there was a shortage of relevant material published at the time, other participants credited available literature as providing a realistic understanding of their experiences and fostered a further development of their skills. In her late high school years, P3 began reading books on paranormal topics. Although her sources were limited, she retained her curiosity and was later able to locate additional supportive literature on psychic abilities, spirits, dreams, astral projection, and ADC.

Additional Item: Spirit Guides

Although not listed as a formal interview question, four of the six participants indicated that they had some sort of spirit guide contact that served to assist in their coping with the experience or further professional development (see Table 10). At age 3 or 4, P6 identified her spirit guide as playing a major role in her initial experience. Living in the midst of a heavily wooded area, she credits the brief appearance of a beautiful, long-haired blond woman who escorted her safely through the woods to the home of a neighbor to secure help for her mother who had just fallen and was in need of medical assistance. She openly shared her experience with parents and acquaintances over the years and although no logical explanation could ever be given, she was never criticized for her description of the occurrence. As a child, P6 thought of the spirit as a “secret friend,” however, as she got older she realized she was a spirit guide, capable of providing her counsel and comfort in troubled times.

Within a year of her initial experience at a psychic development class, described by her instructor as “a spirit entering her body,” P5 was visited by a spirit guide. Appearing to her on a regular basis for the next six months, he persuaded her to record and transcribe his channeled messages that she later turned into a book. In conducting this transaction, he also taught her how to reduce her overload of psychic information through the control of spirit access.

Table 10. Spirit Guide Involvement

Participant	Spirit Guide Involvement
1	Visited prior to psychologist visit. Scared to point of an out-of-body experience. Told to relax. It was only there to help. Spirit guide or angel?
2	Discovered her first spirit guide at 15, when reading a friend's palm. Shown the ability to read energy direct from the person.
3	No spirit guides indicated in interview.
4	Although the spirit of the murdered girl had repeated visits, a formal spirit guide was not indicated.
5	Her spirit guide taught her the most about mediumship.
6	How to receive and filter information. Given messages to record. Her spirit guide showed her through the woods near her home to a safe place to assist her mother when young.

In her mid-teens, P1 went through a period of deep depression while at home and extreme anxiety while at school. As a nurse, her mother thought it best for her to have a psychiatric examination. On the evening prior to her appointment, she was lying in bed, when she sensed that someone had broken into the house with the intent of harming her. Frightened, she closed her eyes and heard someone say, "Don't worry, I won't hurt you. I'm here to help you." At that moment, she claimed she realized that it was a spirit guide or angel. She was not sure what to call it, but was made aware that it had been with her all her lifetime.

Although she also claimed to have had visitations throughout her entire childhood, P2 also had a similar acknowledgement in her mid-teens. Lying in bed at night, she would frequently sense multiple "presences." Although she was very nervous about the incidents at the time, she eventually came to realize that they meant no harm and were merely "watching over her" for her own protection.

Summation of Results

A summation of the results in this study tends to indicate evidence for the STE in mediums as being a gradual process, with the initial experience containing single or multiple spiritual entities that may or may not be considered as guides. The encounter was considered either fearfully

traumatic or merely a variation of the individual's concept of reality, depending on the age of the individual at the time of the initial experience.

The individual's level of comfort in the acceptance of this paradigm shift was greatly dependent upon the social support system of the individual and their existing religious or spiritual orientation. An open-minded, loving support system of peers and older family members, rather than a highly rigid and restrictive environment, was the more beneficial set of circumstances for the healthy psychological accommodation of the developmental process. Little or no access to an open discussion of the experience easily led to feelings of conflict and self-doubt that fostered the questioning of the individual's mental health. The implementation of the newly imposed psycho-spiritual experience was also often directly influenced by the previous religious orientation of the individual and its associated degree of liberal or conservative control imposed by the philosophy of the religious doctrine. Personal spirituality adjustment, however, appeared to be more flexible in its accommodation.

The pursuit of a career in mediumship appeared dependent upon two key factors. One influential component was the ease of adjustment to the initial contact experience. Here, one would perceive some sort of message from a spirit presence, whether a random former occupant of the individual's home, a deceased individual seeking assistance in the resolution of their murder, or a guardian figure who came to assist in the seeking of help for a disabled mother. The other influential factor included the availability of a positive fostering environment. This was experienced in the support of a positive loving family, the acceptance of peers, or the encouragement of some sort of spirit entity.

Discussion

The question of immortality and the survival of bodily death has been a central focus of human interest since the beginning of human consciousness. From the religious ideologies of Christianity, Islam, Buddhism, and others (Armstrong, 2006) to the more contemporary inquiries into the question of life after death (Chopra, 2006; Moody, 1975; Ring, 1984) there has been a genuine curiosity in the continuation of human consciousness beyond one's given lifetime.

Shamans, yogis, renowned religious leaders, and - for the purposes of this study - mediums have the ability to access non-ordinary states of consciousness and play key roles in facilitating communication between

living individuals and discarnate beings (Tart, 2009). Doing so can reap important benefits such as enhancing one's own life as well as that of others through gaining important information that is not necessarily available by other means.

However, to reach the point of being able to access non-ordinary states and receive important messages, individuals must undergo psycho-spiritual emergence and development (e.g., Grof & Grof, 1990; Grof & Grof, 1989b; Kason, 2008). While this process can be enlivening and enlightening, it also presents serious potential risks including psychic and psychological crises, a sense of self-disintegration, and misdiagnosis and inappropriate psychiatric treatment.

Given the importance of the medium's work, coupled with the necessity and risks of psycho-spiritual emergence and development, it is critical to continue research on this topic and develop supportive methods for helping potential mediums work through this process. Consequently, contributing to a better understanding of the initial psychic opening experience and one's subsequent psycho-spiritual development has served as the focus of this study.

The transformative experience may be thought of as anomalistic, is often considered startling in nature, and is sometimes described as an alleged psychic opening that initiates a reported paradigm shift in the individual's conscious awareness. The experience may even create a concern the individual could be losing touch with reality. While the original intent of this study was to focus on the individual who was coping with the experience of a psychic opening, the results of this inquiry revealed there was an equally skilled group of mediums that may have become aware of their purported abilities in a less troubling manner.

The reported level of stress experienced by the participant appears dependent upon two primary factors. One is the age of the individual at the time of the experience. The other is the amount of social support available to the individual, hence their level of comfort in sharing the experience. Some participants indicated the presence of what they perceived to be a "spirit guide." Of these participants, some felt as though this spirit guide(s) has remained with them for continued assistance throughout their lifetime, following the initial experience.

The continued assimilation of psychic experiences that contribute to one's further spiritual development is dependent upon the level of comfort one has become accustomed to when encountering these experiences. Hence, career development in mediumship is strongly dependent upon a

competent level of self-esteem, which has been fostered by a nurturing environment and a continued interest in the perfection of one's demonstrated psychic abilities.

The Spectrum of Spiritually Transformative Experiences

A review of the results from this study tends to indicate that there is a wider range of parameters available for consideration than I had originally anticipated within the Spectrum of Spiritual Transformation. Considering that most of my participants were adults who recalled their initial STE as being in childhood between the ages of 3 and 11, a recall of their succeeding follow-up developmental experiences could be considered as a consensus of their long-term spiritual transformation (Kason, 2008). While the Grofs have justifiably brought our focus of attention to the use of Transpersonal Counseling in the facilitation of the STE (Grof, 1983, 1985; Grof & Grof, 1989a, 1989b), there are a variety of other less traumatic transformative experiences. In reference to immediate and long-term impacts of the experience, Kason (2008) noted:

The immediate emotional and psychological impact of STEs varies tremendously from individual to individual, depending on such factors as personality, the amount of stress in the person's life, and whether they are in a supportive environment in which their STEs are treated as valued and valuable. Most people undergoing long-term spiritual transformation also notice psychological symptoms. It seems as if the transformation process itself propels them at some point into intense self-reflection (emotional recovery work) or depth psychotherapy (inner healing work). The personality is being purified, morally developed, healed, and polished. (p. 200)

Kason (2008) added, "Some of the psychological reactions to STEs are positive and demonstrate inner growth or healing... Others are challenging or distressing and indicate that more inner work needs to be done" (p. 201).

Consequently, I have further speculated that this alternate portion of the study population may have had a more supportive social and spiritual environment, both during and prior to the transformative experience. This possibility, leads me to the consideration of social support.

The Supportive Environment

Four of the six participants in this study reported having their initial transformative experience between the ages of 3 and 11. The typical

experience was described as including an encounter with one or more spiritual entities that were perceived as being either frightening or helpful. These reports are in compliance with and have a similar ambience to the ADC stories told to Jeska (2012), where she reported stories of monsters in the child's bedroom prior to sleep, perceived attempts at physical contact (e.g., hugs), and the perceived presence of deceased relatives.

Two of the participants in my study who considered the experience to be frightening received little to no parental support in coping with the spiritual beings. Both experiences were considered as being an unwelcome intrusion and each later assumed that they were mentally disturbed. Still later both also received conventional psychological diagnoses, one suffering from depression at home and anxiety at school at the age of 15, the other being diagnosed with Dissociative Identity Disorder after hearing voices at the age of 21. Fortunately, all the mothers in Jeska's (2012) study were receptive to their child's ADC experience, openly discussing it with them in full detail, acknowledging it as real, and recognizing their own need to acquire greater skills in working with the ADC experience. Hence, it would appear that a close personal rapport and supportive parental interaction seems to provide a more positive atmosphere of acceptance and adjustment to the experience.

While collecting STE research material for her book *Farther Shores*, Kason (2008) realized the need to know that one is not alone when transformative experiences occur. "We need to know that these experiences are normal," she claimed, "and while in some ways uniquely our own, are also universal" (p. 21).

With or without supportive parental involvement, however, there still appears to be a reluctance to openly discuss the experiences outside the immediate family. In spite of the fear to share the experiences with their mother, however, the two participants lacking in support (described above) eventually found the need and means to confide in a trusting friend. P1 found this opportunity at an overnight sleepover with a classmate in third grade. Experiencing what she thought was an older woman who had drowned in the bathtub of her friend's home, she cautiously shared the experience with her friend, saying "I know this sounds weird or whatever, but when I was in your bathroom in the middle of the night, I saw this ghost woman in your bathtub. Drowned." She was grateful to hear her friend reply, "Oh, the lady that lived here before did drown in the bathtub." Although she was relieved for the validation of her experience, she vowed never to stay overnight at the house again. Later, as a young adult in her

mid-20s, her sensitivities were confirmed and encouraged by an elderly medium she had contacted to communicate with her recently deceased father, brother, or grandmother. P3, after an extensive and enlightening literary search for support information on paranormal phenomena from both her high school and public libraries, was befriended by a Catholic classmate who offered the suggestion that perhaps she was being visited by angels that were merely trying to get her attention.

P4, who first recognized her STE at the age of 35, was initially reluctant to assist the spirit of a deceased murder victim by calling the police to offer help. Having been in law enforcement herself, she initially thought of herself as a skeptic. Perceived experiences of spirit visitation were considered “fantasy.” Police validation of her experiences concerning the events of the spirit’s death, however, encouraged her confidence to provide further information in spite of an initial hesitation to go “on record” to a public agency.

Parents in Jeska’s (2012) study were also reluctant to endorse public exposure, preferring that their children refrain from discussing their ADCs at school in spite of the desire to have a wider public acceptance of ADCs. Kason (2008) adds further clarity to understanding the hesitant mindset of individuals who have had or know someone who has had an STE by describing typical clientele in her clinical practice. She observed that individuals who have had a psychic awakening and continue to have psychic experiences tend to adjust to their new abilities in stages:

First, they are often puzzled, confused, or frightened. They question the nature of what they have experienced; they wonder where the experiences have come from and why. At this stage, experiencers are usually very reluctant to tell others their experiences, because they believe people will think they are crazy. However, as the psychic experiences keep occurring, most experiencers try to talk to friends or family about them. In some instances, they are rebuffed or ridiculed and find it extremely difficult to speak about their experiences again. In other cases they discover people who are eager to talk about psychic phenomena. (pp. 109-110)

At the age of 8, P2 established a friendship with an elderly palmist across the street who listened to her experiences and taught her how to be more sensitive, thus enhancing her intuitive skills. Later, in high school, she was able to establish a peer support group of friends, but was still cautious about a wide-based sharing of her experiences. At the age of 29, P5 was in a

psychic development class at the time of her initial STE. Consequently, she was already in a semi-public environment at the time of the occurrence and worked with the class instructor, welcoming it as a learning experience.

Spirit Guides

Although I had not initially included an interview question associated with the topic of “spirit guides,” most of the study participants reported what they perceived as helpful beings that assisted with or performed a major role in the STE. P6 for example, who alone at her home with her mother at the age of 3, realized the immediate need for adult assistance when her mother collapsed to the floor in pain from a blood clot in her leg. Although she had been consistently told to never go alone into the heavily-wooded area that surrounded her home, she described her experience with a beautiful long-haired blonde woman who suddenly appeared to escort her safely through the woods to a neighbor’s home where she was able to secure the medical help her mother needed. P6 recalled that she was never afraid of the woman, always completely confident that she would safely assist her in what needed to be done in order to efficiently resolve the situation. Periodically, throughout the rest of her life as events proved challenging, she has continued to feel the presence of the “woman in the woods” as a very protective friend and began to recognize her as her spirit guide.

While experiencing her periods of deep depression and extreme anxiety during high school, P1 recalled a “spiritual visitation” on the evening prior to a psychiatric evaluation that had been arranged by her mother. Lying alone in bed, she was under the impression that someone had broken into the house. Frightened, she closed her eyes and heard someone say that she should not be afraid. They were only there to help. She was not sure what to call the visitor, but later referred to it as a spirit guide or angel. P2 reported a similar experience, recalling that she used to have multiple visitations throughout her childhood. Lying in bed at night she would sense several presences that she eventually realized were there for her protection.

Within a year after the initially recognized STE at her psychic development class, P5 was visited by what she referred to as a spirit guide who persuaded her to transcribe his channeled messages that she later published as a book. And although P4 may not have considered the discarnate murder victim who appeared to her as a spirit guide, she was persuaded to assist in the resolution of her murder.

Although my literary search of academic sources failed to locate any studies of spirit guides, there have been a number of references to them in

the popular press. For example, in *Spirited: Connect to the Guides All Around You*, Rosen and Rose (2010), described spirit guides as the spirits who are aware of our past, present, and future and always have our best interests in mind. "They point us in the right direction, comfort us in times of need, and warn us off from danger" (p. 151). We may have many spirit guides over the course of our lives, they claim, who appear as needed, but guardian angels are with us for life. Angels, they said, are beings of light and although they may also be petitioned for assistance in times of need, are usually more associated with one's emotional and spiritual needs when placed in life-threatening situations.

Implications

The results of this study tend to establish a better understanding for the emergence process of spiritual transformation. Bragdon (2013) defines a spiritual emergency as a personal crisis that may have symptoms that appear similar to serious mental illnesses, such as schizophrenia, bipolar disorder, and schizo-affective disorder. Spiritual emergence, she added, represents a process where the individual grows into their spirit self with ease and grace, without a crisis. Consequently, people who may have experienced a spiritual emergency may have also run the risk of being misdiagnosed and given inappropriate psychoactive drugs that tend to impede the progress of the transformative process. In the consideration of world cultures, where mediums are considered as valuable members of society rather than "crazy for talking to spirits," one may therefore tend to argue that diagnosis is a culture-specific evaluation.

Bragdon (2013) continued, stating that mental care health workers have been in need of applying new models of treatment that are capable of discerning the process of spiritual emergence. Fortunately, however, the culture of our society has changed a great deal since before the early 1980s, when homosexuality was considered a sign of mental illness, the dilemma of a re-evaluation of one's religion was considered facilitated by an anti-psychotic drug, and the stages of consciousness development were not as easily recognized by traditional members of Western society as by those practicing the Eastern philosophies. At its inception, the Spiritual Emergency Network (n.d.) was considered as a needed referral service that provided a safety net of individual therapists who knew a transpersonal approach to the problem, contrary to the mainstream train of thought.

It is my impression that the results of this study are in compliance with those of Jeska (2012), Roxburgh and Roe (2013, 2014), and others who

have advocated a more empathetic, belief-oriented approach to dealing with the spiritual transformative process, at whatever age it may occur. A repressed fear-based reaction by one having a STE may be just as damaging as a negative response to the incident by a parent or questioning member of society in ignorance of the psychic opening phenomena and could easily be considered as detrimental to the spiritual development of the individual.

Future Research

Since the importance of a nurturing and supportive environment was indicated by both the background literature and this research inquiry, I would suggest a more extensive study of the parental and peer support group systems available to the individual undergoing a psycho-spiritual transformation. Given the significance of parental and/or peer support in the assimilation of these transformative experiences, I would anticipate that data reflecting the background experiences from these various environments would also influence the individual's level of comfort in coping with the spiritually transformative experience and one's subsequent placement level on the spectrum of disturbances. Furthermore, a more informed general population concerning the nature of the spiritually transformed experience (STE) should reduce the associated levels of misunderstanding, anxiety, and misdiagnosis when encountering the experience.

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About the Journal

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PEER-REVIEWED REFERENCED COMMENTARY

Intended Audience: Clinicians

Assessing Afterlife Beliefs in Psychotherapy

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Abstract: Afterlife beliefs are common, may affect health outcomes, and are relevant to clients' relationships. Unfortunately, these beliefs are generally neglected in the psychospiritual literature and in most published religion and spirituality (RS) tools and assessments. Here, an afterlife assessment guide is introduced that incorporates the recommended two-phase RS assessment approach and provides introductory guidelines for mental health professionals (MHPs) to competently assess and address afterlife beliefs and spiritual experiences in the psychotherapy setting. The SRRT consists of sets of sample questions organized around four concepts (Significance, Relationships, Resources, and Treatment). It can be used by MHPs to determine if any afterlife beliefs or experiences of significance may be impacting the client's well-being or relationships; the MHP can then assess possible afterlife-related resources and tailor specific forms of treatment. The development of the SRRT was informed by current bereavement models, trauma-informed approaches, and ethical practice guidelines for MHPs. Ideally, the SRRT will also serve as an initial resource for MHPs to collaborate and reach consensus regarding assessing and addressing afterlife beliefs and spiritual experiences.

Keywords: religion and spirituality, SRRT, bereavement, afterlife, assessment, psychotherapy

Over the past few decades, research has examined how the topic of religion and spirituality (RS) is related to psychological health and can be ethically integrated into psychotherapy. However, though afterlife beliefs are relevant to well-being and meaning-making around issues including dying, bereavement, and unresolved issues with deceased persons, they are often neglected in the psychospiritual literature. Moreover, there is a paucity of afterlife belief items in published RS tools. Here, the importance of assessing afterlife beliefs is discussed, and the SRRT afterlife assessment guide for mental health professionals (MHPs) is proposed.

Importance of Assessing Afterlife Beliefs

It is important for MHPs to assess clients' afterlife beliefs for several reasons: understanding human relationships is an ethical principle of MHPs; afterlife beliefs and spiritual experiences are prevalent; afterlife beliefs predict health outcomes; and afterlife topics have been neglected in clients' relationship with MHPs.

Understanding Human Relationships is an Ethical Principle

Recognizing “the central importance of human relationships” is one of the six ethical principles of social work found in the National Association of Social Workers' (NASW) Code of Ethics (2017). Human relationships do not end when one person dies; the relationship continues and can evolve over time. This is evident in the various ways continuing bonds with the deceased may manifest. In *Continuing Bonds: New Understandings of Grief*, Klass, Silverman, and Nickman (1996) introduced the continuing bonds model of grief. This became

a call to the clinical community to stop, look around, and take note of the clinical evidence that did not fit into the dominant model. Within a few years continuing bonds were an accepted aspect of grief in the psychological descriptions of grief and in clinical practice. (Klass & Steffen, 2018, p. 5)

Continuing bonds with the deceased are not limited to intentional or purposeful actions (e.g., writing a letter to the deceased, visiting a grave site, etc.). Non-purposeful changes in thoughts, perspectives, and feelings also exist and can affect relationships with self and others. By taking afterlife beliefs and experiences into account, MHPs can better assist clients in improving these relationships.

Afterlife Beliefs and Spiritual Experiences are Prevalent

Afterlife beliefs are widespread and spiritual experiences are common in the US. The assessment of individual beliefs and experiences provides the MHP with the information needed to customize client interventions.

In the US, 74% of Americans believe in life after death (Pew Research Center, 2008). Spiritual experiences in which an afterlife is perceived are also frequent: 29% of adults reported feeling “in touch with someone who has already died” (Lipka, 2015) and 56.6% of bereaved adults have perceived the deceased through some sense modality “or as a quasi-sensory sense of presence” (Kamp & Due, 2019, p. 463).

Moreover, 27% of adults in the US think of themselves as spiritual but not religious (Lipka & Gecewicz, 2017) and may not associate with a community of faith or want to discuss their afterlife beliefs and spiritual experiences with a clergy person. They may, however, want a safe and respectful space to explore with their MHP how afterlife beliefs inform their life choices; their views on dying, death, and spiritual struggles; their continuing relationships with the deceased; and their spiritual experiences in which an afterlife is perceived.

Individuals’ reported experiences have been categorized by researchers using terms including “mystical,” “numinous,” and “anomalous.” The authors propose that the term “spiritual experience” be used with clients as it is most likely generally understood by Americans and does not assume the quality, meaning, or ubiquity of the experience. Though a complete discussion of the variety of spiritual experiences in which an afterlife is perceived is outside the scope of this paper, these may include near-death experiences (NDEs), after-death communication experiences (ADCs), and end-of-life dreams and visions (ELDV).

Moreover, the authors suggest the word “afterlife” be used with clients and that is the term used throughout this paper. Researchers use the term “survival of consciousness after physical death” (or simply “survival”) as a descriptive term that does not include explanations of mechanism. Within the survival of consciousness paradigm, existing past physical death is simply a characteristic of consciousness; as such, survival does not require the existence of God(s). Therefore, afterlife assessment may be necessary for clients who identify as atheist or agnostic on RS assessments.

Afterlife Beliefs Predict Physical and Mental Health Outcomes

Many religious and spiritual beliefs and practices, such as prayer and attendance at religious services, have been associated with positive psychological and physical health outcomes (e.g., Koenig, King, & Carson, 2012; Miller & Kelley, 2005). Afterlife beliefs may also be related to psychological health. Ai et al. (2014), for example, found that both “God-centered” (i.e., Christian, Jewish, and Muslim) and “cosmic-spiritual” (i.e., Hinduist and Buddhist) views of the afterlife “are associated with positive psychosocial functioning and buffer the individual against death anxiety” (p. 326). Kerr et al. (2014) found that hospice patients were typically comforted by their spiritual experiences. Nosek et al. (2015) noted that patients, their families, and health care providers may benefit from a better understanding of dreams and visions at the end of life. Steffen and Coyle (2012) stressed that most sense of presence experiences of the deceased are interpreted as positive and can precipitate spiritual growth.

However, some spiritual beliefs and practices may be associated with negative health outcomes. Negative religious coping in response to major stressors (e.g., feeling punished by God, wondering about abandonment by the church, or believing that the Devil made an event happen) have been correlated with “more signs of psychological distress and symptoms, poorer quality of life, and greater callousness toward other people” (Pargament, Feuille, & Burdzy, 2011, p. 57).

Regarding the afterlife, some ways of relating to the deceased may be associated with negative health outcomes. Carr and Sharp (2013) emphasized that the degree “to which afterlife beliefs are protective or harmful may be contingent upon the *nature* and *content* of one’s beliefs” (p. 105; emphasis in original). Conducting an RS assessment that includes afterlife beliefs can provide information about the “nature and content” of those beliefs.

Afterlife Beliefs Have Been Neglected in Client/MHP Relationships

Although the proportion of MHPs who include afterlife beliefs as part of their assessment is unknown, a reluctance and/or lack of training/education on the part of MHPs in assessing and addressing spirituality in general has been established. Oxhandler, Parrish, Torres, and Achenbaum (2015) found that “only 43%” of social workers indicated that they “link clients with RS resources when it may potentially help them” (p. 231). Saunders, Miller, and Bright (2010) found that practicing psychologists

“may feel hesitant and uncertain when considering whether they can or should address spiritual and religious issues with patients... Clinicians seem to have concerns about competence, undue influence, and other potential ethical issues” (p. 356). Similar to general spiritual topics, afterlife beliefs are most likely not being addressed by psychotherapists regularly.

In addition, the topics of death and the afterlife may be off-limits in Western cultures. Clients who want to continue a relationship with the deceased may fear others responding negatively. The first author (BC) has observed that if afterlife beliefs and spiritual experiences are not specifically broached by the MHP, clients are hesitant to do so. Once the topic is introduced, however, the MHP can work collaboratively with a client in their desire to continue a relationship with the deceased and nourish their relationships with the living.

RS Assessment

It is often recommended that a two-phase RS assessment, divided into preliminary and comprehensive segments, be used in the psychotherapy setting (e.g., Hodge, 2017; Magyar-Russell, Robertson, & Deal, 2015; Vieten & Scammell, 2015). With this approach, the MHP establishes rapport and validates the client with warmth and genuine interest while also gathering RS data. In the preliminary (also called initial or brief) assessment, the MHP asks questions to “ascertain if a patient’s spirituality potentially intersects with their care” (Hodge, 2017, p. 1). These questions may include “To what organizations do you belong, including any religious or spiritual organizations?” and “What religious and/or spiritual practices do you participate in?” (Magyar-Russell, Robertson, & Deal, 2015, p. 8). The responses of the client inform whether or how the MHP should proceed.

The comprehensive RS assessment collects more nuanced information in cases in which the client’s RS is related to their well-being and the presenting issue. This may include additional open-ended questions, standardized measures, and/or visual diagrams such as the spiritual genogram (Hodge, 2001). The comprehensive assessment allows the MHP to customize a treatment plan incorporating the client’s RS.

Although the importance of RS for psychological health has been established, clients’ afterlife beliefs are often neglected. MHPs addressing clients’ grief, loss, and/or trauma may benefit from understanding clients’ beliefs about the nature of the afterlife and their experiences relating to the deceased. In order to assist MHPs in this endeavor, the SRRT afterlife

assessment guide was created to be integrated into the MHP's broader two-phase RS assessment. The SRRT provides sample afterlife assessment questions giving the MHP options for inviting the client to discuss this neglected yet impactful topic.

The SRRT Assessment Guide

Background

The SRRT (pronounced "sert") afterlife assessment guide assists MHPs in addressing clients' afterlife beliefs in the psychotherapy setting. These beliefs may be best assessed after therapeutic rapport has been established rather than during the clinical intake. The SRRT is a conversational tool not a standardized clinical tool (i.e., one intended to generate scores for diagnosis). The sets of sample questions are organized around four concepts relevant to RS and afterlife beliefs in the psychotherapy setting: Significance, Relationships, Resources, and Treatment. Pursuant to the two-phase RS approach, preliminary assessment questions are asked in the Significance section. The client's resulting answers focus individualized comprehensive assessment questions addressing Relationships, Resources, and Treatment. MHPs are encouraged to modify or remove questions to facilitate conversation and better reflect the culture, belief system, and goals of each client. Furthermore, the SRRT may be used by MHPs to identify and explore their own personal beliefs and assumptions.

For each concept (S, R, R, and T), sample sets of questions are listed in italics and then discussed. Questions without the discussion text are available for reference in Appendix A.

S: Significance

Using the preliminary afterlife assessment questions below, the MHP, in collaboration with the client, can identify which (if any) afterlife beliefs or spiritual experiences are significant to the client's well-being or the presenting issue. This may be especially relevant in bereavement, anticipatory loss of a loved one, fear of death, euthanizing a pet, witnessing a violent or deadly act, or unresolved issues with a deceased family member or friend. First, establish a common vocabulary.

I want to make sure I use the language that feels right or true for you. Do you like the word 'afterlife,' or is there another word you prefer? and/or Are there

any other words you would like me to be mindful of using that best fit your belief system?

Some clients may prefer “passed away” rather than “died.” Some may use words like “karma,” “enlightened,” or “reincarnation.” Some who believe in an afterlife may not relate to the concepts of “Heaven” or “Hell.” For clients who refer to after-death communication experiences as “visits,” the MHP can also refer to them this way. For clients referring to these experiences as “hallucinations,” the MHP can use “experiences.” Some clients may want to refer to their deceased loved one in the present tense reflecting their belief in a living spirit/surviving consciousness of the deceased. The role of the MHP is to genuinely validate and accept the subjective experiences of the client and help them identify, explore, clarify, and process those experiences using the most appropriate language.

Do you have any beliefs about the afterlife or about what happens after we die that you feel are important or that you would like to share with me?

Even if a client declines discussing afterlife issues at this time, this signals that the MHP would be willing to in the future.

Are afterlife beliefs important to you in your grieving process? and/or How do your beliefs about the afterlife affect your beliefs or feelings about death?/euthanizing your pet?/your relationship with ____?

In addition to the grieving process, afterlife beliefs can be relevant in cases of anticipatory loss and unresolved issues with the deceased. These questions provide the client a chance to articulate and recognize how afterlife beliefs may be impacting their healing.

After initial questions about clients’ afterlife beliefs, spiritual experiences may also be assessed.

Some people report having spiritual experiences before or after the death of a loved one. Some report receiving a visit from the deceased in their dreams or experiencing a sense of presence when awake. Some have experiences in which they glimpse the afterlife, such as in a near-death experience or at the bedside of a dying person. Have you had any spiritual experiences that you would like to share with me?

Clients may not volunteer their spiritual experiences out of concern that the MHP might deem them “crazy” or minimize the sacredness of the experience. By asking the question, the MHP provides overt permission for the client to share a spiritual experience. In some cases, spiritual experiences may contain distressing aspects (e.g., the client believed that the deceased person said something unkind; the deceased person indicated not being in Heaven; the client had a distressing near-death experience; etc.). In other cases, the spiritual experience may have been positive in nature but dismissed or met with ridicule by a family member or friend when shared. The MHP may be the first person who validates the experience as positive.

Are there any aspects of your beliefs in an afterlife with which you are struggling?

Clients may have afterlife beliefs that are uncertain or distressing (e.g., that people who complete suicide cannot be with God); these beliefs can significantly impact their thoughts, mood, and wellbeing. By asking about upsetting beliefs, the MHP defines the therapy setting as a safe, caring place for expressing and processing these fears and uncertainties. Alternatively, if the MHP can identify struggles and internal conflicts from the clients' previous responses, it may not be necessary to directly ask this question. In addition, some clients may desire resources that validate afterlife beliefs or provide comfort (discussed in the Resources section below).

R: Relationships

If the preliminary phase of the assessment demonstrates afterlife beliefs of *significance*, the comprehensive phase can then be used to explore how afterlife beliefs and spiritual experiences impact the client's *relationships* to self, others, and what is meaningful. With this information, the MHP can customize interventions that improve clients' relationships and aid in finding meaning or comfort after challenging events.

Some forms of continuing relationships with the deceased have been associated with avoidance of engagements in the physical world and with the living (Carr & Sharp, 2013) as well as with maladaptive coping (Stroebe, Abakoumkin, Stroebe, & Schut, 2011). Therefore, it is helpful to assess how afterlife beliefs, spiritual experiences, and on-going relationships with the deceased are impacting the client's relationships with the physical world (e.g., activities, relationships with living persons, and the meaning of life events).

What kinds of gestures or rituals, if any, do you use to continue a relationship with the deceased or to keep their memory alive?

Purposeful gestures may include: talking to the deceased in prayer, looking for/acknowledging signs from the deceased, visiting the gravesite, observing cultural holidays that honor the dead, receiving pastoral counseling, or getting a reading from a medium. Awareness by the MHP of each client's unique spiritual beliefs and traditions are part of culturally competent practice. With this question, the MHP gives the client permission to continue a relationship with the deceased and feel supported in doing so.

Alternatively, some clients may believe that they should just be happy that the deceased are "with God now." Others may not believe in an afterlife but want to continue a relationship with the deceased by recalling positive memories or honoring the legacy of the deceased person and their behaviors. The deceased can still "function as a secure base in serving as an important reference point when making important autonomy-promoting decisions" (Field, 2008, p. 121).

Are there many times when you want to stop thinking about your deceased loved one, but you can't? and/or Are you having any distressing memories or thoughts come up about your deceased loved one or the relationship you had? If so, how are these distressing thoughts affecting your sleep, diet, or the way your body feels?

Frequent and distressing thoughts may block a client's ability to have an intentional, loving, and empowered relationship with the deceased. These may include memories of the dying person's suffering, feelings related to guilt or abandonment, or thoughts of "I should have done more." These types of internal processes are typically independent of any purposeful efforts on the part of the bereaved to continue a relationship.

These involuntary and intrusive thoughts can be traumatic responses or manifestations of emotional pain. Trauma from the recent death of a loved one can also bring up the pain of past trauma such as abandonment in childhood. The MHP must assess any symptoms of trauma and determine appropriate interventions. A referral for medical examination is appropriate if physical symptoms are reported. Moreover, a psychiatric referral may be necessary in some cases.

In addition, there may be particular times (e.g., shortly after a death, around anniversaries, when reminded of particular images, sounds, or smells from the past) that the bereaved client has more distressing thoughts about the deceased that the MHP can normalize as part of the grieving process.

Would you like to brainstorm with me ways that you can continue a relationship with your deceased loved one while continuing to get the most out of your relationships at work, with family and friends, and with your passions and hobbies?

This question gives the client consent to continue a relationship with the deceased while concurrently living a full life. The MHP can support the client's RS and afterlife practices while also identifying potential challenges. Some bereaved clients may isolate themselves out of embarrassment about wanting to continue a relationship with the deceased; their family or friends may react negatively or view this practice as antithetical to traditional religious practices. Compared to their family members, some clients may want to talk more openly about their memories or their experiences since the death. Some may find aligning their personal beliefs to those of their family and culture difficult. Acknowledging relevant familial or cultural tensions and discussing options for respecting personal beliefs in a wider context can be helpful.

Clients' beliefs in an afterlife, however, may not necessarily include two-way relationships with the deceased. Some may believe that the deceased are in a sleep-like state or purgatory until a final apocalyptic reckoning. Others may believe it is "bothering" the deceased or disobedient to God to try to communicate with them. Some may believe in reincarnation. These differences necessitate a familiarity with clients' metaphysical assumptions before customizing therapy services.

*How does your relationship with the deceased inform or inspire your choices?
Your relationships?*

These questions provide an opportunity to learn about how the client is relating to both the deceased and the living world. They also allow for discussion regarding how a relationship with the deceased can inspire positive relationships to family, friends, work, and self and lead to a greater quality of life. Some clients benefit from identifying time and energy

boundaries for their relationship with the deceased such as designating time to speak or write to the deceased or perform volunteer activities that honor them. These clients can also plan gestures to honor the deceased on special anniversaries or invite the deceased to join them in spirit on regular excursions. These proactive options for an ongoing relationship with the deceased allow the bereaved client to actively choose and influence their continuing bond that highlights the love and resonance of the relationship versus the powerlessness and anxiety associated with the loss.

If it appears the client is not engaging in relationships with the living and/or is solely seeking love, guidance, and a sense of security from the deceased, it may be beneficial to assess for trauma symptomatology and for attachment patterns (e.g., Kosminsky, 2018) to inform treatment interventions.

Do your beliefs about the afterlife help you to make sense of or obtain meaning from (event)? and/or What meaning do you give to the visit you received from the deceased/the spiritual experience you had? and/or Has the visit from the deceased/spiritual experience/mediumship reading created any struggles for you?

Afterlife beliefs affect clients' meaning-making processes and responses to struggles. These assessment questions promote meaning reconstruction following a loss and identify struggles around afterlife beliefs or spiritual experiences. "When the bereaved are successful in finding meaning... they fare better than their counter-parts who struggle to make sense of the experience" (Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010, p. 80). In addition, the meaning-making that occurs in response to the internal struggle during bereavement is what leads to growth (e.g., Calhoun, Tedeschi, Cann, & Hanks, 2010; Michael & Cooper, 2013). However, clients who are asked too many questions about their spiritual experiences may feel overly analyzed or pathologized, and caution should be taken regarding the quantity of questions asked. Some clients can be best supported by an affirmation from the MHP. For example, an MHP reacting to a client's description of their positive spiritual experience might say, "I am so happy for you that you had that beautiful experience. What a testament of the love you both continue to feel." Furthermore, all experiences are unique to the individual, and MHPs' assumptions based on previous clients' recounted experiences may be harmful.

How have your beliefs in an afterlife changed over time? and/or Who or what experiences influenced your beliefs? and/or Have there been any changes in your beliefs that you think are important to share with me?

These questions allow clients to tell their story and identify influential people, spiritual teachings, or experiences in the past and present. They can also elicit information regarding how the client's family of origin impacted their beliefs and what events may have precipitated spiritual changes or evolution. Again, timing issues are relevant to the assessment of afterlife beliefs. If a client is grieving a recent death, it may not be clinically beneficial to discuss the past. Clients seeking therapy for solution-focused strategies may want the MHP to reflect and validate their experiences and may feel that focusing on the past is not useful.

R: Resources

Once afterlife beliefs of significance have been demonstrated in the preliminary phase of the assessment, the client's existing afterlife-related *resources* can be assessed during the comprehensive phase. A resource is a "service or commodity that can be called on to help take care of a need. A primary skill of social workers is their ability to know of and use the existing resources of a community that can help their clients" (Barker, 1999, p. 412). Identifying clients' RS resources as well as gaps in those resources has been previously stressed (e.g., Pargament, 2007; Vieten & Scammell, 2015).

Some clients may want to pursue spiritual resources that acknowledge an afterlife and a comprehensive afterlife beliefs assessment assists the MHP in precisely linking clients to resources. As stated above, survival of consciousness beyond death does not require the existence of God(s); MHPs should not assume that atheist or agnostic clients will not find afterlife resources helpful. Initial guidelines for identifying gaps and providing (when appropriate) afterlife resources in an ethical manner are provided below. Table 1 provides selected organizations and potential afterlife resources for MHPs and clients.

Do you have friends or family or a clergy person with whom you can discuss your beliefs about the afterlife? and/or Do you have friends or family or a clergy person with whom you can discuss your spiritual experience(s)?

Clients' external resources may include pastoral counseling, emotional support provided by friends or family, or community rituals that bring a sense of cohesion or security. Some clients will want to engage in remembrance activities or be able to speak openly about a loved one who has died but may not be supported in these behaviors by family. Memories of the deceased or acknowledging a continued relationship with them may also cause more distress than healing for some. A natural preference to avoid thinking about the deceased can also be supported by the MHP. Working with members of the family to find ways to best support each other can also be helpful.

Do your beliefs in an afterlife bring you comfort or strength? and/or Did your spiritual experience(s) bring you comfort or peace? and/or Did your reading with a medium bring you comfort or peace?

These assessment questions facilitate the identification of clients' internal resources. For example, after experiencing a visit from a deceased person, many of the bereaved will report finding comfort and peace, experiencing less loneliness, feeling cared for by the deceased, or feeling protected by the deceased (reviewed in Steffen & Coyle, 2012). Additionally, a growing body of data supports that assisted after-death communication experiences during readings with psychic mediums may provide psychological benefits (Beischel, Mosher, & Boccuzzi, 2014-15).

Clients may also feel a reduction in their fear of death resulting from afterlife-related experiences; this is very different from suicidal thoughts. If a client is expressing suicidal ideation, appropriate interventions by the MHP may include providing a psychiatric referral, creating a safety plan with the client, increasing the client's social safety net, calling 911, and providing the National Suicide Prevention Lifeline phone number (1-800-273-8255). In situations in which there is a risk of imminent harm to self or others, MHPs should follow the appropriate legal and ethical guidelines in their state.

Table 1
Selection of Organizations providing Potential Resources for Clients and/or MHPs regarding Afterlife Beliefs and/or Spiritual Experiences

	Resources for Clients	Resources for MHPs	In-Person Resources (e.g., retreats, conferences)	Online Resources (e.g., articles, webinars, podcasts)	Support or Discussion Groups	Grief Resources
American Center for the Integration of Spiritually Transformative Experiences (ACISTE)	X	X	X	X		
Forever Family Foundation (FFF)	X	X	X	X	X	X
Helping Parents Heal	X		X	X	X	X
International Association for Near-Death Studies (IANDS)	X	X	X	X	X	X
University of Virginia, Division of Perceptual Studies (DOPS)	X			X		
Windbridge Research Center	X	X		X		X

Would you like resources on scientific research that supports the existence of an afterlife?

This question may not be appropriate to ask in all cases. Clients with a rigid religious belief system may not want any resources other than those that are provided by their church or clergy person. However, some clients may be interested in resources that include scientific research regarding the survival of consciousness after death. These resources can assist some clients in normalizing and making sense of their beliefs and spiritual experiences (Table 2).

Would you like religious resources that address the afterlife?

This question may also not be appropriate to ask in all cases. Clients for whom religion is important may be interested in religious communities that offer grief support groups that incorporate a belief in an afterlife. Many communities of faith provide peer or pastoral counseling in which spiritual experiences are validated and respected. Many have bookstores offering resources that address death and an afterlife.

Would you like non-religious resources for grief support and education groups that acknowledge an afterlife? and/or Would you like non-religious education and support resources for persons who have had spiritual experiences similar to you?

Many clients may not want to seek support from a clergy person or a community of faith. They may identify as agnostic or spiritual but not religious or may blend a variety of tenets from different cultural backgrounds. These clients may feel more comfortable accessing metaphysical, meditation-based, or natural resources.

MHPs can visit or speak with the point of contact at local institutions to better acquaint themselves with different types of specific resources (Table 3).

Table 2
Selection of Academic/Scientific Resources regarding Afterlife/Survival of Consciousness and Spiritual Experiences in which an Afterlife is Perceived

Topic	Resources
Afterlife/Survival of Consciousness	<p><i>Surviving Death: A Journalist Investigates Evidence for an Afterlife</i> (Kean, 2017)</p> <p><u>Threshold: Journal of Interdisciplinary Consciousness Studies (TJICS)</u></p>
After-Death Communication Experiences (ADCs)	<p><u>The Possible Effects on Bereavement of Assisted After-Death Communication During Readings with Psychic Mediums: A Continuing Bonds Perspective</u> (Beischel, Mosher, & Boccuzzi, 2014-2015)</p> <p><i>Continuing Bonds in Bereavement: New Directions for Research and Practice</i> (Klass & Steffen, 2018)</p>
Near-Death Experiences (NDEs)	<p><i>The Handbook of Near-Death Experiences: 30 Years of Investigation</i> (Holden, Greyson, & James, 2009)</p> <p><i>Consciousness Beyond Life: The Science of the Near-Death Experience</i> (van Lommel, 2010)</p> <p><u>Journal of Near-Death Studies</u></p>
End-of-Life Experiences (ELEs) and End-of-Life Dreams and Visions (ELDVs)	<p><i>The Art of Dying</i> (Fenwick & Fenwick, 2008)</p> <p>Comfort for the Dying: Five Year Retrospective and One Year Prospective Studies of End of Life Experiences (Fenwick, Lovelace, & Brayne, 2010)</p> <p>End-of-Life Dreams and Visions: A Longitudinal Study of Hospice Patients' Experiences (Kerr et al., 2014)</p> <p>End-of-Life Dreams and Visions: A Qualitative Perspective from Hospice Patients (Nosek et al., 2015)</p>

Table 3
Selection of Local Organizations and Resources that Address Afterlife Beliefs

Local Organizations/Resources	Description
Religious Resources	Pastoral counseling Support groups Faith-based bookstores
Spiritual Resources	Art appreciation groups or classes C. G. Jung Institutes or Societies Hiking or nature appreciation groups Intuitive development classes Metaphysical discussion groups Zen Centers
Local Affiliate Groups	Bereavement support groups Death or afterlife discussion groups Forever Family Foundation Helping Parents Heal International Association for Near-Death Studies

T: Treatment

Clients may want to incorporate afterlife beliefs and/or spiritual experiences of *significance* into their *treatment* in ways beyond improving *relationships* and receiving *resources*. The comprehensive afterlife assessment questions below allow clients to share and explore additional ways for integrating their afterlife beliefs into therapy. Each treatment plan should incorporate the client's unique cultural background, strengths, meaning-making processes, and struggles regarding the afterlife.

How may I best support you in our work together regarding your afterlife beliefs? and/or How may I best account for your afterlife beliefs while we work to alleviate some of the distress you have about (event)/your relationship with your ___ who died?

Some clients may appreciate the MHP providing afterlife resources and need nothing further. Some clients might request the MHP simply accept without judgement their beliefs and experiences. Some may want the MHP to affirm signs believed to have been received from the deceased. Others may want the MHP to validate the strengths of their afterlife beliefs and discuss options for improving their mental and social well-being. Some may want guidance in activities demonstrating a continuing bond with the deceased.

How can I incorporate the wisdom you obtained from your spiritual experience into our work together? and/or How can I best support you in the struggles related to your spiritual experience?

Some clients will want the MHP to respect the wisdom they obtained from the spiritual experience or to demonstrate acceptance and patience for the struggles with which they continue to grapple. Other clients may need their MHP to understand that their worldview has changed. For example, aftereffects of pleasurable NDEs include greater compassion, an expanded sense of life purpose, and/or an increased interest in psi abilities like mediumship or precognition (e.g., Noyes, Fenwick, Holden, & Christian, 2009). It may be helpful for some clients to openly discuss their “intuitive” or “psychic” insights and experiences without fear of being judged by the MHP.

It can be beneficial for MHPs to further educate themselves on ways to support clients who have had spiritual experiences as clients may not know or be able to articulate how the MHP may best assist them. Specific guidelines MHPs may want to consider when addressing spiritual experiences in general or ADC/sense of presence experiences specifically are available (ACISTE, 2013; Hayes & Steffen, 2018; respectively).

Conclusions

The role of religion and spirituality in psychological health and their ethical integration into psychotherapy have been thoroughly examined over the past few decades. However, afterlife beliefs continue to be neglected in these discussions. The SRRT afterlife assessment guide provides introductory guidelines for competently assessing and addressing afterlife beliefs and spiritual experiences in the psychotherapy setting within the two-phase RS assessment approach. The development of the SRRT was

informed by ethical principles and research in the fields of bereavement, spiritually oriented psychotherapy, and trauma. It was designed for use in the psychotherapy setting with an attitude of warmth and respect on the part of the MHP. The SRRT consists of sets of sample questions organized around four concepts: Significance, Relationships, Resources, and Treatment. In the preliminary phase, the SRRT guide can be used by MHPs to determine if any afterlife beliefs or experiences of *significance* may be impacting the client's well-being or the presenting issue. In the comprehensive phase, the MHP can use the SRRT to assess effects on the client's *relationships*, determine possible afterlife-related *resources*, and tailor specific forms of *treatment*. Ideally, the SRRT will also serve as an initial resource for MHPs to collaborate and reach consensus regarding assessing and addressing afterlife beliefs and spiritual experiences.

Disclaimer

The information contained in this document is educational in nature and is provided only as general information which may or may not reflect the most current developments in assessing afterlife beliefs and spiritual experiences in psychotherapy. While all references, links, and other resources are provided in good faith, the accuracy or validity of any information contained herein cannot be guaranteed. Neither the authors nor the publisher accept any responsibility or liability whatsoever for the use or misuse of the information contained in this document. The information contained here is intended solely for mental health professionals (MHPs) working with adult clients. Further, the information contained in this document in no way replaces the ethical responsibility of seeking consultation from others in your licensing field, practicing within your scope of expertise, and providing clients informed consent. Most of the research provided in this document is limited to beliefs and practices most prevalent in the United States.

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Appendix A:
SRRT Sample Questions (see text for discussion)

SRRT Concept	Sample Questions
Significance	<p>I want to make sure I use the language that feels right or true for you. Do you like the word 'afterlife,' or is there another word you prefer? <i>and/or</i> Are there any other words you would like me to be mindful of using that best fit your belief system?</p> <p>Do you have any beliefs about the afterlife or about what happens after we die that you feel are important or that you would like to share with me?</p> <p>Are afterlife beliefs important to you in your grieving process? <i>and/or</i> How do your beliefs about the afterlife affect your beliefs or feelings about death/euthanizing your pet/your relationship with ____?</p> <p>Some people report receiving a visit from the deceased in their dreams or experiencing a sense of presence when awake. Some have experiences in which they glimpse the afterlife, such as in a near-death experience or at the bedside of a dying person. Have you had any spiritual experiences that you would like to share with me?</p> <p>Are there any aspects of your beliefs in an afterlife with which you are struggling?</p>
Relationships	<p>What kinds of gestures or rituals, if any, do you use to continue a relationship with the deceased or to keep their memory alive?</p> <p>Are there many times when you want to stop thinking about your deceased loved one, but you can't? <i>and/or</i> Are you having any distressing memories or thoughts come up about your deceased loved one or the relationship you had? If so, how are these distressing thoughts affecting your sleep, diet, or the way your body feels?</p> <p>Would you like to brainstorm with me ways that you can continue a relationship with your deceased loved one while continuing to get the most out of your relationships at work, with family and friends, and with your passions and hobbies?</p> <p>How does your relationship with the deceased inform or inspire your choices? Your relationships?</p>

Appendix A (cont.)

SRRT Concept	Sample Questions
<p>Relationships (cont.)</p>	<p>Do your beliefs about the afterlife help you to make sense of or obtain meaning from (<u>event</u>)? <i>and/or</i> What meaning do you give to the visit you received from the deceased/the spiritual experience you had? <i>and/or</i> Has the visit from the deceased/spiritual experience/mediumship reading created any struggles for you?</p> <p>How have your beliefs in an afterlife changed over time? <i>and/or</i> Who or what experiences influenced your beliefs? <i>and/or</i> Have there been any changes in your beliefs that you think are important to share with me?</p>
<p>Resources</p>	<p>Do you have friends or family or a clergy person with whom you can discuss your beliefs about the afterlife? <i>and/or</i> Do you have friends or family or a clergy person with whom you can discuss your spiritual experience(s)?</p> <p>Do your beliefs in an afterlife bring you comfort or strength? <i>and/or</i> Did your spiritual experience(s) bring you comfort or peace? <i>and/or</i> Did your reading with a medium bring you comfort or peace?</p> <p>Would you like resources on scientific research that supports the existence of an afterlife?</p> <p>Would you like religious resources that address the afterlife?</p> <p>Would you like non-religious resources for grief support and education groups that acknowledge an afterlife? <i>and/or</i> Would you like non-religious education and support resources for persons who have had spiritual experiences similar to you?</p>
<p>Treatment</p>	<p>How may I best support you in our work together regarding your afterlife beliefs? <i>and/or</i> How may I best account for your afterlife beliefs while we work to alleviate some of the distress you have about (<u>event</u>)/your relationship with your ___ who died?</p> <p>How can I incorporate the wisdom you obtained from your spiritual experience into our work together? <i>and/or</i> How can I best support you in the struggles related to your spiritual experience?</p>

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