

**The
Relationship
between
Mystical Experience and Spiritual Well-Being
in
Women Who Have Had or Have Cancer**

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The work reported in this thesis is original and carried out by me solely, except for the acknowledged direction and assistance gratefully received from colleagues and mentors.

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ABSTRACT

Mystical experience, defined in the literature as a wholly transformative event, can elicit positive and lasting changes in one's perception of reality, forever changing one's life meaning and purpose. This study was designed to explore the relationship between mystical experience and spiritual well-being in women who have had or have cancer. An opportunity sample of seventy participants was included in this study. Women from the population residing in Cache Valley, Utah and all other interested women residing outside of Cache Valley were invited to participate. Participants completed the Functional Assessment of Chronic Illness Therapy (FACIT-Sp-Ex) Expanded Spiritual Well-Being Scale, a multidimensional scale used in diverse cancer populations and the Index of Core Spiritual Experiences (INSPIRIT), measuring intrinsic spirituality and spiritual experience(s). To enhance the significance of personal mystical experience, interviews were conducted to provide women an opportunity to share a mystical/spiritual experience they have had. The Pearson correlation coefficient reveals a significant, moderately strong positive relationship between mystical experience (INSPIRIT) and spiritual well-being (FACIT-Sp-Ex) scores ($r(70) = 0.388, p < .001$) in this population. All seventy women indicated having at least one type of mystical/spiritual experience with 97.1% of women stating a positive response to the refined Greeley question of INSPIRIT #3 *How often have you felt as though you were very close to a powerful spiritual force?* Moreover, the Pearson correlation coefficient reveals a significant, moderately strong positive relationship between spiritual well-being (FACIT-Sp-Ex) and the INSPIRIT #3 ($r(70) = 0.302, p < .01$). This finding indicates a positive relationship between transpersonal/introvertive mystical experience and spiritual well-being among this study population. Additional findings are presented on the relationship between intrinsic religiousness/spirituality and spiritual well-being, intrinsic religiousness/spirituality and mystical experience, and months since cancer diagnosis, spiritual well-being, and mystical experience. Discussions, conclusions, and recommendations for future research are included.

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CHAPTER 1: INTRODUCTION

Mystical experience has been known across the eons of time as a felt sense of unity with the greater universe and All That Is. In its classical definition, mystical experience is considered an experience of oneness with God, the Divine, or a Higher Power.¹ Known to elicit profound effects from the experiencer, mystical experience is traditionally thought of as a wholly transformative event.² Feelings of peace, comfort, awe, reverence, and newfound meaning are often attributed to the aftereffects of mystical experience. David Wulff notes, “There remains the joyful impression of having encountered a higher reality and discovered new truths. Ordinary concerns recede in importance or appear in a new light, and new beliefs and values take the place of old ones. Some experiencers report feeling an intensified love and compassion for others, and many say that life as a whole has taken on new meaning.”³ Indeed, the great mystics speak of an incredible unconditional love felt within a mystical experience.

Mystical experience is intimately related to spiritual well-being. Spiritual well-being refers to the effects of one’s personal and intimate relationship with that which is considered ultimate or divine. Spiritual well-being may be thought of as feelings of harmony and peace coupled with a sense of meaning and purpose to life itself. Spiritual well-being is widely recognized within the world’s religions and is often measured by the alignment of one’s spirit with the will of God. There are countless stories throughout history and across cultures of miraculous healings, changes of heart, and resurrections of the spirit that are directly and intimately attributed to the felt sense of love and unity

imbued by mystical experiences. In essence, the mystical experience offers an experience of love and love heals.

During the experience of a life-threatening illness, event, or circumstance, individuals often rely on their spiritual and religious beliefs to provide faith, comfort, meaning, peace, and hope. Kenneth Pargament notes, “Anecdotes, life stories, and empirical studies alike underscore the connection between religion and life’s greatest trials”⁴ thus, “Religious [and spiritual] coping is more common in situations that are more threatening, serious, and harmful than in other situations.”⁵ In light of the importance of spiritual and religious beliefs during times of life crises, spirituality has recently come to be considered an important component to assessing the quality of life and well-being among cancer patients. Spiritual and religious beliefs appear to be significant variables in coping with cancer, adjusting to the changes that diagnosis and treatment bring, and facing potential life-threatening illness. At the core of life-threatening illness and its interrelationship to spiritual well-being is the search for meaning. The search for meaning is a search for understanding why something occurred and how it has affected life. Individuals who have experienced threatening or traumatic life events assign meaning to those events as a way of restoring a sense of order and harmony to life. Cancer patients, having faced the threat of serious illness, seek to find meaning in what may seem to be a shocking and confusing experience. There is a broad philosophical range of possible attributions to the meaning of illness due to the subjective nature of the meaning discovered in one’s cancer experience.

The search for meaning, then, appears to be a catalyst for the inner journey inherent to self-transformation. Self-transcendence, an integral aspect of self-transformation, is an

innate quality within human beings that enables individuals to move beyond concerns of the self and is often associated with rising above difficult life events and emotions to discover meaning and purpose. Self-transcendence as a journey to meaning of the cancer experience is associated with greater levels of emotional well-being and lower levels of illness-related distress.⁶ Mystical experience is, in and of itself, an experience of self-transcendence. The interrelationship between self-transcendence and spiritual well-being, or finding meaning, peace, and faith in the midst of life's difficulties, may include a catalyst and that catalyst may well be mystical experience. Since the search for meaning is a significant aspect of healing for cancer patients, then it is possible that mystical experience taps into one's spiritual core by providing a greater meaning and purpose to life experiences thereby enhancing spiritual well-being. Indeed, mystical experience may open the door to our innate inner ability for self-transcendence and healing.

Relevance of Study to the Field of Spiritual Healing

Since early times, the transpersonal realm was considered to be the realm of healing and contact with God and the spirit world was known as essential to the healing process. Shamanism embodied the use of mystical states of consciousness for healing outcomes and the Greek Healing Temples of Asclepia⁷ offered divine intervention and healing during dream states. Prayer and the laying on of hands symbolized the awesome healing power of God. It is since the advent of the western scientific model that the transpersonal realm of healing has nearly been abandoned, lost and forgotten amidst a discounting rational worldview. The re-emergence of a holistic view of health, mind, body, and spirit, and the newfound understanding of quantum non-locality has given re-birth to the

awesome and profound healing power inherent in transpersonal states of consciousness. As well, mystical experience, an experience of the oneness and sacredness of All That Is, has re-appeared in religious, spiritual, and psychological research as an experience that, indeed, has positive therapeutic healing potential. This study contributes to the field of spiritual healing and energy medicine by illustrating the existence of a relationship between the healing potential inherent in mystical experiences or the transpersonal realm of consciousness and spiritual well-being. It adds to the growing significance of spiritual well-being as an essential component to patient care in oncology. As Alyson Moadel et al. note, “As many as one-third of cancer patients report unmet spiritual or existential needs.”⁸ This research study provides worthwhile evidence of the importance of attending to the spiritual well-being of women who have had or have cancer and to integrate this knowledge into the creation of holistic cancer treatment programs.

Spiritual Well-Being in the Field of Oncology

Spiritual well-being program development in oncology patient care and long-term treatment is in its infancy despite the accumulating literature on the significance of religious and spiritual beliefs in coping with and adapting to cancer treatment and long-term recovery. Jimmie Holland et al. note, “Much work is needed in the area of spiritual assessment and screening, and research on religion and cancer. Spiritual assessment tools, which reflect the specific spiritual challenges associated with cancer diagnosis for adults and children, need to be developed and tested. Screening tools for cancer patients who are at risk for spiritual crisis or despair also need to be developed.”⁹ The National Cancer Institute’s *Spirituality in Cancer Care* program states, “Interest in and recognition of the function of religious and spiritual coping in adjustment to serious illness, including

cancer, has been growing. Research indicates that patients commonly rely on spirituality and religion to help them deal with serious physical illness. Limited data support the possibility that spiritual coping is one of the most powerful means by which patients draw on their own resources to deal with a serious illness such as cancer.”¹⁰

A 2006 report by The National Academy of Sciences and Institute of Medicine titled, “From Cancer Patient to Cancer Survivor: Lost in Transition,” illustrates the seriousness of the lack of holistic treatment programs for cancer survivorship:

A rather startling statistic opened the eyes of many on our committee when they were invited to undertake a study for the Institute of Medicine (IOM) on cancer survivorship. The eye-opening statistic describes a burgeoning population of cancer survivors who live among us today and who are more than 10 million strong. Cancer survivors swell the ranks of the many places where we live, work, and play, yet, as our committee concluded, they remain largely understudied and lost to follow-up by our scientific research and health delivery communities, respectively. The meaning of health and life itself can be altered following a diagnosis of cancer. Cancer survivors report ongoing struggles to achieve a balance in their lives and a sense of wholeness and life purpose after a life-altering experience. Individuals may re-appraise their lives following a diagnosis of cancer and search for a sense of control and meaning.¹¹

Further research on the role of spirituality in cancer care is essential to the development of effective spiritually-based interventions. The creation of holistic cancer treatment programs is integral to enhancing long-term adjustment and quality of life for individuals who have experienced cancer.

Purpose of the Study and Research Questions

The purpose of this study is to explore the relationship between mystical experience and spiritual well-being in women who have had or have cancer. It examines the subjective report of mystical/spiritual experience and the subjective report of spiritual well-being in an opportunity sample¹² of women to ascertain whether a correlation exists. Women over eighteen years of age who, at one time, have had a medical diagnosis of

cancer, who were either in treatment, remission, or neither treatment or remission, and who voluntarily signed the subject informed consent/participant profile form participated in the research study.

The research questions are:

1. Is there a relationship between mystical experience and spiritual well-being among women who have had or have cancer?
2. Is there a relationship between transpersonal/introvertive mystical experience and spiritual well-being among women who have had or have cancer?

The directional hypotheses are:

1. There is a positive relationship between mystical experience and spiritual well-being in women who have had or have cancer.
2. There is a positive relationship between transpersonal/introvertive mystical experience and spiritual well-being in women who have had or have cancer.

The null hypotheses are:

1. There is no relationship between mystical experience and spiritual well-being in women who have had or have cancer.
2. There is no relationship between transpersonal/introvertive mystical experience and spiritual well-being in women who have had or have cancer.

The level of significance of study findings is set at $p < .05$ (one-tailed).

Delimitations and Limitations

The delimitations to this research study are as follows:

- The researcher is personally familiar with mystical experiences.
- The researcher was familiar with a population of women who have had cancer.

- The medical communities with whom the researcher interacted were supportive of the research study.
- The researcher has personal family experience with cancer.
- Women with any type of cancer were welcome to participate in the study.
- Women at any length of time since cancer diagnosis were invited to participate.
- Women from any geographic location were invited to participate.
- Women of any race, religion, socio-economic status, marital status, and education level were invited to participate.

The limitations of the research study are as follows:

- The researcher does not know the psychological health of the study participants.
- The physical health habits/lifestyle habits of the participants are unknown.
- Some participants recounted traumatic life events and devastating losses prior to the cancer experience yet the exact number of participants who experienced a traumatic event or devastating loss prior to the cancer experience is unknown.
- Some participants were familiar with the researcher yet many participants were introduced to the researcher for the first time during the research study.
- The researcher included any women who have had cancer in the study regardless of the length of time since their diagnosis. This might be considered a limitation as women who have been in remission five years or more might respond differently to the study scales than women who have been in remission five years or less.

- Some women shared the meaning they attributed to the cancer experience, however, the researcher does not know what meaning and purpose all participants attributed to the illness.
- It is possible that women who participated in the study are more spiritually attuned than women who declined to participate.
- The Medical Right to Privacy Act limited personal access through local physicians and surgeons to women who are currently in treatment for cancer.
- The researcher does not know the reasons why women declined to participate in the study.
- It is not known why some women declined to share a mystical/spiritual experience.

Chapter 1 Endnotes:

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- ¹ Richard Bucke, *Cosmic Consciousness: The Classic Investigation of the Development of Man's Mystic Relation to the Infinite* (New York: Penguin Putman Books, 1991); William James, *The Varieties of Religious Experience* (New York: The Macmillan Co., 1972); Evelyn Underhill, *Mysticism: A Study in the Nature and Development of Spiritual Consciousness* (New York: New American Library, 1974).
- ² Bucke, 1991; James, 1972.
- ³ David Wulff, "Mystical Experience," in *Varieties of Anomalous Experiences*, Etzel Cardena, Steven Jay Lynn, and Stanley Krippner, eds., (Washington, D.C.: American Psychological Association, 2000), 403.
- ⁴ Kenneth Pargament, *Psychology of Religion and Coping* (New York: The Guilford Press, 1997), 142.
- ⁵ Pargament, 143.
- ⁶ Doris Coward, "Self-Transcendence and Emotional Well-Being in Women with Advanced Breast Cancer," *Oncology Nursing Forum* 18, no. 5 (1991): 859; Jodi Pelusi, "The Lived Experience of Surviving Breast Cancer," *Oncology Nursing Forum* 24, no. 8 (1997): 1350.
- ⁷ Jennifer James, ed., *The Encyclopedia of Alternative Medicine* (Boston: Charles E. Tuttle Co., Inc., 1997), 175.
- ⁸ Alyson Moadel, Carole Morgan, Anne Fatone, Jennifer Grennan, Jeanne Carter, Gia Laruffa, Anne Skummy, and Janice Dutcher, "Seeking Meaning and Hope: Self-Reported Spiritual and Existential Needs Among an Ethnically-Diverse Cancer Patient Population," *Psycho-oncology* 8 (1999): 382.
- ⁹ Jimmie Holland, William Breitbart, Paul Jacobsen, Marguerite Lederberg, Matthew Loscalzo, Mary Jane Massie, and Ruth McCorkle, *Psycho-oncology* (New York: Oxford University Press, 1998), 801.
- ¹⁰ National Cancer Institute, "Spirituality in Cancer Care: Health Professional Version," June 7, 2005, <http://www.cancer.gov/cancertopics/pdq/supportivecare/spirituality/healthprofessional/allp> (accessed September 26, 2005).
- ¹¹ Institute of Medicine, "From Cancer Patient to Cancer Survivor: Lost in Transition (2006)," <http://www.iom.edu/report.asp?id=30869> (accessed January 19, 2006).
- ¹² Perry Hinton, *Statistics Explained: A Guide for Social Sciences Students* (New York: Routledge, 1999), 48.

CHAPTER 2: REVIEW OF LITERATURE

The Nature of Mystical Experience

Introduction

Across the eons of time and culture, mystical experience has been known as a felt sense of oneness, a unity with that which is beyond ordinary reality. In its classic form, mystical experience is considered an experience of divine reality, of unity with God or All That Is. The study of mysticism and mystical experience has a predominantly religion-oriented history. However, in the past century, an interest in mystical experience as a universal phenomenon has been gaining recognition in religious, psychological, and health-related research. Contemporary research on mystical experience began with the visionary work of Richard Maurice Bucke who described mystical experience as cosmic consciousness and noted thirteen great cases and thirty lesser cases of cosmic illumination.¹ He concludes, “Cosmic Consciousness, then, is a higher form of consciousness than that possessed by the ordinary person”² and identifies the prime characteristic of cosmic consciousness as, “a consciousness of the cosmos, that is, of the life and order of the universe.”³

Despite Bucke’s assertion that cosmic consciousness is rare, a growing interest in the intriguing topic of mystical experience has unfolded over the decades. W. T. Stace began foundational research on mystical experience with an intention of defining and designing a common set of its characteristics.⁴ Stace notes, “Although so many writers have asserted that there is a universal core of common characteristics, they have not as a rule made any serious attempt to justify the statement by careful survey of the empirical

evidence, nor even to give clear and complete lists of what the common characteristics are, nor are such lists as different writers have given consistent with one another.”⁵ The pioneering work of Stace on defining common characteristics of mystical experience enabled researchers to classify them according to various types and intensities. Abraham Maslow’s research, as well, provided significant contributions to understanding mystical experience.⁶ He, like Stace, thought these experiences to be common and universal. Maslow notes, “The second big lesson learned is that this was a *natural*, not a *supernatural* experience; and I gave up the name ‘mystic’ experience and started calling them peak experiences.”⁷ Maslow presented the idea that mystical or peak experiences are those experiences that embody the sacred in everyday life stating, “The great lesson from the true mystics, from the Zen monks, and now also from the Humanistic and Transpersonal psychologists - that the sacred is *in* the ordinary, that it is to be found in one’s daily life, in one’s neighbors, friends, and family, in one’s back yard, and that travel may be a *flight* from confronting the sacred - this lesson can be easily lost. To be looking elsewhere for miracles is to me a sure sign of ignorance that everything is miraculous.”⁸ Maslow contributed a significant perspective to the research of peak experiences by noting that they tend to increase the integration of the personality and are more evident in people who were self-actualizing. Maslow believed that, for some people, peak experiences were life changing and therefore held great therapeutic benefit.

Andrew Greeley’s landmark study of the paranormal among Americans yielded significant and useful results that furthered the interest in research on mystical experience.⁹ In cooperation with the National Opinion Research Center, Greeley’s questionnaire was administered to 1,460 respondents by trained staff. His question on

mystical experience stated, “Have you ever felt as though you were very close to a powerful, spiritual force that seemed to lift you out of yourself?”¹⁰ Thirty-five percent of Americans reported that, indeed, they had had a mystical experience once or twice. Mystical experience was beginning to be seen by researchers as more ordinary than extraordinary as Maslow had noted earlier in his research on peak experiences.

Ralph Hood’s pioneering studies on mystical experience provide worthwhile insight into the relationship between religion, religiousness, intense religious experience, and psychological strength.¹¹ Hood’s extensive research concluded that individuals with a high measure of psychological strength are more likely to report an intense religious experience than those individuals with a lower measure. In response to earlier assumptions by Freud and followers that mystical states indicated a weak ego, Hood states, “In fact the alternative view is suggested – that only a strong ego can be relinquished nonpathologically. It is this position that allows one to conceptualize the ability to have an intense experience that is labeled ‘mystical’, ‘peak’, or ‘ecstatic’ as one most likely to be characteristic of a strongly developed ego, or of a psychologically healthy person. This position is consistent with our data and the work of other investigators.”¹²

Robert Wuthnow concurred with Maslow stating that if investigators were to ask the right question, virtually everyone would be able to recount at least one peak experience.¹³ Wuthnow’s research on peak experiences concluded as did Maslow’s that “peakers appear to find their lives more meaningful, to feel more assured of themselves, and to think about questions of meaning and purpose more. In brief, they appear to exhibit several characteristics of a reflective, introspective, actualizing style of life.”¹⁴ David Hay

and Ann Morisy studied paranormal, ecstatic, and religious experience in Great Britain and used the Greeley question on mystical experience in their survey.¹⁵ Their results indicated 30.4% of the British had a mystical experience as compared to Greeley's 35%. They state, "It will be noted that the correlations for the two questions on the different variables are very similar, with the exception of 'psychological wellbeing' where there is clearly a stronger link between positive response to Greeley's question and high psychological wellbeing."¹⁶ L. Eugene Thomas and Pamela Cooper conducted research on the incidence of intense spiritual experiences and their psychological correlates and found their study to be a near replication of Greeley's sample.¹⁷ They coded responses into various operational categories noting that a wide variety of experiences were labeled mystical by respondents. Thomas and Cooper concluded that individuals who reported an intense spiritual experience demonstrated an openness to experience that correlated with Maslow's findings regarding self-actualizers. They recognized that "Individuals differ so widely in the types of experiences they have had that structured questions may be of limited usefulness in studying the phenomena."¹⁸

Interestingly, Sigmund Freud and his followers once noted religion and mystical experience to be indicative of neurotic illness.¹⁹ In *Civilization and Its Discontent*, Freud discusses the origin of what his friend calls an 'oceanic' feeling that Freud attributes to religious energy. Freud states, "I cannot discover this 'oceanic' feeling in myself. The only question is whether it is being correctly interpreted and whether it ought to be regarded as the *fons et origo* of the whole need of religion."²⁰ He continues, "Thus we are perfectly willing to acknowledge that the 'oceanic' feeling exists in many people, and we are inclined to trace it back to an early phase of ego-feeling. The further question then

arises, what claim this feeling has to be regarded as the source of religious needs.”²¹ Freud, believing religion was created to comfort our neurotic need for protection, thus discounted the possibility of the existence of or union with a God and states, “The origin of the religious attitude can be traced back in clear outlines as far as the feeling of infantile helplessness.”²² Yet, contrary to Freud’s idiosyncratic views, religious and mystical experience were now demonstrating to be most prevalent, not among those with weak egos or neurotic conditions, but among individuals with high psychological well-being. As a result, the possibility that intense religious and mystical experience had potential psychological and therapeutic benefits for individuals opened further exploration and research into many intriguing questions regarding the true nature of mystical experience.

Research on mystical experience illustrates the many terms used to describe it. It is referred to as cosmic consciousness, peak experience, paranormal experience, ecstatic experience, intense religious experience, and intense spiritual experience. Yet, these synonyms still do not cover all the terms that imply mystical experience. Transcendent, unitive, numinous, and anomalous experience also allude to that which is called mystical. It is evident that not only is there a lack of continuity regarding the term mystical experience, there is also a lack of consensus as to what types of experience constitute a mystical experience. Mystical experience, as noted in the aforementioned studies, may be a feeling of faith and comfort or it may be found in a supernatural experience such as spirit contact or extra-sensory perception. Mystical experience may also be identified, as in the classic descriptions, as a feeling of unity or oneness with God or All That Is. Exactly what type of experience qualifies as a true mystical experience is debatable.

And, as noted by Thomas and Cooper, the language used in questionnaires to measure mystical experience is, in and of itself, interpreted by respondents in dramatically different ways.²³

Defining Mystical Experience

A precise definition of mystical experience seems to be rather troublesome since a universal interpretation of exactly what constitutes a true mystical experience remains controversial. Much of this controversy lies in the subjective nature and the subjective explanation of mystical experience. Writers who are steadfast in defining mystical experience as the highest state of illumination or pure consciousness believe true mystical experience is a rare occurrence.²⁴ And yet, writers who embrace and honor all varieties of mystical experience believe it to be commonplace and available to all human beings.²⁵ The literature is teeming with inconsistent as well as contradictory definitions of mystical experience and this has created controversy in its research as its measuring and coding remain inconsistent. However, there does seem to be agreement among writers and researchers that mystical experience is an experience of a higher order of reality than that of our ordinary consciousness.

The great mystics across all cultures, Jesus, Buddha, Mohammed, Lao Tzu, Rumi, Black Elk, Bede Griffiths, Evelyn Underhill, Matthew Fox, and others taught of paths to unity with God. While these paths were diverse, their destination was the same, achieving oneness with a Divine source. The notion that there is an objective reality which constitutes the universal core of a classic mystical experience is still debated. However, in a traditional sense, a mystic is an individual who seeks oneness with the divine, one who has been initiated into the life of the soul, one who has a rich intuitive

knowing and understanding that exists beyond ordinary human experience. In *The Ways of the Mystic*, author Joan Borysenko states, “A mystic sees beyond the illusion of separateness into the intricate web of life in which all things are expressions of a single Whole. You can call this web God, the Tao, the Great Spirit, the Infinite Mystery, Mother or Father, but it can be known only as love.”²⁶ In union with the Divine, the mystic knows love as the true reality. Neale Donald Walsch explains, “Love is the ultimate reality. It is the only. The all. The feeling of love is your experience of God.”²⁷ Andrew Harvey, author of *The Essential Mystic*, describes the universal nature of the mystical experience, “Every mystic of every time and tradition has awakened in wonder and rapture to the signs of this eternal Presence and known its mystery as one of relation and love, for in every tradition the Presence is presented as hungry to reveal itself and enter into ecstatic intimate communion with its own creation.”²⁸

William James, author of *The Varieties of Religious Experience*, characterized mystical experience as embodying four hallmarks:

1. *Ineffability*: The subject of it immediately says that it defies expression, that no adequate report of its contents can be given in words.
2. *Noetic quality*: Although similar to states of feeling, mystical states seem to those who experience them to be also states of knowledge. They are states of insight into depths of truth unplumbed by the discursive intellect. The illuminations, revelations, are full of significance and importance, all inarticulate though they remain; and as a rule they carry with them a curious sense of authority for the after-time.
3. *Transiency*: Mystical states cannot be sustained for long. Except for rare instances, half an hour, or at most an hour or two, seems to be the limit beyond which they fade into the light of common day.
4. *Passivity*: Although the oncoming of mystical states may be facilitated by preliminary voluntary operations, as by fixing the attention, or going through certain bodily performances, or in other ways which manuals of mysticism prescribe; yet when the characteristic sort of consciousness once has set in, the mystic feels as if his own will were in abeyance, and indeed sometimes as if he were grasped and held by a superior power.²⁹

Two additional qualities considered to be marks of mystical experience are: *Unity*, a sense of interconnectedness and integration with All That Is in the universe, and *Positive Affect*, the resulting feelings of awe, reverence, joy, compassion, love, and a sense of the sacredness of the universe.³⁰ Bucke also used a set of common characteristics to define the mystical experience:

1. The subjective light: a sense of being immersed in a brilliant light, flame, or cloud.
2. The moral elevation: a sense of being bathed in an emotion of 'salvation.'
3. The intellectual illumination: a sense of one's consciousness being clearly presented with the meaning and drift of the universe; a knowing that the cosmos is a living presence.
4. The sense of immortality: a knowing of the eternity of consciousness.
5. The loss of the fear of death: the fear simply vanishes.
6. The loss of the sense of sin: the concept of sin simply vanishes.
7. The suddenness, instantaneousness, of the awakening: as compared to a dazzling flash of lightening in a dark night, all that is hidden comes into clear view.³¹

F. C. Happold, author of *Mysticism: A Study and An Anthology*, believed mysticism to fall into two main categories “. . . of love and union, and of knowledge and understanding.”³² Happold identified six characteristics he considered to be marks of mystical states:

1. First of all, a mystical state has the quality of *ineffability*, that is, it defies expression in terms which are fully intelligible to one who has not known some analogous experience.
2. They have a *noetic* quality. They result in insight into depths of truth unplumbed by the discursive intellect, insights which carry with them a tremendous sense of authority.
3. Mystical states can seldom be sustained for long; they rarely last for any length of time. They have thus the quality of *transiency*.
4. They have the quality of *passivity*. The mystic feels as if his own will were in abeyance, as if he were grasped and held by a power not his own.
5. A common characteristic of many mystical states is the presence of a *consciousness of the Oneness of everything*.
6. A further characteristic of mystical experience is the sense of *timelessness*.³³

Andrew Greeley defined mystical experience according to the characteristics outlined by James and Bucke. Evelyn Underhill, author of *Mysticism: A Study in the Nature and Development of Man's Spiritual Consciousness*, defined mystical experience as, "the expression of the innate tendency of the human spirit towards complete harmony with the transcendental order; whatever be the theological formula under which that order is understood."³⁴ There is recognition among researchers that culture and religion inherently influence the experience of mystical states of consciousness. Dan Merkur explains this influence in terms of what are called overbeliefs. He notes, "James maintained that mystical experiences were highly variable and contingent upon what he termed overbeliefs: religious conceptions that a person brings to a religious experience, not only post experientially in the process of its interpretation and reportage, but also pre-experientially as a contribution to the contents of the experiences."³⁵ Stace agreed that self-transcendence and pure experience were not possible without interpretation and states, "There is no such thing as an absolutely pure experience without any interpretation at all."³⁶ Steven Katz agreed with James and Stace, taking a firm stand on this concept, "*There are No pure (i.e. unmediated) experiences.* Neither mystical experience nor more ordinary forms of experience give any indication, or any grounds for believing, that they are unmediated. That is to say, *all* experience is processed through, and organized by [our own understanding], and makes it available to us in extremely complex epistemological ways."³⁷

Stace, in his dedicated attempt to identify a set of common characteristics, defined mystical experience as either extrovertive or introvertive. Stace defined extrovertive mysticism as an experience of unity with all objects of perception, a sense of unity with

the world and he defined introvertive mysticism as an experience of unity devoid of perceptual objects or pure consciousness.³⁸ Stace then attributed a set of five common characteristics to both types of mysticism as follows:

1. Sense of objectivity of reality
2. Blessedness, peace, etc.
3. Feelings of the holy, sacred, or divine
4. Paradoxicality
5. Alleged by mystics to be ineffable³⁹

Elmer Green et al. in a study titled “Gender Differences in a Magnetic Field” defined extrovertive or extra-personal events as, “beyond normal limits of ego and personal unconscious, into cosmic (non-divine) awareness” and introvertive or transpersonal events as, “beyond normal limits of ego and personal unconscious, into universal (divine) awareness.”⁴⁰

Ralph Hood, co-author of *The Psychology of Religion* and designer of the Hood Mysticism Scale, defines mystical experience in the context of religious experience and states, “In a fundamental sense, religious experience is the meaningful transcendence of limits of the resolution of discontent, rooted in a sense of the divine.”⁴¹ Jenny Wade, author of *Changes of Mind*, discusses mystical experience in relation to consciousness and states, “Mystical traditions have always maintained that personal consciousness co-exists at the material level with its Absolute counterpart, which may not resemble anything knowable. Since the Vedic literature, mysticism has envisioned the developmental nature of individual consciousness as a facet of Cosmic Mind in the emanant order coexisting with its perfect unity in Cosmic Mind in the Unmanifest reality.”⁴²

In *Integral Psychology*, Ken Wilber defines four types of mystical experience:

1. *Nature mysticism*: an intense embrace or union with the gross realm (physical world)
2. *Deity mysticism*: the purely transcendental states beyond the physical realm
3. *Formless mysticism*: the realm of the unmanifest
4. *Nondual mysticism*: the integration of all realms, the Pure Self, the Ground of Being⁴³

Wilber notes, “The importance of these three (or four) natural states is that every human being, at no matter what stage or structure or level of development, has available the general spectrum of consciousness - ego to soul to spirit - at least as temporary states, for the simple reason that all humans wake, dream, and sleep.”⁴⁴ Wilber comments on the subjective nature of interpretation of peak experiences stating, “A given peak experience or temporary state of consciousness is usually interpreted according to the general stage of development of the individual having the experience.”⁴⁵ Yet, Wilber notes that mystical or peak experience occurs at all stages of development and is not confined to only the higher transpersonal states. He emphasizes that there are varying types of mystical experience from the more common nature mysticism to the transcendent, nondual mystical experience. In all, Wilber’s theory posits sixteen different types of spiritual experience available at varying stages of development.⁴⁶

The Merriam-Webster Dictionary defines mysticism, transcendence, spiritual, and paranormal as follows:

1. **Mysticism** - the experience of mystical union or direct communion with ultimate reality reported by mystics; the belief that direct knowledge of God, spiritual truth, or ultimate reality can be attained through subjective experience (as intuition or insight)
2. **Transcendence** - exceeding usual limits, surpassing; lying beyond the limits of ordinary experience; being beyond the limits of all possible experience and knowledge; being beyond comprehension; transcending the universe or material existence
3. **Spiritual** - relating to, consisting of, or affecting the spirit; of or relating to sacred matters; ecclesiastical rather than lay or temporal; related or joined in spirit; of or relating to supernatural beings or phenomena

4. Paranormal - not scientifically explainable; supernatural⁴⁷

With such similarity between terms, the lack of a precise definition as to what constitutes the range of mystical experience remains obscure. Future research may be more efficacious by defining the realm of mystical experience by a set of characteristics identifying its experiential range, as proposed by James, Bucke, Stace, and Greeley, rather than by a singular descriptive phrase. Until researchers agree on concise terminology for these experiences, studies may continue to reveal inconsistencies. As stated by Thomas and Cooper, “Until conceptual clarity is achieved in designating exactly what kind of experience is intended, research on peak-type experiences is likely to remain cloudy.”⁴⁸

Mystical experience, in its elusiveness to a specific definition, nonetheless invites individuals to glimpse levels of consciousness beyond the ordinary. Perhaps the most all-encompassing definition of mystical experience that accounts for its variety is described by David Wulff in *Mystical Experience*, “Falling by definition outside the realm of ordinary discourse, mystical experiences elude any precise description or characterization. Most commentators agree, however, that any experience qualified as mystical diverges in fundamental ways from ordinary conscious awareness and leaves a strong impression of having encountered a reality different from - and, in some crucial sense, higher than - the reality of everyday experience.”⁴⁹ While an all-encompassing definition of mystical experience embodies its many varieties, a clear and concise definition is essential within the framework of reliable and valid research. Jared Kass developed a measure of core spiritual/mystical experience over years of research by designing a scale that measures intrinsically oriented variables of spiritual experience.

Kass et al. defined core spiritual experience as, “a distinct event and a cognitive appraisal of that event which resulted in a personal conviction of God’s existence (or of some form of Higher Power as defined by the person); and the perception of a highly internalized relationship between God and the person (i.e. God dwells within and a corresponding feeling of closeness to God).”⁵⁰ Interestingly, the Index of Core Spiritual Experiences or INSPIRIT Scale developed by Kass includes a refined version of the Greeley question on mystical experience, “How often have you felt as though you were very close to a powerful spiritual force?”⁵¹ In discussing the use of the INSPIRIT as a spiritual assessment tool within the field of pastoral counseling, Larry VandeCreek et al. note the value of the INSPIRIT by stating, “The uniqueness of INSPIRIT is its focus on experiences, mystical and otherwise, which the patient interprets as spiritual.”⁵²

For the purpose of this study, the operational definition of mystical experience is the Kass et al. definition of core spiritual experience since the INSPIRIT is used to measure its incidence within the study population. As well, the term mystical experience is considered synonymous to spiritual experience, core spiritual experience, intense spiritual experience, intense religious experience, transcendent, paranormal, anomalous, numinous, unitive, ecstatic, and peak experience.

The Language, Measure, and Variety of Mystical Experience

The Language of Mystical Experience

Much confusion has surrounded attempts by researchers to interpret mystical experiences as they are verbally described by experiencers. Since these intense experiences are bound by culture and religion, or overbeliefs, individuals of different cultures have different descriptions of what may appear to be similar events. The

ineffability of mystical experience, as noted by James, indicates that any attempt at verbal description may pale in comparison to the actual experience itself. Ninan Smart in *Understanding Religious Experience* poses the question, “Could one have an adequate understanding of a type of religious experience if one never had it?”⁵³ Stace, too, notes the irony of writing about mystical experience without knowing about it.⁵⁴ Smart described two types of understanding that embody religious experience: theoretical understanding or understanding by means of theories that explain an apparent experience; and existential understanding, understanding by directly knowing what a given experience is like.⁵⁵ Although theoretical and existential understanding may be applied to mystical experience, there are still complexities of cultural translations of language and interpretative impressions of the experience that need to be addressed.

The difference in meaning between the terms religion/religious and spiritual/spirituality adds to the confusion of researching and measuring mystical experience. While they are often used synonymously and interchangeably, they are quite different. William James defined religion as, “Religion, therefore, as I now ask you arbitrarily to take it, shall mean for us *the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine.*”⁵⁶ C. Norman Shealy, author of *Sacred Healing: the Curing Power of Energy and Spirituality*, notes the difference between religion and spirituality, “Religions tend to establish ritual and dogma to support their particular ideological beliefs. Spirituality is a personal communion with God, soul or divine energy.”⁵⁷ In *God, Faith, and Health*, Jeff Levin states, “Historically, ‘religion’ has denoted three things: particular churches or organized religious institutions; a scholarly

field of study; and the domain of life that deals with things of the spirit and matters of 'ultimate concern'."⁵⁸ The Merriam-Webster Dictionary defines religion as, "the service and worship of God or the supernatural; commitment or devotion to religious faith or observance; a personal set or institutionalized system of religious attitudes, beliefs, and practices; scrupulous conformity; a cause, principle, or system of beliefs held to with ardor and faith."⁵⁹ Wayne Jonas and Ronald Chez in *Definitions and Standards in Healing Research* attempt to standardize terminology for greater congruence in language used in research studies and define religion as, "The codified and ritualized beliefs and behaviors of those involved in spirituality, usually taking place within a community of like-minded individuals."⁶⁰ In summary, religions have set doctrines that are expected to be adhered to by members.

The term spiritual is all-encompassing of that which is of the spirit, hence, there is not a set doctrine, belief, or attitude required to relate to spirit. The Merriam-Webster Dictionary defines spiritual as, "relating to, consisting of, or affecting the spirit; of or relating to sacred matters; ecclesiastical rather than lay or temporal; related or joined in spirit; of or relating to supernatural beings or phenomena."⁶¹ Jonas and Chez define spirituality as, "The feelings, thoughts, experiences, and behaviors that arise from a search for that which is generally considered sacred or holy. Spirituality is usually, though not universally, considered to involve a sense of connection with an absolute, imminent, or transcendent spiritual force, however named, as well as the conviction that meaning, value, direction, and purpose are valid aspects of the universe."⁶² Brian Zinnbauer et al. address the fuzzy differentiation between the terms religion/religiousness and spiritual/spirituality and note, "Current writings by some scholars and researchers in

the scientific study of religion reflect these popular changes. Whereas religiousness historically included both individual and institutional elements, spirituality is now commonly regarded as an individual phenomenon and identified with such things as personal transcendence, supraconscious sensitivity, and meaningfulness. Religiousness, in contrast, is now often described narrowly as formally structured and identified with religious institutions and prescribed theology and rituals.”⁶³ Spirituality and religiousness are further defined as either predominantly intrinsically or extrinsically oriented.

According to J. McBride et al. intrinsic spirituality is, “an internally focused perceptual or belief orientation about God or a higher power that influences life’s meaning and serves as a guide for living. Extrinsic spirituality, on the other hand, addresses external religious behavior, which may or may not be an expression of a patient’s internal orientation.”⁶⁴

Extrinsic spirituality or religiousness refers to the practice of religious faith and church membership for social status, prestige, or power.

The difference, then, between the terms religion and spiritual appears to be that religion attributes specific beliefs to and about the nature of God while the spiritual encompasses a personal relationship with God or a higher power. However, it is essential to note that religiousness and spirituality are interrelated in many respects and have unique and individual meanings depending on one’s religious faith and culture. Johanna Mytko and Sara Knight, conducting cancer quality of life research, note, “Religiosity and spirituality are not mutually exclusive concepts and can overlap and exist separately.”⁶⁵

Carl Keller reports in *Mystical Literature*, “In each tradition, the language is specific and non-interchangeable; what the underlying experience is like, we do not know; we are dealing with languages, and languages alone.”⁶⁶ In *Mystical Speech and Mystical*

Meaning, Steven Katz specifically discusses the problem of interpreting the language of mystical experience noting how the great mystics struggled to describe their transcendent experiences adequately in words. Katz summarizes four facts regarding the interpretation of mystical texts and experience for readers to bear in mind:

1. The main legacy we have of the great mystics is in their *writings* and related *linguistic* creations.
2. These literary remains, in their variegated forms, necessarily and inescapably include 'interpretive' structures.
3. It must be recognized that mystical literature is composed from differing perspectives and in different ways.
4. Mystical literature comes in many forms and all these genres enrich and complicate the decoding of mystical reports.⁶⁷

Stace explored the problem of mysticism and language in depth, challenging the theorists' concept of ineffability. Instead, he referred to the seeming inability to articulately express a mystical experience as alleged ineffability. Stace concurred that there was a problem with the difficulty of language yet he clearly pointed to the plethora of literature on mystical experience, written as first hand accounts, by the great mystics. From this very fact, Stace observed that, indeed, it is a mistake to assume mystical experience lacks language that is capable of expressing it. He believed the core problem was, "First, there is a problem whether words can be used during the mystical experience. Secondly, there is a problem whether they can be used after the experience when it is being remembered."⁶⁸ Stace concluded that the descriptive language of mystical experience came from remembered experience and as such, described the experience as adequately as linguistically possible.

Raymond Moody, author of *Life after Life*, discusses the complexity of language used to describe near-death experiences and states, "The general understanding we have of language depends upon the existence of a broad community of common experience in

which almost all of us participate. This fact creates an important difficulty which complicates all of the discussion which is to follow. The events which those who have come near death have lived through are outside our community of experience so one might expect that they would have some linguistic difficulties in expressing what happened to them. In fact, this is precisely the case. The persons involved uniformly characterize their experience as ineffable, that is ‘inexpressible.’”⁶⁹

Marghanita Laski, in her study of transcendent ecstasy, collected written descriptions of ecstatic experiences from sixty-three individuals. She notes, “Since my sole evidence for the feelings people identified with the name transcendent ecstasy lay in the words they used to describe them, it was essential that I should take down as nearly as I could the actual words they used.”⁷⁰ Laski emphasizes the challenge of describing feelings that have not been described before yet her study highlights the ability of experiencers to language their ecstatic experience. Sir Alister Hardy’s study of religious experience was similar to Laski’s study. Hardy collected written accounts of personal religious experience and coded them into twelve broad categories. He comments on the challenge of classifying religious experiences, “It must always be remembered that we are studying and classifying the written *accounts* of such experiences which are as near as we can get to the subjective feelings themselves.”⁷¹ While sensing that which is beyond the ordinary in mystical, spiritual, and paranormal experience may leave experiencers searching for descriptive words, perhaps Stace’s characteristic of alleged ineffability more appropriately describes the languaging of mystical experience.

Maslow notes individuals who have had vivid peak experiences are better able to sense what another individual is trying to communicate in describing a peak experience.

He describes a sense of intimacy, a kind of I-Thou relationship, that is necessary to foster a deeper emotional understanding of the language of similes, metaphors, and poetic speech which can be valuable in interpreting and understanding an individual's peak experience.⁷² Laski's personal method of study of transcendent ecstasy seems to bear out the advantage to intimate, compassionate listening.⁷³

The Measuring and Coding of Mystical Experience

The measuring and coding of mystical experience from structured survey questions has been problematic in mystical research and appears related to the realization that structured questions alone are insufficient in obtaining accurate descriptions of mystical encounters. Ralph Hood designed the Hood Mysticism Scale with an intention to operationalize categories for the measurement of mystical experience. He developed the thirty-two item scale from eight conceptual categories of mystical experience created by Stace. While Hood's scale has been evidenced to possess internal consistency and preliminary construct validity, Hood states that Stace's categories for mystical experience were constructed with two fundamental assumptions, "First, the mystical experience is itself a universal experience that is essentially identical in phenomenological terms despite wide variations in ideological interpretation of experience. Second, the core categories of mysticism are not all definitionally essential to any particular individual mystical experience since there are always borderline cases forming what is 'family resemblances' based upon fulfillment of only some of these core categories."⁷⁴

Thomas and Cooper conducted a research study to measure the incidence of mystical experience using the Greeley question in an open-ended format, "Have you ever had the feeling of being close to a powerful spiritual force that seemed to lift you outside

yourself?”⁷⁵ Results indicated 34% of respondents answered the question affirmatively yet, analysis of the mystical descriptions revealed that the respondents’ descriptions of an intense spiritual experience varied widely. Thomas and Cooper concluded, “It is clear from these data that a high incidence of affirmative responses to the structured question used by Greeley does not prove that mystical experiences are common in our society. Rather, affirmative responses were found to cover a wide variety of experiences, ranging from the trivial to the profound.”⁷⁶ In coding these experiences, they found only 2% were considered a classical mystical experience. Aware of the inconsistencies in measuring intense spiritual experience, Thomas and Cooper concurred, “It would appear that qualitative methods will be needed to measure these experiences, since individuals were able to interpret the structured question in so many different ways. Stated another way, individuals differ so widely in the types of experiences that they had that structured questions may be of limited usefulness in studying this phenomena.”⁷⁷ While Laski’s study has been criticized by Hood for its lack of scientific rigor, it nonetheless amassed a wealth of personal descriptions of transcendent ecstasy. Laski’s format and coding measures appear to have more succinctly categorized these experiences while attempting to reduce the ambiguity surrounding their measurement.

The dilemma of coding experiences on structured scales to measure mystical experience exists due to the wide variety and description of what individuals report as these experiences. Andrew Greeley’s list of descriptors of mystical experience include:

1. Feeling of deep and profound peace
2. Certainty that all things would work out for the good
3. Sense of my own need to contribute to others
4. Conviction that love is at the center of everything
5. Sense of joy and laughter
6. An experience of great emotional intensity

7. Great increase in my understanding and knowledge
8. Sense of the unity of everything and my own part in it
9. Sense of new life or living in the world
10. Confidence in my own personal survival
11. Feeling that I couldn't possibly describe what was happening to me
12. The sense that all the universe is alive
13. The sensation that my personality had been taken over by something much more powerful than I am⁷⁸

Robert Wuthnow reported kinds of peak experiences in three broad categories:

1. Contact with the sacred
2. Beauty of nature
3. Harmony with the universe⁷⁹

Thomas and Cooper categorized descriptions of mystical experience as follows:

1. Type 0. NO EXPERIENCE.
2. Type 1. UNCODABLE: Insufficient information was given on which to base a coding decision, or respondents described irrelevant experiences.
3. Type 2. MYSTICAL: Response included expression of awesome emotions, a sense of the ineffable, feeling of oneness with God, nature, or the universe. May also have included descriptions of changed perceptions of time and surroundings and feeling of 'knowing' coupled with reordering life priorities.
4. Type 3. PSYCHIC: Respondent described an 'other worldly' experience in which an extraordinary or supernatural element was present (e.g. ESP, telepathy, out-of-body, contact with spirits).
5. Type 4. FAITH AND CONSOLATION: Experience included religious or spiritual elements, but no indication of the extraordinary or supernatural was given. Experiences were often of a traditional, church-related nature.⁸⁰

Bernard Spilka, George Brown, and Stephen Cassidy, in studying the structure of religious mystical experience, compiled their results into seven descriptive categories:

1. Unity/Completeness
2. Sacredness/Holiness
3. Presence of God
4. Emotional and Physical Reactions
5. Enlightenment and New Knowledge
6. Joy and Bliss
7. Extreme Sensory Stimulation and Hallucination⁸¹

Peter Nelson in his study of mystical, visionary, and remote perception experiences, collectively termed as praeternatural experiences, describes such encounters as falling into ten descriptive categories:

1. Encounters with God
2. Introvertive and extrovertive mystical experiences
3. Encounters with the numinous and/or sacred
4. Near death encounters of a spirit realm
5. Visionary episodes
6. Sensing of non-corporeal presences
7. Out-of-body experiences
8. Remote perceptions (pre- and post-cognitions and telepathy)
9. A sudden sense of ontological uncertainty or loss of a sense of existential self
10. Shamanistic-like otherworld adventures⁸²

From the similarity of descriptors noted above, a common core of varieties of mystical experience certainly does emerge. This core variety of experience, indeed, encompasses the awesome to the intensely profound, the religious to the paranormal, and feelings of unity with the universe to experiences of God's presence.

Mystical experiences often embody intuitive knowing, a knowing that is beyond human reality and that taps into the collective unconscious. Synchronicity is also a common experience inherent in mystical moments and may be defined as the simultaneous experience of seemingly random events or "meaningful link between two events that cannot be explained by the concept of cause and effect."⁸³ In *Modern and Post Modern Mysticism*, C. Norman Shealy describes three types of synchronistic events first described by Carl Jung, "The first involves the correspondence of meaning between an inner thought and feeling and an outer event. The second type of synchronicity is illustrated by a person who awakens from a dream or has a sudden intuitive insight that an event is happening far away exactly at that moment; this is later proved to have happened. The third type of synchronicity is precognition. That is, someone has a

dream, an intuitive vision of a premonition of something occurring at a later date.”⁸⁴

Synchronistic experiences embody a feeling of oneness, the feeling of a connection to a greater reality, a knowing beyond our earthly existence, a union with our soul and the Divine. Indeed, they are a variety of mystical experience.

Dreams and dreaming has long been associated with mystical experiences. In the Greek Healing Temples of Asclepia, dreams held great significance as messengers of the spirit world. Patients in need of healing would sleep in the temples and practice dream incubation by praying to Asclepius and other gods for a healing dream. “In ancient Greece, dreams were regarded as messengers from the gods, and it was believed that during sleep the soul was freed from the body and was able to perceive and converse with higher beings.”⁸⁵ In his study of mystical experience, Hardy noted dream experiences as a category of religious experience and stated, “We have a good number of accounts which describe experiences taking place either in dreams or other allied states of altered consciousness, such as a trance or day dream.”⁸⁶ Divine revelation and healing in dreams is recorded in many ancient religious texts and is known to many indigenous cultures.

The practice of meditation is also known to elicit mystical experiences. In “Why Mysticism?” Robert Foreman states, “Regular and long-term meditation, according to many traditions, leads to advanced experiences, known in general as ‘enlightenment.’ Their discriminating feature is a deep shift in epistemological structure: the experienced relationship between the self and one’s perceptual objects changes profoundly. In many people this new structure becomes permanent.”⁸⁷ Intuition, as well, may be a catalyst for mystical experience. As an individual becomes more inner reflective, intuition has a greater opportunity to manifest from within inner stillness. Intuition assists individuals in

bringing into view that which was hidden, presenting a path that the high self is asking the individual to follow. Gail Ferguson, author of *Cracking the Intuition Code*, notes, “Intuition is the one universally available mechanism of awareness that leads us each to exquisite moments of unity with the hidden dimension of things. I maintain that every man, woman, and child can have this ultimate unification experience - alternately called the oceanic feeling, religious revelation, and peak experience - of the infinite wonders of the universe. It is available to all of us *because* we are intuitive.”⁸⁸ Thus, it appears that mystical experiences, indeed, may manifest in many different ways.

Triggers to Mystical, Peak, and Transcendent Experience

Carolin Keutzer conducted a study comparing triggers for transcendent experiences in a college-age population to those triggers identified by the participants in the Greeley survey. Keutzer noted that the obvious differences in triggers were most likely due to her study population, college-aged students. She discovered the six most common triggers were beauties of nature, moments of quiet reflection, something else (i.e. meditation, the ocean, intense sadness, playing music), listening to music, drugs, and physical exercise and the six most common triggers on the Greeley survey were listening to music, prayer, beauties of nature, moments of quiet reflection, attending church service, and listening to a sermon.⁸⁹ Keutzer concluded from her survey that it appears age, education level, social changes between generations, and religious orientation seem to be factors in the experience of transcendence.

Maslow found triggers to peak experiences had little to do with religion and noted that peak experience came from intimate moments in love and sex, great music and art, bursts of creativeness, moments of insight and discovery, and various athletic

experiences.⁹⁰ Laski concluded, “Intensity experiences are almost always preceded by contact with one or some of a limited range of objects, events, and ideas which I have called triggers. Contact with a trigger appears usually to be a necessary though not a sufficient cause of ecstatic experience.”⁹¹ Laski noted trigger comparisons, metaphors of objects or poetic language that intend to elicit an emotional response that may trigger an ecstatic experience. She also identified an anti-trigger to ecstatic experience, “Perhaps the best documented anti-trigger is that which forms the very basis of societies - the presence of other people.”⁹² Indeed, it seems that the vast majority of ecstatic, transcendent, and mystical experiences occur in seclusion. Thus, it appears that transcendent, peak, and mystical experiences may be triggered by the ordinary or the extraordinary and are as infinite in type as the experiences they produce.

While transcendent experiences are vastly positive, a few individuals do describe negative experiences during their mystical moments including feelings of terror, fear, darkness, and desolation. In “Correlates of Mystical and Diabolical Experiences in a Sample of Female College Students,” Nicholas Spanos and Patricia Moretti used the Diabolical Experiences Scale to measure:

1. Sensing the presence of an evil spirit
2. The sense of being acted upon by an evil presence
3. The sense of being intimately assaulted and terrorized by an evil spirit
4. Being given messages from Satan, being overtaken by him or being used as his agent⁹³

They found, “Most subjects reported low levels of diabolical experience.”⁹⁴ Interestingly, subjects reporting more diabolical experiences had significantly higher measures of neuroticism and psychosomatic symptoms. Spanos and Moretti also found, as did Hood, that “positive mysticism was unrelated to measures of psychopathology.”⁹⁵ Julie Milton’s

study of the effects of the paranormal found, “Six respondents had experienced fear, ranging from ‘slight fear’ to ‘terrified,’ the latter experience being followed by the experient running screaming from the house.”⁹⁶ While negative experiences do occur in mystical states of consciousness, they are the exception rather than the rule and do tend to reveal greater psychological distress in the experiencer.

In Christian mysticism, the dark night of the soul has classically been considered a major trigger to true mystical experience. By comparison, the Eastern philosophies focus on the light of the soul. Christian mystics influenced by the Western church, in their deep desire to unite their soul with God, sought union through desolation, pain, and depression. Shealy, in discussing the dark night of the soul, echoes the words of Mechthild and Megdeburg, “Again, and again, Christian mystics have emphasized ‘the higher the love, the greater the pain.’ These aspects of ‘mystical ill health’ sometimes going into serious depression, isolation, and ‘the Dark Night of the Soul’ appear to be built upon the need which the Western church especially has emphasized, that of suffering.”⁹⁷ The writings of St. John of the Cross exemplify the struggle of the soul through its dark night and its ultimate joy and liberation when union with God occurs. Joan Borysenko, author of *Fire in the Soul*, sees potential benefits in dark nights if one’s belief system is aligned with such a belief. Borysenko states, “If we have a strong belief that our suffering is in the service of growth, dark night experiences can lead us to depths of psychological and spiritual healing and revelation that we literally could not have dreamed of and that are difficult to describe in words.”⁹⁸ The study of religious mystical experience and pre-lifestyle factors conducted by Spilka, Brown, and Cassidy hypothesized that religious background and a sense of dissatisfaction with life would

orient individuals to mystical experience. They wrote, “In other words, mystical experiences may be stimulated by distressing life conditions that motivate the individual to search for solutions outside the ‘real world’ of everyday existence.”⁹⁹ Their findings did reveal and imply a pre-lifestyle factor of, “a relatively high level of dissatisfaction with life and work.”¹⁰⁰ As noted in this study, life struggles, depression, and dark nights seem to predispose some individuals to mystical encounters. Moreover, these dark night experiences may be more prominent among a highly religious Christian population.

Why Individuals May Not Report Mystical Experience

Yet another interesting aspect to studying mystical experience is why some individuals will report them and others may not. Indeed, if these experiences are common and as Maslow states, “Practically everybody reports peak experiences if approached and questioned and encouraged in the right way,”¹⁰¹ why would individuals be reluctant to describe them? As previously noted, structured surveys may inhibit accurate reporting of mystical experiences. In a study titled, “Reasons for Not Reporting Peak Experiences,” John Davis, Linda Lockwood, and Charles Wright surveyed 246 respondents and asked them to write why they had not discussed their peak experience with others. They found, “The most common reasons respondents gave for not discussing a peak experience were that it was a special and intimate personal experience which they did not want to discuss, that they felt it might be devalued or put down, and that they could not adequately describe it.”¹⁰² The other most common reasons included not realizing it was a peak experience, the loss of personal power from telling others, and the fear of being thought of as crazy or unstable. Respondents also expressed feelings of embarrassment, shame, violation of religious beliefs, and being perceived as lying about

the experience as reasons for not reporting.¹⁰³ Davis, Lockwood, and Wright noted that some religions and traditions believe mystical experiences should only be discussed with elders or master teachers and this may possibly inhibit the report of these experiences.¹⁰⁴ Their research adds worthwhile insights into understanding why individuals do not or may not report peak experiences.

Individuals may not report mystical experiences when they fear ridicule from others in expressing what may be considered a paranormal experience since the term paranormal is often associated with the occult and may have a negative context for some individuals. Religious language in structured surveys may also hinder reporting spiritual, mystical or religious experience. Hood specifically discusses this issue:

Of course, some outside mainstream traditions may define paranormal experiences as 'religious' or more likely by the more general term 'spiritual.' It is likely that the use of the term 'God' or not in survey items produces different results, in that persons committed to mainstream religion are most likely to respond to religious language and to make distinctions among various experiences on the basis of religious knowledge. Clearly, avoiding religious language in survey questions encourages the reporting of a wider range of experiences.¹⁰⁵

From his studies, Hood also concluded that intrinsically religious individuals and individuals whose religious affiliation encouraged such experiences were more likely to report mystical experiences than extrinsically religious individuals who tended to report fewer mystical experiences.

Maslow differentiated between peak experiencers and non-experiencers stating, "At first it was our thought that some people simply didn't have peaks. But, as I said, we found out later that it's much more probable that the non-peakers have them but repress or misinterpret them, or - for whatever reason - reject them and therefore don't use them."¹⁰⁶ He proposed that narrow-minded, pessimistic, rationalistic individuals may

reject their experiences because they could not tolerate being overwhelmed with emotion, tenderness, or any feeling of loss of control. Maslow identified this defensive mechanism as desacralization, the denial of the sacred dimension of everyday experiences.¹⁰⁷ These very qualities are opposite those of self-actualizers who tend to have and report more peak experiences. Hood concurred with Maslow in stating, “Thus, the findings in this study that persons of high psychological strength are more likely to report intense religious experiences than persons of low psychological strength is not without collateral support.”¹⁰⁸ Hood also reported that individuals who were more open to experience were more likely to report mystical or intense religious experiences. Openness to experience is, likewise, a quality of self-actualizers.

Compassion in Mystical Experience Research

William Braud and Rosemarie Anderson in *Transpersonal Research Methods for the Social Sciences* discuss the need for valuing human experience and recommend an intuitive approach to all transpersonal research. They encourage compassion to guide research, questions, scales, and data and state, “Research informed by compassion is qualitatively different from emotionally detached research because our values and intentions frame the manner of our thinking and actions nonetheless: Better that compassion set our intentions.”¹⁰⁹ In addressing the difficulty of language and interpretation of mystical experience, Braud and Anderson’s recommendations provide insight into a more effective approach of eliciting coherent and measurable descriptions of transpersonal experiences, “Compassion allows us to ask the most significant questions and guides our hypotheses and speculations toward rich and expansive theories regarding the nature of human experience. Compassionate listening allows our research

participants to speak to us freely and honestly about the depth and value of their experience. Of course, it takes skill to learn to analyze data, yet compassion allows us to see the value and significance of the data as they shape themselves before us.”¹¹⁰

The interpretation and measurement of the language of mystical experience remains complex and speculative yet provides general impressions as to what the experience entails. It may be that the very lack of compassion in scientific, analytical mystical research has made the problem of language and interpretation more difficult than necessary. In exploring mystical experience with compassionate understanding by researchers who have had these very experiences, perhaps the language and interpretation of mystical experience may become more easily recognized, categorized, and fruitfully measured.

The Therapeutic Value of Mystical Experience

Mystical Experience or Psychoses

Once considered symptomatic of psychopathology, mystical experience was thought of as a regression to a more infantile state as well as an indication of possible neurotic illness. As Hay and Morisy note, Freud and his followers held the projection theory, “which assumes that religious people invent a heavenly parent figure as a means to cope with their helplessness in the world and that the development of a cult with its regularly repeated rituals is probably to be considered as a kind of obsessional neurosis.”¹¹¹ Yet, as Hay and Morisy emphasize, it is erroneous to label individuals as neurotic simply because they are religious. To do so, religion would have to be deemed nonsensical, an assumption that is not able to be empirically tested. However, religious delusions are known to accompany some forms of mental illness such as schizophrenia, manic

episodes, and psychosis. Harold Koenig in *Handbook of Religion and Health* states, “It is not surprising that mental health professionals have often concluded that religious beliefs and practices have a negative impact on mental health, particularly when so many of their patients express religious ideas.”¹¹²

For decades, mental health professionals have questioned whether mystical experience is related to a range of mental illnesses, including psychosis, neurosis, schizophrenia, and manic-depression.¹¹³ Michael Thalbourne and Peter Delin in a study titled, “A Common Thread Underlying Belief in the Paranormal, Creative Personality, Mystical Experience and Psychopathology” surveyed college students, manic-depressives, and schizophrenics. They found the incidence of mystical experience was higher in the two groups with mental illness than in the college population and concluded, “This result therefore supports the hypothesis of an association of some kind between mystical experience and mental illness.”¹¹⁴ However, Stanislav Grof and Christina Grof, pioneers in the field of Transpersonal Psychology, note that spiritual crises must be considered separate from mental illness. In *Spiritual Emergency: When Personal Transformation Becomes a Crisis*, Grof and Grof state:

Rather than concluding from the apparent increase of mystical and visionary experiences that we are in the middle of a global epidemic of mental disease, we should re-evaluate the relationship between psychiatry, spirituality, and psychosis. We are now realizing to our surprise that, in the process of relegating mystical experiences to pathology, we may have thrown the baby out with the bath water. Step by step, spirituality is making a comeback into modern psychiatry and into science in general.¹¹⁵

David Lukoff, Francis Lu, and Robert Turner agree stating, “Psychospiritual problems are conflicts that arise from spiritual experiences, and are not attributable to a mental

disorder.”¹¹⁶ Yet, Grof and Grof highlight the importance of discerning spiritual openings from psychoses and state:

Episodes of non-ordinary states of consciousness cover a very wide spectrum, from purely spiritual states without any pathological features to conditions that are clearly biological in nature and require medical treatment. It is extremely important to take a balanced approach and to be able to differentiate spiritual experiences from genuine psychoses. While traditional approaches tend to pathologize mystical states, there is the opposite danger of spiritualizing psychotic states and glorifying pathology or, even worse, overlooking an organic problem.¹¹⁷

Interestingly, many mental health professionals do not consider themselves religiously oriented yet do tend to consider themselves spiritually oriented.¹¹⁸ Lukoff et al. in “Transpersonal Psychology Research Review: Psychospiritual Dimensions of Healing” state,

In the previous Research Review (Lukoff et al., 1992), we abstracted research documenting the existence of a “religiosity gap” between the general public and mental health professionals. Mental health professionals place far less importance on religion than do the general public and patient population. Psychiatrists and psychologists are relatively uninvolved in religion, and 50-60% describe themselves as atheists or agnostics in contrast to 1-5 % of the population. However . . . there is not a comparable “spirituality gap” between the experiences, beliefs and practices of mental health professionals and those of the public.¹¹⁹

Lukoff et al. note that in addition to de-emphasizing religious issues, mental health professionals lack adequate training to counsel individuals who have had a mystical experience or spiritual crisis. They state, “Despite the importance of religion and spirituality in most patients’ lives, neither psychiatrists nor psychologists are given adequate training to prepare them to deal with issues arising in these realms.”¹²⁰

It is important to note that the *Diagnostic and Statistical Manual of Mental Disorders -IV* was revised in 1994 to reflect a greater cultural sensitivity to religious and spiritual issues apart from mental illness. This new diagnostic category is included under

“Other Conditions That May Be a Focus of Clinical Attention.”¹²¹ Bruce Greyson in *Near Death Experiences* states, “The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., *DSM-IV*) distinguishes a category of problems labeled ‘other conditions that may be a focus of clinical attention.’ The *DSM-IV* in fact warns against misinterpretation as mental disorders ‘certain religious practices or beliefs (e.g., hearing or seeing a deceased relative during bereavement). This new category in *DSM-IV* acknowledges that psychological problems of a religious and spiritual nature are not necessarily attributable to a mental disorder or reducible to biological explanations and treatment.”¹²² However, problems in the diagnosis of spiritual experiences continue to exist.

Greyson cites the continual problem of misunderstanding and misdiagnosis in spiritual crises, in particular, in the case of near-death experiences. He states, “Because near-death experiences often occur without preparation or warning, NDErs facing chaos and change of kundalini awakening may seek professional counseling. Therapists unfamiliar with kundalini phenomena, however, may misinterpret client’s symptoms as reflecting an underlying mental illness.”¹²³ Kundalini, considered innate life energy or prana, when awakened, is considered to open an individual to a higher consciousness and spiritual path. Near-death experiences are thought to be a catalyst to this type of spiritual awakening.¹²⁴ Yet, this intensely powerful experience, in an unhealthy or unprepared personality, may produce psychosis. Greyson notes, “This theoretical arousal of kundalini by life-threatening crisis has traditionally been regarded by Eastern philosophers as dangerous. According to those sources, kundalini should only be awakened by a gradual process under the guidance of someone who has first-hand experience with it; otherwise, a kundalini awakening in a body and soul not properly

prepared can produce negative effects, including psychosis.”¹²⁵ Greyson conducted a study of 138 psychiatric in-patients to explore the difference between a true spiritual awakening of kundalini and the manifestation of psychosis. His findings indicated, “. . . symptoms of the physio-kundalini syndrome are reported far more often by individuals known to have experienced kundalini awakening than by psychiatric, and particularly psychotic, patients. Furthermore, certain specific physio-kundalini symptoms can be identified as being particularly helpful in differentiating kundalini awakening [spiritual crisis] from mental illness.”¹²⁶

Mystical experience or spiritual emergency is considered a gift, an invitation for self-transcendence and transformation. As Grof and Grof state, “If properly understood and treated as difficult stages in a natural developmental process, spiritual emergencies can result in spontaneous healing of various emotional and psychosomatic disorders, favorable personality changes, solutions to important problems in life, and evolution toward what some call “higher consciousness.”¹²⁷ Moreover, as the great mystics knew, at the core of healing in mystical experience or spiritual crisis is a deeper and more profound feeling of love. “What is the ultimate goal of spiritual emergence and the renewal process? It has the same goal as that of the mystic way or of meditation; in Buddhist practice it is called wisdom and compassion or love.”¹²⁸

The Healing Potential of the Transpersonal Realm

Stanislav Grof believes the transpersonal realm holds significant healing potential. Grof, originally known for his transpersonal research studies on the use of LSD psychotherapy, states, “Psychedelic substances are extremely powerful tools for opening the depths of the unconscious and the heights of the super conscious. LSD-25 remains

after several decades of research the most remarkable and interesting of all psychedelics. A dosage as small as 25 micrograms can induce noticeable psychological changes lasting 6-8 hours.”¹²⁹ Interestingly, Walter Pahnke conducted a similar study with terminal cancer patients in 1968 in which he used therapeutic amounts of LSD to induce mystical experiences. Pahnke states, “Our goal is the mystical experience, which we feel can have positive therapeutic consequences.”¹³⁰ Pahnke’s study did reveal positive healing benefits to LSD-induced mystical experiences. In a most recent 2006 landmark study conducted by researchers at John Hopkins University, psilocybin mushrooms were used to induce mystical experiences in thirty-six healthy volunteers. Lead researcher Ronald Griffiths states, “Under very defined conditions, with careful preparation, you can safely and fairly reliably occasion what’s called a primary mystical experience that may lead to positive changes in a person. It’s an early step in what we hope will be a large body of scientific work that will ultimately help people.”¹³¹ More than 60% of the study participants described a ‘full mystical experience’ and, “one-third said the experience was the single most spiritually significant of their lifetimes.”¹³² The team plans to continue their research on inducing mystical experience by conducting a trial, “with patients suffering from advanced cancer-related depression or anxiety, following up suggestive research several decades ago.”¹³³ Indeed, the John Hopkins study highlights the enormous healing potential inherent within the transpersonal realm of consciousness.

While the therapeutic use of LSD psychotherapy has been banned, Grof’s new research utilizes holotropic breath work to achieve non-ordinary states of consciousness for therapeutic purposes. Grof’s lifelong dedication to transpersonal states of consciousness for therapeutic benefit highlights the value of transpersonal states for

psychological growth. In *The Adventure of Self-Discovery* Grof states, “The importance and value of transpersonal experiences is extraordinary. It is a great irony and one of the paradoxes of modern science that phenomena with a therapeutic potential transcending most of what Western psychiatry has to offer are, by and large, seen as pathological, and are indiscriminately treated by suppressive therapy. A therapist who is unwilling to recognize them [transpersonal experiences] because of his or her philosophical bias is giving up a therapeutic tool of remarkable power.”¹³⁴ An accumulating mass of research literature, in evidence of support to Grof’s assertions, is acknowledging the potential value of non-ordinary or transcendent experiences. Western psychiatry and psychology are beginning to view transcendent experiences within the realm of normal mental health.

Perhaps the earliest evidence of mystical states as embodying therapeutic potential comes from shamanic history. Shamanism is the art of soul retrieval and the role of the shaman is to promote the transformation and reintegration of the individual for the benefit of the tribe or culture. Shamans and often patients, too, intentionally enter sacred, transpersonal states of consciousness to contact the spirit world for the purpose of soul retrieval and healing outcomes on behalf of the individual. Jeanne Achterberg, author of *Imagery in Healing: Shamanism and Modern Medicine*, emphasizes that shamanism is, in indigenous cultures, practiced throughout the world to heal illness and restore harmony between the soul and the self.¹³⁵ Ken Wilber in *Integral Psychology* notes, “The shaman, as the first ‘psychotherapist,’ was the first to discover the extraordinary importance of transpersonal altered states of consciousness for ordinary healing, both physical healing and psychological healing.”¹³⁶ Sandra Ingerman, author of *Soul Retrieval: Mending the Fragmented Self*, describes spiritual illness as a result of soul loss. Ingerman notes that

the shamanic process retrieves lost parts of the soul, returning them to and reintegrating them with the self. Thus, the process of soul retrieval creates wholeness and harmony in mind, body, and spirit.¹³⁷ Peter Nelson points to a mass of literature on personalities that seem characteristic of shamanic apprentices and notes that the same personality factors seem to correlate with individuals who appear to have more frequent praeternatural or mystical experiences.¹³⁸ These personality factors are absorption, emotional arousal, and openness to experience. Nelson states, “It is just these personality characteristics of high absorption and greater emotional reactivity and variability shown by those capable of praeternatural experiences which may, in part, underlie the manifestation of what has been called ‘initiatory illness.’ This ‘illness’ has been a traditional signal in many pre-literate societies alerting shamans, as in the case of the Yakut, for example, to a potential apprentice for the role of conduit to the ‘supernatural’ world.”¹³⁹ It is evident from the ancient practice of shamanism that transpersonal and transcendent states of consciousness are highly therapeutic.

The literature of Abraham Maslow highlighted the therapeutic value of peak experience as early as the 1960’s. Maslow, author of *Religions, Values, and Peak Experiences*, noted that individuals who reported frequent peak experiences were actually more creative and self-actualizing than those who did not report such experiences. Highlighting the many positive outcomes of peak experiences, Maslow states, “In other words, peak experiences are one part of the operational definition of the statement that ‘life is worthwhile’ or ‘life is meaningful.’ In peak experiences, the dichotomies, polarities, and conflicts of life tend to be transcended or resolved. That is to say, there tends to be a moving toward the perception of unity and integration in the world. The

person himself tends to move toward fusion, integration, and unity and away from splitting, conflicts, and oppositions.”¹⁴⁰ Maslow considered peak experiences highly therapeutic for some people and profoundly life changing for others. Greeley’s study on mystical experience came to a similar conclusion in support of the psychological value of mystical experiences, “Professor Norman Bradburn, whose psychological well-being scale is one of the principal dependent variables used in this monograph, commented at a National Opinion Research Center (NORC) staff seminar that there are no other variables he knows of that correlate as strongly with psychological well-being as does frequent mystical experience. In an era when mental health concerns are of paramount importance, such a finding can hardly be overlooked.”¹⁴¹

Robert Wuthnow, citing a conclusion to his study on the value of peak experiences, states, “Instead, they appear to be but one, although a significant, aspect of a self-actualizing style of life. The data gives no hint that peak experiences are, as some have suggested, more common among pathological types of personalities. Rather, they appear to be associated with introspective, self-aware, self-assured personalities.”¹⁴² An extensive review of the literature undertaken by Kathleen Noble underscores what Noble found to be the lack of correlation between mystical experience and psychopathology. Rather, Noble discovered, “Although these data are accumulating slowly, this literature suggests that transcendence is significantly more productive of psychological health than psychopathology.”¹⁴³ Kennedy, Kanthamani, and Palmer in “Psychic and Spiritual Experiences, Health, Well-being, and Meaning in Life” concluded, “This survey also found significant, positive correlations between overall meaning in life and psychic and/or transcendent experiences. Meaning in life is increasingly recognized as an

important factor in well-being and health. The hypothesis that anomalous experiences generally have positive impacts on a person's life appears to offer great opportunities for research."¹⁴⁴ Levin explored the connection between health and spiritual practices, experiences, and beliefs. In his discussion of mystical experiences, Levin states, "Whatever one's religious orientation or spiritual path may be, an experience that resonates within the experiencer as making sense, containing great meaning, and offering direction or redirection to one's life can be a powerful source of psychological growth. This is true because such experiences of mystical or numinous states if deeply felt and held to be real and meaningful, can change how we feel about ourselves and our place in the world. Such experiences can stop us on a dime and radically change our life."¹⁴⁵

There is interesting evidence some individuals may be more predisposed to paranormal, mystical, and psychic experiences. Hood's study found, "a positive correlation between reported intense religious experiences and hypnotic susceptibility."¹⁴⁶ Hypnotic susceptibility includes a factor known as absorption. Absorption relates to the ability to place one's full or total attention and focus on an object. Nelson specifically focused on absorption as a personality factor in praeternatural experiences and characterized it as a state in which, "objects of absorbed attention acquire an importance and intimacy that are normally reserved for the self and may, therefore, acquire a temporary self-like quality. These object identifications have mystical overtones. And, indeed, one would expect high-absorption persons to have an affinity for mystical experience, even if true *unio mystica* is, itself, a rare attainment."¹⁴⁷ Kennedy, Kanthamani, and Palmer looked at absorption as a factor in their study of psychic and spiritual experiences and noted in their findings that "psychic and

transcendent experiences separately were significantly correlated with absorption, temporal lobe symptoms, and meaning in life.”¹⁴⁸ It appears that individuals with higher absorption abilities do tend to have more transcendent experiences.

Is there a relationship between temporal lobe symptoms and a physiological basis for transcendence and mystical experience? Some researchers have correlated the right temporal lobe of the brain to the experience of religious states and non-ordinary states of consciousness. Melvin Morse has studied the right temporal lobe and concludes, “Deep right temporal lobe and associated limbic structures are clearly linked to human religious experiences of all types, including conversion experiences and near death experiences. I speculate that our right temporal lobe allows humans to interact with a timeless space-less ‘non-local’ reality. The clinical experience of accessing that reality is an important component in religious experiences.”¹⁴⁹ Morse cites various studies of right temporal lobe epilepsy and descriptions by experiencers of déjà vu, feelings of religious ecstasy, near death-like experiences, visual and auditory hallucinations, memory recall, and perceptions of other realities during seizures or during electrical stimulation of the lobe.¹⁵⁰ Morse notes the right temporal lobe mediates the experience of non-local realities due to quantum non-locality. Jonas and Chez define non-locality as, “generally, the state of being unconfined and unrestricted to a particular place. In modern physics, a fundamental property of the universe, in which entities once in contact demonstrate correlated behaviors, instantly and to the same degree, regardless of the extent of spatial separation.”¹⁵¹

Elizabeth Targ, Marilyn Schlitz, and Harvey Irwin discuss the possibility of the temporal lobe as the mediator of Psi-related experiences (PREs) and state, “Partial

evidence for the involvement of psychopathology in some PREs has been found in efforts to establish a consistent biological or neurological marker of these events. Neppe (1983), for example, pointed out the similarity of many PREs to symptoms of temporal lobe epilepsy. Persinger (1984) and colleagues (Persinger & De Sano, 1986; Persinger & Valliant, 1985) have also reported correlations between temporal lobe signs and PREs in non-clinical populations. Attributing all spontaneous PREs to sub-clinical temporal lobe dysfunction, however, remains far from demonstrated. In addition, the types of experiences identified by Neppe are very specific and for the most part do not involve the experience of information transfer typically associated with Psi phenomena.”¹⁵²

Harold Koenig offers alternative hypotheses for other possibilities related to the mediation of anomalous experiences:

1. Rather than arising from specific areas like the temporal lobes, religious or spiritual experience may result from whole brain activity that requires the working together of many different parts of the brain and the autonomic nervous system.
2. Another alternative hypothesis is that religious and spiritual experiences are epiphenomena that occur separate from the brain or other neurological substrate.
3. A related third hypothesis is that the extreme complexity in biological systems can lead to a higher order of experience that cannot be explained.
4. A fourth possibility is that religious or spiritual experiences are supernatural and cannot be explained using the tools of science which are designed to study natural phenomena.¹⁵³

Thus, studies linking religious or spiritual experience to the right temporal lobe and epilepsy are, at this time, inconclusive.

The Therapeutic Effects of Mystical Experience

The effects of mystical experience are numerous, substantially positive, and often characterized by feelings of peace, comfort, love, awe, reverence, and new meaning to life. David Wulff notes the aftereffects of mystical experience, “There remains the joyful

impression of having encountered a higher reality and discovered new truths. Ordinary concerns recede in importance or appear in a new light, and new beliefs and values take the place of old ones. Some experiencers report feeling an intensified love and compassion for others, and many say that life as a whole has taken on new meaning.”¹⁵⁴ Wuthnow noted individuals who report frequent peak-experiences tend to be more inner-directed, more self-aware, and self-assured. He found that peak experiencers were less likely to attach importance to material possessions, were somewhat less status conscious, and valued social concerns more than non-peak experiencers.¹⁵⁵ Jared Kass et al. found, “The correlation between INSPIRIT scores, core spiritual experiences, and increased Life Purpose and Satisfaction (IPPA) suggests that core spiritual experiences may contribute to positive psychological attitudes.”¹⁵⁶ Kennedy and Kanthamani specifically measured the effects of paranormal and spiritual experiences on the lives of individuals reporting, “72% of the respondents indicated that they believe their life is guided or watched over by a higher force or being as a result of their experiences, 63% are certain there is life after death, 55% became significantly more spiritual or religious, and 49% were helped to understand and accept death. Similarly, 56% became more happy and confident, and only 8% became more anxious and insecure.”¹⁵⁷ Research on near-death experiences points to profound and dramatic aftereffects of this type of paranormal experience. The most significant effect seems to be a deeper understanding and feeling of love. Raymond Moody, author of *Life after Life*, writes, “There is a remarkable agreement in the ‘lessons’ as it were, which have been brought back from these close encounters with death. Almost everyone stressed the importance in this life of trying to cultivate love for

others, a love of a unique and profound kind.”¹⁵⁸ The great mystics, too, describe mystical experience as a transformation into a deeper knowing that everything is love.

Is there a difference between the effects of an introvertive mystical experience and an extrovertive mystical experience? Bucke considered the incidence of true mystical experience or cosmic consciousness to be rare concluding that cosmic illumination was, indeed, an ultimate transformation from a lesser to a higher form of consciousness.¹⁵⁹

Stace regarded introvertive mystical experiences or “the inward way” to be more complete and permanent than extrovertive experiences or “the outward way.”¹⁶⁰ He states:

The extrovertive type of mystical consciousness is in any case vastly less important than the introvertive. The extrovertive experience...is actually on a lower level than the introvertive type; that is to say it is an incomplete kind of experience which finds its completion and fulfillment in the introvertive kind of experience. The extrovertive kind shows a partly realized tendency to unity which the introvertive kind completely realizes. Consciousness or mind is a higher category than life, the top rung of the ladder of life. The extrovertive mystic perceives the universal life of the world, while the introvertive reaches up to the realization of a universal consciousness or mind.¹⁶¹

Yet, Stace notes that spontaneous extrovertive experiences may radically and permanently change an individual’s meaning, direction, and values in life.¹⁶²

Hood et al. state an opposing view, “Hood has argued that extrovertive mysticism is likely to follow upon introvertive mystical experience, but does not claim it to be a ‘higher’ experience.”¹⁶³ The debate in the field of mysticism as to the possibility of two types of mysticism led Hood et al. to identify mystical experiences as impersonal and personal.¹⁶⁴ As well, they made the distinction between numinous experience, considered an experience of a ‘holy other’ beyond nature and a mystical experience of unity.¹⁶⁵ Hood et al. note, “Thus, for conceptual purposes we can separate the numinous and the mystical

according to whether the personal or impersonal aspects of foundational reality are emphasized. Mysticism tends towards the impersonal; the numinous tends towards the personal . . . measurement studies can identify both numinous and mystical experiences on the basis of whether one experiences a sense of presence (numinous experience) or a sense of unity (mystical experience).”¹⁶⁶ Yet, it is important to note that Stace, too, identified the presence of the holy and sacred in both extrovertive and introvertive mystical states.¹⁶⁷ Happold cited mystical experiences, “as falling into two main types, of love and union, and of knowledge and understanding.”¹⁶⁸ Elmer Green et al. identified spiritual experiences as falling into two broad categories of, “extrapersonal events - beyond normal limits of ego and personal unconscious, into cosmic (non divine) awareness”¹⁶⁹ and, “transpersonal events - beyond normal limits of ego and personal unconscious, into universal (divine) awareness.”¹⁷⁰ In comparison, it appears that the categories of transpersonal experience designed by Stace, Hood, and Green are similar. Yet, the lack of consensus regarding types of mystical experience is yet another indication of the diversity encompassing the study of mysticism itself. As Hood et al. note, “The conceptual argument as to whether there are two separate mysticisms has important consequences for empirical research.”¹⁷¹ Indeed, the significance between various types of mystical experience may very well lie in the degree to which they are therapeutically beneficial. Ultimately, however, it may be that the interpretation of a mystical experience and its integration into one’s life determines the degree to which self-transformation and therapeutic benefit occurs following a spiritual experience.¹⁷²

Since mystical experience can be life transforming for some individuals, a period of readjustment to new perceptions of self, others, and life may be necessary. Noble

emphasizes this stage of adjustment, “The experience itself is invariably, albeit temporarily, disorienting and sometimes quite alarming and disruptive. As a result, the aftermath of transcendent experiences can include a painful period of adjustment characterized by withdrawal, isolation, confusion, insecurity, and self-doubt.”¹⁷³ Noble encourages more sophisticated education and training among counseling professionals to assist individuals through this adjustment period. In citing the aftereffects of near death experiences, Kenneth Ring in *Heading Toward Omega* concludes, “Not everyone has such a strong reaction to coming back . . . but some difficulties in readjusting are the rule, not the exception.”¹⁷⁴

The Realm of Spiritual and Psychological Well-Being

Defining Spiritual and Psychological Well-Being

Well-being has traditionally been associated with the quality of an individual’s life. In a holistic sense, well-being refers to a harmony between body, mind, and spirit and to various related dimensions of an individual’s life such as social relationships and work. Well-being has been a major focus of health care research in the past few decades as western medicine has come to recognize the significance of well-being to individuals’ lives, symptoms and illnesses, pain, procedural and surgical outcomes, and recuperation. Matthew Muldoon et al. state, “Assessment of the patient’s experience of disease and treatment is now acknowledged as a central component of health care and healthcare research.”¹⁷⁵ A substantial amount of literature has been amassed on quality of life and well-being, yet, this field of research continues to lack concise definitions of these dimensions of health.

The Medical Outcomes Study, MOS, originated from a growing interest in health care research to develop operational categories to measure physical and psychological health. “The MOS goal was to develop a brief, general measure indicative of general distress or lack of well-being associated with physical and psychological problems, and therefore, appropriate for patients with either physical or emotional problems.”¹⁷⁶ The MOS defined well-being as positive affective states of feeling happy, cheerful, interested in life, and peaceful while psychological distress was defined as negative affective states of feeling anxious, or depressed.¹⁷⁷ While the MOS measured well-being within physical functioning and mental/emotional functioning, it did not differentiate between the two and although the MOS does not allude to the term quality of life in its measurements, definitions of quality of life encompass both the physical and mental domains. The Centers for Disease Control, as well, describes quality of life with these two components and states, “In public health and in medicine, the concept of health-related quality of life refers to a person or group’s perceived physical and mental health over time.”¹⁷⁸ In their study on cancer quality of life research, Mytko and Knight note the term quality of life has been measured by various definitions. They conclude, “The term ‘quality of life’ usually refers to a multidimensional construct that includes the patient’s perspective of their overall quality of life and their assessment of specific components of quality of life (i.e. physical, psychological, and social well-being).”¹⁷⁹

The broad and interchangeable use of the terms quality of life and well-being seems to cloud their measurement and detract from needed healthcare research of these two domains. In an article titled, “What Are Quality of Life Measurements Measuring?” Muldoon et al. discuss the discrepancies in quality of life research and the confusion

between the terms quality of life and well-being. In a response to the Medical Outcomes Study, Muldoon et al. emphasize that combining the two measures leads to confusion and state, “As the medical outcome study is a ‘mixed’ instrument, this overlap suggests that self reported measures of functioning and perceived wellbeing lack optimal discriminate validity.”¹⁸⁰ They continue, “While there is neither a precise nor agreed upon definition of quality of life, quality of life researchers seek essentially two kinds of information, the functional status of the individual and the patient’s appraisal of health as it affects his or her quality of life.”¹⁸¹ Muldoon et al. make a clear distinction between the components in what is termed quality of life, “Two operational definitions of quality of life are identified - objective functioning and subjective well-being. Assessments of objective functioning and subjective well-being convey different information.”¹⁸² Muldoon et al. see the lack of clarity between the two components of quality of life as an obstacle to productive quality of life research and encourage researchers to make precise distinctions in quality of life research to more effectively address individual and patient health care. It is important to note that spiritual and religious dimension of well-being have only recently been considered as integral aspects of quality of life and are still often omitted from quality of life research.¹⁸³

Norman Bradburn, author of *The Structure of Psychological Well-Being*, defines psychological well-being as it relates to the variable of happiness and states, “A person’s position on the dimension of psychological well-being is seen as a resultant of the individual’s position on two independent dimensions - one of positive affect and the other of negative affect. The model specifies that an individual will be high in psychological well-being to the degree to which he has an excess of positive over negative affect and

will be low in well-being in the degree to which negative affect predominates over positive. Thus, in many respects, the model is similar to the older pleasure-pain or utility models that view an individual's happiness or well-being in terms of the degree to which pleasure predominates over pain in his life."¹⁸⁴

Kennedy, Kanthamani, and Palmer explored well-being as it related to psychic and spiritual experiences. They noted, "Well-being is the basis for quality of life measures that are becoming widely used in health research. Well-being includes a cognitive component (life satisfaction) and an emotional component (positive affect) and is a global assessment of all aspects of a person's life. Unfortunately, researchers use inconsistent terminology in well-being research."¹⁸⁵

Ed Diener in "Subjective Well-Being: The Science of Happiness and a Proposal for a National Index" states, "Subjective Well-Being (SWB) refers to people's evaluations of their lives- evaluations that are both affective and cognitive. People experience abundant SWB when they feel many pleasant and few unpleasant emotions, when they are engaged in interesting activities, when they experience many pleasures and few pains, and when they are satisfied with their lives."¹⁸⁶ Diener notes that a sense of subjective well-being is derived from an individual's emotions and moods as well as from the judgments they have placed on their entire life. He states, "Thus, there are a number of separable components of SWB: life satisfaction (global judgments of one's life), satisfaction with important domains (e.g. work satisfaction), positive affect (experiencing many pleasant emotions and moods), and low levels of negative affect (experiencing few unpleasant emotions and moods)."¹⁸⁷ There are many attributes to well-being including happiness, pleasure, appreciation, belonging, expectations, fulfillment, and hopes. Well-being, in its

many definitions, remains the essence of an individual's sense of harmony with self and life.

Spiritual well-being is a term with various definitions and thus a universal definition of spiritual well-being in healing research does not exist. Spiritual well-being refers to the effects of one's personal and intimate relationship with that which is considered ultimate or Divine. Spiritual well-being may be thought of as feelings of harmony and peace coupled with a sense of meaning and purpose to life itself. Spiritual well-being is widely recognized within the world's religions and is often measured by the alignment of one's spirit with the will of God. Evelyn Underhill in *The Spiritual Life* states, "Spiritual life, which is profoundly organic, means the give and take, the willed correspondence of the little human spirit with the Infinite Spirit, here where it is; its feeding upon Him, its growth towards perfect union with Him, its response to His attraction and subtle pressure."¹⁸⁸ Spiritual well-being, then, alludes to a sense of harmony between oneself, God, and life. Underhill notes, "That means trying to see things, persons and choices from the angle of eternity; and dealing with them as part of the material in which Spirit works."¹⁸⁹ The idea of spiritual well-being as a necessary component of individual health and healing was recognized in the early 1970's by sociologist David O. Mossberg who presented findings from his report, *Spiritual Well-Being: Background and Issues*, to a White House Commission on Aging. Mossberg defined spiritual well-being as follows, "[We] shall consider 'the spiritual' as pertaining to . . . the basic value around which all other values are focused, the central philosophy of life - whether religious, anti-religious, or non-religious - which guides a person's conduct, the supernatural and nonmaterial dimensions of human nature. We shall then

assume, therefore, that all men are ‘spiritual’, even if they have no use for religious institutions and practice no personal pieties.”¹⁹⁰

Craig Ellison in “Spiritual Well-being: Conceptualization and Measurement” defines spiritual well-being in relation to Mossberg’s definition and notes it has two conceptual components, “The vertical dimension refers to our sense of well-being in relation to God. The horizontal dimension refers to a sense of life purpose and life satisfaction, with no reference to anything specifically religious.”¹⁹¹ He continues to describe existential well-being as having a sense, “to know what to do and why, who (we) are, and where (we) belong in relation to ultimate concerns”¹⁹² and emphasizes that each dimension involves transcendence or a stepping beyond what is. Spiritual well-being, as measured by the Functional Assessment of Chronic Illness Spiritual Well-being scale, FACIT-Sp, is defined as, “important aspects of spirituality, such as a sense of meaning in one’s life, harmony, peacefulness, and a sense of strength and comfort from one’s faith.”¹⁹³ Sian Cotton et al. note the uniqueness of the FACIT-Sp, “This scale differs from other measures of spirituality primarily in its focus on the existential aspects of spirituality and faith.”¹⁹⁴ In summary, spiritual well-being centers on a congruence between an individual’s behavior, values, and relationship to God or an ultimate being and is intimately related to psychological well-being as both embody feelings such as happiness and harmony. For the purpose of this study, the FACIT-Sp definition is the operational definition of spiritual well-being.

Mystical Experience and Spiritual Well-Being

The transformative power of a mystical/core spiritual experience offers a potential therapeutic encounter that affects body, mind, and spirit. There are countless stories

throughout history and across cultures of miraculous healings, changes of heart, and resurrections of the spirit that are directly and intimately attributed to the felt sense of love and unity imbued in mystical experiences. In essence, the mystical experience offers an experience of love and love heals. Throughout time, true mystical experiences have described love to be the true reality. According to Neale Donald Walsch, “In the highest truth, love is all there is, all there was, and all there ever will be.”¹⁹⁵ The awesome power of love as a healing force has been known across the eons of time and is at the core of healing in all religions. Bernie Siegel, well-known oncologist and author of *Love, Medicine and Miracles*, writes, “I am convinced that unconditional love is the most powerful known stimulant of the immune system. The truth is: love heals.”¹⁹⁶

Levin discusses recent and current studies in the field of mind-body medicine, known as Psychoneuroimmunology, that demonstrate how love enhances the entire physiology, especially the immune system. He notes our entire physiology responds positively to loving and being loved. Levin emphasizes the significance of feeling and expressing love and its intimate relationship to holistic healing. He describes love as a transformative force that brings harmony to the deepest inner depths of ones being. Referring to studies conducted by The John Templeton Foundation and The Institute of Noetic Sciences on the health effects of love, Levin notes, “Results are not yet published, but I found that dimensions of love - such as feeling love for or feeling loved by God or a higher power - were associated with greater self-esteem, higher levels of self-efficacy or sense of mastery, less depression, less physical disability, and greater self-rated health. These results have led me in a recent scholarly article to propose the ‘epidemiology of love’ as a new scientific field.”¹⁹⁷ Brian Luke Seaward in “Healing: What’s Love Got to

Do with It?” discusses love as the greatest healing energy. Seaward states, “Love is the glue that holds the universe together. There is a spiritual (divine) quality of love to which both the mystic and scientist make reference when describing the healing aspect of love. They call it ‘coherence.’ The concept of coherence not only acknowledges the connectedness of all things, but the potential inherent in sympathetic resonance.”¹⁹⁸

Mystical experience provides a sense of coherence, of intimate interconnectedness to God and the universe. Many accounts of mystical experiences do, indeed, emphasize that God’s love is a transformative force, healing body, mind, and spirit. Could it be that the therapeutic value of mystical experience lies in the experience of feeling loved? Could it be that intrinsic spirituality and spiritual well-being form an intimate connection to feeling loved that is life-enhancing?

Spirituality and health is a new frontier in modern medicine and psychosocial research has just begun to explore the spiritual dimension of well-being and its relationship to emotional and physical illness. Moreover, mystical experience seems to be interrelated to the heart of spirituality. Thus, researchers are becoming more intrigued with its relationship to health and well-being. David Hufford in “Analysis of the Field of Spirituality, Religion, and Health” states:

During the past thirty years research on dramatic spiritual experiences, such as mystical experiences and ‘near death’ experiences have grown rapidly. Historically, such experiences have been related to medicine by being consistently assimilated to psychiatric symptomology (Hufford, 1985). Contemporary research has challenged those assumptions of pathology and has shown new associations with health: 1) some of these experiences are triggered by serious health events, often in medical settings (e.g. near death experiences), and 2) positive impact on emotional health. Yet, S/RH research tends to ignore these experiences in favor of more ordinary, daily spiritual experiences. This leaves another gap in the field that parallels the preference for religion over spirituality outside the religious context and avoidance of unconventional topics, even when those topics are receiving serious investigation with studies published in peer reviewed journals.¹⁹⁹

Hufford discusses the field of spirituality, religion, and health research as well as scales utilized to measure dramatic spiritual experiences and concludes, “Researchers disagree about what these items measure, but they go on to state that ‘further research regarding . . . life-changing religious/spiritual events is highly recommended.’ My analysis of the literature strongly supports their statement.”²⁰⁰

Research findings from studies on spirituality and mystical experience have found intrinsic spirituality and introvertive mystical experience significantly contributes to a greater sense of well-being.²⁰¹ Thus, the most fruitful means of assessing intrinsic spirituality may be accomplished by exploring core spiritual or mystical experiences. Hood noted this to be true in his study results that found intrinsic religiosity correlated with greater reports of mystical and intense religious experiences. In “Religious Orientation and the Report of Religious Experience” Hood found, “The results of this study indicate support for the hypothesis that report of religious experience and personal religious orientation co-vary: intrinsically oriented persons are more likely to report having religious experiences than are extrinsically oriented persons.”²⁰² Hood likens introvertive mystical experience to transcendence and notes, “It also appears that this conceptualization of what we shall term transcendence experience is particularly relevant to recent empirical research concerned with identifying and measuring forms of religious experience.”²⁰³

Kass et al. designed a simple instrument called the Index of Core Spiritual Experiences or the INSPIRIT to measure intrinsic spirituality. They used intrinsically oriented variables and identified core spiritual experiences as those events that result in a personal conviction of the existence of God and a perception of an intimate, personal

connection to God.²⁰⁴ Kass et al. found intrinsic spirituality to be correlated with life purpose, life satisfaction, and better health outcomes. McBride et al. found that intrinsic spirituality correlated with overall health depending on a high, moderate, or low score on the INSPIRIT. As McBride et al. note, “The most practical means of identifying intrinsic spirituality may be by assessing what some call ‘core spiritual experiences.’”²⁰⁵

Meaning, peace and faith are essential components of intrinsic spirituality according to Kass et al. and McBride et al. and have been correlated with positive health outcomes. In other words, intrinsic spirituality appears to be health enhancing. Intrinsic spirituality is also intimately correlated with mystical/ core spiritual experiences.

Spirituality and Spiritual Well-Being in Cancer Research

Spirituality has recently come to be considered an important component to assessing the quality of life and well-being in cancer patients. Spiritual and religious beliefs, too, seem to be significant variables in coping with cancer, adjusting to the changes that diagnosis and treatment bring, and facing potential life-threatening illness.²⁰⁶ Allen Sherman and Stephanie Simonton in “Religious Involvement among Cancer Patients” note, “Cancer is a jarring, life-altering experience for most patients and their families. For many, religion and spirituality play an important role in how they adapt to this crisis.”²⁰⁷ Research on spirituality, coping with cancer, and well-being is indicating that, indeed, spiritual or existential well-being is related to overall subjective well-being and quality of life.²⁰⁸ Sherman and Simonton state, “Global quality of life has been tied to spiritual or existential well-being in a number of studies, including some that controlled for demographic and medical factors, mood, and social desirability. Thus, a sense of existential or religious well-being appears to be tied to overall health-related quality of

life among cancer patients.”²⁰⁹ Mytko and Knight conducted research on current methodologies measuring religious and spiritual beliefs of cancer patients and their correlation to quality of life. They state, “Cancer patients describe their religious and spiritual beliefs as providing a profound method of coping with the disease and improving their quality of life.”²¹⁰ In conclusion to their study, they note, “To date, studies have found significant relationships between religiosity and spirituality and physical well-being, psychosocial well-being and quality of life. This research indicates that religious and spiritual beliefs and practices may provide physiological, affective, behavioral and cognitive mechanisms for coping with illness and distress.”²¹¹

Intrinsic spirituality provides a sense of meaning and purpose to life and it is this very relationship between spirituality and meaning in life that appears as an essential factor in coping with stressful life experiences. Brady et al. selected the Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being scale, FACIT-Sp, for their study measuring spirituality within quality of life in oncology. The FACIT-Sp contains two sub-scales, meaning/ peace and faith. They note, “One’s estimate of the meaningfulness of one’s life has been reported to be perhaps the most important ‘resistance resource’ in coping with difficulties, as it supplies the motivation to continue to enlist other coping strategies and strengths.”²¹² Finding meaning in times of stress and crisis appears to be a protective factor for well-being and as Brady et al. discovered, “Meaning/Peace was found to be the best predictor of ‘contentment with quality of life’ compared to other domains, further demonstrating the importance of the spiritual domain.”²¹³ In discussing the positive correlation between meaning and well-being, they state, “That Meaning/Peace might preserve well-being in the midst of symptoms is

consistent with theories that stress people require a meaning context in which to understand, and successfully cope with, life's difficulties."²¹⁴

Serious illness and personal tragedy often asks one for an assignment of meaning. Borysenko in *Fire in the Soul: A New Psychology of Spiritual Optimism* agrees that "tragedy brings forth the need to create meaning - to tell new stories - that can reweave the frayed ends of life into a coherent whole."²¹⁵ Viktor Frankl in *Man's Search for Meaning* discusses our inner need to find meaning in human existence by stating, "Search for meaning is a primary force in life and not a 'secondary rationalization' of instinctual drives . . . This meaning is unique and specific."²¹⁶ Meaning in life is intimately related to psychological well-being. In psychology, meaning is an essential construct from which fulfillment and purpose in life arise. Meaning in life has been correlated to values, patterns of commitment, hardiness, and a sense of coherence to life.²¹⁷ From a literature review titled, "On the Relation between Meaning in Life and Psychological Well-Being," Sheryl Zika and Kerry Chamberlain write, "Meaning in life is consistently related to positive mental health outcomes, while meaningless is associated with pathological outcomes."²¹⁸ They conclude that meaning in life provides a basis for psychological health and state, "Meaning in life may be one of the critical factors in obtaining and maintaining a strong sense of well-being."²¹⁹ Indeed, as Frankl emphasizes in Logotherapy, the essence of the therapeutic process is to assign meaning to life experiences.

Sian Cotton et al. in their study on "Exploring the Relationships among Spiritual Well-Being, Quality of Life, and Psychological Adjustment in Women with Breast Cancer" examined these three variables (spiritual well-being, quality of life, and

psychological adjustment) together for the first time in a cancer study. This noted strength of their study demonstrated that “Significant associations were observed between spiritual well-being and all five psychological adjustment styles. Furthermore, psychological adjustment styles which utilize cognitive strategies such as positive thinking, faith, and finding meaning in life were positively related to spiritual well-being. In sum, the more ‘spiritually well’ a woman reported she felt, the more likely she also reported higher quality of life and better psychological adjustment.”²²⁰ Spirituality appears to provide an inner dimension to well-being that fosters a sense of meaning and purpose to life. It cultivates a sense of faith that, despite difficulties, there is goodness and purpose in all of life’s experiences. The research evidence is indicating that, indeed, spiritual well-being is life-enhancing.

Spiritual Well-Being and the Search for Meaning in Cancer

Spirituality, Meaning, and the Cancer Experience

The diagnosis of cancer is nearly universally met with feelings of shock, disbelief, and fear combined with feelings of vulnerability, uncertainty, hopelessness, anger, and isolation. Many wonder ‘why me?’ and search for reasons to explain how cancer happened to them. Elizabeth Taylor in “Factors Associated with Meaning in Life among People with Recurrent Cancer” discusses how the attribution theory explains the search for meaning, “Attribution theory posits that negative or unexpected events precipitate the quest for causal understanding, including answers to ‘Why?’ questions. Attributions provide the attributor with explanations, predictions, self-protection, and social identity. This form of cognitive control assists people in perceiving control in the face of seemingly uncontrollable events.”²²¹ Martin Rossman, author of *Fighting Cancer from*

Within, notes the various ways people cope with the diagnosis of cancer, “After the initial shock, people tend to have one of four common responses to their diagnosis: they perceive it as a nightmare, a challenge, a bump in the road, or they just stay numb throughout the whole experience and never really deal with it consciously.”²²² Marilyn Halstead and Margaret Hull state, “For many women, a diagnosis of cancer creates a crisis situation that is interpreted as a tragedy. Individual perceptions of tragedy must be encountered and processed before positive meaning can be attributed to the situation.”²²³

The significance of the attitudes and beliefs individuals bring into the cancer experience and develop along the course of treatment cannot be underestimated in their power to affect the entire experience. O. Carl Simonton, radiation oncologist and co-author of *The Healing Journey*, emphasizes, “Emotions significantly influence health and recovery from disease. Emotions are a strong driving force in the immune system and other healing systems. Beliefs influence emotions and, in so doing, influence health. You can significantly influence your beliefs, attitudes, and emotions, thus significantly influencing your health.”²²⁴ Simonton emphasizes the importance of beliefs in coping with cancer. Since what one believes influences emotions and in turn emotions influence stress, beliefs hold great significance in creating positive or negative attitudes which may affect the course of treatment, recovery, and outcome. Simonton states, “*I believe there are three extremely important factors that need to be recognized and brought to light. One is the belief system of the patient. The second is the belief system of the family and those who surround the patient and are meaningful to him. The third is the belief system of the physician.*”²²⁵ Simonton cites a study he conducted with 152 cancer patients and notes, “The most significant finding of the study was that a positive attitude toward

treatment was a better predictor of response to treatment than was the severity of the disease.”²²⁶

What types of psychological issues and emotional stressors appear to be related to cancer? Simonton et al. in *Getting Well Again* cite significant emotional loss as a predisposing factor in the development of cancer. Siegel agrees, “One of the most common precursors is a traumatic loss or a feeling of emptiness in one’s life.”²²⁷

Lawrence LeShan, pioneering psychologist in understanding the emotional history of cancer patients, identified four common traits in individuals with cancer:

1. Their childhood and youth was emotionally challenging with feelings of abandonment, neglect, and depression.
2. Their early adulthood focused on an intense relationship or vocation that fulfilled the person’s life.
3. The relationship was torn or dissolved in some way which deeply touched the wounded childhood.
4. The individual’s feelings of anger, grief, sadness, and hurt were kept inside and not expressed, rather, the person was seen as a nice and good person.²²⁸

LeShan notes, “The strongest clue concerned the loss of the patient’s *raison d’être* (literally, the ‘reason for being’). This loss of their sense of purpose in life had occurred at some point in the past, apparently pre-dating the first noted symptoms of cancer.”²²⁹

Siegel further explains, “The fundamental problem most patients face is an inability to love themselves, having been unloved by others during some crucial part of their lives.”²³⁰ LeShan, too, notes that this loss often leads to a loss of self or rejection of the true self and for the cancer patient to heal, they need to love and accept the rejected parts of the self.²³¹ Indeed, if feeling unloved is related to illness and if mystical experience gives one the feelings of being loved by God, it is possible that feeling loved as a result of a mystical experience could hold a transformative power great enough to create a

psychic catharsis within the individual. In turn, this would create positive emotions so essential to a healing response.

A significant aspect to interpreting the experience of cancer is to assign meaning to the question of why or how the cancer occurred. Negative meaning, such as assigning punishment as a reason for cancer, creates suffering, depression, and hopelessness. Positive meanings assigned to cancer, on the other hand, create hope, new opportunity, and a fresh start. Finding positive meaning in life experiences is intimately related to religion, spirituality, and spiritual well-being. Religion has long been known to provide comfort, peace, and meaning in times of trials and illness. Terry Gall and Mark Cornblat in “Breast Cancer Survivors Give Voice: A Qualitative Analysis of Spiritual Factors in Long-Term Adjustment” state, “Many cancer patients tend to view religion as salient in their lives. Breast cancer patients, in particular, report religious faith to be an important source of support in dealing with their illness and that the cancer experience, itself, can lead to an increased awareness of spiritual issues as well as an increased reliance on religion and prayer.”²³² Both religious and spiritual beliefs offer a foundation from which understanding, insight, and meaning in life experiences may be recognized by providing feelings of comfort, peace, faith, and hope. Alyson Moadel et al. discuss the important role of religion and spirituality in the successful adjustment to cancer and write, “It is believed that spirituality or religion promotes adjustment through its ability to give meaning and hope by providing an explanation for the experience of illness and suffering.”²³³ In their study of hope and well-being among cancer patients, Jacqueline Mickley et al. found, “Intrinsic religiousness is positively associated with spiritual well-being among oncology patients regardless of their level of physical well-being.”²³⁴

Religious beliefs may offer a negative explanation of illness for individuals who believe God to be a harsh and punishing Deity. George Fitchett and George Handzo in “Spiritual Assessment, Screening, and Intervention” emphasize, “The feeling a person has about illness and their ability to cope are largely dependent on what they believe about it and what they attribute it to. In this regard, the central question for people of faith is, How does God act in the world?”²³⁵ Fitchett, Handzo and others²³⁶ have found beliefs about God and illness generally fall into several categories, “God will heal me; God caused my illness as a test; and God caused my illness as a punishment.”²³⁷ Marilyn Halstead and Margaret Hull, in their study of spiritual development in women with cancer, noted subjects held four paradoxical beliefs about the existence and characteristics of God:

1. There is a kind, loving God/God is vindictive, judgmental/There is no God.
2. My faith is strong enough to handle this struggle/My faith is too weak.
3. Someone or something is in control of my situation/My situation is out of control.
4. There is a reason for my situation/I don’t know the reason for my situation.²³⁸

Negative beliefs attributed to the meaning of cancer increase poor coping and adjustment while positive beliefs and positive meaning constructed from the cancer experience produce significantly better psychological adjustment.²³⁹ Indeed, as Simonton and Simonton note, “There is solid evidence that the course of disease [malignancy] in general is affected by emotional distress.”²⁴⁰

Faith has long been known to provide comfort and healing in times of crisis and illness. In *The Healing Power of Faith*, Harold Koenig notes:

The nature of ‘Faith’ mentioned in the title is described by many of my patients as the confident belief in a supreme being, which most call God. For them, God is loving and accessible. This is a God who listens to prayer, who responds, who desires good for humanity. This is an *intentional* God who sets goals we can strive toward to reach our highest potential in terms of physical, mental, and spiritual

health – which aren't always achieved in that order. Those with faith in God rarely feel lost or abandoned or experience the psychological anguish we call 'anomie,' a condition that afflicts millions in our fast-paced, affluent world.²⁴¹

Faith healing has been an integral aspect of indigenous healing practices since early times. Siegel writes, "Faith healing relies on the patient's belief in a higher power and the healer's ability to act as a channel to it. Sometimes a mere artifact or saint's relic is conduit enough. For a believer a bottle labeled Lourdes Holy Water has healing properties even if there is only tap water in it. Thus, Christian Scientists sometimes succeed in healing themselves because they're taught to seek peace of mind and give themselves up to a higher power."²⁴² Having faith and finding meaning in life's difficulties can provide an inner strength to cope with the unexpectedness of often dramatic life changes. Marguerite Lederberg and George Fitchett, in discussing studies on the relationship between spirituality and cancer state, "In this and many other studies, a large majority of patients report that faith provides emotional support, social support and a route to meaning, all of which help them cope with the diagnosis of cancer."²⁴³ Ellen Levine and Elizabeth Targ conducted a study to examine the relationship between spiritual well-being, physical well-being, and functional well-being among women with breast cancer. Their findings suggest that spirituality correlates with functional well-being, the ability to remain active in daily life. They highlight faith as an important factor in quality of life and state, "We conclude that individuals who describe themselves as having spiritual faith show beliefs, attitudes, and possibly coping strategies that confer an advantage both in quality of life and physical symptom reports in breast cancer."²⁴⁴ It is important to note that not all individuals with cancer or life threatening illness experience a deepened sense of faith during their journey. Some individuals experience a

loss of faith or spiritual distress. Betty Ferrell et al. in “Meaning of Illness and Spirituality in Ovarian Cancer Survivors” note, “Although many of these changes were described as positive, a number of women communicated negative spiritual experiences evoked by ovarian cancer. These negative experiences included a loss of faith, uncertainty, and hopelessness.”²⁴⁵

The search for meaning is a search for understanding why something occurred and how it has affected life. Individuals who have experienced threatening or traumatic life events assign meaning to those events as a way of restoring a sense of order and harmony to life. Rossman discusses the mystery of assigning meaning to the cancer experience citing the words of Viktor Frankl, “Perhaps, it is not so much for us to find meaning in life as to find meaning to what life brings us.”²⁴⁶ Cancer patients, having faced the threat of serious illness, seek to give meaning to what may seem to be a shocking and confusing experience.

Ken Wilber in *Grace and Grit: Spirituality and Healing in the Life and Death of Treya Killam Wilber* lists a dizzying multitude of beliefs, meanings, and judgments attributed to cancer and illness:

1. Christian - Illness is basically a punishment from God for some sort of sin.
2. New Age - Illness is a lesson.
3. Medical - Illness is fundamentally a biophysical disorder, caused by biophysical factors.
4. Karma - Illness is the result of negative karma; that is, some nonvirtuous past actions are now coming to fruition in the form of disease.
5. Psychological - Repressed emotions cause illness.
6. Gnostic - Illness is an illusion.
7. Existential - Illness itself is meaningless. Accordingly, it can take any meaning I *choose* to give it, and I am solely responsible for these choices.
8. Holistic - Illness is a product of physical, emotional, mental, and spiritual factors, none of which can be isolated from the others, none of which can be ignored.
9. Magical - Illness is retribution.

10. Buddhist - Illness is an inescapable part of the manifest world.
11. Scientific - Whatever illness is, it has a specific cause or cluster of causes.²⁴⁷

Wilber's list illustrates the broad philosophical range of possible attributes to the meaning of illness and to the subjective nature of the meaning discovered in one's cancer experience. The search for meaning, then, appears to be a catalyst of the inner journey inherent to self-transformation. As Kenneth Pargament in *The Psychology of Religion and Coping* notes:

Transformation is difficult. It requires a shift in direction from old destinations that no longer seem viable to new, more compelling ones. Giving up deeply held values and discovering replacements can be a wrenching experience. Perhaps that is why transformation may be attempted only when every other conceivable way of conserving the ends of significance has been exhausted. Yet, painful as it may be, transformation remains a necessary part of coping, for at times the only way to maximize significance may be to transform it.²⁴⁸

Shelly Taylor in "Adjustment to Threatening Events" hypothesizes that the search for meaning centers on three themes, "a search for meaning in the experience, an attempt to regain mastery over the event in particular and over one's life more generally, and an effort to enhance one's self-esteem - to feel good about oneself again despite the personal setback."²⁴⁹ She notes cancer patients will often re-assess their lives and make positive adjustments as a result of their cancer experience. Many create new priorities within relationships, social life, and develop a deeper level of self-knowledge. Overall, positive meaning seems to be the catalyst for positive adjustment to cancer.²⁵⁰ In "Understanding the Cancer Patient's Search for Meaning," Anne O'Connor, Cheryl Wicker and Barbara Germino studied the search for meaning among cancer patients by interviewing thirty cancer patients regarding eleven life concerns. They categorized the responses into six major categories, "Seeking an understanding of the personal significance of the cancer

diagnosis; Looking at the consequences of the cancer diagnosis; Review of life; Change in outlook toward self, life, others; Living with cancer; and Hope.”²⁵¹ O’Connor et al. concluded that faith and social support were essential elements in the patient’s search for meaning, each providing the patient with needed support, hope, and care to cope with cancer. Shoshanah Feher and Rose Maly also found in their study of women with breast cancer that religious faith, belief, trust, and faith in God gave women necessary emotional support to cope with cancer. They state, “These participants felt that they could count on God during their illness experience; this was especially important since the majority of respondents felt that they couldn’t burden others with their fears regarding their breast cancer (for example, their fear of dying). The idea that they were never alone, that God would always be by their side, that God would never abandon them, and that God would see them through the bad and hard times is a thread that wove itself through the interviews.”²⁵² Jared Kass and Susan Lennox concur that faith in one’s relationship with God is essential to the process of spiritual maturation and state, “Even tragic circumstances contain the potential for spiritual development if we face these events in communion with God.”²⁵³

Trust in God plays a significant role in religious faith and in spiritual well-being. Jeffrey Albaugh writes of the results of his study on spirituality and life-threatening illness, “The participant’s descriptions not only reflected a sense of comfort from their spirituality but also a trust in God (the participants all described God as their higher power). They believed that God would provide them the means for them to get through the illness to either restoration of health or death. They were willing to accept the outcome of their illness with the help of God. Participants reported putting their

complete trust in God to see them through the illness just as they did with anything in life.”²⁵⁴ A trust in and connection to a higher power provides essential emotional support for coping with life-threatening illness. Kenneth Maton theorizes that emotional support is a pathway through which spirituality assists individuals in coping with traumatic experiences. He states, “The ‘emotional support’ pathway posits that perceptions of being valued, loved and cared for by God lead directly to enhanced self-esteem and reduced negative affect for individuals psychologically vulnerable due to high levels of stress.”²⁵⁵

Andre Samson and Barbara Zeuter in their study of cancer survivors found that “Spirituality can provide significant contributions to the coping process and to the search for renewed meaning and purpose in life. Studies on cancer patients’ search for meaning demonstrate that the cancer patient attempts to attribute meaning to the experience of cancer within their life context. They find new meaning in their present life circumstances, a new perspective on life including their relationships with others and with the world around them.”²⁵⁶ Albaugh agrees that life-threatening illness provides an opportunity to discover meaning in life. He states, “A life-threatening situation, however, may be the very situation that provides ultimate meaning in patient’s lives.”²⁵⁷ The idea that cancer and other life-threatening illness contain a silver lining and offer an invitation to inner growth and transformation is a theme throughout cancer literature. Ferrell et al. state, “The process of deriving meaning in illness also has been described as assisting individuals with recognizing positive outcomes from negative experiences, such as seeing the positive changes in life that may result from a cancer diagnosis.”²⁵⁸

Self-Transcendence and Mystical Experience

Self-transcendence, the ability to move beyond concerns of the self and extend self-boundaries inward and outward to gain a broader perspective on life, is an experience that has been associated with rising above difficult life events and emotions.²⁵⁹ Both Frankl and Maslow allude to the inherent quality within human beings to transcend threatening events and reach beyond themselves to discover meaning and purpose.²⁶⁰ Ellison discusses the broad meaning to spiritual well-being and notes it encompasses a need for transcendence. Ellison states, “This refers to the sense of well-being that we experience when we find purposes to commit ourselves to which involve ultimate meaning for life. It refers to a non-physical dimension of awareness and experience which can best be termed spiritual. All of the great religions of the world recognize and call human beings to transcendence as the path to the highest levels of well-being.”²⁶¹ It is in discovering meaning and purpose that self-transcendence leads to positive adjustment for life events. Doris Coward in “Self-Transcendence and Emotional Well-Being in Women with Advanced Breast Cancer” states, “In a study of a small group of women with advanced breast cancer, Coward reported increased feelings of self-worth, connectedness to others and nature, physical feelings of lightness and relief of burden, and a sense of being healed following self-transcendence experiences.”²⁶² Coward’s review of the literature on self-transcendence notes, “The experience of advanced cancer leads to the development of self-transcendent views and behaviors. Self-transcendent views and behaviors are associated with self-report of higher levels of emotional well-being and lower levels of illness-related distress.”²⁶³ Jodi Pelusi in “The Lived Experience of Surviving Breast Cancer” identifies self-transcendence as a theme in cancer survivorship which includes

inner exploration, reassessing life priorities, and seeking meaning and is accomplished through the journey of one's cancer experience. Pelusi states, "Growth came in deriving meaning from this experience. The journey is the structure in which self-transcendence occurred. Discovering who one is and what one is about brings meaning to the experience, to the journey, to life."²⁶⁴

Interestingly, during Pahnke's 1968 research study on LSD-induced mystical experiences with terminally ill cancer patients, participants were encouraged to be as open and honest as possible in interacting with family members after their reaction to the sessions. Pahnke comments on his impressions of the patients' therapeutic response, "We observed a decrease of depression, anxiety and apprehension - especially with regard to the future. Our patients became much less future oriented, and death did not seem to upset them as much . . . We had a definite impression of an increase in openness and honesty in interpersonal relationships among family members. Being able to review his [her] whole life in perspective, in addition to having a positive and profound emotional experience, might be valuable to the patient."²⁶⁵ Pahnke's study is most unique and certainly illustrates the therapeutic potential of mystical states in patients with terminal cancer.

Mystical experience is said to elicit a sense of oneness God, the Universe, or All That Is. The many varieties of mystical experience offer feelings of absolute love, peace, meaning, awe, and faith in the goodness of the Universe. Interestingly, Gall and Cornblat note the importance of an intimate relationship with God as a significant factor in coping with cancer. They state, "A positive relationship with God that embodies a sense of self-acceptance, belonging, and attachment may also provide a source of emotional comfort to

the individual faced with a stressful and threatening circumstance. Johnson and Spilka found a repeated theme in the writings of breast cancer survivors of God being an ever-present supportive healer, constant companion and confidante throughout their illness.”²⁶⁶ Conversely, when God is viewed as harsh and punishing, a patient’s adjustment to illness is often distressing. A positive relationship with God appears to be related to a greater sense of finding meaning in illness and cancer. Gall and Cornblat state, “Meaning was created within the greater context of these women’s spirituality and in particular to their link to a higher power.”²⁶⁷ They conclude that religious and spiritual coping and a relationship with God serves to increase the spiritual well-being of women with cancer, providing them with a greater strength and resiliency to adjust to and find meaning in their illness. Gall and Cornblat note, “Belief in God also has direct implication for the meaning ascribed to the diagnosis of cancer and ultimately for the attitude adopted toward the cancer. When used in the creation of meaning, relationship to God allowed some women to reframe the cancer from a disruptive, crisis event to a ‘blessing’ and a ‘gift’. These women believed that the cancer served some Divine purpose in their lives and so they were better able to accept it.”²⁶⁸

Feeling loved and cared for by God is healing. Harold Koenig notes that religious individuals trust the benevolence of God and the universe and thus cope more effectively with negative life events. Koenig states, “They live in a universe that is ruled by a benevolent, omnipotent God, who cares about all creation, answers their prayers, performs miracles, and offers unlimited grace to the faithful.”²⁶⁹ Intrinsic religiousness and intrinsic spirituality both provide a sense of intimate relationship with God.

Interestingly, feeling loved and cared for by God is a significant aftereffect of a core spiritual/mystical experience.

Summary

Mystical experience is an experience of self-transcendence. The self, for brief moments, knows itself to be one with nature, God, and the universe. Personal descriptions of mystical experience often include feelings of unity, peace, unconditional love, sacredness, and joy. Mystical experience embodies the ability of the self to transcend everyday reality and experience a higher reality that is both awesome and profound. The effect of such experience is often appreciation for and knowledge of a deeper meaning to life. Kass and Lennox state, “When individuals experience God’s presence and recognize this presence as the core foundation of the self, their psychological resilience appears to increase.”²⁷⁰ The interrelationship between self-transcendence and spiritual well-being, or finding meaning, peace, and faith in the midst of life’s difficulties, may include a trigger event or catalyst and that catalyst may well be a mystical experience. Thus, if the search for meaning is a significant aspect of healing for cancer patients, then it is possible that mystical and core spiritual experiences have tapped into one’s intrinsic spirituality by providing a greater meaning and purpose to life experiences. Indeed, they may open the door to our innate inner ability for self-transcendence. And self-transcendence is healing.²⁷¹

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CHAPTER 3: TRANSPERSONAL QUALITATIVE RESEARCH

Transpersonal research, embodying compassionate listening and a sense of understanding, allows for the integration of various modes of inquiry into human experiences. As Braud and Anderson state, “Compassionate listening allows our research participants to speak to us freely and honestly about the depth and value of their human experiences.”¹ As the principal investigator of this study, I felt comfortable in selecting women who have or have had cancer as the study population due to lifelong personal experiences of cancer in my immediate family. My lived experience and sensitivity to this population assisted me in creating a sense of trust among participants. Moreover, in communicating with individuals who are currently experiencing cancer, gentleness, sensitivity, and flexibility are fundamental to establishing a comfortable relationship. Inter-personal resonance is essential in and to effective transpersonal research as Braud and Anderson note, “Compassion and resonance with the experience allowed [the researcher] . . . to lean gently into the experiences of others for deeper understanding.”²

My role as researcher in this study was to:

- Select a research topic that addressed spiritual healing within human conditions
- Select a population with whom I am familiar
- Choose a topic and population for whom I have a passion to assist through my research effort
- Select a research question (or some research questions) that might embody specific dimensions of spiritual healing within the study population

- Be sensitive to the understanding of the term mystical experience within the study population and use the term spiritual experience interchangeably
- Select valid and reliable scales that reflect my research questions
- Conduct the research with integrity in a timely and well-organized manner
- Demonstrate compassionate listening and regard for all participants and their families
- Maintain confidentiality of participant information
- Present study findings in an accurate, clear, and concise manner
- Present personal perceptions of the process and findings in a way that is insightful and valuable to the field of healing
- Make recommendations for future research and holistic cancer treatment programs
- Disseminate the study results to participants, the community, and interested others

Research Instruments

The research instruments selected for this study were the Index of Core Spiritual Experiences/INSPIRIT and the Function Assessment of Chronic Illness Therapy-Spiritual Well-Being -Expanded Scale/FACIT-Sp-Ex. The INSPIRIT was designed by Jared Kass et al. using intrinsically oriented variables to measure spirituality. Kass writes, “The INSPIRIT was developed over years of research that has shown such experience to be normal and health enhancing. The INSPIRIT recognizes that people have many different definitions and images of the higher power or spiritual core that we often call God.”³ INSPIRIT measures intrinsic spirituality which Kass et al. defined as, “an internally focused perceptual or belief orientation about God or a higher power that influences life’s

meaning and serves as a guide for living.”⁴ Kass et al. defined core spiritual [mystical] experience as, “a distinct event and a cognitive appraisal of that event which resulted in a personal conviction of God’s existence (or of some form of Higher Power as defined by the person); and the perception of a highly internalized relationship between God and the person (i.e. God dwells within and a corresponding feeling of closeness to God).”⁵ Larry VandeCreek et al. note the value of the INSPIRIT and state, “Most of these scales [spiritual assessments] focus on the patient’s cognitive beliefs or conscious values. The uniqueness of INSPIRIT is its focus on experiences, mystical and otherwise, which the patient interprets as spiritual.”⁶ I selected the INSPIRIT as it was designed to measure mystical/core spiritual experiences, intrinsic spirituality, and contains a refined version of the Greeley question. It is a scale that is simple, clear, and easy to complete.

The FACIT-Sp is part of the larger FACIT measurement system that was developed in 1987 as the Functional Assessment of Cancer Therapy- FACT and formally revised to FACIT in 1997. The FACIT-Sp, a spiritual well-being sub-scale, was designed by Fitchett, Peterman, and Cella (1996a) with input from psychologists, religious/spiritual experts and cancer patients. The original twelve-item scale was, “designed to measure important aspects of spirituality, such as a sense of meaning in one’s life, harmony, peacefulness, and a sense of strength and comfort from one’s faith.”⁷ The FACIT-Sp is unique and different from other spiritual well-being scales in that “existential aspects of spirituality and faith”⁸ are measured including, “a sense of meaning, peace, and purpose in life and several aspects of the relation between illness and one’s faith and spiritual beliefs.”⁹ The FACIT-Sp-Ex, an enhanced twenty-three item version of the FACIT-Sp, includes other important dimensions of spirituality such as forgiveness and love.¹⁰ I

selected the FACIT-Sp-Ex as it measures meaning/peace and faith that are essential core variables to spiritual well-being. As well, it measures existential spirituality or the relationship between illness and faith. It has demonstrated to be a valid and reliable measure of spiritual well-being in oncology among large and diverse patient samples.

Data Sources

Data for the foundation of this study were gathered from peer-reviewed and scholarly journals in the following disciplines: medicine, psychiatry, psychology, human behavior, social sciences, and religion. In addition, literature from the above disciplines was integral to creating the literary research base for this study. The Participant Packet completed by subjects in this study contained the following items:

- A Subject Informed Consent
- A Participant Profile Form including name, address, telephone number, age, years of education, and number of months since cancer diagnosis
- The Index of Core Spiritual Experiences/INSPIRIT
- The Functional Assessment of Chronic Illness Therapy Spiritual Well-Being Expanded Sub-Scale/FACIT-Sp-Ex (see Appendix B)

Population

Seventy participants were included in the study. The primary population from which study subjects were invited to participate was the former Cache Valley Cancer Support Group. A letter of invitation was sent to one hundred and twenty women included on the mailing list. Some women had moved, some were not able to be located, and some were unavailable by telephone. About twenty women on the list were supporters of women with cancer and did not have a personal experience with cancer.

About three-fourths of the women I contacted by telephone agreed to participate. Secondary sources of support for study participants were colleagues at Holos University Graduate Seminary, friends, summer citizen friends from Arizona, Cache Interfaith Council, and Dr. Bernie Siegel's ECaP Support Group. Sources of support least fruitful for recruitment were Cache Valley Cancer Treatment Center, Logan Regional Hospital, American Cancer Society, and Gilda's Club of Southeast Wisconsin. The medical right to privacy laws prohibited fruitful support from the above named medical and medically-related institutions. Yet, I found that when I made a personal contact with women, most were willing to participate in the research study. While it is important to keep patient information confidential, my experience has shown the limitations to research that includes participants currently under medical care due to medical right to privacy laws.

Privacy

All seventy participants signed the Subject Informed Consent and/or Participant Profile Form. An ID number to ensure uniformity and confidentiality of records identified each page of the participant packet. Data were kept in the researcher's personal office in a file box. Interviews were kept confidential by assigning the participant's ID number to the spiritual experience(s). The Subject Informed Consent invited women to select whether they agreed to have the interview tape-recorded. However, the majority of women did not want to be tape-recorded and tape-recording was not available for the telephone interviews. I took detailed, hand written notes during the interviews. I sensed this might have enhanced a feeling of privacy, confidentiality, comfort, and openness during the interview process. The interviews were formatted with utmost respect for the integrity, validity, and sacredness of each participant's mystical

experience. As Braud and Anderson note, “Whether studying extraordinary and uncommon experiences such as unitive experiences and altered states of consciousness or more ordinary experiences such as grief and joy, work and play, and love and pain, transpersonalists seek to sacralize the ordinary.”¹¹ The Subject Informed Consent asked women to check whether they agreed to have their spiritual experience published anonymously. This option ensured privacy for women who wanted to share a mystical experience with me, yet, did not want to share it with others.

Demographics

A limited amount of demographic data was obtained that reflects the most essential or salient data for the study population of seventy women. Demographic data included age, years of education, and months since cancer diagnosis. Data related to religiousness/spirituality is imbedded in the INSPIRIT. Study demographics are as follows:

- Female
- Age ranged from 32 to 88 years with a mean age of 61 years and 9 months
- Education in years ranged from 12 to 21 with a mean of 15 years and 11 months
- Months since cancer diagnosis ranged from 2 months to 420 months with a mean of 70.52 months
- Residency of participants: Arizona (8); California (2); Connecticut (1); Idaho (1); Missouri (1); New Mexico (3); North Carolina (1); Texas (2); Utah (45); Wisconsin (2); Wyoming (2); and Ontario, Canada (1); Great Britain (1)

Data Collection

Inclusion criteria for this study were:

- Female
- Eighteen years of age or older
- A medical diagnosis of cancer
- Either in treatment, in remission, or neither in treatment nor remission
- Voluntarily sign the Subject Informed Consent and Participant Profile Form

Participants completed the Participant Packet, including the INSPIRIT and FACIT-Sp-Ex. The two study instruments were simple, clear and easy to read and complete. Each instrument provided directions at the top of the page that stated to select the answer that was most true for the participant. I read aloud the directions for each instrument to women who completed the scales in my presence. Most women completed the scales with ease and without questions. A few participants asked about the choice of *Convinced me of God's existence* on INSPIRIT #7. My reply was convinced meant without doubt or assuredness. Some participants noted that they were already convinced of God's existence so they selected *Strengthened belief in God* as the answer to a specific spiritual experience. There were no clarifying questions on the FACIT-Sp-Ex. The average time to complete the entire Participant Packet was fifteen minutes.

The study began with two research workshops /luncheons offered to the women in the former Cancer Support Group and to other interested women who have had or have cancer. The intent of the workshops was to create a feeling of fellowship and provide women with additional healing skills/tools. The workshop was not intended nor presented as an intervention. The local newspaper, the Logan Herald Journal, announced

the study in the weekly “Happenings” section and advertisements were placed in the newspaper prior to each event (see Appendix E). The first workshop/luncheon was held at the Alumni House of Utah State University and the second was held at St. John’s Episcopal Church Conference Center. Each location offered easy access with pleasant surroundings. The workshops began with personal introductions and an introduction to the study. Participants were then invited to complete the Participant Packet that I reviewed with them. All Participant Packets were completed in my presence. At the completion of the packet, participant interviews were scheduled. The next hour and a half consisted of a workshop on forgiveness titled, “The Heart of Healing.” The workshops were well received. At the conclusion of each workshop, a complimentary luncheon was served. During the luncheons, a woman who was recently treated for breast cancer gave an inspirational talk. Twelve women participated in the two workshop/luncheons.

At the conclusion of the workshops, personal telephone calls were made to remaining women on the Cancer Support Group list inviting them to participate in the study. During each call, I introduced myself, discussed my affiliation with the former Support Group, and briefly discussed the intent of the study. I offered to visit local women in their home or send them a participant packet by mail. Most women invited me to their home and I preferred the invitation so I could make a personal connection with each woman. In meeting a participant in her home, I introduced myself, the study, and provided each woman with a brochure on Holos University Graduate Seminary. The procedure I then followed was to review the Participant Packet, invite the woman to complete the packet, answer any questions she may have, and, at the completion of the

packet, invite her to share a spiritual experience. Women receiving Participant Packets by mail were instructed to telephone me with questions. Upon return of the packet, I telephoned each woman and thanked her for participating in the study. I then clarified whether she agreed to share a spiritual experience, and if the answer was yes, she either shared at that time or we selected a day and time that would be convenient for her to be interviewed.

Interview Data

Participants had an option as to whether they agreed to be interviewed to share a spiritual experience. Fifty-two of the seventy participants agreed to be interviewed with ten women not agreeing to have their interview published and one woman not available for an interview. Eighteen participants declined to be interviewed. The interviews were conducted in person or by telephone. The protocol I followed for the interview was revised to the following statement, "I would invite you to share a spiritual experience you have had that you would like to share with me." Since the INSPIRIT already indicated that women had had spiritual experiences, it seemed redundant to ask them if they had had one. Moreover, I decided not to ask women if they had ever shared the spiritual experience with others. I sensed being open to whatever women wanted to share was the better approach. Some women did tell me they had shared the spiritual experience they recounted to me only with an intimate other. Some women asked if the spiritual experience had to be during the cancer experience and my reply was, "Not necessarily. You may share any spiritual experience that you feel comfortable sharing with me." Handwritten notes were taken and often word for word phrases were recorded to ensure the mystical experience was recounted as accurately as possible.

Interviews of spiritual experiences took an average of ten minutes with some taking up to thirty minutes. Some women asked if they might share more than one spiritual experience and I encouraged them to do so with some women sharing as many as four spiritual experiences. All spiritual experiences recounted, with permission, have been included in this study. Interviews were coded according to the INSPIRIT scale and categorized as either extrovertive/extra-personal or introvertive/transpersonal (see Chapter 4 and Appendix D).

Data Analysis

Descriptive statistics were run on the demographic data (age, education, and month since cancer diagnosis), the INSPIRIT, and the FACIT-Sp-Ex. Mean scores on the FACIT-Sp-Ex were calculated in relation to INSPIRIT questions #1 through #6. Mean scores are found in Appendix C. Frequency statistics were completed for the INSPIRIT questions #1 through #6 and are found in Appendix C.

Linear Pearson Correlations were completed between the INSPIRIT and the FACIT-Sp-Ex and between the FACIT-Sp-Ex and INSPIRIT question #3, a refined version of the Greeley question¹² on mystical experience. Pearson Correlations were completed between all demographic variables, the INSPIRIT, and the FACIT-Sp-Ex. Moreover, Pearson Correlations were run between the FACIT-Sp-Ex and the INSPIRIT questions #1 and #2 as these questions relate to the strength of personal religious/spiritual orientation. These findings are reported as one-tailed predictions for statistical consistency and are found in Chapter 4 and Appendix C. Partial correlations were run between the INSPIRIT and FACIT-Sp-Ex while controlling for the demographic variables. These findings are reported as one-tailed predictions to maintain consistency

in findings and because they are considered statistics of interest. They are found in Chapter 4 and Appendix C.

Correlations between the FACIT-Sp-Ex and the mystical experience interviews were not statistically possible. However, the interviews were categorized according to the INSPIRIT question #7 list of spiritual experiences and further refined into two broad categories of mystical experience, extra-personal or extrovertive and transpersonal or introvertive. A discussion of the interview findings, their relationship to spiritual well-being and to the literature on the transformative effect of mystical experience, is found in Chapter 4 and Chapter 5.

Ethical Considerations

The principal investigator abides by personal ethics and the ethical principles and standards set forth in the Ethics and Academic Integrity Policy¹³ of Holos University Graduate Seminary. Participant identity and information included in this study is confidential at all times, unless required by law.

Chapter 3 Endnotes:

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- ⁹ Amy Peterman, George Fitchett, Marianne Brady, Lesbia Hernandez, and David Cella, "Measuring Spiritual Well-Being in People with Cancer: The Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being Scale," *Annals of Behavioral Medicine* 24, no. 1 (2002): 51.
- ¹⁰ Peterman and others, eds., 56-57.
- ¹¹ Braud and Anderson, xxiii.
- ¹² Andrew Greeley, *The Sociology of the Paranormal: A Reconnaissance* (Thousand Oaks: Sage Publications, Inc., 1975), 58.
- ¹³ Holos University Graduate Seminary Committee on Ethics and Academic Integrity, *Ethics and Academic Integrity* (Fair Grove, Missouri: Holos University Graduate Seminary, 2006).

CHAPTER 4: RESEARCH FINDINGS

Research Statistics

Descriptive statistics on the demographic variables indicated the following (See Figure 1 for statistical detail):

- Ages ranged from 32 to 88 years with a mean of 61.75 years.
- Education, in years, ranged from 12 to 21 with a mean of 15.90 years.
- Months since diagnosis of cancer ranged from 2 to 420 with a mean of 70.52 months.

	N	Minimum	Maximum	Mean	Std. Deviation
AGE	70	32	88	61.7571	11.97756
EDUCATION	70	12	21	15.9071	2.82752
CA	70	2	420	70.5214	87.72877
Valid N (listwise)	70				

Figure1: Descriptive statistics of the demographic variables of age, education, and months since cancer diagnosis.

Descriptive statistics on the INSPIRIT, with a scoring range of 0-28, indicated a minimum score of 8 and a maximum score of 28 with a mean of 24.45. (See Figure 2 for statistical detail)

	N	Minimum	Maximum	Mean	Std. Deviation
INSPIRIT	70	8	28	24.4571	3.82473
Valid N (listwise)	70				

Figure 2: Mean score of the INSPIRIT.

Of all research completed with the INSPIRIT, a mean of 24.45 falls just on the borderline between the high end of medium high [18-24] and high [25-28] overall scores.¹ The mean score of cumulative research with the INSPIRIT has yielded a score of 20.5.² Therefore,

this study population tended to score higher than average and high overall on spiritual experiences. The descriptive statistics for the FACIT-Sp-Ex, with a scoring range of 0-92, showed a minimum score of 54 and maximum score of 92 with a mean of 80.42. In previous studies using the FACIT-Sp, a 12-item scale of spiritual well-being, greater depression was associated with lower FACIT-Sp total scores.³ Therefore, there is a possibility that depression may be a factor in some of the lower FACIT-Sp-Ex scores. (See Figure 3 for statistical detail)

	N	Minimum	Maximum	Mean	Std. Deviation
FACITSpEx	70	54	92	80.4214	8.72346
Valid N (listwise)	70				

Figure 3: Mean score of the FACIT-Sp-Ex.

Frequency data for INSPIRIT #1 revealed the following data: (See Figure 4 for statistical detail)

71.4%	1. Strong
22.9%	2. Somewhat strong
4.3%	3. Not very strong
1.4%	4. Not at all

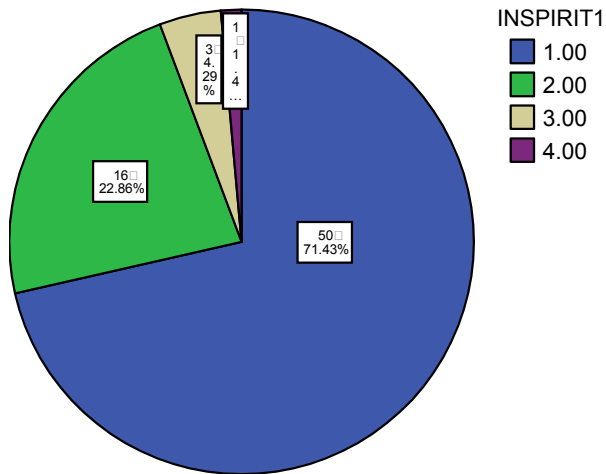


Figure 4: INSPIRIT #1 How strongly religious (or spiritually oriented) do you consider yourself to be?

Frequency data for INSPIRIT #2 revealed the following findings: (See Figure 5 for statistical detail)

- 74.3% 1. Several times per day to several times per week
- 15.7% 2. Once per week to several times per month
- 5.7% 3. Once per month to several times per year
- 4.3% 4. Once per year or less

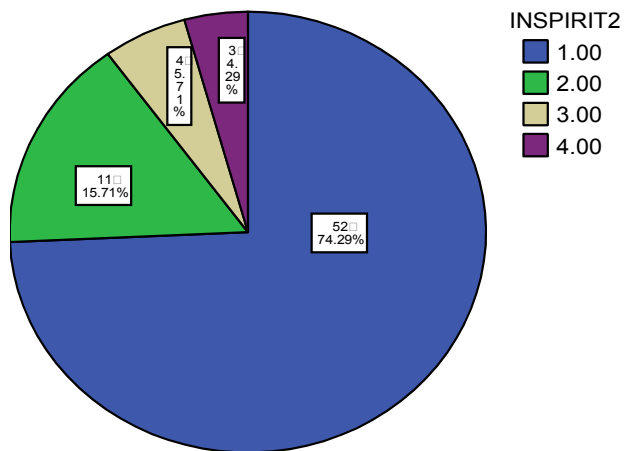


Figure 5: INSPIRIT #2 About how often do you spend time on religious or spiritual practices?

Overall, then, it can be said that when participants answered a question on the INSPIRIT high, they tended to answer most of the questions high. In other words, there is a noticeable consistency in how women scored the INSPIRIT. Since the INSPIRIT measures intrinsically oriented variables, it can be said that there is a high level of intrinsic religiosity/spirituality within this study population. For further interest, frequency scores for INSPIRIT #4, #5, and #6 are found in Appendix C.

INSPIRIT and FACIT-Sp-Ex Scores

According to the findings of this research study, there is significant evidence of a positive relationship between mystical experience and spiritual well-being among women who have had or have cancer. The Pearson correlation coefficient reveals a significant, moderately strong positive relationship between the INSPIRIT and FACIT-Sp-Ex scores ($r(70) = 0.388, p < .001$). These findings confirm the primary directional hypothesis of this study that there is a positive relationship between mystical experience and spiritual well-being in women who have had or have cancer. (See Figure 6 for statistical detail)

		FACITSpEx	INSPIRIT
FACITSpEx	Pearson Correlation	1	.388(**)
	Sig. (1-tailed)		.000
	N	70	70
INSPIRIT	Pearson Correlation	.388(**)	1
	Sig. (1-tailed)	.000	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Figure 6: Correlation of the FACIT-Sp-Ex and the INSPIRIT.

To note, there was no difference in outcomes between women who attended the workshop and women who did not attend.

Transpersonal/introvertive⁴ mystical experience was measured by the INSPIRIT question #3, a refined version of the Greeley question⁵ on mystical experience, *How often have you felt as though you were very close to a powerful spiritual force?* The Pearson correlation coefficient reveals a significant, moderately strong positive relationship between the FACIT-Sp-Ex and INSPIRIT #3 ($r(70) = 0.302, p < .01$). These results confirm the secondary directional hypothesis of this study that there is a positive relationship between transpersonal/introvertive mystical experience and spiritual well-being among women who have had or have cancer. (See Figure 7 for statistical detail)

		FACITSpEx	INSPIRIT3
FACITSpEx	Pearson Correlation	1	.302(**)
	Sig. (1-tailed)		.005
	N	70	70
INSPIRIT3	Pearson Correlation	.302(**)	1
	Sig. (1-tailed)	.005	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Figure 7: Correlation of the FACIT-Sp-Ex and the INSPIRIT #3.

Of interest is the relationship between the INSPIRIT in general and INSPIRIT #3. The Pearson correlation coefficient reveals a significant, strong positive relationship between the INSPIRIT and INSPIRIT #3 ($r(70) = 0.762, p < .001$). This strong correlation indicates that a participant's answer to INSPIRIT #3, the refined Greeley question, is highly indicative of a higher overall score on the INSPIRIT scale. (See Figure 8 for statistical detail)

		INSPIRIT3	INSPIRIT
INSPIRIT3	Pearson Correlation	1	.762(**)
	Sig. (1-tailed)		.000
	N	70	70
INSPIRIT	Pearson Correlation	.762(**)	1
	Sig. (1-tailed)	.000	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Figure 8: Correlation of the overall scores of the INSPIRIT and the INSPIRIT #3.

The frequency of response to INSPIRIT #3 is found in statistical detail in Figure 9:

- 2.86 % 1. Never
- 11.43 % 2. Once or twice
- 24.29 % 3. Several times
- 61.43 % 4. Often

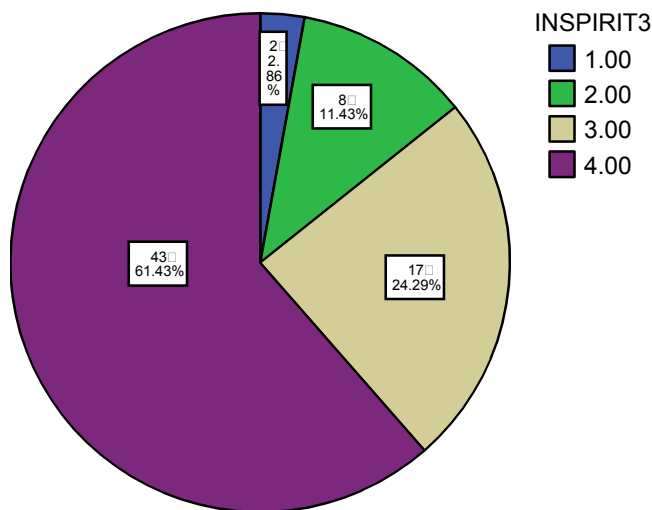


Figure 9: INSPIRIT #3 How often have you felt as though you were very close to a powerful spiritual force?

Overall, 97.1% of participants had an affirmative response to this question. Interestingly, this study's findings indicate that traditional mystical experience is much more common among the study population of women who have or have had cancer than were the findings among the Greeley study population regarding mystical experience. The

Greeley study recorded the following results⁶ compared to this study: (See Table 1 for statistical detail)

Table 1. The Greeley study results for mystical experience compared to the Rossi study INSPIRIT #3 results for mystical experience.

Have you ever felt as though you were very close to a powerful spiritual force (that seemed to lift you out of yourself)?			
Greeley study results		Rossi study INSPIRIT #3 results	
61%	Never in My Life	2.86 %	Never
18%	Once or Twice	11.43 %	Once or Twice
12%	Several Times	24.29 %	Several Times
5%	Often	61.43 %	Often
3%	Cannot Answer This Question	N/A	

The possibilities related to this significant difference in sample populations are discussed in Chapter 5.

The relationship between spiritual well-being and intrinsic religiousness/spirituality shows the following results. The Pearson correlation coefficient reveals a significant, moderately strong positive relationship between the FACIT-Sp-Ex and INSPIRIT question #1, *How strongly religious (or spiritually-oriented) do you consider yourself to be?*, ($r(70) = 0.376, p < .01$) reversed scored. (See Figure 10 for statistical detail)

		FACITSpEx	INSPIRIT1
FACITSpEx	Pearson Correlation	1	-.376(**)
	Sig. (1-tailed)		.001
	N	70	70
INSPIRIT1	Pearson Correlation	-.376(**)	1
	Sig. (1-tailed)	.001	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Figure 10: Correlation of the FACIT-Sp-Ex and the INSPIRIT #1.

The Pearson correlation coefficient reveals a significant, moderately strong positive relationship between the FACIT-Sp-Ex and INSPIRIT question #2, *About how often do you spend time on religious or spiritual practices?*, ($r(70) = 0.318, p < .01$) reverse scored. (See Figure 11 for statistical detail)

		FACITSpEx	INSPIRIT2
FACITSpEx	Pearson Correlation	1	-.318(**)
	Sig. (1-tailed)		.004
	N	70	70
INSPIRIT2	Pearson Correlation	-.318(**)	1
	Sig. (1-tailed)	.004	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Figure 11: Correlation of the FACIT-Sp-Ex and the INSPIRIT #2.

Therefore, it can be stated that among the study population of women who have had or have cancer, there is a significant correlation and moderately strong positive relationship between intrinsic religiosity/spirituality and spiritual well-being.

To measure the relationship between intrinsic spirituality and mystical/spiritual experience, statistical analyses were conducted between the INSPIRIT scores in general and INSPIRIT scores for questions #1 and #2. The Pearson correlation coefficient reveals a significant, strong positive relationship between INSPIRIT #1, *How strongly religious (or spiritually-oriented) do you consider yourself to be?*, and overall INSPIRIT scores ($r(70) = 0.781, p < .001$) reverse scored. (See Figure 12 for statistical detail)

		INSPIRIT1	INSPIRIT
INSPIRIT1	Pearson Correlation	1	-.781(**)
	Sig. (1-tailed)		.000
	N	70	70
INSPIRIT	Pearson Correlation	-.781(**)	1
	Sig. (1-tailed)	.000	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Figure 12: Correlation of the INSPIRIT and the INSPIRIT #1.

The Pearson correlation coefficient reveals a significant, strong positive relationship between INSPIRIT #2, *About how often do you spend time on religious or spiritual practices?*, and the overall INSPIRIT ($r(70) = 0.629, p < .001$) reverse scored.

(See Figure 13 for statistical detail)

		INSPIRIT	INSPIRIT2
INSPIRIT	Pearson Correlation	1	-.629(**)
	Sig. (1-tailed)		.000
	N	70	70
INSPIRIT2	Pearson Correlation	-.629(**)	1
	Sig. (1-tailed)	.000	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Figure 13: Correlation of the INSPIRIT and the INSPIRIT #2.

Since INSPIRIT uses intrinsically oriented variables to measure spirituality, these finding demonstrates that the more intrinsically spiritual or religious an individual is, the more mystical/spiritual experiences they are likely to have.

The Pearson correlation coefficient reveals no significant relationship between the demographic variables of age, months since cancer diagnosis (CA), the INSPIRIT, and the FACIT-Sp-Ex. However, the Pearson correlation coefficient does reveal a significant, weak positive relationship between education and the INSPIRIT ($r(70) = 0.259, p < .05$). (See Figure 14 for statistical detail)

		AGE	CA	EDUCATION	FACITSpEx	INSPIRIT
AGE	Pearson Correlation	1	-.018	-.001	.074	-.085
	Sig. (1-tailed)		.442	.496	.271	.241
	N	70	70	70	70	70
CA	Pearson Correlation	-.018	1	-.072	.169	-.187
	Sig. (1-tailed)	.442		.277	.082	.061
	N	70	70	70	70	70
EDUCATION	Pearson Correlation	-.001	-.072	1	.033	.259(*)
	Sig. (1-tailed)	.496	.277		.393	.015
	N	70	70	70	70	70
FACITSpEx	Pearson Correlation	.074	.169	.033	1	.388(**)
	Sig. (1-tailed)	.271	.082	.393		.000
	N	70	70	70	70	70
INSPIRIT	Pearson Correlation	-.085	-.187	.259(*)	.388(**)	1
	Sig. (1-tailed)	.241	.061	.015	.000	
	N	70	70	70	70	70

* Correlation is significant at the 0.05 level (1-tailed).

** Correlation is significant at the 0.01 level (1-tailed).

Figure 14: Correlations between the demographic variables, the FACIT-Sp-Ex, and the INSPIRIT.

Partial Pearson correlations were conducted between the demographic variables, and the INSPIRIT and FACIT-Sp-Ex scores. Holding the age variable constant, the Pearson correlation coefficient has some minor effect on the relationship between the INSPIRIT and FACIT-Sp-Ex ($r(70) = 0.397$). Controlling for education, the Pearson correlation coefficient reveals a slightly minor effect on the relationship between the INSPIRIT and the FACIT-Sp-Ex ($r(70) = 0.393$). In other words, age and education show no discernable effect on the relationship between mystical experience and spiritual well-being in this study population. (See Appendix C for statistical detail)

The statistic demonstrating a trend of interest is the partial correlation between months since cancer diagnosis, the INSPIRIT and the FACIT-Sp-Ex. Holding the months since cancer diagnosis constant (CA), the partial Pearson correlation coefficient reveals a marginally significant, positive relationship between spiritual/mystical

experience, INSPIRIT, and spiritual well-being, FACIT-Sp-Ex ($r(70) = 0.433$). (See Figure 15 for statistical detail)

Control Variables			INSPIRIT	FACITSpEx
CA	INSPIRIT	Correlation	1.000	.433
		Significance (1-tailed)	.	.000
		Df	0	67
	FACITSpEx	Correlation	.433	1.000
		Significance (1-tailed)	.000	.
		Df	67	0

Figure 15: Partial correlation between the months since cancer diagnosis, the FACIT-Sp-Ex, and the INSPIRIT.

This statistic is marginally significant because for a correlation to go down, one scale gets higher and the other gets lower. Therefore, this finding presents the possibility that the longer, in months, since cancer diagnosis, the less intrinsically spiritual or religious an individual may tend to be and the less number of spiritual experiences they may have. In contrast, the longer, in months, since cancer diagnosis, the more spiritual well-being may tend to go up. This possibility is directly related to the literature on the relationship between life-threatening illness, traumatic events, and religious and spiritual coping.⁷ Mystical experience, as well, is intimately related to life's greatest trials or dark nights of the soul.⁸ This marginally significant finding might be indicative of mystical experience as a catalyst of self-transformation inherent to discovering meaning in and healing from difficult life experiences. At the core of the relationship between mystical experience and enhanced spiritual well-being lies an individual's experience of the intimate relationship between their innermost self and the Ground of Being. As individuals integrate their innermost selves with the Ground of Being, they begin to, "experience their inner selves as trustworthy sources of guidance . . . as 'greater than themselves' and subsequently, rooted in the Ground of Being."⁹ This transformative experience leads to enhanced

feelings of unconditional love, compassion, empathy, congruence, and unconditional positive regard of self and others.¹⁰ As Kass notes, “Because the Ground of Being was experienced as within the person, it seemed accurate to describe these phenomena as ‘experiences of the spiritual core.’”¹¹ Indeed, the mystics knew the spiritual core is love. The realization that one’s essence is love imbues life with a deeper sense of meaning, purpose, peace, and faith, precisely those attributes found in spiritual well-being.

In addition, the spiritual experiences recounted by some of the participants during this study strongly indicate the occurrence of transpersonal/introvertive mystical experiences in and around the cancer experience. These mystical experiences, discussed in the subsequent section of this chapter and Chapter 5, allude to God’s energy and presence, the presence of loved ones, and guiding spirits from the transpersonal realm. Often cathartic in nature, these spiritual experiences were imbued with love and, as the great mystics knew, love heals.¹²

The results of the INSPIRIT question #7 were tallied and further refined into two broad categories of mystical encounters, extrovertive/extra-personal and introvertive/transpersonal experiences.¹³ (See Table 2, Table 3, and Table 4 for statistical detail)

Table 2. INSPIRIT #7 results for extrovertive/extra-personal mystical experience.

INSPIRIT #7 Results		
Extrovertive/Extra-Personal Mystical Experience		
#	%	of women (r=70) who had this experience:
66	94.2	A. An experience of profound inner peace
64	91.4	B. An overwhelming experience of love
60	85.7	C. A feeling of unity with the earth and all living beings
61	87.1	D. An experience of complete joy and ecstasy
61	87.1	E. Meeting or listening to a spiritual teacher or master
59	84.2	H. A healing of your body or mind

Table 3. INSPIRIT #7 results for introvertive/transpersonal mystical experience.

INSPIRIT #7 Results		
Introvertive/Transpersonal Mystical Experience		
#	%	of women (r=70) who had this experience:
63	90.0	F. An experience of God's energy or presence
31	44.2	G. An experience of a great spiritual figure
46	65.7	I. A miraculous (not normally occurring) event
42	60.0	J. An experience of angels or guiding spirits
34	48.5	K. An experience of communication with someone who has died
24	34.2	L. An experience with near death or life after death

Table 4. INSPIRIT #7 results for other mystical experience.

INSPIRIT #7 Results		
Other Mystical Experience		
#	%	of women (r=70) who had this experience:
5	7.1	1. Watching someone die
1	1.4	2. Deceased father watching over me
1	1.4	3. Spontaneous knowing
5	7.1	4. Prayers and Blessings
1	1.4	5. Close to death
1	1.4	6. Jesus healed me

Overall, women experienced more extrovertive than introvertive spiritual experiences. Yet, sixty-three of the seventy women, or 90%, have had an experience of God's energy or presence according to the results for the INSPIRIT #7F, *An experience of God's energy or presence*. The two spiritual experience categories with the least number of experiences were INSPIRIT #7G, *An experience of a great spiritual figure* and INSPIRIT #7L, *An experience with near death or life after death*. A discussion of the INSPIRIT #7 findings is found in Chapter 5.

Interview Results

Fifty-two of the seventy participants in this study agreed to share a spiritual experience(s) with the researcher. Of the fifty-two, ten participants did not want their spiritual experience published and one participant was unavailable to be interviewed. Eighteen participants declined to be interviewed. Some women recounted more than one spiritual experience. Of the fifty-eight spiritual experiences women agreed to publicly share, thirty-five of these experiences occurred in and around the time of diagnosis, surgery, or treatment for cancer. Of the ten participants that did not agree to have their spiritual experience made known to others, eight of the twelve spiritual experiences recounted happened during the actual cancer experience. A total of seventy (fifty-eight published and twelve not to be published) spiritual experiences were coded according to the INSPIRIT #7 list of spiritual experiences. The list was further refined to reflect two broad categories of spiritual experience, introvertive/transpersonal and extrovertive/extrapersonal. The spiritual experience interview findings are as follows: (See Table 5 and Table 6 for statistical detail)

Table 5. Mystical experience interviews by category for extroverted/extra-personal experience.

Mystical Experience Interviews by Category		
Extroverted/Extra-Personal Experience		
#	%	of women (n=52) sharing this experience:
4	7.6	A. An experience of profound inner peace
1	1.9	B. An overwhelming experience of love
1	1.9	C. A feeling of unity with the earth and all living beings
0		D. An experience of complete joy and ecstasy
1	1.9	E. Meeting or listening to a spiritual teacher or master
2	3.8	H. A healing of your body or mind
Other:		
10	19.2	Prayer
1	1.9	Promise with God
1	1.9	Peace and Comfort
21	40.3	Total

Table 6. Mystical experience interviews by category for introvertive/transpersonal experience.

Mystical Experience Interviews by Category		
Introvertive/Transpersonal Experience		
#	%	of women (n=52) sharing this experience:
12	23.0	F. An experience of God's energy or presence
3	5.7	G. An experience of a great spiritual figure
4	7.6	I. A miraculous (not normally occurring) event
10	19.2	J. An experience of angels or guiding spirits
8	15.3	K. An experience of communication with someone who has died
2	3.8	L. An experience with near death or life after death
Other:		
3	5.7	Precognition in Dreams
1	1.9	Spontaneous Knowing
3	5.7	A Presence
3	5.7	Healing Energy/ Heat or Light
49	94.2	Total

Interestingly, there were more introvertive/transpersonal experiences (forty-nine) recounted during the interviews than extrovertive/extra-personal experiences (twenty-one). Of the seventy mystical experiences recounted, forty-three or 61% happened during the cancer experience. (See Table 7 and Table 8 for statistical detail)

Table 7: Mystical experience interviews for extrovertive/extra-personal experience by category during the cancer experience.

Mystical Experience During the Cancer Experience		
Extrovertive/Extra-Personal Experience		
#	%	of women (n=52) recounting this experience:
2	3.8	A. An experience of profound inner peace
0		B. An overwhelming experience of love
0		C. A feeling of unity with the earth and all living beings
0		D. An experience of complete joy and ecstasy
1	1.9	E. Meeting or listening to a spiritual teacher or master
2	3.8	H. A healing of your body or mind
Other:		
7	13.4	Prayer
0		Promise with God
1	1.9	Peace and Comfort
13	25	Total

Table 8. Mystical experience interviews for introvertive/transpersonal experience by category during the cancer experience.

Mystical Experience During the Cancer Experience		
Introvertive/Transpersonal Experience		
#	%	of women (n=52) recounting this experience:
11	21.1	F. An experience of God's energy or presence
1	1.9	G. An experience of a great spiritual figure (Jesus)
2	3.8	I. A miraculous (not normally occurring) event
5	9.6	J. An experience of angels or guiding spirits
5	9.6	K. An experience of communication with someone who has died
2	3.8	L. An experience with near death or life after death
Other:		
0		Precognition in Dreams
0		Spontaneous Knowing
1	1.9	A Presence
3	5.7	Healing Energy/ Heat or Light
30	57.6	Total

The spiritual experiences shared that happened during the cancer experience support literature on mystical experience and its occurrence during times of greatest human need.¹⁴

The predominant themes that women discussed with the researcher during the interviews related to:

- Faith in God
- Feeling loved by God
- Feeling watched over by God, deceased loved ones, angels, or guiding spirits
- Deepening trust in God
- Surrender and peace

The surrender and peace that many women spoke of was specifically surrendering to the Will of God, to *Thy Will Be Done*, and coming to a deep peace knowing that no matter what happened, whether they lived or died, everything would be okay. This is a common theme in the literature on religion and coping.¹⁵ A discussion of mystical/spiritual experience is found in Chapter 5 and the interviews are found in Appendix D.

Chapter 4 Endnotes:

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- ¹ Jared Kass, *Index of Core Spiritual Experiences, INSPIRIT, Revised Research Format* (Cambridge: Lesley University, 2000), Personal Discussion on February 21, 2006.
- ² Kass, February 21, 2006.
- ³ Amy Peterman, George Fitchett, Marianne Brady, Lesbia Hernandez, and David Cella, "Measuring Spiritual Well-Being in People with Cancer: The Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp)," *Annals of Behavioral Medicine* 24, no. 1 (2002): 52.
- ⁴ Elmer Green, Peter Parks, Alyce Green, Paul Guyer, Steven Fahrion, and Lolafaye Coyne, "Gender Differences in a Magnetic Field," *Subtle Energies* 3, no. 2, 103; Ralph Hood, Bernard Spilka, Bruce Hunsberger, and Richard Gorsuch, eds., *The Psychology of Religion: An Empirical Approach, 2nd ed.* (New York: The Guilford Press, 1996), 225-226.
- ⁵ Andrew Greeley, *The Sociology of the Paranormal: A Reconnaissance* (Thousand Oaks: Sage Publications, Inc., 1975), 58.
- ⁶ Greeley, 58.
- ⁷ Jeff Levin, *God, Faith, and Health: Exploring the Spirituality-Healing Connection* (New York: John Wiley & Sons, Inc., 2001); Kenneth Pargament, *Psychology of Religion and Coping* (New York: The Guilford Press, 1997); Craig Ellison, "Spiritual Well-Being: Conceptualization and Measurement," *Journal of Psychology and Theology* 11, no. 4 (1983); Bernie Siegel, *Love, Medicine, and Miracles* (New York: Harper & Row, Publishers, 1986).
- ⁸ Evelyn Underhill, *Mysticism: A Study in the Nature and Development of Man's Spiritual Consciousness* (New York: New American Library, 1974); Andrew Harvey, *The Essential Mystic* (New Jersey: Castle Books, 1996).
- ⁹ Jared Kass, "Contributions of Religious Experience to Psychological and Physical Well-Being: Research Evidence and an Explanatory Model," *Journal of Pastoral Care Publications, Inc.*, (1995): 203-204.
- ¹⁰ Kass, "Contributions of Religious Experience to Psychological and Physical Well-Being: Research Evidence and an Explanatory Model," 203.
- ¹¹ Kass, "Contributions of Religious Experience to Psychological and Physical Well-Being: Research Evidence and an Explanatory Model," 203.
- ¹² Siegel, *Love, Medicine, and Miracles*, 181; Brian Luke Seaward, "Healing: What's Love Got To Do with It?" *International Society for the Study of Subtle Energies and Energy Medicine Bridges Quarterly Magazine* 9, no. 4 (1998-99): 4-5; Levin, 89.
- ¹³ Green and others, eds., 73, 77-78; Hood and others, eds., *The Psychology of Religion: An Empirical Approach, 2nd ed.*, 225-226.
- ¹⁴ Joan Borysenko, *Fire in the Soul: A New Psychology of Spiritual Optimism* (New York: Warner Books, 1993), 62; Harvey, 202-205; Bernard Spilka, George Brown, and Stephen Cassidy, "The Structure of Religious Mystical Experience in Relation to Pre- and Post-Experience Lifestyles," *The International Journal for the Psychology of Religion* 2, no. 4 (1992): 242-243; Pargament, *Psychology of Religion and Coping*, 142-143, 234-237.
- ¹⁵ Evelyn Underhill, *The Spiritual Life* (Harrisburg: Morehouse Publishing, 1955), 26-27, 79-80; Joan Borysenko, *The Ways of the Mystic* (Carlsbad: Hay House, Inc., 1997), 11; The Church of Jesus Christ of Latter Day Saints, *The Holy Bible* (Salt Lake City: The Church of Jesus Christ of Latter Day Saints, 1989), Matthew 6:9-10.

CHAPTER 5: DISCUSSION AND SUGGESTIONS FOR FUTURE RESEARCH

Discussion

“Practically everyone reports peak-experiences if approached and questioned and encouraged in the right way.”¹ The findings of this research study concur with Abraham Maslow’s belief that, indeed, everyone recounts mystical/peak experiences if queried in an appropriate manner. Each of the seventy participants in this study identified experiencing at least one spiritual experience with some experiencing each of the twelve spiritual experiences listed on the INSPIRIT #7. Mystical experience is a common experience because, as Maslow so simply yet profoundly states, “the sacred is *in* the ordinary.”² The philosophical debate as to what type of experience constitutes a mystical experience has led some researchers to identify mystical encounters as only those encounters with a divine force or energy.³ Given this definition, mystical experience is considered somewhat rare. However, this study’s findings reveal 97.1% of women have had such an experience as indicated by their response to INSPIRIT question #3, a refined version of the Greeley question on mystical experience, *How often have you felt as though you were very close to a powerful spiritual force?* This response rate is much greater than the 35% response rate that Greeley found in his 1975 landmark study.⁴ It is also higher than the 34% found by Thomas and Cooper in their study of mystical experience with the use of the Greeley question.⁵

Why are the findings of this research study on mystical experience so much greater than those of Greeley and Thomas and Cooper? I would speculate that the determining variables in this study related to a high percentage of mystical experience in this

population are female participants with a higher than average level of intrinsic religiousness/spirituality who have experienced or are experiencing a life-threatening illness. Greeley found, “Mystics are more likely to be over forty, male, [and] college educated.”⁶ This study’s results appear quite opposite of Greeley’s and more in alignment with other respected researchers of mystical experiences.⁷ Since Greeley’s study in the 1970’s, times have changed. Individuals are now more open to and comfortable with discussing spirituality and may be more accepting and conscious of mystical experiences. Also, Greeley’s singular question on mystical experience might have been interpreted in a variety of ways. Thus, perhaps Greeley’s findings do not truly reflect the incidence of the types of mystical experience within the general population. Moreover, it appears that the cancer experience may be a significant factor in the greater percentage of mystical experience among this study population.

From studies conducted by Hood and others, it is known that “intrinsically oriented persons are more likely to report having religious experiences than are extrinsically oriented persons.”⁸ In addition, difficult life experiences often elicit the need for a deeper relationship with God, the Divine, or a Higher Power.⁹ As well, life-threatening illness or events appear to be a catalyst of mystical experience as is demonstrated by some of the spiritual experiences recounted in this study. Frankl, whose consummate life work is based on his belief that meaning may be found in the most devastating of life experiences, notes, “People forget that often it is just such an exceptionally difficult situation that gives human beings the opportunity to grow spiritually beyond the self.”¹⁰ Interestingly, Noble found that “perhaps the most frequently reported catalyst of transcendence is the survival of clinical death, a phenomenon less rare than might be

expected.”¹¹ Noble discusses studies on major life transitions and events as catalysts to transcendent experiences and states, “For these individuals, a transcendent encounter may help to resolve or correct previous imbalances or crippling uncertainties.”¹² In other words, there is therapeutic value in mystical experience as an agent of transformation and integration.¹³

Hood et al., noting the beliefs of the esteemed philosopher William James, state, “A resolution to a previously experienced uneasiness is the thread from which all religious [mystical] experience is woven”¹⁴ They continue, “A religious [mystical] experience marks the successful resolution of an inner conflict defined in transcendental terms. A limit has been reached and meaningfully transcended.”¹⁵ Such is the experience of transcendence during life-threatening illness or events. In other words, states of discontent or conflict appear to be significant states through which mystical experience is likely to manifest a resolution to a seemingly irresolvable problem. Hood et al. state, “In a fundamental sense, religious [mystical] experience is the meaningful transcendence of limits of the resolution of discontent, rooted in a sense of the divine.”¹⁶ Albaugh concurs, “A life-threatening situation . . . may be the very situation that provides ultimate meaning in patient’s lives.”¹⁷ Albaugh’s study of individuals with life-threatening illness, the majority of whom had cancer, revealed very similar spiritual themes to the women in this study who have had or have cancer:

- A sense of comfort from aspects of spiritual life
- Trust in God
- Strength from spiritual beliefs
- Meaning in life¹⁸

Maslow notes that surrender and trust appear to be primary catalysts for peak experiences to manifest. He states, “The most propitious frame of mind for ‘receiving’ them [peak experiences] is one of receptivity, almost a kind of passivity, or trust, or surrender, a Taoist attitude of letting things happen without interfering.”¹⁹ Interestingly, the spiritual experiences recounted during the cancer experience by the women in this study held common themes of surrender and trust. Furthermore, transcendence itself, embodying a greater meaning behind life events, leads to an ultimate meaning that is intimately related to surrender, to God, to trust, and to faith.²⁰ Indeed, the great mystics emphasized self-transcendence as the path to a higher awareness, Christ consciousness, and ultimately to enlightenment. As Ellison notes:

It is the *spirit* of human beings which enables and motivates us to search for meaning and purpose in life, to seek the supernatural or some meaning which transcends us, to wonder about our origins and our identities, to require mortality and equity. It is the spirit which synthesizes the total personality and provides some sense of energizing direction and order. The spiritual dimension does not exist in isolation from our psyche and *soma*, but provides an integrative force.²¹

Self-transcendence brings deeper meaning to life and life experiences. The peace and comfort expressed as aftereffects of the spiritual experiences shared by women in this study suggest that, indeed, spiritual experiences are catalysts of transformation. The significant correlation and moderate relationship between mystical experience and spiritual well-being among women who have had or have cancer, as found in this study ($r(70) = .0388, p < .001$) suggests the potentially therapeutic, transformative value inherent in and to mystical experiences or transcendent states of consciousness.

The literature on religion, spirituality, and illness underscores the importance, for many individuals, of religious and spiritual resources during times of crisis. Feher and Maly in “Coping with Breast Cancer in Later Life: The Role of Religious Faith” found,

“Religious and spiritual faith provides elderly women newly diagnosed with breast cancer with important tools for coping with their illness and should be recognized.”²² Miller and Thoresen in “Spirituality, Religion, and Health” discovered, “Spirituality has been found to be an important and unique component in patients’ ability to cope with serious and chronic illness.”²³ This study found a significant, moderate positive relationship between spiritual well-being, the FACIT-Sp-Ex, and INSPIRIT #1 identifying the strength of religious/spiritual orientation ($r(70) = -0.376, p < .01$ reverse-scored). 71.43% of participants considered themselves strongly religious/spiritual and 22.86% responded as somewhat strong. Moreover, a similar significant, moderate positive relationship was found between spiritual well-being, FACIT-Sp-Ex, and INSPIRIT #2, identifying the time spent on religious/spiritual practice ($r(70) = -0.318, p < .01$ reverse-scored). This study demonstrates that spiritual well-being is related to intrinsic religiousness/spirituality. Ellison et al. have found similar results, “Those with more intimate [internalized] and positive relationships with both God and their church have higher spiritual well-being.”²⁴ McBride et al. also found, “An intrinsic spiritual orientation has been correlated with having a higher life purpose and satisfaction.”²⁵ Moreover, specifically related to this study, Mickley et al. research on intrinsic religiousness in patients with breast cancer found, “Intrinsic religiousness [spirituality] is positively associated with spiritual well-being among oncology patients regardless of their level of physical well-being.”²⁶

Interestingly, this study shows a significant, strong positive relationship between the strength of religious/spiritual orientation, INSPIRIT #1, and the overall INSPIRIT scale ($r(70) = -0.781, p < .001$ reverse-scored). Since the INSPIRIT uses intrinsically oriented

variables to measure spirituality, this finding reveals that the more intrinsically spiritual or religious an individual is, the more mystical/spiritual experiences they are likely to have. As Kass and Lennox note, “One aspect of intrinsic religiosity is the experienced awareness of the presence of God.”²⁷ Hood’s research findings echo the relationship between intrinsic religiosity and spiritual experiences, “These data clearly support the hypothesis that intrinsically oriented persons are more likely to have transcendent experiences than are extrinsically oriented persons.”²⁸ The religious/spiritual affiliation of the participants in this study is widespread and at least 50% are known to have a specific religious affiliation. However, it is unknown whether the religiosity/spirituality of the women in this study increased because of the cancer experience. Given the nature of religion and coping, it is likely that some participants’ level of intrinsic religiosity/spirituality increased from their pre-cancer orientation as some women did note during the interviews that their faith and trust in God had deepened.

Introvertive or transpersonal mystical experience²⁹ is considered an experience, “beyond normal limits of ego and personal unconscious, into universal (divine) awareness,”³⁰ an experience of unity devoid of perceptual objects, of pure consciousness.³¹ To note, there remains a lack of consensus as to what constitutes introvertive and extrovertive mystical experience and a continued debate as to whether one is, indeed, a higher experience or state of consciousness.³² Introvertive mystical experience is considered an experience of the divine and, indeed, the great mystics speak of this union and oneness with God as a wholly transformative event. This study demonstrates a significant, moderately positive relationship between introvertive mystical experience and spiritual well-being ($r(70) = 0.302, p < .01$). Therefore, it is possible that

introvertive mystical experience has a more therapeutic effect on the experiencer than extrovertive mystical experience.

Moreover, the interview findings indicate that forty-nine (70%) of the seventy spiritual experiences recounted were categorized as introvertive/transpersonal mystical experiences. This finding does not necessarily denote introvertive/transpersonal mystical experiences are more common than extrovertive/extrapersonal mystical experiences. However, my perception is that the women in the study realized the greater effect of an introvertive/transpersonal mystical experience and selected to share it precisely because it was transformative, because it was extraordinary. None of the participants noted a diabolical or negative experience. Forty-three spiritual experiences recounted happened during the time of the cancer experience. All had a positive, therapeutic effect on the participants. Thirty of the forty-three spiritual experiences recounted during the cancer experience were categorized as introvertive/transpersonal experiences and noted to be transformative. (See Appendix D) The inherent healing potential within these intimate mystical states is phenomenal. Levin eloquently states why this is true:

Whether intentionally sought through specific practices or experienced as a sacred gift after weeks, months, or years of spiritual questing, mystical states of consciousness connect us to something beyond words. Whatever this something is or is not, there are important implications for the functioning of our bodies. Scientific studies of a variety of spiritual practices have identified physiological correlates of shifts in consciousness. This research establishes the first piece of the link between mystical experience and health and well-being.³³

The following excerpts from the spiritual experience interviews are illustrative of the transformative effects of these transcendent states of consciousness:

An experience of God's energy or presence (018): Before I was diagnosed with leukemia, I had been very ill with a pancreatic tumor and had to have a series of three surgeries. I had been heavily sedated in the beginning but needed less medication as the process went along. One day I was lying in the hospital bed

and was thinking that whether I lived or died was not important. I suddenly felt the Savior was there with me. I had an overwhelming sense of peace and comfort. I cannot really describe the feeling of overwhelming peace. It had a huge impact on my life. While I did not have a miraculous healing, my recovery was really a healing miracle. This experience left me with a deeper peace. Since this experience, I have become contemplative and read the scriptures faithfully.

An experience of God's energy or presence (052): After I was diagnosed with breast cancer, I could not sleep. One night I awoke in the middle of the night and wondered, "What am I going to do? I can't leave my children." Then, I felt a feeling of love envelope me, like a big hug. I never felt so much love. I knew that no matter whether I lived or died, everything was going to be okay. I knew God loved me and my life was special to Him.

An experience of God's energy or presence (029): When I was diagnosed with cancer, I had a biopsy and soon after, the doctor wanted to do a mastectomy. I had always thought I was a healthy person and I was going to have a healthy life. I felt my cancer was life threatening and I was very scared. I was afraid and did not know what to do. I continued with my responsibilities yet withdrew from others. In the meantime, my husband began having nightmares about my death and my daughter was also upset. I sensed they were withdrawing from me because of the grief they felt and so I could not talk to them about my feelings. My dear friend was the one person who was always there for me. She called me every day for three months to ask how I was doing. She was wonderful. I decided I needed to take as much responsibility for my healing as I could so I went to a holistic health institute and learned how to eat well and take various herbs. After this time, I spent a lot of time praying, on my knees. I felt I was not getting any answer. One day, I knelt down and asked for help and I felt an overwhelming feeling of love. I felt the Lord. I felt the Lord loved me and everything would be okay. I did not know the answers, yet I was at peace.

Mystical experience provides a sense of coherence, of intimate interconnectedness to God and the universe. Many accounts of mystical experiences, indeed, emphasize that God's love is a transformative force, healing body, mind, and spirit. The mystical path is the path of love, the path that leads through the heart. To know God, to experience communion and oneness with God, to feel God's presence, to know God forgives all, this is the mystic's path. It is the path of self-transcendence and the path of healing. As Poloma notes, "The heart of the renewal experience . . . is love - a tangible experience of being loved by God [and] being loved by God bears tangible fruit in the various forms of

healing.”³⁴ Cathartic in nature, these spiritual experiences were imbued with God’s love, energy, and presence and as the great mystics knew, love heals.³⁵

The search for meaning is a spiritual search. It is a search to discover why something occurred and then attribute meaning and purpose to the event. It is during life crises that the search for meaning becomes most significant to an individual’s healing process. Samson and Zeuter note the very essence of spirituality is, “an opening to the person’s inner self and to the transcendent. It is an inner force impacting on the way a person thinks, acts, and lives. It is the search for existential meaning in any life experience.”³⁶ The search for meaning is inherently a growth process leading to self-transcendence and greater self-awareness. They continue, “The result of the [transcendent] process for them [patients] is a broader understanding of themselves, others, the world in which they live and their role in it. Their sense of themselves goes well beyond that which they held prior to the onset of illness. The subjects discover that their illness has a spiritual purpose. It becomes the tool, which provokes their spiritual development.”³⁷ Clearly, self-transcendence relates to spiritual well-being and implies that a higher state of consciousness has been reached.

It is in discovering meaning and purpose that self-transcendence leads to positive adjustment for life events. Coward states, “In a study of a small group of women with advanced breast cancer, Coward reported increased feelings of self-worth, connectedness to others and nature, physical feelings of lightness and relief of burden, and a sense of being healed following self-transcendence experiences.”³⁸ These aftereffects are similar to the aftereffects of mystical experience. Coward’s review of the literature on self-transcendence also found, “The experience of advanced cancer leads to the development

of self-transcendent views and behaviors. Self-transcendent views and behaviors are associated with self-report of higher levels of emotional well-being and lower levels of illness-related distress.”³⁹ Self-transcendence, then, is a doorway through which women were able to find purpose and meaning to their journey through the cancer experience. Pelusi’s study on women with cancer notes, “Growth came from deriving meaning from this experience. The journey is the structure in which self-transcendence occurred. Discovering who one is and what one is about brings meaning to the experience, to the journey, and to life.”⁴⁰

This study found a marginally significant relationship between mystical experience and spiritual well-being when the variable of months since diagnosis of cancer was held constant ($r(70) = 0.433$). This finding presents the possibility that the longer, in months, since cancer diagnosis, the less number of spiritual experiences individuals may have. Moreover, the longer, in months, since cancer diagnosis, the more spiritual well-being may tend to go up. In other words, mystical experience appears to be related to life’s greatest trials or dark nights of the soul in this study population.⁴¹ This marginally significant finding suggests that mystical experience is a catalyst to the self-transformation inherent to discovering meaning in and healing from difficult life experiences. Research by Kass drew a similar conclusion, “The results suggested a measurable relationship between core spiritual experiences and . . . psychological strength during crises.”⁴² The search for meaning in times of crises often opens individuals to a spiritual quest. Samson and Zeuter, in their study of spirituality and adaptation to cancer, note the significance of this quest, “This present study confirms the centrality of the human quest for meaning. The quest begins with their [patients] effort to

find meaning for their illness. This search launches them on a quest which results in the development of greater self-awareness. It also leads them to discover a new and broader meaning and purpose to their life. They discover that the meaning of their illness is to initiate them to this profound learning process.”⁴³

It appears that as meaning is attributed to the cancer experience, spiritual well-being increases. Gall and Cornblat note, “Belief in God also has direct implication for the meaning ascribed to the diagnosis of cancer and ultimately for the attitude adopted toward the cancer. When used in the creation of meaning, relationship with God allowed some women to reframe the cancer from a disruptive, crisis event to a ‘blessing’ and a ‘gift’.”⁴⁴ Moadel et al. agree, “It is believed that spirituality or religion promotes adjustment through its ability to give meaning and hope by providing an explanation for the experience of illness and suffering.”⁴⁵ Moreover, it is possible that mystical experiences provide significant meaning to illness that allows healing to begin. Levin discusses this possibility and states, “Meaning in life was considerably higher in those who had transcendent experiences, psychic experiences, and any anomalous experiences.”⁴⁶ This is true because such experiences of mystical or numinous states if deeply felt and held to be real and meaningful, can change how we feel about ourselves and our place in the world.”⁴⁷ Ring and Moody reiterate the inherent value to mystical states in noting that near-death experiences, considered an ultimate transcendent experience, often include the aftereffects of a deeper meaning to life and a deeper unconditional love for self and others.⁴⁸ Siegel’s rich and valuable life experience with cancer patients underscores the inherent healing power of unconditional love and the truth that love heals.⁴⁹ The awesome power of love as a healing force has been known

across the eons of time and is at the core of healing in the world's great religions. It is a therapeutic experience affecting body, mind, and spirit. Interestingly, this very experience of profound unconditional love is precisely what the great mystics describe of mystical experience.

Suggestions for Future Research

Since early times, the transpersonal realm has been considered the realm of healing and contact with God and the spirit world was known as essential to the healing process. It is since the advent of the western scientific model that the transpersonal realm of healing has nearly been abandoned, lost and forgotten amidst a discounting rational worldview. The re-emergence of a holistic view of health, mind, body, and spirit, and the newfound understanding of quantum non-locality has given re-birth to the realization of the awesome and profound healing power inherent in transpersonal states of consciousness. Moreover, mystical experience, an experience of the oneness and sacredness of All That Is, has re-appeared in religious, spiritual, and psychological research as an experience that, indeed, has positive therapeutic healing potential. This study contributes to the field of spiritual healing and energy medicine by illustrating the existence of a relationship between the healing potential inherent in mystical experiences or the transpersonal realm of consciousness and spiritual well-being. It adds to the growing significance of spiritual well-being as an essential component to patient care in oncology. And, as Moadel et al. note, further research is necessary to determine the spiritual needs of cancer patients because, "As many as one-third of cancer patients report unmet spiritual or existential needs."⁵⁰ Holland et al. in *Psycho-oncology* concur with Moadel et al. and note, "Much work is needed in the area of spiritual assessment and

screening, and research on religion and cancer. Spiritual assessment tools which reflect the specific spiritual challenges associated with cancer diagnosis for adults and children need to be developed and tested. Screening tools for cancer patients who are at risk for spiritual crisis or despair also need to be developed.”⁵¹ Mickley et al. echo the importance of continued research on spiritual well-being, “This study reveals that, regardless of physical well-being, intrinsic religiousness [spirituality] is positively associated with higher spiritual well-being. Future investigations should explore whether spiritual well-being is associated with higher survival rates among oncology patients.”⁵²

The diagnosis of cancer is almost universally considered a highly stressful life experience and words such as trauma and tragedy are commonly used to describe its effects on diagnosed individuals and their families. Spiritual well-being has been evidenced by researchers to provide peace, faith, and comfort to individuals during distressing life events. It offers a path to self-transcendence, meaning, and purpose that can provide solace and inner peace to those with life-threatening illness.⁵³ Moreover, spiritual well-being has been correlated to specific psychological adjustment styles and to quality of life measures.⁵⁴ The limited research on the effects of mystical/core spiritual experiences illustrates its therapeutic potential. This study contributes to the potential development of holistic treatment programs for individuals in the following manner:

- Spiritual assessments, screenings, and interventions may be designed with an increased depth of understanding and knowledge as to the significance of mystical or transcendent experiences and their relationship to spiritual well-being. Kass notes that meditative states increase the incidence of core spiritual experiences and states, “It is increasingly clear that spiritual practices

which help the individual to develop an internally-focused perceptual orientation increase the likelihood that core spiritual experiences will take place.”⁵⁵ Therefore, offering meditation and relaxation imagery as integral to cancer care may enhance the spiritual well-being of patients. Furthermore, meditative states are known as transcendent states and self-transcendence has been found to be intimately related to successful adjustment to cancer.⁵⁶ Additional benefits to meditative states include reduced muscle tension, increased oxygen and blood flow, reduction of pain, reduction of anxiety, feelings of peace and comfort, and, for some, connection to Spirit.

- Simply providing sacred space for patients to share mystical experiences with a compassionate listener during a spiritual assessment and screening may be therapeutic in itself. According to Braud and Anderson, “There is undeniable evidence that recognizing, owning, honoring, and sharing personal experiences, especially an individual’s more unusual or previously unvoiced experiences, are beneficial to physical health and psychological well-being. All counseling, psychotherapeutic, and spiritual guidance traditions are based on this truism.”⁵⁷ Compassionate relationship, in and of itself, has vast healing potential.
- The effectiveness of Spiritual Direction/Pastoral Counseling might be enhanced as practitioners and pastors realize the therapeutic potential of transpersonal states of consciousness. For example, ministers trained in the Inner Counselor Process⁵⁸ may use this valuable process to tap into higher levels of consciousness and this may result in a core spiritual experience for

the patient and possibly remarkable healing. The art of soul retrieval is also a powerful therapeutic process that ministers may use to elicit transpersonal states of consciousness and soul retrieval is known to be a transformative process.⁵⁹ Past Life Awareness and Integration is yet another transpersonal process that has the potential to elicit a core spiritual experience as healing in various lifetimes, real or imagined, profoundly affects one's current life experience.⁶⁰ Each of these transpersonal healing modalities offers clients opportunities for self-transcendence and cancer research supports the belief that self-transcendence is significant in adjusting to and finding meaning in the cancer experience.⁶¹

- Dream journals may enhance the therapeutic process and spiritual well-being. Dreams are often rich in imagery, symbolism, and metaphor. They are also messengers of the high self, the Divine, spirit world, and the entire transpersonal realm. Dreams also provide insight and guidance for healing from the sub-conscious and are a powerful mode of inner and transpersonal communication for healing. Moreover, healing dreams may embody mystical experiences.
- Art and Music Therapy are known to access higher states of consciousness and connect individuals to their spiritual core. They are currently used in holistic, therapeutic cancer treatment programs. Mainstream oncology might find these healing modalities of great therapeutic value in enhancing the quality of life among cancer patients.

New research that might be stimulated by this study includes:

- Further studies on mystical experience as a catalyst for enhanced spiritual well-being.
- Studies on the relationship between mystical experience and spiritual well-being in which participants are grouped by months since cancer diagnosis.
- Long-term studies on the relationship between mystical experience and holistic well-being (physical, emotional, social, and spiritual well-being) in which participants, grouped by months since cancer diagnosis, are surveyed periodically to ascertain survival rates.
- Continue studies on meditation as an intervention in holistic cancer patient care and its correlation to the increased incidence of mystical experience.
- Long-term studies on the relationship between meditation, mystical experience, and enhanced levels of physical and emotional well-being in which participants are grouped by months since cancer diagnosis and surveyed periodically to ascertain survival rates.
- Further transpersonal research studies on the therapeutic effects of altered states of consciousness in oncology patient care using, for example, the Inner Counselor Process, Past Life Awareness and Integration, and soul retrieval.
- Increased research on transpersonal states of consciousness and the therapeutic use of drugs known to elicit mystical experience.
- Long-term studies on the holistic healing benefits of the therapeutic use of drugs known to elicit mystical experience in which oncology patients are surveyed periodically to ascertain survival rates.

In summary, this study contributes to the knowledge, insight, and understanding of mystical experience as it relates to spiritual well-being. It provides worthwhile evidence of the increasing need for spiritual well-being program development within the field of oncology. As Moadel et al. note, “Recognition of the importance that spiritual and existential needs play in the lives of cancer patients is growing. It is the hope that spiritual support interventions will not only be integral to comprehensive cancer care, but that they will reflect the cultural richness and diversity in which spiritual and existential needs are based.”⁶² In essence, this study demonstrates the inherent healing potential in mystical experience and underscores a timeless universal truth that, indeed, love heals.

Chapter 5 Endnotes:

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APPENDIX A

Definition of Terms

The definition of terms are derived from the *Merriam-Webster Dictionary, Encarta, Definitions and Standards in Healing Research*, and other professional resources found within this document.

Anomalous. Inconsistent with or deviating from what is usual, normal, or expected; irregular, unusual; of uncertain nature or classification; marked by incongruity or contradiction; paradoxical.

Clairvoyance. An experience of seeing events happening at a distance as they were happening.

Consciousness. The capacity to react to, attend to, and be aware of self and other.

Core spiritual experience. A distinct event and a cognitive appraisal of that event which resulted in a personal conviction of God's existence (or of some form of Higher Power as defined by the person); and the perception of a highly internalized relationship between God and the person (i.e. God dwells within and a corresponding feeling of closeness to God); synonym for mystical experience and spiritual experience.

Déjà vu. The sense of having been somewhere before, even though part of our knowing thinks it was impossible.

Ecstatic experience. An experience of knowledge, of union, or of purification and renewal; the experience of pure joy, especially joy in one's own creativity.

Existential well-being. To know what to do and why, who we are, and where we belong in relation to ultimate concerns.

Extra-personal event. Beyond normal limits of ego and personal unconscious, into cosmic (non-divine) awareness.

Extra sensory perception. An experience of feeling as though you were in touch with another person or other people when they were far away.

Extrinsic religiousness. The practice of religious faith and church membership for social status, prestige, or power.

Extrinsic spirituality. Addresses external religious behavior, which may or may not be an expression of one's internal orientation, i.e. church or synagogue membership.

Extrovertive mysticism. An experience of unity with the totality of objects of perception. See Extra-personal event for synonym.

Fascinans. When the sense of presence is experienced as a fascinans, its manifestly illogical or paradoxical contents are experienced as metaphors. The metaphors imply something more, a rational, albeit speculative postulate.

Healing. Those physical, mental, social, and spiritual processes of recovery, repair, renewal, and transformation that enhance wholeness, and often (though not invariably) order and coherence. Healing is an emergent process of the whole system and may or may not involve curing.

Intense religious experience. See Core spiritual experience for synonym.

Intrinsic religiousness. An internally focused perception of religious individuals associated with God- images that are personal, loving, and benevolent.

Intense spiritual experience. See Core spiritual experience for synonym.

Intrinsic spirituality. An internally focused perceptual or belief orientation about God or a higher power that influences life's meaning and serves as a guide for living.

Introvertive mysticism. An experience of unity devoid of perceptual objects; an experience of no-thing-ness; pure consciousness. See Transpersonal event for synonym.

Lucid dreaming. Dreaming while knowing we are dreaming.

Monistic mysticism. The experience of the soul contemplating itself in its essence.

Mysterium tremendum. Mystical experience described as being both palpable and wholly other; a presence which maintains no distinctions between manifest and transcendent; examples include automatic writing and the sensing of a presence.

Mystical experience. A distinct event and a cognitive appraisal of that event which resulted in a personal conviction of God's existence (or of some form of Higher Power as defined by the person); and the perception of a highly internalized relationship between God and the person (i.e. God dwells within and a corresponding feeling of closeness to God); synonym for core spiritual experience, spiritual experience, transcendent experience, and peak experience.

Mysticism. The experience of mystical union or direct communion with ultimate reality reported by mystics; the belief that direct knowledge of God, spiritual truth, or ultimate reality can be attained through subjective experience (as intuition or insight).

Mystical union. The will of the individual becoming one with and subservient to the will of God.

Near-death experience. Profound psychological events with transcendental and mystical elements, typically occurring to individuals close to death or in situations of intense physical or emotional danger. These elements include ineffability, a sense that the experience transcends personal ego, and an experience of union with a divine or higher principle.

Non-locality. Generally, the state of being unconfined and unrestricted to a particular place. In modern physics, a fundamental property of the universe, in which entities once in contact demonstrate correlated behaviors, instantly and to the same degree, regardless of the extent of spatial separation.

Numinous experience. An experience of a holy other beyond nature, with which or whom one is felt to be in communion; identifies a personal transcendent object, often referred to as God.

Out-of body experience. In an out-of-body experience (OBE), people feel that their self, or center of awareness, is located outside of the physical body; includes such features as sensations of floating, traveling to distant locations, and observing the physical body from a distance.

Paranormal. Not scientifically explainable; supernatural.

Peak experience. Mystical experience; core religious experience; transcendent experience; perception of the universe as a unified whole; sense of sacredness of all that is; a sense of oneness within the universe.

Psi-related experience. Psi-related experiences (PREs) include reports of apparent telepathy (direct mind-to mind communication), clairvoyance (anomalous knowledge of distant events), precognition (knowledge of the future), or psychokinesis (mind over matter). Note that PREs are defined in phenomenological terms; that is, it seems to the experiencer that some paranormal process is involved in these events.

Religion. The service and worship of God or the supernatural; commitment or devotion to religious faith or observance; a personal set or institutionalized system of religious attitudes, beliefs, and practices; scrupulous conformity; a cause, principle, or system of beliefs held to with ardor and faith. The codified and ritualized beliefs and behaviors of those involved in spirituality, usually taking place within a community of like-minded individuals.

Religious experience. The feelings, acts, and experiences of individual men, in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider divine; the meaningful transcendence of limits of the resolution of discontent, rooted in a sense of the divine.

Spirit. The life principle, especially in living beings, originally regarded as inherent in the breath or as infused by a deity; same as soul; life, will, consciousness, thought, regarded as separate from matter.

Spiritual. Relating to, consisting of, or affecting the spirit; incorporeal; of or relating to sacred matters; ecclesiastical rather than lay or temporal; concerned with religious values; related or joined in spirit; of or relating to supernatural beings or phenomena.

Spiritual experience. Experience relating to, consisting of, or affecting the spirit; experience of the sacred; synonym for mystical experience, core spiritual experience, transcendent experience, peak experience, and intense religious experience.

Spiritual well-being. Important aspects of spirituality, such as a sense of meaning in one's life, harmony, peacefulness, and a sense of strength and comfort from one's faith; closeness to God or a Higher Power.

Spirituality. The feelings, thoughts, experiences, and behaviors that arise from a search for that which is generally considered sacred or holy. Spirituality is usually, though not universally, considered to involve a sense of connection with an absolute, imminent, or transcendent spiritual force, however named, as well as the conviction that meaning, value, direction, and purpose are valid aspects of the universe.

Telepathy. An experience of communicating with another by means beyond normal sensory channels; transference of thought.

Theistic mysticism. The soul feels itself to be united with God in love.

Transcendent. Exceeding usual limits; surpassing; extending or lying beyond the limits of ordinary experience; being beyond the limits of all possible experience and knowledge; being beyond comprehension; transcending the universe or material existence; synonym for mystical experience.

Transpersonal. Beyond the individual ego, mind, and body.

Transpersonal event. Beyond normal limits of ego and personal unconscious, into universal (divine) awareness.

Transpersonal psychology. A system of personal understanding that is based on people's experiences of temporarily transcending their usual identification with their limited biological, historical, cultural, and personal self and, at the deepest and most profound levels of experience possible, recognizing/becoming something of vast intelligence and compassion that encompasses/is the entire universe.

Unitive experience. Experience of transcendent reality and union with God.

**APPENDIX B
INSPIRIT, FACIT-Sp-
Ex, and Participant
Packet**

QUESTIONNAIRE ON SPIRITUAL ATTITUDES AND EXPERIENCES

The following questions concern your spiritual or religious beliefs and experiences. There are no right or wrong answers. For each question, circle the number of the answer that is most true for you.

1. How strongly religious (or spiritually-oriented) do you consider yourself to be?

1. Strong
2. Somewhat strong
3. Not very strong
4. Not at all

2. About how often do you spend time on religious or spiritual practices?

1. Several times per day to several times per week
2. Once per week to several times per month
3. Once per month to several times per year
4. Once per year or less

3. How often have you felt as though you were very close to a powerful spiritual force?

1. Never
2. Once or twice
3. Several times
4. Often

PEOPLE HAVE MANY DIFFERENT IMAGES AND DEFINITIONS OF THE HIGHER POWER THAT WE OFTEN CALL GOD. PLEASE USE YOUR IMAGE AND YOUR DEFINITION OF GOD WHEN ANSWERING THE FOLLOWING QUESTIONS.

4. How close do you feel to God?

1. Extremely close
2. Somewhat close
3. Not very close
4. I don't believe in God

5. Have you ever had an experience that has convinced you that God exists?

1. Yes
2. Maybe
3. I don't know
4. No

6. Indicate whether you agree or disagree with this statement: "God dwells within you".

1. Definitely disagree
2. Tend to disagree
3. Tend to agree
4. Definitely agree

--continue next page--

7. The following list describes spiritual experiences that some people have had. Please indicate if you have had any of these experiences and the extent to which each of them has affected your belief in God.

SPIRITUAL EXPERIENCE	NEVER HAD THIS EXPERIENCE	HAD THIS EXPERIENCE AND IT:		
		Did not strengthen belief in God	Strengthened belief in God	Convinced me of God's existence
A. An experience of profound inner peace	1	2	3	4
B. An overwhelming experience of love	1	2	3	4
C. A feeling of unity with the earth and all living beings	1	2	3	4
D. An experience of complete joy and ecstasy	1	2	3	4
E. Meeting or listening to a spiritual teacher or master	1	2	3	4
F. An experience of God's energy or presence	1	2	3	4
G. An experience of a great spiritual figure (eg. Jesus, Mary, Elijah, Buddha)	1	2	3	4
H. A healing of your body or mind (or witnessed such a healing)	1	2	3	4
I. A miraculous (or not normally occurring) event	1	2	3	4
J. An experience of angels or guiding spirits	1	2	3	4
K. An experience of communication with someone who has died	1	2	3	4
L. An experience with near death or life after death	1	2	3	4
M. Other (specify) _____		2	3	4

FACIT-Sp-Ex (Version 4)

Below is a list of statements that other people with your illness have said are important. By circling one (1) number per line, please indicate how true each statement has been for you during the past 7 days.

		Not at all	A little bit	Some- what	Quite a bit	Very much
Sp1	I feel peaceful	0	1	2	3	4
Sp2	I have a reason for living	0	1	2	3	4
Sp3	My life has been productive	0	1	2	3	4
Sp4	I have trouble feeling peace of mind	0	1	2	3	4
Sp5	I feel a sense of purpose in my life	0	1	2	3	4
Sp6	I am able to reach down deep into myself for comfort	0	1	2	3	4
Sp7	I feel a sense of harmony within myself	0	1	2	3	4
Sp8	My life lacks meaning and purpose	0	1	2	3	4
Sp9	I find comfort in my faith or spiritual beliefs	0	1	2	3	4
Sp10	I find strength in my faith or spiritual beliefs	0	1	2	3	4
Sp11	My illness has strengthened my faith or spiritual beliefs ..	0	1	2	3	4
Sp12	I know that whatever happens with my illness, things will be okay.....	0	1	2	3	4
Sp13	I feel connected to a higher power (or God).....	0	1	2	3	4
Sp14	I feel connected to other people.....	0	1	2	3	4
Sp15	I feel loved	0	1	2	3	4
Sp16	I feel love for others.....	0	1	2	3	4
Sp17	I am able to forgive others for any harm they have ever caused me.....	0	1	2	3	4
Sp18	I feel forgiven for any harm I may have ever caused	0	1	2	3	4
Sp19	Throughout the course of my day, I feel a sense of thankfulness for my life	0	1	2	3	4
Sp20	Throughout the course of my day, I feel a sense of thankfulness for what others bring to my life.....	0	1	2	3	4
Sp21	I feel hopeful.....	0	1	2	3	4
Sp22	I feel a sense of appreciation for the beauty of nature.....	0	1	2	3	4
Sp23	I feel compassion for others in the difficulties they are facing	0	1	2	3	4

Letter of Invitation

April 15, 2006

Delphine Rossi, Th.D. (c)
Spiritual Well-Being Research Study
1578 East 1100 North
Logan, Utah 84341
435-750-6817

Dear Support Group Friend,

This is a special invitation to you to participate in a study titled, *The Relationship between Spiritual/Mystical Experience and Spiritual Well-Being in Women Who Have Had or Have Cancer*. This study is for the completion of doctoral research at Holos University Graduate Seminary. The intent of the study is to further the knowledge of spiritual healing to benefit the health and well-being of women who have experienced cancer.

I am acquainted with many of the women in the Cancer Support Group by having provided complementary medicine/healing workshops to the Support Group in Cache Valley over the past four years in cooperation with Sally Russell, R.N., American Cancer Society Volunteer. At this study workshop, I will invite you to complete two simple surveys and then we will arrange a time at which I may conduct an interview with you to discuss a spiritual/mystical experience you may have had. After completing the surveys and arranging an interview time, you will then be a guest at a complementary workshop (free of charge) titled *The Heart of Healing*. This workshop will provide you with essential tools to enhance your healing path.

A complimentary luncheon will be served and a special guest will speak during lunch.

Please select one of the study workshops to attend:

Thursday, May 04, 2006 at The Alumni House of Utah State University.
Please RSVP to Delphine by Tuesday, May 02 at 750-6817.

Saturday, May 20, 2006 at St. John's Episcopal Church Conference Center.
Please RSVP to Delphine by Thursday, May 18 at 750-6817.

If you are unable to attend a workshop yet are willing to participate in the study, please contact Delphine at 750-6817 and we will arrange a day and time I can meet with you.

The study workshop agenda is:

- 8:30-9:00 Registration and refreshments
- 9:00-9:10 Greetings and Overview of Study
- 9:10-9:50 Completion of the FACIT-Sp-Ex scale of Spiritual Well-Being
And the INSPIRIT scale of Spiritual Experiences
Scheduling of Interviews
- 9:50-10:00 Refreshment Break
- 10:00-11:30 The Heart of Healing Workshop
- 11:30-12:30 Complimentary Luncheon

Thank you for your willingness to participate in this innovative study and contribute to the field of mind, body, spirit healing for women who have experienced cancer. I look forward to co-creating a very worthwhile and fulfilling experience with each of you!

Warm Regards,

Delphine Rossi, Th.D. (c)

**Letter of Invitation to Participate
in
A Spiritual Well-Being Research Study**

April 15, 2006

Delphine Rossi, Th.D. (c)
Spiritual Well-Being Research Study
1578 East 1100 North
Logan, Utah 84341
435-750-6817

Dear Participant,

This is a special invitation to you to participate in a study titled, *The Relationship between Spiritual/Mystical Experience and Spiritual Well-Being in Women Who Have Had or Have Cancer*. This study is for the completion of doctoral research at Holos University Graduate Seminary. The intent of this study is to further the knowledge of spiritual healing to benefit the health and well-being of women who have experienced cancer.

Please fully complete all the enclosed forms:

- Subject Informed Consent (signature required)
- Participant Profile Form
- Questionnaire on Spiritual Attitudes and Experiences
- FACIT-Sp-Ex (Version 4)

Please return all completed forms in the enclosed self-addressed stamped envelope.

Thank you so much for your willingness to participate in this innovative study and to contribute to the field of mind, body, spirit healing for women who have experienced cancer.

Warm Regards,

Delphine Rossi, Th.D. (c)

Subject Informed Consent

Investigator in Charge of Study: Delphine Rossi, Th.D. (candidate)

Purpose:

The purpose of this study is to examine the relationship between spiritual/mystical experience and spiritual well-being in women who have had or have cancer. The intent of this study is to further the knowledge of the effects of spiritual/mystical experience on spiritual well-being and to contribute this knowledge to spiritual healing interventions in holistic cancer treatment programs.

Definition:

Spiritual/Mystical Experience is a synonym for intense spiritual experience, intense religious experience, peak experience, transcendent experience, ecstatic experience, and numinous experience. For the purposes of this study, spiritual/mystical experience is defined as *an experience which resulted in a personal conviction of God's existence or some form of Higher Power and the perception of an inner relationship with God or a feeling of closeness to God or a Higher Power.*

Inclusion Criteria:

Participants must be female.

Participants must be at least 18 years of age.

Participants must have had, at one time, a diagnosis of cancer by a medical professional.

Participants may currently be in remission, in treatment, or not be receiving any treatment.

Participants will show willingness to participate by signing the voluntary consent form.

Exclusion Criteria:

Females under the age of 18 may not participate.

Females who have not had a medical diagnosis of cancer may not participate.

Males may not participate.

Procedures:

Participants will complete a simple questionnaire on spiritual/mystical experience and a brief questionnaire on spiritual well-being.

Participants will schedule a day and time to be interviewed to discuss a significant spiritual/mystical experience they may have had.

Participants have the right to decide whether the interview will be tape-recorded.

All tape-recorded interviews will be kept confidential and the tapes will be disposed of three years after the study is completed as per FDA regulations.

Interview dates will be set at the time individual participants complete the study questionnaires or take place directly following the completion of the questionnaires.

Interviews will be conducted at the participant's home, by telephone, or in an agreed upon setting providing privacy and take 15+ minutes to complete.

In the interview, participants will be asked the following questions:

1. Do you feel you have had a spiritual/mystical experience?
2. Have you ever discussed this with anyone?
3. Please describe a significant spiritual/mystical experience you have had.

Confidentiality of Records: Participant identity will be kept confidential. Personal participant information will be identified by an id number. Results of this study may be reported in health and medical publications and at holistic healing presentations yet participants will not be identified. Participant identity will remain confidential at all times, unless required by law.

Creation of Book Consent: It is the intent of the study coordinator to compile a book of spiritual experiences from this study, stories that may provide hope and faith to women experiencing cancer and other life-threatening events. The book will be the book of the women who participated in this study. All women and their spiritual experiences will be anonymous and confidential.

Questions: The Subject Informed Consent form has provided study information. If you have any questions, please contact Delphine Rossi, M.S., Th.D. (c) at (435) 750-6817.

Subject Statement:

I am signing this consent form freely and without force. I understand that by signing this form, I do not lose any rights to which I am entitled.

I hereby state that I have the legal capacity to enter into contract and that no guardian has been appointed for me.

The consent form has been read by me and the study information has been fully explained to me. Any questions that have occurred to me have been answered by the Study Coordinator. I may request a signed copy of this form.

Please check one: I agree to have the interview tape-recorded.
 I do not agree to have the interview tape-recorded.
 I agree to have my spiritual experience published anonymously.

I agree to participate in this study.

Subject's Signature

Date

Subject's Name (Printed)

Participant Profile Form

ID _____

Name of Participant _____

Address _____

Telephone # _____

Age _____

Education - in number of years (please check the highest level you have attended):

- ____ 12 years - high school graduate
- ____ 14 years - associate degree
- ____ 16 years - bachelor's degree
- ____ 18 years - master's degree
- ____ 21 years - doctorate degree
- ____ other

Status of Cancer (please check one):

Currently in Treatment (please indicate number of months since cancer diagnosis) _____

Currently in Remission (please indicate number of months since cancer diagnosis) _____

Currently not in treatment or in remission (please indicate number of months since cancer diagnosis) _____

I have reviewed all above information as provided to the Study Coordinator and believe it to be correct to the best of my knowledge.

Name _____

Name (print) _____

Date _____

.....
Please select a date and time that I may interview you by telephone so that you may share a spiritual experience with me.

Date (s) _____ **Time** _____ **a.m./p.m.**

APPENDIX C Statistical Results

Descriptives

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
AGE	70	32.00	88.00	61.7571	11.97756
Valid N (listwise)	70				

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
EDUCATION	70	12.00	21.00	15.9071	2.82752
Valid N (listwise)	70				

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
CA	70	2.00	420.00	70.5214	87.72877
Valid N (listwise)	70				

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
FACITSpEx	70	54.00	92.00	80.4214	8.72346
Valid N (listwise)	70				

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
INSPIRIT	70	8.00	28.00	24.4571	3.82473
Valid N (listwise)	70				

Graphs

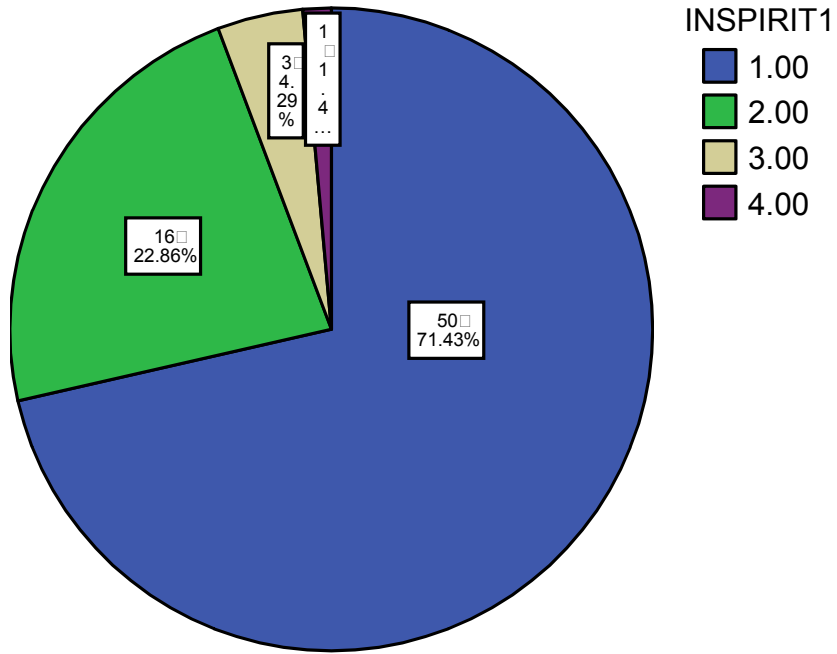


Figure 1: Results of INSPIRIT #1.

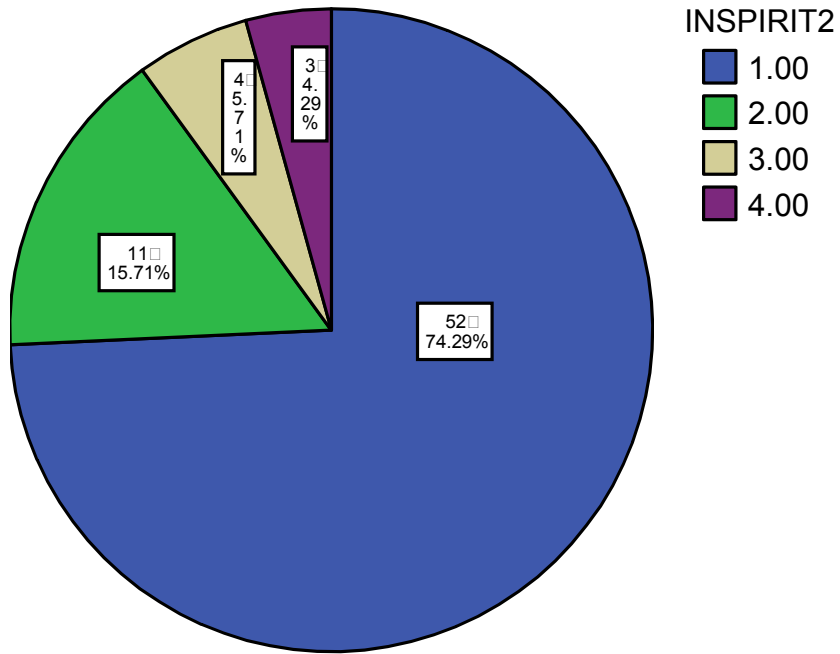


Figure 2: Results of INSPIRIT #2.

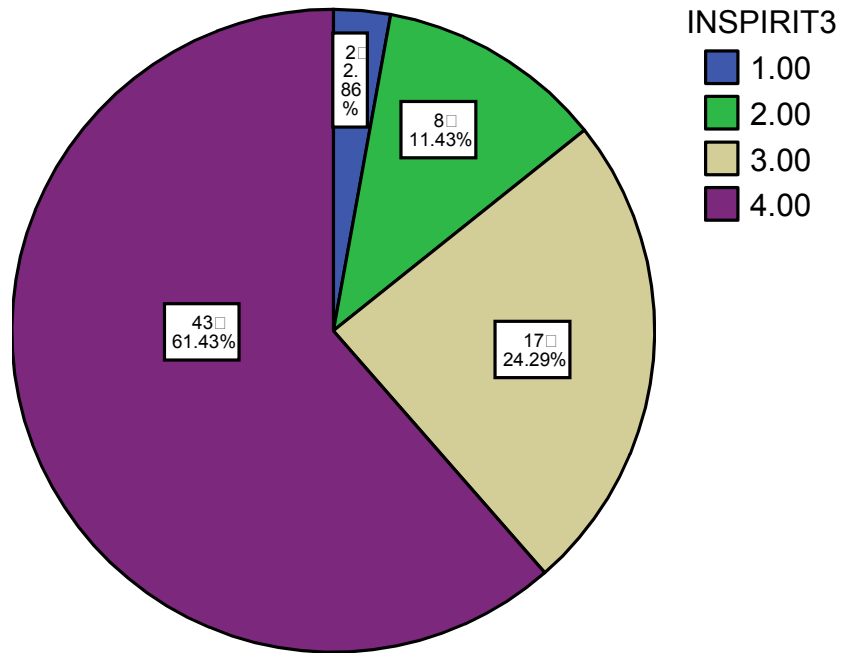


Figure 3: Results of INSPIRIT #3.

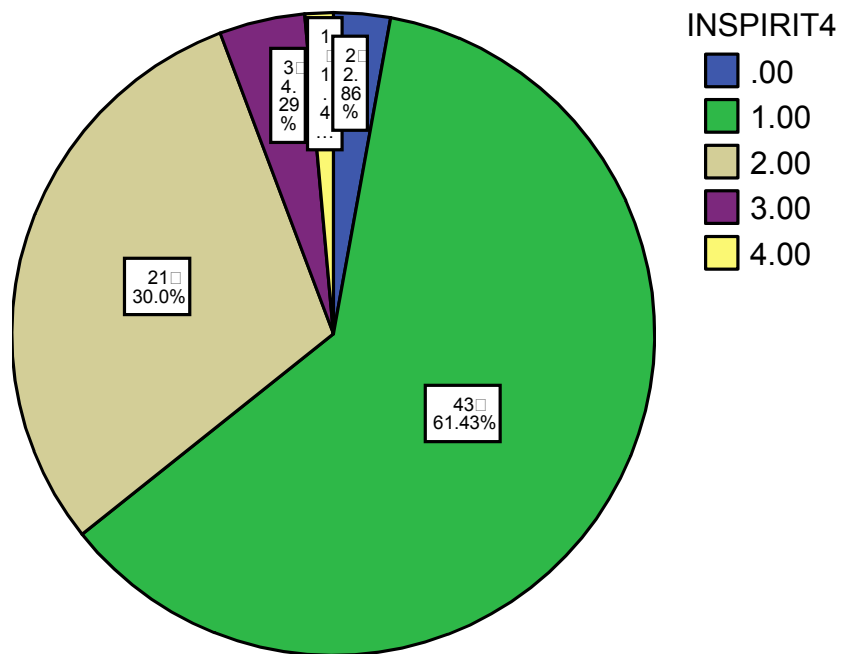


Figure 4: Results of INSPIRIT #4.

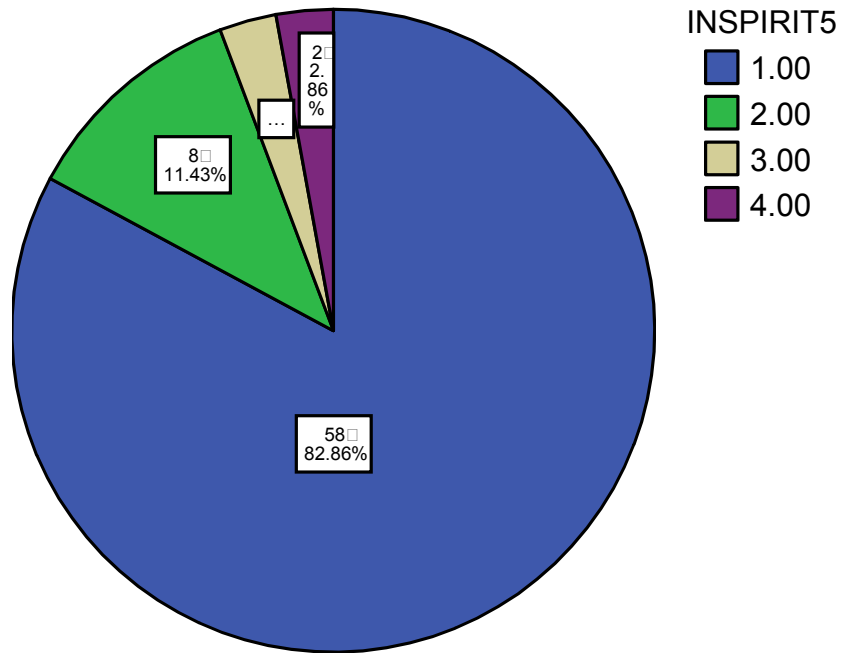


Figure 5: Results of INSPIRIT #5.

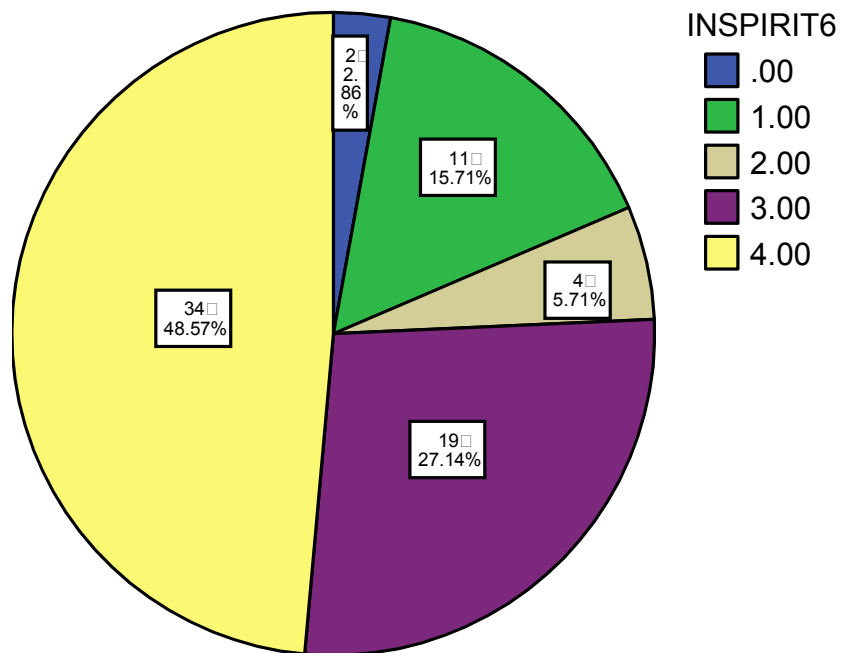


Figure 6: Results of INSPIRIT #6.

Pearson Correlations

Correlations

		FACITSpEx	INSPIRIT
FACITSpEx	Pearson Correlation	1	.388(**)
	Sig. (1-tailed)		.000
	N	70	70
INSPIRIT	Pearson Correlation	.388(**)	1
	Sig. (1-tailed)	.000	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Correlations

		INSPIRIT1	INSPIRIT
INSPIRIT1	Pearson Correlation	1	-.781(**)
	Sig. (1-tailed)		.000
	N	70	70
INSPIRIT	Pearson Correlation	-.781(**)	1
	Sig. (1-tailed)	.000	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Correlations

		INSPIRIT	INSPIRIT2
INSPIRIT	Pearson Correlation	1	-.629(**)
	Sig. (1-tailed)		.000
	N	70	70
INSPIRIT2	Pearson Correlation	-.629(**)	1
	Sig. (1-tailed)	.000	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Correlations

		INSPIRIT3	INSPIRIT
INSPIRIT3	Pearson Correlation	1	.762(**)
	Sig. (1-tailed)		.000
	N	70	70
INSPIRIT	Pearson Correlation	.762(**)	1
	Sig. (1-tailed)	.000	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Correlations

		INSPIRIT4	INSPIRIT5	INSPIRIT6	INSPIRIT
INSPIRIT4	Pearson Correlation	1	.573(**)	-.101	-.669(**)
	Sig. (1-tailed)		.000	.202	.000
	N	70	70	70	70
INSPIRIT5	Pearson Correlation	.573(**)	1	-.065	-.791(**)
	Sig. (1-tailed)	.000		.297	.000
	N	70	70	70	70
INSPIRIT6	Pearson Correlation	-.101	-.065	1	.432(**)
	Sig. (1-tailed)	.202	.297		.000
	N	70	70	70	70
INSPIRIT	Pearson Correlation	-.669(**)	-.791(**)	.432(**)	1
	Sig. (1-tailed)	.000	.000	.000	
	N	70	70	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Correlations

		FACITSpEx	INSPIRIT1
FACITSpEx	Pearson Correlation	1	-.376(**)
	Sig. (1-tailed)		.001
	N	70	70
INSPIRIT1	Pearson Correlation	-.376(**)	1
	Sig. (1-tailed)	.001	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Correlations

		FACITSpEx	INSPIRIT2
FACITSpEx	Pearson Correlation	1	-.318(**)
	Sig. (1-tailed)		.004
	N	70	70
INSPIRIT2	Pearson Correlation	-.318(**)	1
	Sig. (1-tailed)	.004	
	N	70	70

** Correlation is significant at the 0.01 level (1-tailed).

Correlations

		FACITSpEx	INSPIRIT3
FACITSpEx	Pearson Correlation	1	.302(*)
	Sig. (2-tailed)		.011
	N	70	70
INSPIRIT3	Pearson Correlation	.302(*)	1
	Sig. (2-tailed)	.011	
	N	70	70

* Correlation is significant at the 0.05 level (2-tailed).

Correlations

		FACITSpEx	INSPIRIT4	INSPIRIT5	INSPIRIT6
FACITSpEx	Pearson Correlation	1	-.397(**)	-.241(*)	.205(*)
	Sig. (1-tailed)		.000	.022	.044
	N	70	70	70	70
INSPIRIT4	Pearson Correlation	-.397(**)	1	.573(**)	-.101
	Sig. (1-tailed)	.000		.000	.202
	N	70	70	70	70
INSPIRIT5	Pearson Correlation	-.241(*)	.573(**)	1	-.065
	Sig. (1-tailed)	.022	.000		.297
	N	70	70	70	70
INSPIRIT6	Pearson Correlation	.205(*)	-.101	-.065	1
	Sig. (1-tailed)	.044	.202	.297	
	N	70	70	70	70

** Correlation is significant at the 0.01 level (1-tailed).

* Correlation is significant at the 0.05 level (1-tailed).

Correlations

		AGE	CA	EDUCATION	FACITSpEx	INSPIRIT
AGE	Pearson Correlation	1	-.018	-.001	.074	-.085
	Sig. (1-tailed)		.442	.496	.271	.241
	N	70	70	70	70	70
CA	Pearson Correlation	-.018	1	-.072	.169	-.187
	Sig. (1-tailed)	.442		.277	.082	.061
	N	70	70	70	70	70
EDUCATION	Pearson Correlation	-.001	-.072	1	.033	.259(*)
	Sig. (1-tailed)	.496	.277		.393	.015
	N	70	70	70	70	70
FACITSpEx	Pearson Correlation	.074	.169	.033	1	.388(**)
	Sig. (1-tailed)	.271	.082	.393		.000
	N	70	70	70	70	70
INSPIRIT	Pearson Correlation	-.085	-.187	.259(*)	.388(**)	1
	Sig. (1-tailed)	.241	.061	.015	.000	
	N	70	70	70	70	70

* Correlation is significant at the 0.05 level (1-tailed).

** Correlation is significant at the 0.01 level (1-tailed).

Partial Correlations

Partial Correlations

Control Variables		INSPIRIT	FACITSpEx
AGE	INSPIRIT	Correlation	1.000
		Significance (1-tailed)	.397
		Df	.000
FACITSpEx	FACITSpEx	Correlation	0
		Significance (1-tailed)	.67
		Df	1.000

Partial Correlations

Control Variables			INSPIRIT	FACITSpEx
EDUCATION	INSPIRIT	Correlation	1.000	.393
		Significance (1-tailed)	.	.000
		Df	0	67
	FACITSpEx	Correlation	.393	1.000
		Significance (1-tailed)	.000	.
		Df	67	0

Partial Correlations

Control Variables			INSPIRIT	FACITSpEx
CA	INSPIRIT	Correlation	1.000	.433
		Significance (1-tailed)	.	.000
		Df	0	67
	FACITSpEx	Correlation	.433	1.000
		Significance (1-tailed)	.000	.
		Df	67	0

Frequencies

INSPIRIT1 Frequencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	50	37.6	71.4	71.4
	2.00	16	12.0	22.9	94.3
	3.00	3	2.3	4.3	98.6
	4.00	1	.8	1.4	100.0
	Total	70	52.6	100.0	
Missing	System	63	47.4		
Total		133	100.0		

INSPIRIT2 Frequencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	52	39.1	74.3	74.3
	2.00	11	8.3	15.7	90.0
	3.00	4	3.0	5.7	95.7
	4.00	3	2.3	4.3	100.0
	Total	70	52.6	100.0	
Missing	System	63	47.4		
Total		133	100.0		

INSPIRIT3 Frequencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	1.5	2.9	2.9
	2.00	8	6.0	11.4	14.3
	3.00	17	12.8	24.3	38.6
	4.00	43	32.3	61.4	100.0
	Total	70	52.6	100.0	
Missing	System	63	47.4		
Total		133	100.0		

INSPIRIT4 Frequencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	2	1.5	2.9	2.9
	1.00	43	32.3	61.4	64.3
	2.00	21	15.8	30.0	94.3
	3.00	3	2.3	4.3	98.6
	4.00	1	.8	1.4	100.0
	Total	70	52.6	100.0	
Missing	System	63	47.4		
Total		133	100.0		

INSPIRIT5 Frequencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	58	43.6	82.9	82.9
	2.00	8	6.0	11.4	94.3
	3.00	2	1.5	2.9	97.1
	4.00	2	1.5	2.9	100.0
	Total	70	52.6	100.0	
Missing	System	63	47.4		
Total		133	100.0		

INSPIRIT6 Frequencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	2	1.5	2.9	2.9
	1.00	11	8.3	15.7	18.6
	2.00	4	3.0	5.7	24.3
	3.00	19	14.3	27.1	51.4
	4.00	34	25.6	48.6	100.0
Total		70	52.6	100.0	
Missing	System	63	47.4		
Total		133	100.0		

Means

FACITSpEx * INSPIRIT1

FACITSpEx

INSPIRIT1	Mean	N	Std. Deviation
1.00	82.6500	50	8.10533
2.00	74.5625	16	7.63299
3.00	79.6667	3	7.76745
4.00	65.0000	1	.
Total	80.4214	70	8.72346

FACITSpEx * INSPIRIT2

FACITSpEx

INSPIRIT2	Mean	N	Std. Deviation
1.00	81.9904	52	8.16646
2.00	77.5455	11	9.99363
3.00	72.7500	4	3.59398
4.00	74.0000	3	10.81665
Total	80.4214	70	8.72346

FACITSpEx * INSPIRIT3

FACITSpEx

INSPIRIT3	Mean	N	Std. Deviation
1.00	70.5000	2	7.77817
2.00	75.7500	8	10.30603
3.00	79.6471	17	7.61529
4.00	82.0581	43	8.48262
Total	80.4214	70	8.72346

FACITSpEx * INSPIRIT4

FACITSpEx

INSPIRIT4	Mean	N	Std. Deviation
.00	89.0000	2	.00000
1.00	82.6860	43	7.42424
2.00	75.8095	21	9.38413
3.00	79.6667	3	7.76745
4.00	65.0000	1	.
Total	80.4214	70	8.72346

FACITSpEx * INSPIRIT5

FACITSpEx

INSPIRIT5	Mean	N	Std. Deviation
1.00	81.4914	58	8.86670
2.00	74.2500	8	3.91882
3.00	84.0000	2	2.82843
4.00	70.5000	2	7.77817
Total	80.4214	70	8.72346

FACITSpEx * INSPIRIT6

FACITSpEx

INSPIRIT6	Mean	N	Std. Deviation
.00	87.5000	2	2.12132
1.00	76.1818	11	12.76572
2.00	75.7500	4	13.50000
3.00	78.9474	19	7.25315
4.00	82.7500	34	6.76919
Total	80.4214	70	8.72346

APPENDIX D

Mystical/Spiritual Experience Interviews

All interviews recorded below were agreed upon to be published. The spiritual experiences of the women were written as closely as possible to match the words participants used in recounting their experiences. The interviews in bold titles are those recounted during the cancer experience.

Extrovertive or Extra-Personal Experiences

A. An experience of profound inner peace

#1 An experience of profound inner peace (001)

During my college years, my father developed glaucoma and my mother was afraid my father would go blind. I prayed very seriously for my father and when I was done, a feeling of peace came over me. I knew everything would be all right. And, it was. My father's glaucoma did not progress and he only needed drops to help his vision.

#2 An experience of profound inner peace (007)

Before my cancer surgery, in the pre-operational room, I had the experience of a woman do hands-on healing with me. During this process, I felt extreme peace and comfort. I knew everything would be all right. She also did hands-on healing during my entire recovery and this made my hospitalization a peaceful experience.

#3 An experience of profound inner peace (020)

The most spiritual experiences I have had have been at Taize services. Taize services originated in France by monks of Christian faiths. They are a non-denominational, ecumenical service that includes meditation, music, chanting, and candles lasting about 30 minutes. During these services, I feel a very spiritual feeling; it is a spiritual experience, a feeling of closeness to God, Jesus, and other people. It is very calming and I feel like I can cope with any problem or issue when it is completed.

#4 An experience of profound inner peace (024)

Before my colon surgery, a feeling of peace came over me. I knew everything would be okay, no matter what. I did not pray to be healed. I just surrendered.

B. An overwhelming experience of love

#1 An overwhelming experience of love (008)

My mother was dying in a hospice center. The feeling in the center was a very spiritual feeling. When my mother first entered a semi-conscious state, she knew I was there but she was not able to talk. Yet, I knew what she was saying. I began to say what I felt she was saying. She kept looking at me with her eyes. I said, "You want to say something to Dad. You want me to tell him you love him very much."

As mother lost consciousness, my family was with her. I said, "I know you're ready to go and we'll be okay. We'll take care of Dad." My sister said a beautiful family prayer and I felt all of us surrounded by a love and greatness. We then left the room for a while. My sister stayed with my mother and told us mother died an hour later.

The spiritual experience of the hospice and my mother's death left me with a great peace. I felt that how my mother had died was very comforting.

C. A feeling of unity with the earth and all living beings

NA

D. An experience of complete joy and ecstasy

NA

E. Meeting or listening to a spiritual teacher or master

#1 Cancer as a Spiritual Teacher (026)

Cancer was the biggest teacher in my life. I became more aware of everything. I realized this is my life. I got rid of many fantasies about my life and dropped any co-dependency. I never owned the cancer and I don't identify myself as a survivor.

H. A healing of your body or mind

#1 A healing of your body or mind (005)

I was born and raised in a very fundamentalist religion. During my first marriage, I committed adultery and felt severe guilt for my behavior since my religion looked upon this as an unforgivable sin. I developed thyroid cancer. Working with a psychologist, I realized I had felt so guilty about the experience that I was trying to kill myself. She helped me let go of the guilt I felt and I have not been ill in over 30 years.

#2 A healing of your body or mind (133)

When I was first diagnosed with cancer, I used a lot of meditation to overcome my fear of death and realized we are so much more than our physical body. We are spiritual beings. When cancer reoccurred three years ago, I realized that I had held a thought [that was not in the best interest of my highest good] for twenty-five years. I forgave the person and my cancer began to heal. Forgiveness is huge for others and for self.

Other:

Prayer

#1 Prayer (011)

As a teenage girl just graduated from high school, I went to work as a camp counselor at Jacob Lake. I lived in a dormitory room with 23 girls. The day we arrived, someone said to us, "You have to go to the tower." The tower was a tall structure the kids climbed. I was afraid to climb it as I had a fear of heights. I stayed behind while the girls went off to climb. I did not want them to know I was scared. All alone in the dormitory room, I knelt down by my bed and prayed to God to give me the courage and faith to be strong to climb the tower. The next time the girls went to the tower, I went and easily climbed to the top. This experience gave me the belief that God would answer my prayers.

#2 Prayer (004)

I was scheduled for breast cancer surgery and the week prior to my surgery, I went to a Presbyterian Camp as a Counselor for the week. Each evening we had Chapel and the Pastor asked if anyone wanted prayers. I said, "Yes, I want to be prayer for. I have cancer surgery next week and I am scared." The children and adults prayed and after the service, a little boy came up to me and took my hand. He said, "I don't want you to die, so I am going to pray for you." This was a very touching experience. I think all of it is a spiritual experience.

#3 Prayer (030)

When I had been diagnosed with cancer, I felt I needed a blessing. One night before I had a blessing, I dreamed about my Dad. I could see his back. He was all in white. He was walking up in the sky with twelve men surrounding him. They were all in white and they were all looking at me. When I awoke, I thought, "What does it mean?" I went to my bishop and said I needed twelve priesthood holders. He said, "I have nine I can arrange for you." I said, "That will be fine." My son presided over the priesthood blessing and I knew I would be well. I believe the Lord put the priesthood here for us to be well.

#4 Prayer (110)

I grew up in a very religious family and I always felt a confidence in God. I have used prayer and felt my prayers had been answered. Years ago, I had a radical mastectomy on my left breast. A few years ago, I had cancer in my right breast. When I met my surgeon, he had a cross around his neck and from this, I felt confident in him.

#5 Prayer (051)

The day I was notified I had breast cancer, my housekeeper was there and a neighbor came over and said, "Would you like us to give you a blessing?" The two gentlemen used sacred oil and gave me a blessing and I felt the blessing was the reason I got along so well. Some months later, I had a cough that turned into double pneumonia. I went to a lung specialist and he said, "I think you have lung cancer." I prayed that the surgery would go well. I had enough faith in God and myself to pull me through.

#6 Prayer (051)

My husband was very ill and had to be moved to a convalescent center. The Arts Guild we had belonged to was scheduled to meet during this time and they asked me how my husband was doing. I said, "If you believe in God, pray for his release." My husband died within 24 hours. Had he lived, the doctors were going to amputate his leg as it had become gangrenous.

#7 Prayer (114)

I pray often and I can feel the energy of other people's prayers.

#8 Prayer (059)

I feel like I have had many spiritual experiences. I was at the bottom in January after my diagnosis of metastatic bone cancer. Before I was due to have a bone marrow transplant, we had just moved to a new neighborhood. The people in church found out and had a special fast for me. I felt like I was in a lifeboat and floated up. I believe the fasting is why my bone marrow transplant went so well. I was out of the hospital and home much sooner than was expected. I know prayer and I know God listens. I have a lot of faith and my experience strengthened my faith in God. I have felt I have something else to do here.

#9 Prayer (036)

I am Catholic and I go to church each day and receive communion. I pray to the saints, to Mary, and say Our Lady of Fatima rosary. My faith gives me strength and comfort.

Promise with God

#1 Promise with God (004)

When I was 12 years old, I contemplated suicide. I went to a river to drown myself. I sat on the bank of the river and had a conversation with the Lord. I went through the pros and cons of suicide and ended up with thinking maybe it was not a good idea. I made a promise to the Lord. If He would help me be stronger, I would always keep Him in my life. I believe the Lord honored our promise. I feel I have been shown the way by God. I thank God each day. I feel I have been touched by an angel my whole life.

Peace and Comfort

#1 Peace and Comfort (034)

In late 1987, I was diagnosed with breast cancer and had a mastectomy in January 1988. I was very frightened about the upcoming experience. My daughter had just been treated for melanoma and she was very knowledgeable about stress, illness, and healing. She started me on visualization and this helped me to feel that everything was going to be fine.

Introvertive or Transpersonal Experiences

F. An experience of God's energy or presence

#1 An experience of God's energy or presence (009)

This experience is hard to put into words. One day, my uncle said to me, "I don't know if there is a God." I replied, "Yes, I believe in God." My uncle said, "But do you know there's a God?" I did not know how to translate what my uncle had asked me. We talked and I said, "I guess you're right. I don't know if there is a God." Afterwards, I felt distraught from our conversation. I felt I had denied something I knew and felt restless. I prayed and asked God to let me know He was there. After weeks of praying, I was walking around the yard and suddenly it came – an overpowering feeling – there was a wind and the wind was like a communication with God – something spoke to my heart and I heard, "I'm here." This was a profoundly life changing experience for me. I know God loves us and hears our prayers.

#2 An experience of God's energy or presence (116)

I have a Mexican-American cultural background and in the Mexican tradition, blessings are given for everything. When I bought my home, I asked the priest to come and bless it. I bless each day and my travels. I have a daily dialogue with God and thank Him each evening when I return home. I feel God is always there, watching over me. I feel my Grandmother's presence and the Virgin Mary's presence. It is very comforting to me.

#3 An experience of God's energy or presence (017)

I had routine mammograms for years and they were all normal. Some months ago, I had surgery on my leg and I was in so much pain, I cancelled a family trip to England that we had planned. I then decided to schedule a mammogram. I did not know why I did that. I went to the mammogram and thought, "My leg pain is too much for all this walking. Why did I keep this appointment?" That afternoon, I was called back to the mammogram center because they saw a suspicious mass that they wanted to check on. It was cancer and a very aggressive type. I thought if I had gone to England, I would not have had the mammogram for months and by then, it would have spread. I know God led me to having the mammogram. And, I knew I was not alone.

The day before my scheduled surgery, my doctor fell and hurt her back so my surgery was postponed. I was upset because I was ready for the hospitalization. This was just days before Christmas. My family had come to visit from England for the holiday and so the canceling of my surgery turned out to be a blessing. We had a wonderful Christmas holiday together.

I have learned to totally trust in God even though I do not understand why things happen as they do.

#4 An experience of God's energy or presence (019)

From the moment, I found I had cancer, I depended on the Lord a whole lot. The whole thing was a spiritual experience.

I had a blessing when I first found out about the cancer and this sustained me through the entire time. The blessings said everything would be fine. After my surgery, I had 7-8 months of heavy chemotherapy. Then, I was scheduled for radiation with a male doctor. I had some side effects from the surgery and the radiation was exacerbating them. The doctor appeared very hesitant and uncomfortable to examine my side effects saying, "Don't worry about the side effects." I tossed all night and I thought I need a doctor who is comfortable with me. I remembered my oncologist and surgeon saying, "Do not stay with a doctor that is not meeting your needs." The next day, I told the nurse in radiation I was uncomfortable with the doctor I had seen the day before. She said, "I can get you to another doctor." The new doctor was female and she was the right one. From this experience, I knew the Lord had answered my prayers here and I had not even prayed for a new doctor in my prayers.

The entire experience brought me to a deeper trust in the Lord, a deeper feeling that He is aware of each one of us. I had so many immediate answers to my prayers through the care and support of others that it was as if God was directing the entire experience.

#5 An experience of God's energy or presence (018)

Before I was diagnosed with leukemia, I had been very ill with a pancreatic tumor and had to have a series of three surgeries. I had been heavily sedated in the beginning but needed less medication as the process went along. One day I was lying in the hospital bed and was thinking that whether I lived or died was not important. I suddenly felt the Savior was there with me. I had an overwhelming sense of peace and comfort. I cannot really describe the feeling of overwhelming peace. It had a huge impact on my life. While I did not have a miraculous healing, my recovery was really a healing miracle. This experience left me with a deeper peace. Since this experience, I have become contemplative and read the scriptures faithfully.

#6 An experience of God's energy or presence (029)

When I was diagnosed with cancer, I had a biopsy and soon after, the doctor wanted to do a mastectomy. I had always thought I was a healthy person and I was going to have a healthy life. I felt my cancer was life threatening and I was very scared. I was afraid and did not know what to do. I continued with my responsibilities yet withdrew from others. In the meantime, my husband began having nightmares about my death and my daughter was upset. I sensed they were withdrawing from me because of the grief they felt so I could not talk to them about my feelings. My dear friend was the one person who was always there for me. She called me every day for three months to ask how I was doing. She was wonderful. I decided I needed to take as much responsibility for my healing as I could so I went to a holistic health institute and learned how to eat well and take various herbs. After this time, I spent a lot of time praying, on my knees. I felt I was not getting any answer. The, one day I knelt down and asked for help, and I felt an

overwhelming feeling of love. I felt the Lord. I felt the Lord loved me and everything would be okay. I did not know the answers, yet I was at peace.

#7 An experience of God's energy or presence (052)

After I was diagnosed with breast cancer, I could not sleep. One night I awoke in the middle of the night and wondered, "What am I going to do? I can't leave my children." Then, I felt a feeling of love envelope me, like a big hug. I never felt so much love. I knew that no matter whether I lived or died, everything was going to be okay. I knew God loved me and my life was special to Him.

#8 An experience of God's energy or presence (113)

In 1992, I had a mastectomy of my left breast. I approached my cancer experience as an experience that was to be dealt with and completed. Then, I would just move on in life. In 1999, my husband told me he had been having an affair for a year. This experience was far worse than my cancer experience. In 2000, I was diagnosed with a lump in my right breast and had a lumpectomy. I was angry with God, thinking, "Hey God, why do I have to do this again?" I had to have radiation as well. During this time, I prayed a lot and spent a lot of time talking to God and connecting to my spirit. For the first time, I felt God was inside me. I had many friends around me and they were praying for me. It was a miracle I was totally cured. I feel very blessed that I had my friends and God as my source.

#9 An experience of God's energy or presence (056)

I have had many spiritual experiences and these have created my level of spirituality today. It seems that effort and struggle always preceded a spiritual experience. I have a strong belief in prayer and a strong faith in God. A few years ago, my daughter was having problems. I was worried and prayed for my daughter. It took two years and finally my daughter's problems became resolved. I prayed to God, thanking Him for answering my prayers, and I felt God's intense love surround me.

#10 An experience of God's energy and presence (014)

During the past six years, I have had many trials. Each time, I felt God was watching over me and protecting me. Each experience was a life and death experience and I submitted myself to God's will.

In 1999, my husband had a grand mal seizure and it was discovered he had a brain tumor. As if guided by God, the bishop of our ward came to the hospital as well as my brother-in-law and his father-in-law who just happened to be nearby. They gave my husband a blessing. This entire experience was a huge faith-building experience for me. In 2001, our unborn son was diagnosed with an abnormality and the doctor told us there was only a slight chance he would live. The bishop came over that Sunday and gave me a blessing. I had already decided to carry the baby no matter what happened. Soon after,

I went for another ultrasound and the doctor could not find the abnormality. What this taught me was if it is God's will, He could have a miracle happen.

In 2003, my husband had another seizure. The doctors in the hospital said it was a side effect from the brain surgery. That evening, when my husband and son were asleep, I felt so blessed that each one was with me. It was a miracle. I sat down and wrote a song. In 2004, during a routine exam, a doctor discovered a nodule on my thyroid. It turned out to be cancerous and had already spread to the lymph glands. My whole attitude, "Why should I be exempt?" I had faith that no matter what [whether I lived or died], everything would be okay. I did wonder, *why is this happening to me? Is it for me or is it for someone else?* It was after this that I found someone to write my song to music. In 2005, I had a miscarriage. This is my song.

Through the Storm

We'd been married five years, life was going just fine, 'till we got home from church one day.

He was acting kind of strange, then he gave out a yell that took me straight to hell. As he fell to the ground, I grabbed for the phone. Help would soon be on the way. As he looked up at me with confusion in his eyes, I dropped to my knees and cried,

Oh God, please help me! Cause I can't do this alone.
I'm down on my knees and I'm begging you please for a miracle right now.
But I will accept your will and believe in you still if this is how it has to be.
Please help me be strong so I can carry on. Help me make it through the storm.

Two years to the day, we were expecting a child. We were as happy as could be.
Tears filled our eyes as we heard the heart beat of the child that would be ours.
Then the doctor said wait, it may be too late, the baby will not survive.
My tears fell like rain as my joy turned to pain and I dropped to my knees and cried,

Oh God, please help me! Cause I can't do this alone.
I'm down on my knees and I'm begging you please for a miracle right now.
But I will accept your will and believe in you still if this is how it has to be.
Please help me be strong so I can carry on. Help me make it through the storm.

Two years later on, we are doing just fine with our little boy of ours.
And I look at them both with amazement and awe that they are here with me.
I don't question why, but when I look at the sky, a smile spreads across my face.
I know that He's there watching me still as I drop to my knees and pray,

Oh God, I thank thee! Cause you never left me alone.
I was down on my knees, begging you please for a miracle somehow.
I accepted your will and believed in you still no matter how it had to be.
You helped me be strong so I could carry on. You helped me through the storm.

He helped me through the storm.

G. An experience of a great spiritual figure

1 An experience of a great spiritual figure [Jesus] (107)

Religion is a huge part of my life. I had been praying and praying for the healing of my arthritis. I was reading the Scriptures one day and suddenly, I could feel Jesus there. He touched my hand and moved it forward. He moved my head forward and ran his hand along my spine. He said, "Don't Doubt." Then He said, "Rise and Walk" "Be Still and Know I am God." This was a major message for me to know that I was important enough to Jesus.

2 An experience of a great spiritual figure [Jesus' Presence] (107)

I was going through chemotherapy and a group of my friends came together to pray for me. They encircled me and prayed. I said, "Jesus, let me see you" and I saw Him standing there. After the prayers, the woman standing on my left said to me, "I want you to know, I saw Jesus here."

#3 An experience of a great spiritual figure (032)

I had written a book of spiritual experiences of my family some years ago. I have had many spiritual experiences.

At one time, I had an allergic reaction to a sulfa drug. I was in the hospital and I had received a blessing. I went to sleep and woke at 1:30 a.m. I had a personage standing at the foot of my bed. He spoke to me yet it was like a transmission. He said, "Get comfortable." Then he gave me three dreams saying, "There is a straight and narrow path. What is difficult for one may not be difficult for another."

"Remove yourself from situations in which you feel uncomfortable." I feel this was a gift of discernment.

"Read Matthew 24-34." It states, "First, seek the kingdom of God and your needs will be met. What is difficult for you may not be difficult for others. Do missionary work. Be of service." That is why I called you. I want to be of service.

I. A miraculous (not normally occurring) event

#1 A miraculous event (040)

I was 15 years old. My parents were ultra protective and controlling. I had asked to go to Lake Erie with my girlfriend's family a number of times and my parents would never let me go. Finally, one day, my parents said okay but I was not to go in the water. We arrived at the lake, and we went out on the lake in a rubber raft. All the kids were swimming. Finally, I jumped in with them. I started floating away from the raft and I started screaming. I went under and I had a feeling I was lying on pillows. It was wonderful, very peaceful. I thought, "Isn't it funny. The one time I disobey my parents, I'm going to die." Suddenly, I felt pain under my arms. It was two men rescuing me.

They has been in another boat and had binoculars. They had seen what was happening and had jumped in to save me. I remember this as a miraculous experience and know that God was watching over me. It convinced me of God.

#2 A miraculous event (043)

I had a recurrent ovarian tumor a few years after my first surgery. I had a priesthood blessing before my surgery and surrendered to God's will. The doctor opened me up and saw the tumor had metastasized throughout my pelvic and stomach region. He closed me up and said there was not hope for me. My father had heard of a Native American Indian who cured cancer with herbs. He flew to meet him and brought back the herbal mixtures. I took them for months and my cancer disappeared. The doctors still can't believe it. They say to me, "Do you know how lucky you are to be alive?"

#3 A miraculous event (111)

I feel the whole cancer experience was a spiritual experience. The healing I experienced was a miracle. Throughout the experience, I felt sustained and supported from the other side. These experiences strengthened my faith and I know we have a loving God who loves us and comforts us.

J. An experience of angels or guiding spirits

#1. An experience of angels or guiding spirits (011)

When my son was tragically killed in a farm accident, I could feel the Holy Ghost with us for two weeks.

#2 An experience of guiding spirits (105)

Three times in my life, I have felt drawn, pulled, and compelled to a certain location. Each time, I had an overpowering intuitive sense that I was to re-locate. Each time this occurred, once in 1978, once in 1993, and in 2006, everything fell into place to go. The synchronicities are like confirmations that I am supposed to start anew. To me, these times have been spiritual experiences.

#3 An experience of angels or guiding spirits (116)

I had to put my mother in a convalescent home for two weeks after her illness so she could be given an experimental drug. It was a very difficult decision for me as my mother wanted to go home. She said to me, "I never thought I'd see the day you'd put me here." I cried to entire drive home. I also had the music on very loud. Suddenly, I saw flashing lights and the police pulled me over. The younger police officer asked me questions and suddenly the older police officer asked, "How long have you had this license plate?" My license plate was PHDATM. In Spanish, ATM means *way to go*. He

then said, "Let her go." As I heard his words, I sensed my mother. It was as if my mother intervened, releasing me from the sadness I felt of leaving her in the convalescent center.

#4 An experience of angels or guiding spirits (107)

My father was a pastor and loved music. After he passed away, I joined the Houston Lutheran Chorale. One evening after a concert, I felt the heavens open up and sensed my father, in heaven, looking down on and watching me. I knew he knew I could feel his presence.

#5 An experience of angels or guiding spirits (035)

I have had many spiritual experiences. They are common to my life.

We had gone to Idaho Falls to visit and were staying at my aunts' home. At about 3:00-4:00 a.m. I awoke because I felt someone in the bedroom. It was a lady. She looked a lot like you. Her hair was in braids and she had on a veil. She stood there for some seconds then left. In the morning, I told my aunts. They were quite interested and wondered if the lady had to do with our genealogy. Three weeks later, I was in the Temple. I sat down and looked at the woman next to me. This woman looked just like the lady I saw in the bedroom. I kept looking at her. I had the opportunity to sit next to her again and I asked her, "Do you have anyone who looks like you who passed away?" She said, "No." I said, "I have to tell you what happened" and I told her the story of the lady in the bedroom. I said to her, "Well, you are very special." I went downstairs to the dressing rooms and suddenly this woman came running in to the room and put her arms around me. She hugged me and said, "The message was for me. (The woman had been going through a very difficult time in life.) I know that Heavenly Father loves me and that I am special to Him. I know He knows I exist."

A second similar experience I had recently was this. It was about 10:30 p.m. and we were in bed nearly asleep when the telephone rang. I answered it and a young boy's voice said, "I want my Mom." I asked the boy where his Mom was and he said she was in the bedroom with the door locked. He kept repeating, "I want my Mom." I tried to get some information from him yet I realized he was very young, 5 or 6 years old. I said, "Do you trust me that when I hang up I am going to get you help" and he said yes. I called 911 and told the dispatcher what had happened and she said they would send an officer to investigate and call me back. Within an hour, the phone rang and it was the dispatcher. While she could not tell me any of the details, she said to me, "You were this little boy's angel tonight."

#6 An experience of angel or guiding spirits (115)

I was frightened when I was diagnosed with cancer. I had my hair cut and I made an appointment to have a wig styled. I was sitting in the hair salon trying on wigs and an older woman came in. She could hardly walk and she sat down next to me. She looked at me and gave me a radiant smile and she said, "You look beautiful." I could feel an angelic presence emanating from her. This was very reassuring and comforting to me.

#7 An experience of angels or guiding spirits (114)

I have had many spiritual experiences. I often feel a presence of arms around me. I was very close to my grandmothers. One of them loved freesias and I often smell freesia around me. I feel my other grandmother, too, the way she used to put her arms around my waist. Lots of times, I felt I was being pointed in a direction and I didn't know why but each time it became clear.

K. An experience of communication with someone who has died

#1 An experience of communication with someone who has died (015)

My mother and younger sister had always had a stormy relationship. My mother died in a house fire and the fire department had boarded up one side of the house. Our family gathered in California to be with our Dad and go through the belongings. I knew spirits often stayed around after death so I thought my mother's spirit might still be there. In the evening, in the dark, our family sat in lawn chairs in a circle in the front of the home. My sister had gone into the back of the house to get inside and walked into the room that had been boarded up from the outside. She had brought with her a handful of wildflowers. Suddenly, we heard piercing screams coming from the house. My sister told us that she was standing in this room crying for mother and mother came and put her arms around her. She said Mother's arms were not burnt at all (in reality, she was terribly burned).

#2 An experience of communication with someone who has died (015)

My husband had cancer and lost the ability to talk three days before he died. The morning of the day he passed away, I had been up for days and my daughter said, "Mom, get some rest." I went upstairs and lay down on the bed. Suddenly, my daughter came running up the stairs saying, "You've got to come. Dad's very agitated." I went to my husband and his eyes were so different. I finally said, "This is about Tricia, isn't it?" His eyes began flowing with tears. Tricia, our daughter, had come from the other side to get her Dad and bring him home.

3 An experience of communication with someone who has died (022)

My mother died in 1989 and she lived with us prior to her death. Her bedroom was down the hall from our bedroom. In the early mornings, I would get up and turn up the heat then go back to bed until the house got warm. One morning, I got up to turn on the heat and I saw a light, a glow, coming from my mother's room. I tried to convince myself it was my neighbor's light but I knew it was not. At first, I was scared, and then I felt okay. Around the same time that morning, my niece had a dream. She saw my mother [her grandmother] in a coffin and her grandmother said, "Don't worry about me. I'm fine." Having seen the glow from my mother's room and hearing of my niece's dream were very comforting to me at mother's death.

#5 An experience of communication with someone who has died (039)

My good friends decided to fly their small plane home from Arizona to Illinois. During the flight, there was a storm and the plane crashed. We had heard that everyone had perished except for the youngest son, who was in critical condition. That night, I had a dream. It was very real. I dreamed I saw my friends, this family, walking in the woods by a stream. I saw and heard their youngest boy call to them, "Wait." They stopped and waited for him to catch up to them and they all continued to walk away. The next morning we were told that the little boy had died during the night.

#6 An experience of communication with someone who has died (048)

I had uterine cancer and after surgery, I recovered in my hospital room for 12 days. I remember one day looking up from my bed and seeing my mother and father standing in the room. My mother said, "It's not your time yet." After this, I knew everything would be okay.

L. An experience with near death or life after death

#1 An experience with near death or life after death (015)

I was a new convert to the LDS church and an elderly couple from Wales had moved into our ward. The woman did not know how to do anything to manage the home except housework since this was very typical in the old country. Her husband had a massive heart attack and was in the hospital in a coma for weeks. The members of the ward decided to help at the hospital and we took shifts sitting with the gentleman. I took a six-hour shift one night and sat reading next to him. Suddenly, he sat up in bed, present, and said to me, "Jane, I have just been to the most beautiful place. My family (deceased) was all around me. I hated to come back." He spent time telling me the details of this beautiful place and of his family, saying, "It was more glorious than any place I have ever been. But, I needed to come back for Anna (his wife)." After this experience, he came home a week later and spent the next year teaching Anna how to take care of the house and her self. A year to the day he recounted his experience to me, he had a massive heart attack and died instantly.

Other:

Precognition in Dreams

#1 Precognitive Dream (011)

During the months before May 1983, I had a dream from which I awoke very cold. The dream was I saw my little boy lying in a grove of trees and he was dead. I shook off

the dream and went about my life. One day in May 1983, my husband and little boy went to mow the tall grass fields for the church. I took the other children to the bank. When I arrived home, my husband came out of the house and said, "There's been a terrible accident and our little boy is dead." He had died in the tall grass of the grove of trees as he lay down to sleep, hit by the mower unbeknownst to his father mowing the fields. There was an outpouring of love for our family and this tragic event. Some days later, while reading *Tragedy or Destiny* by Spencer Kimball, I suddenly remembered the dream. I believe the dream was a prompting of love by God for something He knew was going to be bad.

#2 Precognitive Dream (116)

One early morning, I sat up in bed at 5:00 a.m. and said, "Good-bye, Dad." Five minutes later the phone rang and it was my brother. He said, "Dad died."

#3 Precognitive Dream (024)

Three years before my son died, I dreamed he was 10 or 12 years old and we were in our house in Virginia. I was walking upstairs and he met me on the landing. I said, "You look good." We walked to a small bedroom overlooking the neighbor's yard yet the yard looked like a beautiful meadow. I said, "I wish I could be with you" and then he disappeared.

Spontaneous Knowing

#1 Spontaneous knowing (003)

I teach music and sometimes I have to teach pieces that are advanced which I have not ever played before. A few years ago, I noticed my intuition as to how to play seemed to come to me as I sat at the piano. I am now able to play advanced pieces I have not played as if I already knew them.

A Presence

#1 A Presence (006)

When I was 29 years old, I was diagnosed with ovarian cancer. I had two major surgeries and was scheduled to undergo radiation therapy. At the time, my doctor said to me, "The cancer is growing and things don't look good. Get your life in order." I never thought I was going to die. I had heavy radiation that left me with second-degree burns and multiple side effects. One day, I went for radiation and the machine broke down so I had to wait for my treatment. As I waited alone in a small cubicle, I felt a feeling of warmth, peace, and comfort. It was as if I was hugged by something warm and fuzzy, like a bear. All my anxiety and angst left me and I knew everything would be okay. I think there was a voice, too, but I do not remember.

Thirteen years later, I was ill from the effects of the radiation. The doctors could not find what was wrong with me and eventually discovered a mass in my abdomen. They thought it was cancer. My husband and I originally had planned a trip to Zion's National Park and we decided to go before my surgery. We hiked up to a point and sat down. We talked about what we were going to do about the surgery and life in general. As we sat there, I felt a presence sitting next to us. I did not say anything to my husband yet when got back into the car that afternoon, my husband said to me, "Did you feel the presence standing behind us?" My surgery took place and the mass was not cancer, but adhesions from the radiation.

#2 A Presence (038)

I have visited several places around the world that have a very spiritual feeling to me. I was in Machu Picchu and overlooking the mountains when I felt a presence. It was the kind of presence that could bring you to your knees. It was a very peaceful feeling and a very strong presence. I had a similar experience at an old chapel in Scotland and an old mission in southern Arizona.

#3 A Presence (036)

Fifteen years ago we had a terrible car accident. We should have been killed but we weren't. This is the closest feeling I've had that someone was holding us.

Healing Energy/ Heat or Light

#1 Healing Light (024)

When I was diagnosed with breast cancer, I began reading books on angels. I developed a mantra on the presence of angels. One day, as I was lying in bed repeating my mantra, I felt an electrical charge from my head to my feet and I was enveloped in an orange-yellow light.

#2 Healing Light (120)

I have had many spiritual experiences. The most poignant one occurred the night before my cancer surgery. A friend of mine wanted to introduce me to a healer and just after a wonderful visit with my family and friends in my hospital room, this woman healer called me. She began by describing a scene and saying, "You'll be surrounded by people you know and people you don't know." It felt like I was transported and cocooned in white light. Flame-like white light beings surrounded me. From the center of my tumor, I could see beams of white light. I could hear the woman say something about being lifted up and I could literally feel it. She said she would call me the next morning. I was convinced I was healed and the surgery was not needed. I thought, "How do I explain to men of science that I was healed?" The doctors convinced me to have the surgery and I did. I healed very quickly. When I came out of the surgery, I felt like I had a mission. I felt I needed to tell everyone how much I appreciated them. I acknowledged

everyone during my hospital stay and all my needs were perfectly met. Now, I am more conscious to acknowledge and appreciate everyone. I feel changed by this healing experience right down to my toes.

#3 Healing Heat (043)

I was diagnosed with ovarian cancer when my children were young. The doctor said I wouldn't be able to have any more children. I had a dream and saw two more children and I knew I would have them. The doctor also said to my husband, "You have to understand, she won't get well" and my husband replied, "You have to understand, she thinks she is going to get well." The night before my surgery, in the hospital room, I remember my body being raised up from the bed and heated. When they completed the surgery in the morning, the surgeons removed an eight pound tumor that had attached to the fallopian tube. As they removed it, it just fell away from my organs.

The participants who shared the following spiritual experiences asked that they not be published. They are categorized as follows:

Extrovertive or Extra-Personal Experiences

C. Feeling of Unity (119)

Other:

Prayer (049)

Introvertive or Transpersonal Experiences

F. An experience of God's presence or energy (044) and (117)

I. A miraculous event (055)

J. An experience of angels or guiding spirits (023), **(109)**, and **(111)**

K. Communication with someone who had died (103), **(104)**, and **(111)**

L. An experience with near death or life after death (111)

APPENDIX E

Workshop Agenda, Ads, and Flyers

Spiritual Well-Being Research Study

May 2006 Workshops

May 04, 2006 Utah State University Alumni House

May 20, 2006 St. John's Episcopal Church Conference Center

The Relationship between Mystical/Spiritual Experience and Spiritual Well-Being in Women Who Have Had or Have Cancer

Delphine Rossi, Th.D. (c), Study Coordinator

- | | |
|-------------|--|
| 8:30-9:00 | Registration and refreshments |
| 9:00-9:10 | Greetings and Overview of Study |
| 9:10-9:50 | Completion of the FACIT-Sp-Ex scale of Spiritual Well-Being
And the INSPIRIT scale of Spiritual Experiences
Scheduling of Interviews |
| 9:50-10:00 | Refreshment Break |
| 10:00-11:30 | The Heart of Healing Workshop |
| 11:30-12:30 | Complimentary Luncheon |

The Heart of Healing Workshop

This workshop will explore the heart of healing from the perspective of forgiveness. “Overall the most important single attitude for healing is forgiveness (Shealy, 84).” Forgiveness is a significant spiritual quality and a powerful catalyst for mind, body, spirit healing. Forgiveness enhances spiritual well-being. Participants are encouraged to make a personal commitment to embracing forgiveness as essential to healing body, mind, and spirit.

Objectives:

Participants will:

1. Recognize forgiveness as the essence of one’s inner spiritual nature and an essential component of all spiritual paths.
2. Describe what forgiveness is and what it is not.
3. Discuss the essential reasons why forgiveness is significant and its benefits to mind, body, spirit healing.
4. Share stories of forgiveness that embody unconditional love.
5. Participate in an experiential activity in which forgiveness is applied to one’s personal life.
6. Increase awareness of a core spiritual principle that *forgiveness is at the heart of healing*.

Workshop Agenda

1. Quotes and prayers on forgiveness
2. Discussion: What is forgiveness? Describe what forgiveness is and what it is not. What makes some experiences easier to forgive than others? Are there experiences that are beyond forgiveness?
3. List the holistic (body, mind, and spirit) effects of unforgiveness and forgiveness; an experiential activity of feeling and emotion; health benefits to forgiveness.

4. The nature of hurt; compassion for the perpetrator; the unenforceable rules of life.
5. Share stories of forgiveness.
6. *Forgive For Good by Fred Luskin*: Experiential activity in applying forgiveness to an unhealed life experience.
7. The art of forgiveness: write a story, write a poem, draw a picture, plant a flower, say a prayer, do a charitable act, create a ceremony. Share your idea with another participant.

11:30-12:30 Complimentary Luncheon and Guest Speaker

Suggested Readings:

Avatar Journal. The Forgiveness Option. On-line at
<http://www.AvatarEPC.com>

Fred Luskin. *Forgive For Good*. New York: Harper Collins, 2003.

Caroline Myss. *Why People Don't Heal and How They Can*. New York: Three Rivers Press, 1997.

Don Miguel Ruiz. *The Four Agreements*. San Rafael: Amber-Allen Publishing, 1997.

C. Norman Shealy. *Sacred Healing: The Curing Power of Energy and Spirituality*. Boston: Element Books, 1999.

Everett Worthington, Jr. *The Power of Forgiveness*. Pennsylvania: Templeton Foundation Press, 2005; *To Forgive Is Human: How to Put Your Past in the Past*. InterVarsity Press, 1997.

An Invitation to Participate
in
Exploring Spiritual Well-Being

A Mind, Body, Spirit Research Study
on

**Spiritual Experiences
and
Spiritual Well-Being
Among
Women Who Have Had or Have Cancer**

Complimentary Workshop and Luncheon Included

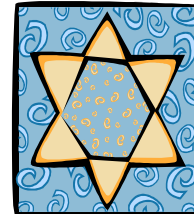
**Thursday, May 04, 2006 USU Alumni House
or
Saturday, May 20, 2006 St. John's Episcopal Church Conference Center**

9:00 a.m. to 12:30 p.m.
Registration begins at 8:30 a.m.

Please call Delphine Rossi, Study Coordinator, to register at 435-750-6817.

An Invitation to Participate
in
Exploring Spiritual Well-Being
in
A Research Study
on

**Spiritual Well-Being
Among
Women Who Have Had or Have Cancer**



Complimentary Workshop and Luncheon Included

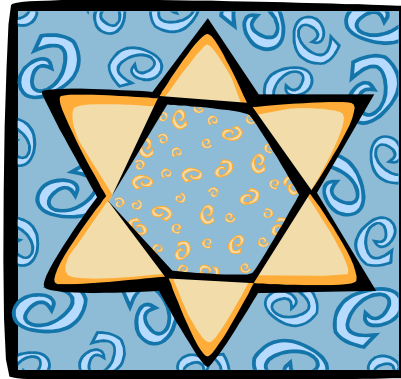
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9:00 a.m. to 12:30 p.m.
Registration begins at 8:30 a.m.

Please call Delphine Rossi, Study Coordinator, to register at 435-750-6817.

HOLOS UNIVERSITY GRADUATE SEMINARY
RESEARCH STUDY

Delphine Rossi, Th.D. (c), Study Coordinator



**An Invitation to Participate
in
A Research Study
on**

**THE RELATIONSHIP BETWEEN SPIRITUAL
EXPERIENCE AND SPIRITUAL WELL-BEING
IN
WOMEN WHO HAVE HAD OR HAVE CANCER**

APRIL 15, 2006 TO JULY 30, 2006

Women who have had or have cancer are invited to participate in this study to further the knowledge of spiritual healing to benefit the health and well-being of women who have experienced cancer. Participation is easy and includes consent forms, two brief scales, and an optional telephone interview. Please contact:

Delphine Rossi, Th.D. (c), Study Coordinator
1578 East 1100 North
Logan, Utah 84341
Telephone: 435-750-6817

Email: delphine3@comcast.net