

EXCEPTIONAL HUMAN EXPERIENCES, DISCLOSURE, AND A MORE INCLUSIVE VIEW OF PHYSICAL, PSYCHOLOGICAL, AND SPIRITUAL WELL-BEING

Genie Palmer

Palo Alto, California

William Braud

Mountain View, California

ABSTRACT: The nature, accompaniments, and life impacts of 5 types of exceptional human experiences (EHEs: mystical, psychic, unusual death-related, encounter, and exceptional normal) were explored, using correlational and qualitative analyses. An experimental design and standardized assessments were used to explore possible beneficial outcomes of working with and disclosing EHEs, individually or in psychoeducational groups. EHEs occurred frequently, were perceived as meaningful and important, and their disclosure was perceived as beneficial. Correlational results indicated that frequent and/or profound EHEs were positively and significantly related to high levels of meaning and purpose in life, high levels of spirituality, “thin” or permeable boundaries, and a tendency toward transformative life changes. Disclosure was positively and significantly associated with meaning and purpose in life, positive psychological attitudes and well-being, and reduced stress-related symptoms. Qualitative analyses revealed that EHEs and their disclosure were accompanied by themes of well-being, meaning, openness, spirituality, need-satisfaction, and transformative change.

INTRODUCTION

In virtually all areas of life and thought, there are indications that difficulties, deficits, and “bad news” receive earlier and more concentrated attention than complementary instances of adequacies, success, growth, and “good news.” Evidence for this greater attention to disturbances than to more optimal functioning can be seen in mass media news stories of crimes, perils, and catastrophes; in counselors’ and therapists’ attention to difficulties, deficits, maladjustments, and traumas; in health professionals’ emphasis upon illness and disease; in the development of concepts of psychosomatic illness much earlier than those of psychosomatic health; in the great emphasis of many spiritual traditions upon issues of sin, suffering, and afflictions; in the existential and humanistic disciplines’ early recognition of the alienated, isolated, and tragic aspects of human life; and in the body’s quick and intense callings of our attention to discomfort and pain, rather than to ease and pleasure. Such preferential attention to difficulties and disturbances is understandable, in a functional sense, because it is the “negative” situations that most require preparation, adjustment, and adaptation, whereas “positive” situations are more likely to take care of themselves. A greater preferential attention to “negative” than to “positive” events may have biological roots (in that early

Correspondence should be sent to Genie Palmer, Institute of Transpersonal Psychology, 744 San Antonio Road, Palo Alto, CA 94303 email: gpalmer@itp.edu

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detection and swift reactions to dangers are necessary for survival) as well as psychological motivations.

Corrective or compensatory complements to the above tend to occur later. These may be seen in the developing interests in wellness as well as in illness, in psychosomatic health as well as disease (witness the recent popularity of psychoneuroimmunology), in prevention as well as treatment, in healing as well as curing, and in the helping professions' increasing attention to growth and optimal functioning as well as deficit-corrections. Humanistic and transpersonal psychologies may be seen as reactions to what was considered an overemphasis upon deficits and limitations and an underemphasis upon growth and greater human potentials. A similar, and more current, reaction can be seen in the recent emergence of *positive psychology* within the field of psychology at large. Advocates of positive psychology are urging that greater attention be paid to qualities such as subjective well-being, optimism, happiness, self-determination, exceptional performance, creativity, excellence, and wisdom (Seligman & Csikszentmihalyi, 2000).

The present research project and report represent a step in a similar “positive” direction.¹ The project treats a class of nonordinary and transcendent experiences—represented here by what have been called *exceptional human experiences* (EHEs: White, 1997a, 1997b)—that historically have been ignored by psychologists, workers in the human sciences, and health professionals. The project had three major emphases: (a) to further explore the nature, accompaniments, and life impacts of EHEs, using correlational and qualitative research approaches, in order to gather more information about such experiences and to bring them more fully to the attention of persons in the field of transpersonal studies, (b) to study the possible outcomes of working with and disclosing such experiences (individually or in psychoeducational group contexts), by means of an experimental design employing standardized assessment instruments, and (c) to examine the possible contributions of EHEs in expanding our view of optimal physical, psychological, and spiritual health and well-being.

Exceptional Human Experiences

Exceptional human experiences (EHEs) is a term coined by Rhea White as a general rubric for a class of spontaneously occurring, unusual experiences that previously had been treated separately by investigators and practitioners in different disciplines (White, 1993b, 1997a, 1997b). Initially, White (1993b) identified five major classes of EHEs, which she called *mystical/unitive*, *psychic*, *encounter*, *unusual death-related*, and *exceptional normal* experiences, and she identified and categorized approximately 100 categories of these experiences among the five major classes. In the study reported here, we worked with these original types and subtypes of EHEs; a complete listing of these experiences is given in the Appendix.²

Such experiences have tended to be ignored or de-emphasized in many areas of Western culture because of their anomalous nature.³ Indeed, White argued, many of these experiences may remain merely anomalous—and, hence, devalued—if they

are treated as curious, transient experiences or flukes of functioning to be explained away. Alternatively, if these experiences are attended to more fully, honored, treasured, encouraged, and worked with—deeply and intensively—they could, White maintained, help bring about transformative changes in the experiencer. As this process develops, the experiences cease being merely anomalous or exceptional and become what White called exceptional *human* experiences; she added “human” to indicate that these experiences can reveal and help manifest more fully one’s true human potentials. According to White, the changes that can result from working with these experiences can be both extensive and profound. They can help individuals evolve in awareness, worldview, sense of the meaning of life, and appreciation of their very nature; and they can do this through fostering less identification (dissociation) with one’s “skin encapsulated ego” (Watts, 1963, p. 18) and greater identification (association) with the “All-Self”—White’s (1997a, p. 89) shorthand term for oneness with all things—and through encouraging a shift in the narratives used to describe oneself and the world.⁴

Experiences similar to EHEs have been described previously and under a rich variety of names. Perhaps the most frequently used names for such experiences are *supernatural* or *paranormal*. The 18th century scientist-turned-mystic, Emanuel Swedenborg (1756/1998), in his *Arcana Coelestia*, described experiences similar to EHEs when he coined the term *remains*, which Swedenborg scholar Wilson Van Dusen paraphrased as “our inner memory of everything sacred. . . [our] personal treasure of spiritual understanding. . . [our] sacred personal collection of little realizations of heaven” (Van Dusen, 2001, pp. 97, 106). Other names for these and similar experiences have included *peak experiences* (Maslow, 1962), *Minerva experiences* (Otto, 1966), *transpersonal experiences* (Grof, 1972), *extraordinary phenomena* (Masters, 1974), *transcendental experiences* (Neher, 1980), *extraordinary experiences* (Helminiak, 1984), *praeternatural experiences* (Nelson, 1989), *metanormal functioning* (Murphy, 1992), *wondrous events* (McClenon, 1994), and *high holy moments* (Van Dusen, 1999, p. 76). Often—and, we believe, unfortunately, because the term suggests that these are not normal or natural—these are called *anomalous experiences* (e.g., Cardena, Lynn, & Krippner, 2000; Reed, 1988; Zusne & Jones, 1989). The selection, wording, and interpretation of these experiences are influenced strongly by the context and belief system of the author. Whatever they are named, the experiences have features that are divergent from current metaphysical (axiomatic) beliefs, regardless of their rarity or interpretation (Arthur Hastings, personal communication, June 27, 2002). We prefer to call them *nonordinary and transcendent experiences (NOTEs)*—nonordinary because of their relative rarity and unfamiliarity, and transcendent because they go beyond one’s conventional understanding of oneself and of the world, in terms of space, time, agency, and identity, and because, under special circumstances, such experiences can trigger transformative changes, and working with such experiences can allow transcendence of what one was prior to having the experiences.⁵

Although EHEs typically are relatively unfamiliar, are considered unusual, and are not well understood, they are, nonetheless, rather widespread experiences. Many surveys and other estimates—of varying degrees of carefulness and representativeness—have indicated that EHEs are surprisingly prevalent and widely distributed in the general population. Useful summaries of prevalence for various EHEs can be

found in the recent work on varieties of anomalous experiences (Cardena, Lynn, & Krippner, 2000), published by the American Psychological Association (APA). Up-to-date summaries of the occurrences of several major forms of mystical/unitive, psychic, encounter, and unusual death-related experiences, based on various polls and surveys, can be found in this source.

EHEs may have profound impacts upon the lives of the experiencers. Some of these are short-term effects, but many are long-term and of sufficient persistence, pervasiveness, and profundity to qualify as transformative changes. Useful summaries of the aftereffects of several types of EHEs are presented in Cardena et al. (2000). Accounts of profound and enduring impacts of EHEs have been reported elsewhere for EHEs in general (Brown & White, 1997; Dowdall, 1998), and for certain unusual death-related (Ring, 1984; van Lommel, van Wees, Meyers, & Elfferich, 2001), encounter (Mack, 1994; Ring, 1992), psychic (Kennedy & Kanthamani, 1995a, 1995b), and mystical (Doblin, 1991; Waldron, 1998) experiences. These aftereffects were wide-ranging and included positive changes in health, well-being, beliefs, attitudes, motives, values, meaning, and spirituality.

Although EHEs may have beneficial aspects, there is evidence that these experiences also can be associated with fears, apprehensions, and misunderstandings (Hastings, 1983; Kennedy, Kanthamani, & Palmer, 1994; Kramer, 1989; Milton, 1992; Tart & LaBore, 1986).⁶ Such concerns may motivate the avoidance, inhibition, suppression, and nondisclosure of these experiences (Braud, 1985; Davis, Lockwood, & Wright, 1991; Tart, 1984). For example, Davis et al. found that slightly over 51% of the 256 participants in their study had been reluctant to report their peak experiences (one form of EHEs) for fear of having the experience devalued by others, being seen as crazy or imbalanced, or losing independence or personal power by telling others. Twenty percent of their participants reported not having disclosed their peak experiences to anyone, and 51% had told their experience to two or fewer people.

We shall see, below, that the inhibition and nondisclosure of certain other types of experiences (traumatic, embarrassing, and secret experiences) may be associated with increased stress and may constitute risk factors for physical, psychological, and spiritual health and well-being. If similar inhibition and nondisclosure occur in the case of EHEs, then not sharing one's EHEs may constitute a similar risk factor (Wickramasekera, 1993). If this is so, then providing persons opportunities to remember, consider, disclose, and work with their EHEs—one of the plans and purposes of the present study—could promote the assimilation of such experiences and foster well-being. A major aim of the present article is to point out that EHEs themselves need not always be traumatic, and that such experiences may not be disclosed for reasons other than trauma-related ones.

Purposes, Overall Design, and Research Expectations (Questions and Hypotheses)

As part of the study reported in this article—the original study was large and complex and addressed issues in addition to the focus of the present article—we explored the nature, accompaniments, and life impacts of EHEs, as well as the possible effects of various forms of EHE-disclosure, using an integral inquiry

approach (see Braud, 1998) that included both quantitative (experimental, correlational) and qualitative aspects. We believe that the use of a plurality of research methods can provide a more complete and inclusive account of any studied topic than can single methods, used in isolation.

This integral inquiry addressed three major research questions:

1. What were some of the important features, accompaniments, life impacts, and attributed meanings and interpretations of EHEs? This question was addressed through the analysis of responses to questionnaires and of collected qualitative materials, and through correlational analyses of scoring patterns on relevant standardized assessments.
2. What were the accompaniments of practices of working with and disclosing EHEs? This question was addressed through the use of an experimental design in which persons either explored their own EHEs, individually or in psychoeducational group contexts, or participated in contrasting nondisclosure (control) conditions. Possible changes were detected through the use of analysis of variance techniques applied to standardized assessment instruments. It was hypothesized that greater increases in disclosure, assimilation, and physical, psychological, and spiritual health and well-being would occur in the disclosure conditions than in the contrast (control) conditions. Well-being was assessed by means of standardized instruments designed to measure positive psychological attitudes, meaning and purpose in life, permeability of boundaries (indicating greater openness and connectedness), spirituality and spiritual well-being, indications of change and transformation, and freedom from stress-related complaints. Additional, qualitative, indications of change also were assessed.
3. What were the possible contributions and interrelationships of EHEs and disclosure to health and well-being? This question was addressed by examining correlations of measures of degree of EHE-experiencing and degree of disclosure with the various health and well-being measures mentioned above, and through determining the presence of health and well-being-related characteristics in qualitative materials related to EHEs and disclosure.

There were two additional, and more general, purposes for this study. The first of these was to provide additional, and more solid, evidence to support the nature, accompaniments, and life impacts of EHEs—beyond what is merely suggestive or already available only in anecdotal form. The second purpose was to more formally explore the possible beneficial outcomes of practical interventions (such as disclosure, doing systematic work with one's unusual experiences, and psychoeducational group work) similar to those that are likely to be used by transpersonal psychologists and others for therapeutic, counseling, spiritual guidance, and psychospiritual growth purposes.

METHOD

Participants

Research participants were solicited through notices placed in relevant periodicals and newsletters (e.g., newsletters of the Institute of Noetic Sciences and the

Association for Transpersonal Psychology, the Catholic Women's Network Newspaper), through flyers and mailings to local universities and churches, and through word of mouth referrals by the researchers, friends, and already-recruited participants. In these various solicitations for volunteers, the project was described as one that would investigate exceptional human experiences (examples were given) that had not been shared with many people, and that the participants would be willing to share such experiences in a safe, supportive atmosphere to help us explore the nature, meanings, interpretations, and possible impacts of such experiences.

The study utilized the following inclusion criteria for participation: (a) participant should be at least 18 years old, (b) there would be an attempt to include approximately equal numbers of men and women, (c) persons of all ethnic backgrounds would be encouraged to participate, (d) participants should be in good health with no recent major surgeries or illnesses, (e) the participant should have a self-reported stable psychological history, (f) there should be willingness to share experiences in writing or in an educational group, (g) there should not be a great deal of prior disclosure of EHEs, (h) the participant should be somewhat or moderately comfortable in disclosing EHEs, (i) the participant should be able to meet the time commitments for the study, and (j) the participants should meet minimal threshold of the occurrence, frequency, and self-perceived profundity (life impact) of EHEs. Exclusion criteria, of course, were failures to meet the aforementioned inclusion criteria.

Determinations of whether potential participants met these inclusion and exclusion criteria, and selection of appropriate participants, were accomplished by examining the potential participants' responses to questions (relevant to these criteria) on two instruments used for screening purposes—the Exceptional Human Experience Questionnaire and the Survey of Exceptional Human Experiences (described below). Of the persons responding to these solicitations, several were excluded (due to insufficient availability, pregnancy [federal research participation guideline—see 45 CFR 46], or psychological problems serious enough to warrant nonparticipation). Eighty-one participants satisfied the study's selection criteria and were willing to take part in the study.⁷

The 81 participants were randomly assigned to the study's five groups: Assessment Group, Mindfulness Group, Solo Group, Leaderless Group, and Researcher Group; the groups are described in the Procedure section. For various reasons⁸, 11 participants withdrew before the study's completion. Of the 70 participants completing the study, numbers of participants in each of the aforementioned groups were 20, 11, 15, 12 and 12, respectively.

The 70 volunteer participants were from various locations across the United States (73% from California). Ninety-three percent of the participants were 35 years of age or older, with 36% being between 45 and 55 years of age. The sample was predominantly female (87%) and European in ethnic background (86%). Other ethnic backgrounds included Native American (4%), Latino (3%), Asian (1%), and Multi-racial (1%). Religious backgrounds were: Catholic, 39%; Protestant, 33%; Jewish, 7%; multiple religions, 7%; other religions, 7%; Muslim, 1%; Buddhist, 1%; and no religion, 4%. Current spiritual orientations were: Other religions, 53%;

Catholic, 20%; Protestant, 9%; multiple religions, 7%; Buddhist, 6%; Jewish, 3%; Muslim, 1%; and no spiritual orientation, 1%. Participants were highly educated with 82% having college and graduate degrees and 20% being enrolled in school. Seventy-two percent of the participants were working; they were employed in a broad range of occupations and professions, chiefly in areas of business, mental health care, alternative healing arts, and education.

At the time of the study, 64% of the participants were engaged in a wide range of ways of working with their EHEs, with journaling and writing being the most common methods. Besides working specifically with their EHEs, 83% of the participants also were actively engaged in a wide range of other personal and spiritual growth methods, with meditation being the most common method (66%), followed by visualization and imagery. The participants' chief reasons for participating in the study were: (a) to increase their knowledge about themselves and their experiences (30%), (b) to make a contribution to research and to the study of EHEs (23%), and (c) to share these experiences with like-minded people (18%). The participants of the five groups possessed similar characteristics.

Quantitative Assessment Instruments

In order to assess certain specific aspects of EHEs, their disclosure, and the possible benefits of such disclosure upon well-being, 12 quantitative, standardized assessment instruments were administered in this study. Each instrument is described below.

Survey of Exceptional Human Experiences (SEHE). The occurrences and life-impacts of prior EHEs were determined through the use of a Survey of Exceptional Human Experiences (SEHE), developed by the co-authors especially for this study and based upon White's (1993) listings and categorizations of EHEs. The SEHE is a 127-item self-report measure of experiences in five major EHE categories: mystical/unitive (25 items), psychic (29 items), encounter-type (23 items), unusual death-related (14 items), and "exceptional normal" (34 items). The classes and categories of EHEs covered in the SEHE are listed in the Appendix. In addition to checking which items they had experienced, participants indicated the profundity of life impact of each checked experience on a 7-point scale; they also indicated the scaled frequency of each checked experience on a 5-point scale.

Features of Exceptional Human Experiences (FEHE). The idiosyncratic meanings of EHEs were measured using the Features of Exceptional Human Experiences (FEHE) instrument developed by the second author. Participants rated the meanings of their "EHEs in general" on 52 bi-polar, 7-point, semantic differential-like scales, generating individual semantic profiles for the connotative meanings of their exceptional experiences.

Index of Disclosure and Assimilation (IDA). Disclosure tendencies were assessed by means of the Index of Disclosure and Assimilation (IDA)—a 36-item, self-report measure of the degree, difficulty, and satisfactoriness of both general disclosure (in areas of health, finances, and relationships) and EHE disclosure. The instrument was

developed by the first author, based on already existing self-disclosure (Jourard, 1971) and patient self-disclosure (Dawson, Schivmer, & Beck 1984) scales. A preliminary study (Palmer, 1999) of the IDA's test-retest reliability, over a 2-week period, yielded indications of satisfactory temporal stability ($r = .67, p = .006$, two-tailed).

To explore the possible roles of EHEs and disclosure in physical, psychological/existential, and spiritual health and well-being, we employed an extensive battery of standardized assessments of these tendencies. We employed one measure of somatic and psychosomatic health and well-being, four measures of psychological and existential well-being, and two measures of spirituality and spiritual well-being. Each of these seven "health and wholeness" measures is described below.

Stress-related Complaints (SRC). Somatic and psychosomatic health and well-being was measured by the Stress-Related Complaints (SRC) instrument—a measure that previously had been developed by the second author for purposes of psychological and wellness research. The SRC includes a checklist of 53 bodily, emotional, and cognitive complaints related to stress. The participant checked the ones experienced, then rated the severity of the checked symptoms on a 5-point scale (from 1 = hardly noticeable to 5 = incapacitating). Three measures (frequency, mean severity, and totality of complaints) could be derived from the SRC. The validity of this SRC measure had been established in its earlier use in a psychoneuroimmunological investigation (Braud, 1989).

Inventory of Positive Psychological Attitudes (IPPA). One of four standardized instruments for assessing psychological and existential well-being, the IPPA is a 32-item, 7-point, self-report scale of life satisfaction, personally-created meaning in life, purpose in life itself, and self-confidence during potentially stressful situations (perceptions of being in control and that things are under control). The measure was developed by Kass, et al. (1991) for behavioral medicine research, and the scale has been shown to possess adequate reliability and validity. In a transpersonal research study, Dowdall (1998) found significant negative correlations between the IPPA and both the Perceived Stress Scale (PSS-10; Cohen, Kamarck, & Mermelstein, 1983) and the Ego Grasping Orientation scale (Knoblauch & Falconer, 1986), and significant positive correlations between the IPPA and the Mystical Experiences Scale (Hood, 1975), the Spiritual Orientation Inventory (see below), and two measures of positive ecological attitudes and actions.

Sources of Meaning Profile (SOMP) and Life Attitude Profile (LAP). The second measure of psychological and existential well-being, the SOMP (Reker, 1996)—in its revised form, a 17-item, 7-point self-report scale—was used as a measure of provisional meaning or the sources that provide an individual with a greater sense of meaning and purpose in life. A complementary instrument, the LAP (Reker & Peacock, 1981)—in its revised form, a 48-item self-report scale—provided a multidimensional measure of discovered meaning and purpose in life, addressing dimensions of purpose, coherence, life control, death acceptance, existential vacuum, and goal seeking. This scale provided a third measure of psychological and existential well-being. Both measures possess good internal consistency and reliability, and both instruments have been used in a number of studies exploring links between meaning and health outcomes.

Boundary Questionnaire (BQ). The fourth measure of psychological and existential health and well-being, the BQ (Hartmann, 1991) is a 145-item, 5-point, self-report scale that measures the relative “thickness” (distinctness and firmness) or “thinness” (permeability and fluidity) of a great variety of intra- and inter-personal boundaries. The scale has been found to have good internal consistency and validity (MacDonald, LeClair, Holland, Alter, & Friedman, 1995). We chose this assessment because of its potential transpersonal relevance: thin boundaries may be related to greater openness and connectedness, and a both/and approach to life, whereas thick boundaries may indicate tendencies toward separateness, isolation, defensiveness, and an either/or life approach. Because of the great length of this assessment, the BQ was administered only during the post-assessment phase of the study.

Spiritual Orientation Inventory (SOI) and Index of Core Spiritual Experience (INSPIRIT). We employed two measures of spirituality and spiritual well-being for this study. The SOI (Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988) is an 85-item, 7-point, self-rating measure of humanistic-based spirituality, designed to measure non-religiously oriented spirituality in subscale areas of a transcendent dimension, meaning and purpose in life, mission in life, sacredness in life, material values, altruism, idealism, awareness of the tragic, and fruits of spirituality. The INSPIRIT (Kass, Friedman, Lesserman, Zuttermeister, & Benson, 1991) is a seven-item measure of the tendency to have had and to have been influenced by core spiritual experiences. Both instruments possess good reliability and validity, and they have been tested in contexts of religiosity, meditation and relaxation practices, psychopathology, health, life purpose and satisfaction, self-actualization, and transpersonal studies (see MacDonald, Friedman, & Kuentzel, 1999).

Two additional measures were included in the assessment battery, as more general indicators of possible transformative change and of the possible influence of the disclosure interventions.

Life Changes Inventory (LCI). The LCI (Ring, 1992) is a 50-item, 5-point scale, self-report measure of increases, decreases, or no change in values and attitudes in nine major life areas. The assessed changes in values and ways of being are relevant to a transpersonal and spiritual stance toward life. Although originally developed to study important life changes associated with having had a near-death experience, the instrument has been used in several other contexts relevant to transpersonal studies (Brouillette, 1997; Carpenter, 1994; Chang, 1998; Hong, 1993).

Change and Transformation Assessment (CATA). The CATA (Braud & Westra, 1994) is a 10-item, 7-point scale, self-report measure of possible changes and transformation in areas of body, emotions, intellect, spirit and spiritual life, community and relationships, creative expression, awareness of and concern for the environment, general awareness, openness, and connectedness (with aspects of oneself, with others, and with all of nature). The CATA was found to correlate significantly with other measures of transformative change, as well as with measures of a variety of transpersonally-relevant constructs, in a series of longitudinal studies of student characteristics and changes conducted at the Institute of Transpersonal Psychology (Braud, 2001; Braud, Dufrechou, Reynolds, & Schroeter, 2000; Braud, Patel, & Schmitt, 2001; Braud & Schmitt, 2000).

The LCI and CATA measures are retrospective in nature and, therefore, were administered only after the 10-week study period. In completing the assessments, participants were asked to focus on changes that may have occurred during the 10-week period of the study.

Qualitative Assessment Instruments

Eight qualitative assessment components provided raw materials for later qualitative analyses. Each component is described below.

Exceptional Human Experience Questionnaire (EHE Questionnaire). This three-part, 20-item questionnaire, created for screening purposes, was designed to capture information related to (a) EHE disclosure history and study availability, (b) health and well-being history, and (c) other inclusion and exclusion criteria of the study.

EHE Lifeline. As a creative way to “prime the pump” for the study’s main disclosure intervention—writing an EHE autobiography—participants in the disclosure conditions (see below) were instructed in the creation of an EHE Lifeline. This was a time line, drawn on paper, marking the occurrences of EHEs from birth to the present as a symbolic, creative, self-expression of their lives from an EHE perspective.

Exceptional Human Experiences Autobiographies and Journals. The main intervention for this study was the writing, over a 10-week period, of an EHE autobiography, using an instructional brochure prepared by White (1993a), “How to write an EHE autobiography,” with additional writing instructions provided by the first author. Participants in the three disclosure intervention groups (see below) were asked at the beginning of the study to review their lives and write about their EHEs, using the model or template provided in the instructions to help them capture the essence of the experiences. These participants also were instructed to keep a journal of present and ongoing EHEs.

Educational Group Work. In addition to writing EHE autobiographies, participants in two disclosure conditions met in an educational group setting for 2 hrs. each week, for 10 weeks, in order to share and work with their EHEs (see *Procedures* section, below). These group meetings were tape recorded, and the contents of the tapes later were analyzed, focusing on the process of each group.

Short Answer Form. The Short Answer Form was a 10-item questionnaire designed to capture the participants’ reflections on their experiences over the 10 weeks of the study. This questionnaire was based on the work of Julian Rotter and the Rotter Incomplete Sentences Blank (RISB) (Rotter & Rafferty, 1950); according to Rotter, the RISB can be used in place of a lengthy structured interview. The questionnaire allowed for collecting direct, succinct comments about important aspects of the study without having to interview all participants.

Study Comments Form. This five-item questionnaire allowed participants to comment

on their participation in the study. These comments were useful in developing a model for working with future EHE groups.

Special Questions. The Special Questions was a three-item questionnaire that invited additional disclosure from the participants about the meanings, interpretations, and spiritual aspects of their EHE, and about possible change and transformation that the EHEs might have fostered.

Researcher's Reflections. The first author kept a journal of her reactions and responses to the study experience and, especially, the facilitation of one of the disclosure groups. These intuitive reflections were deliberately incorporated in the analysis process.

Procedures

The activities of the various groups took place over a 10-week period. The Assessment Group served as an “empty” control group; group members completed pre- and post-assessments with no other special planned activities. The Mindfulness Group was another control group, but one that was assigned a task—writing an ongoing diary based on designated mindfulness exercises—other than the main disclosure intervention, in order to control for generalized expectancy, suggestion, placebo, and Hawthorne effects; this group also completed the pre- and post-assessments. The remaining three groups experienced the EHE disclosure intervention. The Solo Group completed pre- and post-assessments and worked independently to create their EHE Lifelines and write their EHE Autobiographies and journals. For this group, “disclosure” was essentially a fuller disclosure of one’s experiences to oneself. This procedure was used as a model for individual self-exploration and self-development work. The Leaderless Group completed pre- and post-assessments, met weekly for 2 hours as a leaderless group, completed their EHE Lifelines, wrote and completed their EHE Autobiographies and journals, and explored and shared EHEs in a group context. The Researcher Group completed the same work as the Leaderless Group, but the first author facilitated the group work. These two formats were used to explore their respective feasibilities and uses as models for future group work applications. The Leaderless and Researcher Groups met during the same predetermined 10 weeks to do their work. Before and after their 10-week exposures to their control or intervention conditions, the battery of quantitative, standardized assessments was administered as pretests and posttests, respectively. The approximate times required for participants to complete the pretest and posttest assessment batteries, respectively, were 1 hr. 45 min. and 2 hrs. 30 min.; the longer posttest time was due to the inclusion of several retrospective assessments, absent from the pretest battery.

In addition to Lifeline, Autobiography, and journal work, the Educational Group Work also involved working with anxieties, fears, and concerns about disclosing EHEs; learning a “language” for EHEs (becoming familiar with a supplied glossary of terms and meanings for various EHEs, and thereby being with and honoring EHEs more completely and owning their experiences more deeply through naming them); recognizing the body’s language of EHEs; group sharing of past and present EHEs;

and group closure meetings and rituals. The Educational Group Work sessions were audio-taped for later study. These methods of disclosing meaningful personal experiences through writing and oral expression were informed by the works of researchers and practitioners who have found similar methods to have powerfully fostered well-being and healing in a variety of settings, including therapy, counseling, spiritual guidance, dream work, journaling, and work with anomalous experiences such as near-death experiences (see Greyson, 2000; Metzger, 1992; Pennebaker, 1999; Progoff, 1971; Ring, 1984, 1991; Ullman & Zimmerman, 1979).

QUANTITATIVE RESULTS AND INTERPRETATIONS

Because of the complexity of this study, and in the interest of greater efficiency of presentation, we use a combined Results and Discussion format for communicating our findings. This format allows us to interpret some of the results immediately after presenting them. We present quantitative results and interpretations, followed by a consideration of the qualitative findings.

Descriptive Findings for EHEs Themselves

One of the main purposes of this study was to elaborate the nature of EHEs themselves. Qualitative results bearing on this research question are presented in a later section. Here, we present the quantitative findings that most directly address the nature of the EHEs experienced by our participants. As measured by the SEHE, the 70 persons who participated in this study reported a total of 1,715 experiences. Occurrences of EHEs for individual participants ranged from a low of 2 experiences to a high of 101 experiences. The numbers of occurrences were fairly comparable across the five groups and varied from an average low of 10 occurrences to an average high of 81 occurrences, per participant. These experiences were distributed among the four major EHE categories as follows: psychic (677, 39%), mystical/unitive (529, 31%), encounter (356, 21%), and unusual death-related (153, 9%). The participants reported having experienced an *average* of approximately 10 psychic experiences, 8 mystical/unitive experiences, 5 encounter experiences, and 2 unusual death-related experiences. The specific types of experiences included in each of these main categories are presented in the Appendix. The fifth main EHE category—exceptional normal experiences—was omitted deliberately from this present descriptive data treatment only, in order to highlight the most uncommon EHEs; this fifth EHE category was included in the other analyses reported in this article.

For all 70 participants, the mean scaled profundity (life impact) ratings of the experiences were: mystical/unitive, 5.3; psychic, 5.0; encounter, 4.7; and unusual death-related, 3.9 (where 4 is average profundity, 5 is more profound, and 6 is very profound). The mean scaled frequency ratings of the experiences were: psychic, 2.6; mystical/unitive, 2.2; encounter, 1.9; and unusual death-related, 1.2 (where 1 = only once or less frequently than one time per year, 2 = yearly, on average, 3 = monthly, on average, 4 = weekly, on average, and 5 = daily or more frequently).

An additional measure of the relative profundity of the EHEs was obtained from the

FEHE measure, on which the participants were asked to name and describe their most profound EHE. The named experience was classified into one of the main EHE categories using the subcategory listings of the Appendix. For all 70 participants, the main EHE categories accounting for the most profound, named experience were mystical/unitive, 34, 49%; encounter, 15, 21%; psychic, 13, 19%; unusual death-related, 7, 10%; and exceptional normal, 1, 1%.

Participants also were asked to name and describe their most beneficial EHE. Classification of these experiences, for 66 participants (four did not respond to this question), according to the four main EHE categories yielded the following results: mystical/unitive, 33, 50%; psychic, 13, 20%; unusual death-related, 9, 14%; encounter, 8, 12%, and exceptional normal, 3, 5%. Additional information about how these experiences were beneficial is presented in a later section of this report (see qualitative results for health and well-being).

The combined results summarized above indicate that, of the four main EHE categories, the 70 participants reported psychic experiences most often and unusual death-related experiences least often. Mystical/unitive experiences were reported by a majority of participants as having the most profound impacts on their lives, and as being the most beneficial.

The FEHE was included to measure the idiosyncratic meanings of EHEs, for 52 dimensions indicated by 52 sets of bipolar adjectives presented in a semantic differential format. Therefore, unlike the other assessments, the FEHE, as a whole, was not used as a measure of a single characteristic, quality, or construct for a given participant. As is the case for semantic differential measures in general, FEHE results are most useful in providing a *unique profile* of the meanings of EHEs for each individual participant. However, by observing the semantic meaning profiles for the topic “EHEs in general”—before and after the 10 weeks of the study—it was possible to note which meaning dimensions tended to shift appreciably and which tended to remain the same, across sets of participants. When the pre- and post-assessment ratings for each of the 52 semantic scales of the FEHE were compared, by means of matched *t* tests, the following patterns emerged.⁹ For the 31 participants not experiencing the study’s disclosure interventions, appreciable shifts in meaning of “EHEs in general” occurred for the following five dimensions: away from *clean* and toward *dirty*, from *true* to *false*, from *subjective* to *objective*, from *pessimistic* to *optimistic*, and from *valuable* to *worthless*. On the other hand, for the 39 participants who experienced the study’s disclosure interventions (through their practices of autobiography work, individually or in groups), appreciable shifts in meaning of “EHEs in general” occurred for the following 12 dimensions: away from *closed* and toward *open*, from *foolish* to *wise*, from *remote* to *intimate*, from *meaningless* to *meaningful*, from *objective* to *subjective*, from *unpleasant* to *pleasant*, from *destructive* to *productive*, from *superficial* to *profound*, from *profane* to *sacred*, from *sick* to *healthy*, from *ungrateful* to *grateful*, and from *unimportant* to *important*. These results indicate more numerous and more “positive” shifts in the connotative meanings of “EHEs in general” for the participants experiencing the study interventions than for the participants in the non-intervention, control conditions.

Correlational Findings

The nature of EHES can be illuminated further by considering the qualities that accompany them. EHE concomitants were identified by examining the patterns revealed by the scoring intercorrelations for the various standardized assessments used in this study. Interrelationships among the 15 major quantitative measures were determined by Pearson *r* correlations, using, whenever possible, pre-assessment scores in order to preclude possible intervention-influenced distortions of preexisting relationships among these variables.¹⁰ For the three measures that were administered only during the post-assessment phase of the study (LCI, CATA, and BQ), correlations involving these measures only were calculated using post-assessment scores for the remaining 12 measures. Correlational results, for all 70 study participants, are presented as a 15×15 correlation matrix in Table 1. Besides expanding our understanding of EHEs themselves (our first research question), the obtained correlational patterns also address the accompaniments of disclosure (our second research question) and the health and well-being accompaniments of EHEs and of disclosure (our second and third research questions).

As expected, measures within a general class (e.g., subscales of a given measure and related measures of the same construct) correlated positively and significantly. For example, the various measures of meaning, the various spirituality measures, the different measures of exceptional human experiences, and the various measures of stress-related complaints and absence of well-being, all showed the expected intra-cluster correlations.

Of much greater interest are the relationships that obtained among measures of different classes or constructs. The most important of these, in terms of the aims of this study, are highlighted below.

EHE Correlates

Self-reported frequent and/or profound exceptional human experiences (SEHE-occurrence, SEHE-profundity) correlated significantly and positively with measures of meaning and purpose in life (SOMP, LAP-EI), spirituality (SOI, INSPIRIT), thinness of boundaries (BQ), and with stress-related complaints. This correlational pattern suggests that exceptional human experiences are associated with increased meaning, purpose, spirituality, and openness. The positive correlation between SEHE scoring and stress-related physical and psychological complaints could indicate that if EHEs occur, these may be largely unassimilated and could contribute to ongoing levels of chronic stress (as do unassimilated traumatic experiences, according to the work of Pennebaker, 1999, and others), and, hence, to the increased presence of stress-related symptoms, of the type measured by the SRC instrument. Additional, indirect support for this interpretation is provided by two additional patterns of correlational findings involving these two sets of measures (EHE-related and symptom-related). A post hoc analysis was done, in which the interrelationships of these two sets of measures were examined for the three disclosure intervention groups only (i.e., for the participants who disclosed their EHEs through autobiography work in the Solo, Leaderless, and Researcher conditions of this

study), excluding the two nondisclosure (control) groups (i.e., the Assessment and Mindfulness conditions). For these 39 participants, significant positive correlations obtained between SEHE-occurrence scores and scores for frequency ($r = .36, p = .02$), severity ($r = .31, p = .05$), and totality ($r = .36, p = .02$) of stress-related complaints (SRC), when these correlations were calculated for the pre-assessment scores, before the opportunity for disclosure. When these same correlations were calculated for these same participants using post-assessments scores, the coefficients were reduced and none reached significance ($r = .21, p = .20$; $r = .29, p = .08$; $r = .25, p = .13$; respectively). The disclosure opportunities may have allowed increased assimilation of these experiences, with a resulting decrement in stress and, hence, in stress-related symptoms. The exceptional experiences remained, but their more assimilated nature may no longer have been associated with stress and stress-related complaints.

Disclosure Correlates

Disclosure (IDA scores) correlated significantly and positively with personal and existential meaning in life (LAP-PM, LAP-EI) and with psychological well-being (IPPA). Disclosure correlated significantly and negatively with the presence of stress-related physical and psychological complaints (SRC-severity, SRC-total). This pattern of obtained correlations suggests that disclosure of exceptional and other experiences is associated with increased well-being and decreased illness and disease.

Well-Being Correlates

The correlational patterns evident in Table 1 suggest a cluster of qualities—a benign syndrome—associated with increased health and well-being and with the absence of stress-related complaints. This larger well-being cluster or syndrome includes facets of increased meaning and purpose in life (high SOMP and LAP scores), increased disclosure (high IDA scores), increased positive psychological attitudes (high IPPA scores), the presence of spirituality (high SOI and INSPIRIT scores), and the absence of stress-related symptoms (low SRC scores). Exceptional human experiences (high SEHE scores) and thinness of boundaries/openness (high BQ scores) relate to this *wellness syndrome* in complex ways. Whereas both SEHE and BQ scores correlate significantly and positively with the well-being facets of the syndrome, they also correlate significantly and positively with stress-related complaints (high SRC scores). The possible nature of the relationship between EHEs and stress-related complaints already has been treated. It may be the case that thin boundaries or openness to alternative or unusual experiences may be both healthful and harmful—opening one to, or allowing one to be unusually sensitive to, a variety of “positive” and “negative” experiences. This is similar to what appears to be the case in spiritual emergence and spiritual emergencies (see Grof & Grof, 1989) or in cases in which sensitivity to profound, nonordinary occurrences or events may be associated with spiritual, transcendent, or mystical experiences or, alternatively, with distressing or “psychotic” experiences—depending upon one’s predispositions and how such experiences are framed, interpreted, devalued, or

Table 1
Correlations Among Scores of 15 Main Standardized Assessments for All 70 Participants

	SOMP	LAP PM	LAP EI	IDA	SOI	Inspirit	SEHE occur	SEHE profun	LCI	CATA	IPPA	SRC freq	SRC server	SRC total	BQ
SOMP	—	.11	.10	.14	.23	.01	.18	.30	.18	.17	-.09	.01	.03	.01	.10
LAP PM		—	.36	.25	.05	.97	.14	.01	.14	.15	.44	.95	.79	.95	.43
LAP EI			—	.86	.53	.30	.13	.15	.10	.09	.75	-.27	-.13	-.27	-.09
				*	*	.01	.28	.20	.40	.44	*	.02	.28	.02	.47
				.29	.43	.26	.09	.26	.07	-.04	.78	-.41	-.20	-.43	-.18
				.02	*	.03	.45	.03	.55	.76	*	*	.10	*	.13
IDA				—	.22	.14	.08	.10	-.19	-.18	.45	-.16	-.40	-.25	.00
					.07	.25	.51	.41	.12	.13	*	.18	.001	.03	-.98
SOI					—	.46	.32	.31	.28	.31	.43	-.03	-.18	-.07	.29
						*	.01	.01	.02	.01	*	.82	.13	.54	.01
Inspirit						—	.44	.24	.01	.08	.30	.12	-.18	.04	.24
							*	.05	.92	.48	.01	.30	.13	.71	.05
SEHE occur							—	.25	-.03	.24	.00	.36	.12	.36	.50
								.04	.83	.05	.98	.002	.33	.002	*
SEHE profun								—	.18	.23	.20	-.07	-.04	-.07	.05
									.15	.05	.10	.58	.75	.55	.70

Table 1
Continued

	SOMP	LAP PM	LAP EI	IDA	SOI	Inspirit	SEHE occur	SEHE profun	LCI	CATA	IPPA	SRC freq	SRC server	SRC total	BQ
LCI									–	.75 *	.06 .60	.02 .90	.14 .24	.00 .99	.10 .40
CATA										–	.02 .85	.16 .20	.12 .34	.13 .27	.24 .05
IPPA											–	–.52 *	–.37 .002	–.57 *	–.20 .10
SRC freq												–	.25 .03	.95 *	.20 .10
SRC server													–	.42 *	.35 .003
SRC total														–	.26 .03
BQ															–

Note: Upper number = Pearson r , lower number = exact p (two-tailed), * denotes $p < .001$, $N = 70$ throughout. All correlations are for pre-assessment measures except those for LCI, CATA, and BQ. Correlations for the latter three are for post-assessment measures. Pre-assessment correlations are used to preclude possible intervention-influenced distortions of preexisting relationships.

supported by the experiencer and by significant others in the experiencer's life (see Berenbaum, Kerns, & Raghavan, 2000; Laing, 1979; Lukoff, 1985; Nelson, 1994; Perry, 1974). Thus, a condition of openness or thin boundaries may function as an *amplifier* for a variety of unusual circumstances, which could eventuate in either healthful or harmful concomitants or sequelae, and could become either life-potentiating and life-depotentiating (see White, 1997a).

Transformative Change Correlates

Two instruments were included in this study to measure possible transformative changes that may have occurred during the 10-week period of the study. These measures were the Life Changes Inventory (LCI) and the Change and Transformation Assessment (CATA). Correlational analyses indicated that the LCI, which measures changes in values and attitudes in nine major life areas, correlated significantly and positively with spirituality (SOI) and with the other change measure (CATA). The CATA, which measures change in 10 major life areas, correlated significantly and positively with spirituality (SOI), the other change measure (LCI), both the occurrence and self-assessed profundity of EHEs (SEHE-occurrence, SEHE-profundity), and with thinness of boundaries (BQ).

Condition-related Changes in Standardized Assessments

Mixed analyses of variance of standardized assessment scores were used to address the second research question (What were the accompaniments of practices of working with and disclosing EHEs?) and to test the hypothesis that greater increases in disclosure, assimilation, and physical, psychological, and spiritual health and well-being would occur in the disclosure conditions than in the contrast (control) conditions.¹¹ For these analyses, condition or group membership provided the between-groups factor (five levels), and assessment time (pre and post) provided the repeated-measure, within-groups factor (two levels). The groups x assessment time interaction effect provided the most appropriate and most conservative indicator of different scoring rate changes for the various groups. For the three measures (LCI, CATA, BQ) that were administered only at post-assessment, one-way analyses of variance were performed, in order to assess possible condition-related scoring differences.

The conservative interaction effect indicator reached significance only for the LAP-ET assessment, $F(4/65) = 6.41, p = .028$, and approached significance for the SEHE-P assessment, $F(4/65) = 2.20, p = .079$. The one-way analyses of variance for the LCI, CATA, and BQ assessments did not yield evidence for significant group-related scoring differences.

General patterns and trends for the overall analysis of variance results may be summarized as follows. There were relatively few significant pre- to post-scoring changes in these measures. This suggests that these assessments may have been measuring more persistent, trait-like characteristics that were not likely to change substantially over 10 weeks. There was great variability in the patterning of results across measures and across the five groups. When changes did occur—whether

significant or nonsignificant—these tended to be in the direction of increases or improvements in these qualities, rather than decrements. The participants doing EHE autobiographies in a group work context tended to exhibit more changes than did the solo autobiography group and the non-intervention (control) groups. As expected, the control groups showed least changes. Results for the other group conditions were less consistent. Self-perceived transformative changes, as measured by the LCI and CATA assessments, were great for all groups, and greatest for one of the EHE autobiography group-work conditions (the Leaderless Group), and for the group doing a mindfulness practice.

The one assessment that evidenced greatest changes (indicated, especially, by the significant groups \times assessment time interaction effect), the LAP-ET, may represent a more state-like quality that is more likely to change in association with an intervention. The LAP-ET (Existential Transcendence) assessment measures life-attitudes in general—both the degree to which meaning and purpose has been discovered and the motivation to find meaning and purpose. The significant interaction effect for this measure suggests that the present study interventions, especially those of the two groups that disclosed their EHEs in an educational group context (i.e., the Leaderless and Researcher Groups), may have helped the participants move in the direction of this existential transcendence quality. The assessment for which the interaction effect approached significance—the SEHE-P—was a measure of self-perceived degree of profundity or degree of life-impact of the experienced EHEs. The disclosure work carried out by the study participants may have allowed them to perceive greater meaning, profundity, and life impacts of their EHEs than they had previously realized.

QUALITATIVE RESULTS AND INTERPRETATIONS

Qualitative analyses provided additional information relevant to all three research questions. Qualitative content (thematic) analyses were done on several data sources, including (a) the Short Answer Form, (b) Special Questions, (c) EHE autobiographies and journals, (d) EHE Lifelines, and (e) the Educational Group Work tape recordings. We present the major themes that emerged from these analyses, along with participant illustrations, whatever the source. In these illustrations, pseudonyms are used to identify individual participants. Emergent themes were organized according to aspects of EHEs, disclosure and assimilation, meanings and interpretations, spiritual health and well-being, and change and transformation.

EHE Aspects

When do EHEs occur? Although this was not a specific question asked in the study, several interesting patterns involving EHEs and age emerged, including (a) prenatal and natal EHEs; (b) frequent childhood experiences, generally between the ages of 3 to 10 years, with dreams being common experiences; (c) a “gap” or absence of EHEs during the adolescent years, which could often last into the participants’ 20s and 30s and, for some, even into their 40s and 50s; and (d) an increase in frequency and profundity of EHEs with age. These various peaks and valleys of EHE occurrences might be dependent upon need, life transitions, and other triggers. The

time course and developmental aspects of EHEs could be explored systematically in future research projects.

Well-Being Aspects

Qualitative data provided further evidence for a cluster of qualities, described earlier in this article as the *well-being cluster* or *wellness syndrome*. This cluster included facets of increased meaning and purpose in life, increased disclosure, increased positive physiological and psychological attitudes, and aspects of spirituality.

First Facet: Meaning Aspects

The study provided an opportunity for some participants to explore, identify, and articulate more fully how EHEs influenced their everyday lives and the important meanings and interpretations that they attributed to EHEs. Three aspects of meaning emerged: *openness*, *spirituality*, and *need-related aspects*.

Openness. Prior to the study, most of the participants held very positive beliefs and attitudes about EHEs. Working with EHEs based on the study's intervention technique may have opened participants even more to their EHEs, as indicated by the Autobiography Group's (59%) reports of an *expansion and deepening* of beliefs and attitudes about EHEs. Participants described these beliefs and attitudes as: "*opened up—I realize there are more possible EHEs than I expected*" (Sue) and "*much more positive and solid. I doubt less. I value them a lot more and [I] feel they deserve more attention*" (Virginia). Even the Non-Intervention Groups (37%) reported an expansion and deepening, as one participant described having "*more awareness, broader base*" (Odessa), suggesting that participating in the study itself may have had a positive influence on their beliefs and attitudes, pointing to a higher degree of openness among these participants for exceptional human experiences overall.

Spirituality. Since participating in the study's intervention, participants in the Autobiography Group were more likely to interpret and find meaning in their EHEs as spiritual experiences (19% as compared to 2% for the Non-Intervention Group). One participant described this recognition as "*that I am to become increasingly open to the spiritual life*" (Joan). Another participant described the spiritual implication of her EHEs as "*My EHEs. . . confirmed my belief in a benevolent, intercessory power in the universe. They have led me to believe more deeply that God is present in whatever circumstances arise*" (Ann). Recognizing and working with these experiences may have led to an enhancement of spirituality overall.

Need-related aspects. Participants described many experiences of how EHEs showed up as *helper experiences* just when they needed the help.¹² One participant summed up the help that EHEs provided this way: "*They are the very peak moments, when I pose a question/problem to the universe and the answer comes back loud and clear. This [is] getting what one needs just as one needs it!*" (Jane).

Along with these cognitive interpretations of their experiences, participants also described “felt meaning” or what happened in their bodies when they had EHEs: “*a kind of mini-orgasm of the heart*” (Dreamer). In addition, words of caution about the interpretations of EHEs were voiced. These precautionary observations included the following: (a) interpretation of EHEs can be a challenging process, (b) interpretation of some EHEs can be difficult because the meanings are not always obvious or easily described, and (c) interpretation of all EHEs must be done with discretion.

In a world in which people suffer the effects of dissatisfaction, alienation, and disconnection, working with EHEs might provide for people, who are open and welcoming to these experiences, an opportunity to create essential meaning in their lives, connecting them to themselves, others, a higher power, and life in general.

Second Facet: Increased Disclosure

EHE disclosure history questions in the study revealed that, prior to the study, the participants were (a) sharing their exceptional human experiences with a few select people—spouses, close family members, and close friends—in safe, comfortable situations (43, 61%); (b) very comfortable sharing these experiences (37, 53%); and (c) willing to share their experiences in writing and/or a group setting (50, 71%).

Different ways of disclosing EHEs to oneself and others were used throughout the study—journaling of ongoing EHEs, EHE autobiography writing, and group sharing of EHEs. Themes that emerged from these disclosures included *willingness to disclose*, *selective disclosure*, and *beneficial aspects* of disclosure.

Willingness to disclose. Most of the participants provided rich disclosure, writing in words and symbolic descriptions of their EHEs, with occasional partial disclosure (hints, but no details) at one end, and extremely full and detailed disclosures (many experiences, words, and symbols—profuse professing) at the other end. One participant added her own way of defining an experience to the study’s developing “language of EHEs” by indicating an experience with a drawing of a young girl flying through the air and the words, “*Frequent Flyer experiences*,” written under the given term, “out-of-body experiences” (Kristy).

Selective disclosure. Participants described how disclosure of EHEs took place primarily with spouses, close family members, close friends, and certain groups of people with whom they felt safe in sharing these types of experiences. Finding the “right” person(s) to disclose to was not always easy. One participant explained, “*I have only discussed these EHEs with people who made it safe for me to do so*” (Evangelia).

Beneficial aspects. As mentioned earlier, disclosure of EHEs may be beneficial. Sharing EHEs (both in general and in the context of this study) had beneficial effects for the study participants, such as connecting them on a deeper, more intimate level to self, others, nature, and life in general. For example, because of sharing a profound spiritual dream with his therapist, one participant (Dreamer) found some relief

during a deep grief period. This sharing allowed him to reenter the dream, find a helpful and useful interpretation, and experience powerful, healing emotions.

Additional themes for the disclosure aspect of EHEs also emerged and included (a) difficulty describing EHEs, (b) the importance of appropriate and discerning nondisclosure of EHEs, and (c) disclosure of EHEs can lead to disclosure of other important life experiences.

Third Facet: Psychological and Physical Benefits

Whereas the qualitative portion of this study did not focus on particular health and well-being issues, it did ask the participants about their most beneficial EHE. Psychological or physical benefits were reported by 95% of the participants, with approximately 50% of both the Autobiography Group and the Non-Intervention Group reporting *mystical experiences* as the most beneficial. The participants described these health benefits in the following ways: “*a message that I got from a deer because it helped to improve my relationship with my husband*” (Mary); “*out-of-body experience because I felt closer to God and [it] helped to relieve pain and suffering*” (Rosie); and “*precognitive dreams that helped me detect and deal with treatment for breast cancer*” (Carrie).

In the EHE autobiography writings, health and well-being issues were numerous. Several participants described how their EHEs helped change their perspective on death, allowing them to accept and deal with their own death and that of their loved ones. Many participants reported that their experiences often brought feelings of comfort and very positive feelings and emotions, such as love and joy, feelings of peace, feelings of awe and wonder, excitement, gratitude, and a comforting felt sense of presence. One participant described being jolted by a near-death experience into the realization that he was headed in the wrong direction in life. Following the experience, he lost a considerable amount of weight, stopped drinking and smoking, and made major changes in his work situation (Wizard). This participant made an intriguing observation during the study that working with EHEs helped him to reduce stress in his life and, on the other hand, too much stress in his life seemed to prevent the occurrence of further EHEs. In conjunction with Wickramasekera’s (1986a, 1986b, 1987, 1993) findings that assimilation and integration of psychic experiences into one’s sense of self might produce a decrease in illness symptoms, these findings point to potential health and well-being benefits of EHEs that deserve further research.

Fourth Aspect: Presence of Spirituality

Presence of spirituality is the fourth and final facet in the cluster of qualities of the wellness syndrome. Since this term has many definitions, for the purposes of this study, *spiritual* was defined as a sense of interconnectedness, a sense of a “More,” or as one’s greatest, ultimate, or deepest values. Throughout the data, participants described many EHEs that had spiritual aspects that contributed to their spiritual growth and spiritual well-being. These findings are consistent with similar research (Kennedy & Kanthamani, 1995a, 1995b; Ring, 1984). Some participants described spiritual aspects associated with their EHEs in the following ways:

I have always known “internally” and maybe intellectually that the EHEs I’ve had were, or are, messages, forewarning, foretelling, affirmations, reassurances, and validations from God and the Holy Spirit, whom I consider the guiding forces in my life. (Alicia)

I believe these experiences are with purpose. They must be, because I didn’t pursue them, they came to me. It is no accident that many more people are having them. It is a spiritual and conscious awakening that is for a purpose. Perhaps for the survival of our planet. It is definitely something big. I have no doubts. (Lynda)

[Working with EHEs] has enabled me as a spiritual director to be more conscious of EHEs in the persons who come for spiritual direction and to affirm the authenticity of these experiences. (Mercie)

Along with spiritual aspects, spiritual health and well-being was also addressed in the study. Participants in both main groups (Autobiography and Non-Intervention) described their improvements in the following ways: “*grown*” (Ellie), “*become more solid*” (Debbie), “*stabilized*” (Jenny), “*more balanced*” (Marie), “*come a little more to consciousness*” (Nichole), “*flourished*” (Shelia), “*deepened*” (Lois), “*intensified to a greater happiness*” (Barbara), “*improved greatly*” (Evangelia), and “*intensified*” (Patti). Comparing the Solo Group and the Group Work (Researcher and Leaderless Groups), Group Work had a higher rate of responses for the category “improved” (14, 58%), as compared with the Solo Group (6, 40% of the total participant responses).

These findings suggest that participating in the study itself may have had positive influences on the participants’ spiritual health and well-being. Participating in the study’s interventions may have provided additional improvements.

Transformative Change Aspects

The study explored how change and transformation associated with having EHEs was reported to have occurred in the participants’ everyday lives. Prior to the study, most of the participants (79%) already were viewing their EHEs as affecting their lives in positive, helpful ways. Following the 10-week intervention, 96% of the Autobiography Group reported their EHEs affected their lives by providing guidance, increased awareness, openness, connectedness, and opportunities for transformative change (as opposed to the 80% positive rate for this group, prior to the study). The study provided an opportunity for the participants to more fully articulate how EHEs affected their lives.

Besides exploring how EHEs affected the lives of the participants, the study also examined the role EHEs played in change, growth, and transformation. Three major themes emerged: *guided*, *practical*, and *spiritual enhancement*. Examples of these themes are as follows:

The EHEs I have been working with have informed the major decisions of my life and many of the minor ones. . . I have almost no doubt that I am in a process of transformation and that these EHEs are catalysts along the way. (Virginia)

My major transformation occurred when I returned to this animate being after my [near-death experience]. I realized that I was not ready to go on to the other side, yet. I still have work to do, people to meet, and things to learn. I realized that traveling the path I was on was not leading me where I was supposed to go. Something had to change. (Wizard)

EHEs change my life. I look at dreams and EHE experiences, and use them in therapy. I use them to reframe my experiences, to encourage me to sit out the depression, to take the next step. They are inspiring, healing, transforming at a very deep level. (Hanna)

The change and transformation described in the present study had elements of what Jourard described as “transcendent”—“going beyond” or “surpassing” (Jourard, 1966, p. 352), whether it was going beyond one’s limits to create a better life, following messages from divine guides and helpers, or experiencing deep feelings of “more”—surpassing one’s self and getting more in touch with Self, others, nature, or life in general. EHEs may serve as gateways to transcendent behaviors, freeing one, and allowing for the realization of more of one’s true potential as a human being. These findings are consistent with the conclusions of Ring (1984, 1992), Mack (1994), Waldron (1998), and van Lommel, van Wees, Meyers, & Elfferich (2001) who found that some EHEs can produce profound personal growth and transformation.

OVERALL CONCLUSIONS

Work in psychology, behavioral medicine, and psychoneuroimmunology indicates that the experience and nondisclosure of traumas may play an important role in physical and psychological illness and dis-ease. The present study extends evidence for the beneficial power of disclosure—such as that of Pennebaker (1999) and his coworkers—to a more “positive” domain of experiences other than traumatic ones. Our findings also provide more direct empirical support for previous similar suggestions, derived from more anecdotal and less systematically studied cases. An overarching conclusion, from both the quantitative and qualitative findings of the present study, is that experienced and disclosed EHEs may play important roles in physical, psychological, and spiritual well-being and in individual transformation. This suggests that an increased awareness of such experiences, complemented by working with and disclosing such experiences—either individually or in psycho-educational group contexts—could have beneficial outcomes in areas of health and wellness, therapy, counseling, spiritual guidance, the expressive arts, and education. A greater appreciation of EHEs and their accompaniments and “fruits” can contribute to a more inclusive and integrated understanding of wellness and wholeness. Increased attention to EHEs and their implications can expand our view of human nature and our human potential.

The participants of the present project were individuals who were positively disposed toward EHEs, who had already done some minimal disclosure beforehand, and who were open to further disclosure. Indeed, without such characteristics, po-

tential participants would not have been willing or ready to participate in the present study. Thus, our sampling was purposive, rather than random. Generalization of our findings to persons with characteristics similar to those of our sample would be appropriate; however, our findings may not generalize to persons with greatly dissimilar characteristics. In future research, extension of this work to wider, and also more cross-culturally diverse, populations is advised. In the present study, participants already had been disclosing their EHEs to a certain degree before the study began, and many already were involved in various forms of inner work (journaling, meditation, etc.). This suggests that the findings of this study may be conservative, in that disclosure was not as novel a technique as it could have been with less “practiced” individuals. Using disclosure interventions similar to those of this study with persons with less prior disclosure or inner work experience could be a fruitful direction for future research.

Because the researcher led one of the disclosure groups, it is possible that her own expectations could have influenced the results for this participant group. It may be useful to consider the researcher’s attitudes and qualities as an important part of the entire disclosure intervention. It is noteworthy, however, that similar results occurred in the researcher-led group and in the leaderless group (in which the researcher played no active, participatory role). In future research, the attitudes and possible biases of the researchers could be assessed, varied (or selected), and explicitly studied to more definitively explore these possible researcher contributions to overall outcomes.

The present disclosure interventions provided opportunities for “practiced” individuals to share their experiences in new ways—by helping them move from *talking about* their experiences more superficially to *disclosure of EHEs* at a deeper and more expanded level of awareness. This improved quality of disclosure allowed disclosure of, and working through fears surrounding, EHEs; discovery of the positive as well as the not so positive side of EHEs; and development of a *language of EHEs* in which to communicate to others, within and outside of the study, the types and life impact of their EHEs. Using these disclosure interventions with persons who already are willing to disclose their experiences can provide ways of working practically with individuals and their experiences—fostering additional transpersonal applications.

In his Foreword to the 1961 edition of F. W. H. Myers’ 1903 classic, *Human Personality and Its Survival of Bodily Death*, in which Myers introduced the notion of the subconscious—in the form of the *subliminal self*—to the English-speaking world, Aldous Huxley wrote of the newly revealed realm as follows:

In this great book Myers brought together an immense store of information about the always strange and often wonderful goings-on in the upper stories of man’s soul-house. And this information he presents within a theoretical frame of reference that takes into account not only of the rats and beetles in the cellarage, but also of those treasures, birds and angels so largely ignored by Freud and his followers. (Huxley, 1961, p. 9)

Typically, exceptional human experiences are treated as undesirable denizens of a cellar of human consciousness. It is our hope that the opening and expanding, bird-

like—and, yes, even angel-like—qualities of these experiences will be increasingly recognized and honored.

NOTES

¹ This report is based, in part, upon dissertation research by the first author (Palmer, 1999), under the supervision of the second author.

² More recently, White and her colleagues have greatly extended the classes and categories of EHEs; they now number 9 and nearly 200, respectively; the latest information about the new EHE classes and categories may be accessed at <http://www.ehe.org>.

³ The types of exceptional experiences discussed in this article tend to be devalued chiefly in much of Western Europe and North America. In certain other cultures—e.g., Eastern Europe, Central and South America, South Asia, Africa, and various indigenous peoples—these experiences appear to be more fully recognized and honored.

⁴ The distinction between the more transient—albeit impressive—anomalous or exceptional experiences and the more profound, pervasive, and persistent changes associated with transforming the former into true exceptional *human* experiences parallels the distinctions that others have made between the *peak experiences* and the *plateau experience* described by Maslow (Cleary & Shapiro, 1995; Krippner, 1972), between *transcendent* and *transformative* experiences (Metzner, 1986), between *translations* and *transformations* (Wilber, 1998), and between the more transient *states* and the more enduring traits, stations, or structures of consciousness and being (many authors). In each of these comparisons, the former may have the character of a gift or of grace, whereas the latter may develop through repeated experience, effort, work, discipline, study, commitment, time, and aging.

⁵ We believe it is useful to distinguish EHEs or NOTEs from some altered states of consciousness (ASCs) and from some nonordinary states of consciousness (NSCs). Although the two are related, in that the former frequently occur under conditions of the latter, this need not invariably be the case. It is possible for certain EHEs or NOTEs to occur during ordinary consciousness, and it is possible for certain ASCs or NSCs to occur without concomitant occurrences of EHEs or NOTEs. We are viewing *experiences* as particular occurrences that take place in more general *states*, which are the “containers” of the experiences. State and experience can, of course, mutually and synergistically influence, and even become, one another. For a similar suggestion regarding the layered or holonic nature of states of mind, states of consciousness, and structures of consciousness, see Combs (1996).

⁶ We do not wish to imply that all EHEs are “positive” and that the only “negativity” involved stems from unfavorable reactions to the experiences. Some EHEs may be frightening or traumatic, in and of themselves. In fact, it may be most useful to consider EHEs themselves to be neither “positive” nor “negative” but, rather, as opportunities or occasions for either positive (potentiating) or negative (depotentiating) further reactions on the part of the experimenter. The latter would depend upon context, predisposition, interpretation, and so on.

⁷ This research was conducted in accordance with policies of the institutional review board of the Institute of Transpersonal Psychology and in accordance with guidelines for informed consent and for the protection of human subjects, as set forth in the Helsinki Declaration of 1975, the American Psychological Association’s ethical standards, and the relevant standards of the Code of Federal Regulations (45 CFR 46).

⁸ The reasons were chiefly those of time constraints and personal and family illnesses; distribution of attrition was as follows: Assessment Group, 2; Mindfulness Group, 4; Solo Group, 1; Leaderless and Researcher Groups, 2 each.

⁹ For identifying which dimensions of the FEHE evidenced shifts, we used *t* tests rather than nonparametric tests because of the greater power of the former and because of their robustness in the face of possibly violated distribution assumptions. Because these analyses were exploratory, for these FEHE analyses only we deliberately used a less stringent *p* value of $\leq .10$, two-tailed, for identifying the most noteworthy shifts in these pre-post comparisons; for all other analyses in this article, conventional .05 alpha levels were employed. Note that the FEHE involves 52 quite different semantic dimensions and was intended primarily to provide idiosyncratic connotative meaning profiles; therefore, combining these very different scales into some global measure (e.g., for Hotelling’s T^2 or MANOVA purposes) is not appropriate.

¹⁰ Score distributions were appropriate for use of parametric correlations. Although *r*-values are given in Table 1, the reader can easily square these to obtain estimates of explained variance (r^2 or coefficient of determination). Note that r^2 (coefficient of determination) has been challenged as an index of effect size (see D’Andrade & Dart, 1990). According to the “binomial effect size display” advocated by meta-analyst Robert Rosenthal (1984, pp. 129–132), in addition to being interpreted in terms of accounted-for variance, *r* itself may serve as a useful effect size measure that translates into the proportion of additional participants who can benefit from the relevant intervention. To allay concerns about a possible multiple analyses issue with respect to the numerous correlations, we point out that of the possible 105 bivariate correlations, 46 were significant, rather than the 6 expected on the basis of chance alone (given an alpha level of .05); additionally, many of the correlations were significant at levels (*p* values) far less than .05. Readers who remain troubled by the number of calculated correlations, and who are concerned about a possibly inflated experiment-wise error rate, may ignore the statistical significance statements about the correlations and simply treat the coefficients as indicators of the directionality and magnitude of the measured relationships. Finally, the justification for collapsing across groups for correlations involving the measures given only at posttest (LCI, CATA, and BQ) is that for nearly all measures, the groups did not differ, as evidenced by nonsignificant groups effects in the analyses of variance.

¹¹ Univariate analyses (ANOVAs), rather than a single multivariate analysis (MANOVA), were used for the following reasons: (a) these were exploratory examinations of which particular measures might change, preliminary to further research; (b) we made a priori decisions to examine each measure individually, and such examinations do not depend upon a significant outcome of an a priori omnibus test (see Howell, 1992, on the absence of a necessity to precede more focused tests by a significant omnibus test); (c) a “proof-oriented” significant experiment-wise test or conclusion was not sought in this study; (d) most of the obtained intercorrelations among the different measures (dependent variables) were moderate and, therefore, did not demand a MANOVA, and (e) the number of participants (N = 70) did not allow the application of a typically-used MANOVA guideline of 10 participants per dependent variable. Regarding our use of parametric tests for standardized assessment data, there have been ongoing debates among statisticians and measurement enthusiasts about the appropriateness of using parametric tests for numbers deriving from certain measurement scales (ratio, interval, ordinal, nominal); see Gaito (1980), Townsend and Ashby (1984), and Michell (1986) for summaries of the most salient features of these debates. We align ourselves with the statistical view that certain parametric tests can be appropriately used for data deriving from ordinal scales. Further, we contend that the scales used in the present work possess interval-like features. This makes the use of parametric tests doubly appropriate.

¹² The term *helper* is used here to indicate the *function* that the experience served in the participant’s life and not to imply that the experience itself possesses will or intent.

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The Authors

Genie Palmer earned her Ph.D. in transpersonal psychology from the Institute of Transpersonal Psychology (ITP) in 1999. As contract faculty and as Associate Dissertation Director at ITP, she supports the dissertation process by teaching and by assisting students with both the inner and outer work of completing their dissertation process. As a transpersonal practitioner, she works with individuals and groups using a process of spiritual guidance to foster spiritual growth and development, and of coaching to facilitate assimilation and integration of varieties of spiritual experiences, such as mystical experiences, dreams, and meaningful coincidences. In addition, she supervises spiritual guidance interns at ITP's Transpersonal Counseling Center.

William Braud earned his Ph.D. in experimental psychology at the University of Iowa in 1967. At the University of Houston, he taught and conducted research in learning, memory, motivation, psychophysiology, and the biochemistry of memory. At the Mind Science Foundation (San Antonio, TX), he directed research in parapsychology; health and well-being influences of relaxation, imagery, positive emotions, and intention; and psychoneuroimmunology. Currently, he is Professor and Research Director at the Institute of Transpersonal Psychology (Palo Alto, CA), where he directs doctoral dissertation research, and continues research, teaching, and writing in areas of exceptional human experiences, consciousness studies, transpersonal studies, spirituality, and expanded research methods.

Appendix

Listing of Approximately 100 Exceptional Human Experiences, Categorized According to Five Major Classes

MYSTICAL/UNITIVE EXPERIENCES

Anesthetic-induced experience
Conversion
Gaia or Earth experience
Glossolalia (speaking in tongues)
Human/animal communication
Kundalini
Mystical experience
Numinous dream
Peak experience
Plant mystical experience
Psychedelic experience
Revelation
Species consciousness
Stigmata
Transcendental odors (odor of sanctity)
Transcendental music (of the spheres; celestial music)
Transformational experience
Unitive experience
Wilderness experience (desert, forest)

PSYCHIC/PARANORMAL EXPERIENCES

Apports
Automatism (e.g., automatic writing)
Bilocation
Clairaudience
Clairsentience
Clairvoyance
Elusivity/Invisibility
Extrasensory perception (ESP)
Intuition
Levitation (of object)
Levitation (of person, of self)
Mediumship/channeling
Out-of-body experience
Paranormal diagnosis
Paranormal touch
Precognition
Prenatal experience
Psychic imprint

Psychokinesis (PK)
Psychometry (object reading)
Retrocognition
Scrying (crystal gazing)
Sense of presence
Shared EHE
Synchronicity
Telepathy
Unorthodox healing (laying on of hands; faith healing; spirit healing; divine healing; psychic healing; psychic surgery)
Xenoglossy (speaking an actual foreign language you don't know)

ENCOUNTER-TYPE EXPERIENCES

Ancestors encounter
Angel encounter
Apparition (of the living)
Apparition (of the dead)
Demonic encounter
Divine encounter
Folk entity encounter
ET encounter
Ghost encounter
Guardian angel encounter
Helper encounter
Haunt encounter
Imaginary playmate encounter
Incubus/succubus encounter
Interspecies encounter
Mediumistic materialization encounter
Multiple personality encounter
Night terrors encounter
Poltergeist encounter
Possession encounter
Sense of presence encounter
UFO encounter
UFO abduction encounter

UNUSUAL DEATH-RELATED EXPERIENCES

Apparition (at moment of death)
Apparition (after death)
Deathbed experience
Death-related PK (at moment of death)
Death-related PK (after death)

Incorruptibility	Encountering or receiving something you need just when you need it (e.g., randomly opening a book to find just what you need)
Life between life (interim experience)	Exceptional performance
Life review	Experience of the new
Mediumistic communications	Flow experience
Near-death experience	Hypnagogic/hypnopompic experiences
Past-life recall	Hypnoidal state
Phantom phone call (at time of or after death)	Immunity/invulnerability
Post-death experience	Inner movement
Sense of immortality	Inspiration
EXCEPTIONAL NORMAL EXPERIENCES	Limerance (falling in love)
Aesthetic experience	Literary experience
Aha experience	Lucid dream
Altered spatial perception	Microscopic vision
Altered time perception	Nostalgia
Being at the right place at the right time to receive something wonderful or needed	Orgasm
Coma experience	Orientation
Creativity	Peak performance
Déjà vu	Performing/witnessing noble acts
Mutual déjà vu	Special dreams
Dream	Synesthesia
Effortlessness	Tears of “wonder joy”
Empathy	Thrills/goose-flesh/tingling