Counseling Clients with Spiritually Transformative Experiences

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Objective

• Define potentially spiritually transformative experiences (pSTEs) / transpersonal experiences and possible aftereffects.
• Provide a rationale for including attention to pSTEs in the transpersonal domain in counselor training and supervision.
• Describe a training model for inclusion.

pSTE / Transpersonal Experience

☑ Non-ordinary
☑ Transcend space, time, and/or identity
☑ Potential for growth or transformation

Types

• Near-death experiences
• After-death communications
• Mystical experiences
• Inspired creative experiences
• Conversion experiences
• Atypical healing experiences
• Extrasensory perception (telepathy, clairvoyance, precognition)

When do pSTEs occur?

◆ Altered states of consciousness
◆ Close brushes with death
◆ Prayer
◆ Meditation
◆ Sleep
◆ Normal waking states
◆ Grief
◆ Physical exertion

Mostly spontaneous; can sometimes be facilitated.

Near-Death Experiences

NDE Incidence

• 1/5 of people who survive a close brush with death
• Likely under reported

NDE Characteristics

• General features
• Sense of reality/hyperreality
• Perception from outside of physical body
• Altered sense of time
• Accelerated thought process
• More vivid senses
• Feelings of peace, joy, unity – or, more rarely, terror, horror, isolation

• Two aspects
• Material: perceive material world, usually but not always including physical body
• Transmaterial: perceive and interact with entities and domains beyond the material world

(Zingrone & Alvarado, 2009, Handbook of Near-Death Experiences; Greyson, 1983, Near-Death Experience Scale)
After-Death Communication

ADC Prevalence
• 1/3 of population

ADC Incidence
• 80% of people within 1 year of death of loved one

ADC Characteristics
• Modalities
  • Sense of presence
  • Visual
  • Auditory
  • Tactile
  • Olfactory
  • Symbolic
  • Electronic

• Circumstances
  • Perfect health to deathbed
  • Bereaved (more) or not

NDE & ADC Universality
• All
  • Cultures
  • Education/levels
  • Religious affiliations
  • Ages
  • Sexes (women report more ADC)
  • Absence of mental illness

Aftereffects of Transpersonal Experience

4 Categories
• Psychological
• Spiritual
• Biological
• Social

Personal/Professional Relevance: An Opportunity for Reflection

Rationales for Including pSTEs in Multicultural Counselor Education

Summary of Rationale
• The Multicultural Nature of pSTEs Experiences
• Qualifies as a Multicultural Difference
• Current Literature
• Ethical Standards
• Client Disclosure
• Danger of Lack of Knowledge
• Desire for Training
Multicultural Nature of pSTEs

Culturally influenced

Cultural Influence in NDEs

- Kellehear (2009)
- Non-Western NDEs
- Only common features:
  - Transmaterial domains
  - Transmaterial entities

- Long (2011)
- NDEs from NEST website
- Virtually all features in common; difference in frequency of some features

Culture
- Probably influences content
- Definitely influences interpretation

Non-Western Cultures

- Transpersonal more commonly accepted
- ADCs more commonly reported
- A Shia Muslim student’s ADC

The Transpersonal in U.S. Culture

- Judeo-Christian Bible
- Media

Do Transpersonal Experiences Qualify as a Multicultural Difference?

- Cannot change
- Discrimination (Baruth & Manning, 2012)

- Fear of disclosure
  - ADCs: 54% (Guggenheim & Guggenheim, 1995)
  - NDEs: 76% (Musgrave, 1997)
- Ridicule, rejection, insanity
- Harm from disclosure – despite empirical evidence
- Inclusiveness inherent in the idea of "multicultural counseling" (Baruth & Manning, 2012)

Current Multicultural Literature

- Difference between spirituality and religion
- Multicultural counseling texts
- Current literature

Ethical Standards

- CACREP 2009 Standards
- Ethical Standards
- ASERVIC Competencies for Addressing Spiritual and Religious Issues in Counselling (2009)

To Whom Do Experiencers Disclose?

- Medical Professionals
- Mental Health Professionals
- Religious/Spiritual Professionals
- Non-Professional (Family/Friends)

Client Disclosure

- Response Helps Determine Integration vs. Distress
- Distressing Disclosure Response: Compartmentalization & Repression
- Potential for Spiritual/Personal Growth
Dangers of Lack of Counselor Knowledge

- Disclosure: Integration or emergency
- 6 D’s: Deny, Disbelieve, Diagnose, Demonize, Discourage, Deprive
- Lost Opportunity for Growth
- Counseling underutilized
- Early termination

Health Workers Desire Training

- Clinical Psychologists (Walker & Russell, 1989)
- Incomplete Knowledge
- Denied Training
- Physicians, Clergy, Nurses (Avramidis & Young, 2011)
- 70% Desired Further Knowledge of NDEs
- Counselors: No Studies
- Culture-bound Counselor Training (Mio, 2005; Utsey, Grange, & Allyn, 2006)

4 Hour Training: Multicultural Class

- Media
- Didactic material
- Guest speakers
- Discussion

Books


Didactic Material: Lecture or Print

- Chart 1, Responding to Near-Death Experiences: Recommendations for Healthcare Providers (Foster, James, & Holden, 2009)
- Chart 2, After-Death Communication (ADC) Fact Sheet (Hayes & Waters, 1989)
- DVD plus educational materials

Media

- The Day I Died: The Mind, the Brain, and Near-Death Experiences (foster, 2009)
- 55-minute movie
topdocumentaryfim.com/day-i-died.
- Instructor’s Guide (Foster, 2009)
www.iands.org
- Near Death Experience: What Medical Professionals Need to Know (source: the international association for near death studies)
- DVD plus educational materials

Online

- The International Association for Near-Death Studies: www.iands.org
- Near-Death Experience Research Foundation: www.nderf.org
- NDEs: Continuing Education for Healthcare Providers: http://iands.org/education/online-nde-course.html

A Proposed Training Model

- Equipped
- Encouraged
- Educated
- Antidotes* to the D’s:
- Don’t” the NDEr:
- Normalize the experience as an NDE.
- Antidotes* to the N’s: The NDEr will be:
- Deprive and/or Discourage the NDEr from talking about the experience, its aftereffects, and its meaning.
- Normalize the NDE as spiritually evil or malevolent.
- Label the experience as not a legitimate or real or potentially real experience.
- Normalize the NDE as a real or potentially real experience.
- Normalize the NDE as someone who had a legitimate and real or potentially real experience.
- Normalize the experience as an NDE.
- Involve potentially benevolent.
- Normalize related aftereffects.
- Normalize now.
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References


Classroom Activities

• Guest Speakers
• Discussion

Suggestions

People sometimes experience distress related to ADC, almost always fear and confusion from lack of information. After-death communication is a field where there is still much to be learned and understood. Spiritually, after death, some individuals feel reassured and comforted that the deceased continues—and in a state of wellbeing and happiness, and the relational bond of love between the ADCr and the deceased continues—albeit in a different plane of existence. After-death communication is ongoing, for example at the Windbridge Institute: 1200 West 40th Street, New York, NY: 10020. A source I suggest is: Induced after death communication: mirror-gazing in darkened surroundings—and Induced After-Death Communication Research Foundation's at Alexandria, VA. A new therapy for healing grief and traumatic loss. http://induced-adc.com/
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