The Global Spiral 9, no. 5 (September 2008): http://www.metanexus.net/magazine/tabid/68/id/10610/Default.aspx
[page numbers here are not for citation purposes]

Visionary Spiritual Experiences and Cognitive Aspects of Spiritual Transformation

By David J. Hufford

Contemporary scholars have found *spiritual* and *spirituality* difficult to define, complaining that their meanings are "vague and contradictory" (Egbert, Mickley, & Coeling, 2004, p. 8). The reason appears to be discomfort with the immaterial, supernatural meaning of *spirit*, the core reference of *spiritual* and *spirituality*. One result of this has been a tendency to conflate psychological and spiritual factors. (For an extensive discussion of this problem see Hufford 2005:7-11). In ordinary English discourse, *spirituality* refers to the domain of *spirit(s)*: God or gods, souls, angels, djinni, demons. In short, this is what was once called the "supernatural" (and still is by many English speakers), *spirits as opposed to material beings*. When spirituality refers to something else, it is by metaphorical extension to other intangible and invisible things, such as ideas, as in "team spirit" or the "spirit of democracy," or as in 17th century chemistry and anatomy where the "*animal spirits*" were thought to be a class of highly refined, invisible particles that move through the nerves—analogous to the invisible fumes emitted by volatile liquids such as alcohol—thus, "wines and spirits." This meaning referring to non-material entities has been consistent for centuries. For example, Walter W. Skeat's classic *An Etymological Dictionary of the English Language* (1909) defines spirit as follows: "breath; the soul, a ghost, enthusiasm, liveliness, a spirituous liquor" (F.–L.). The lit. sense is 'breath,' but the word is hardly to be found with this sense in English. *The New Shorter Oxford English* Dictionary (1993) confirms this: "(**spiritual** 1. Of, pertaining to, or affecting the **spirit or soul**, esp. from a religious aspect" (p. 2990).

The term *spiritual transformation* has been used in a wide variety of ways:

> *spiritual transformation* may be either positive (toward something, e.g., conversion) or negative (away from something, e.g., loss of faith), healthy or unhealthy, incremental or sudden; it may involve transformation of spiritual beliefs (a cognitive spiritual transformation) or it may refer to one's *spirit* being changed (e.g., being "saved" or being spiritually corrupted) (Hufford and Bucklin 2006:27).

Most discussions of spiritual transformation focus on emotional characteristics, and emotions are what give events their most important human meanings. However, because of the problem of spiritual/psychological conflation an exclusive focus on emotion risks losing the distinctive elements of spirituality. I will argue here that a consideration of cognitive factors in spiritual transformations that are a result of dramatic spiritual experiences offers a number of important new insights central to the study of spirituality and health.

The Conventional View

Through much of the 20th century it was assumed that dramatic spiritual experiences, *perceptual* spiritual experiences—visions—are pathological. They have been attributed to various psychoses, especially schizophrenia, and to epilepsy, migraine, and toxic states. An exception has been made for those reported in "non-Western cultures," based on the belief that these experiences are culturally constructed and could only be "normal" in a culture that endorses and "teaches" them (Hufford and Bucklin 2006).

In 1902 in *The Varieties of the Religious Experience*, William James said:

> Were one asked to characterize the life of religion in the broadest and most general terms possible, one might say that it consists of the *belief that there is an unseen order*, and that our supreme good lies in harmoniously adjusting ourselves thereto (P. 53).

In non-Western and pre-modern religion that transcendent, "unseen order" seems to manifest itself often, in

apparitions, the performances of spirit mediums and in omens. Such perceptions are what I will call *visionary experiences*. But in the modern world that order is expected—in fact, required—to remain unseen.

visionary spiritual experiences = dramatic, perceptual experiences involving spirit realities e.g., mystical experience, seeing a ghost, attack by an evil spirit

as opposed to

interpretive spiritual experiences = ordinary experiences interpreted spiritually e.g., a beautiful sunset as evidence of God's love

Interpretive spiritual experiences tend to be strongly affective, for example a feeling of devotion to God elicited by the beauty of nature. The subject may experience that feeling as being more than an interpretive response, as somehow inherent in the experience. Nonetheless common experience tells us that the personal meaning of events and the emotions triggered by them is strongly conditioned by one's prior knowledge and beliefs. This contextual element in experience is why events ranging from election results to changes in the weather bring joy to one, sadness to another and leave a third person unmoved. In interpretive spiritual experience cognitive elements (e.g., the belief that a personal God exists) predate the event or are not themselves explicitly spiritual in the traditional sense (i.e., ordinary perceptions may yield specific new knowledge, but that direct knowledge is itself ordinary by definition).

Interpretive spiritual experiences are generally acknowledged to be normal, and they are consistent with the modern view of religion, a view in which religion seems more a matter of feeling and intuition than of empirical knowledge. This is especially true of liberal theological traditions, existential theology in particular. Exceptions to this include fundamentalist theology where creationist (and other) beliefs are knowledge claims, but these claims are based on scripture, and the meaning of that scripture is attested by faith rather than contemporaneous empirical evidence. That is, they are not a result of perceptual experience.

Visionary spiritual experiences are events that appear to the subject to involve the direct perception of spiritual realities, such that if they are not hallucinations they must be perceptions of spiritual reality that are somehow factual. The person who has a near-death experience perceives her body from an external location and (often) is met by one or more spiritual beings who communicate with her. If those perceptions are not hallucinatory, they entail certain facts; for example, that persons (at least *this* person) have an immaterial self that can leave the physical body and yet retain awareness and record memories. Many of the perceptual features of such experiences, experienced as real, are notoriously difficult to put into words. This is the noetic quality of mystical experience noted by William James. These are cognitive aspects of the experience. They certainly give rise to feelings, ranging from awe and amazement to peace and consolation, but they are not themselves feelings. Neither do they appear to be products of interpretation. This is not the place for a detailed discussion regarding role of constructive processes in perception through which interpretation enters into perception itself. It is sufficient to say that in visionary experiences the only necessary interpretive move is the choice between whether the experience is real or hallucinatory. That choice is required in all experience, but it only becomes obvious when perceptions are very unusual or contested by competing epistemological claims. The subject of a near-death experience does not reach her conclusion that she has a non-physical soul through careful reflection anymore than a person caught in a drenching downpour concludes that is raining by logical inference.

Modernity, variously dated, but for our purposes roughly meaning the post-Medieval period, has been characterized as rejecting a sacramental worldview in which the mundane and the transcendent interact, or even rejecting outright the very idea of transcendence. This includes rejection of the possibility of validly real visionary spiritual experiences. This was Max Weber's *disenchantment of the world*, making the modern world a world without spirits:

Max Weber on ***MODERNITY:***

"the growing process of rationalization ... means the ***disenchantment*** of the world. Unlike the savage ... we need no longer have recourse to magic in order to control the ***spirits*** or pray to them....." (*Science as Vocation,* 1918)

Skeptical materialists reject the very existence of spirit, while modern theology rejects its perceptual accessibility. Visionary experiences have been discredited as symptoms of mental pathology in the scientific worldview, and as heresy in theology; and belief in such experiences is considered superstition from both points of view.

The disenchantment of modernity arises from a critical and reflexive distancing characteristic of such second order intellectual activities as history, anthropology and epistemology, in which self and society become objects of critical reflection, informed by new knowledge flowing from the scientific revolution. As a result, the natural acceptance of tradition is replaced by a skeptical and ironic stance. Modernity sets itself apart from an earlier or distant *naïve* world, and claims for itself a new kind of *insight*; that is, in colloquial English, a "capacity to discern the true nature of a situation" [*Am.Her.Dict.* 1997]. According to the insights of modernity, spirits are not real and spiritual experiences to the contrary are not valid.

SOME OF THE OPPOSITIONS OF MODERNITY

NAIVE	**MODERN**
emotion	**reason**
intuition	**thought**
superstition	**science**
simplicity	**complexity**

From this point of view claims to have had visionary experiences, encountered frequently in medieval accounts and in ethnographies of non-Western societies, appear as either naïve errors in which natural phenomena are mistaken for supernatural events or else they are hallucinations. In fact, from the modern point of view hallucinations themselves *are* natural events, so mistaking them for spiritual reality is just naiveté of a greater magnitude, just as attributing spiritual significance to dreams is a naïve error. Non-modern societies are naïve by definition. But the same mistake made in a modern setting by one with modern education and modern sensibilities cannot be excused so easily. For the modern person—the person who should "know better"—these experiences and associated beliefs suggest a disordering of one's understanding of the world, a becoming naïve that is retrograde and abnormal. This loss of insight is part of the process of psychopathology and is taken into account in the diagnosis of mental disorder, as illustrated here from Sadock's 7th Edition of *The Comprehensive Textbook of Psychiatry*:

> 8. *Clinical Manifestations of Psychiatric Disorders* **Disturbances of Judgment** (¶4:) "The term *insight*, [is] usually applied in the context of self-awareness....A deeper level of insight is operating when the patient has an intellectual appreciation of what is going on (e.g., I have hallucinations and delusions and my doctors have told me that I have schizophrenia and must take medication)" (Sadock & Sadock 2000).

Insight accompanying hallucination, as in Sadock's example, is a good prognostic sign. The visionary who acknowledges that his visions are not real still inhabits the same world as his psychiatrist but sees it oddly. He is experiencing a disturbance of perception, but not yet disturbance of judgment—not thought disorder. And even when the visionary lacks insight and insists that his visions are real, his modern world friends and family, insight intact, are expected to "see through" the hallucinations.

Contrary Evidence

What are we to make, then, of the mounting evidence that visionary experiences are prevalent in the general population of the modern world, that they are taken for "real" by most who have them, and that in many cases they are associated with positive psychological and emotional outcomes? These facts directly contradict the conventional psychological and social science theories of spiritual belief and experience. Statements of the prevalence, distribution and clinical significance of visionary experiences have been dramatically incorrect throughout the past century. Psychiatry and anthropology have unintentionally colluded to stigmatize these experiences as either primitive or insane, suppressing their discussion and producing a self-fulfilling prophecy: "These things shouldn't happen in modernity and—see?—you certainly don't hear about them around here, except from the mentally ill." The prevalence and distribution of *reports*, itself a product of modern theories, is mistaken for the prevalence and distribution of *experience*, in a neatly circular and self-reinforcing process.

I have argued that the inescapable conclusion is that some classes of visionary experience are *normal*, and that this sets them apart from hallucinations as that term has been traditionally used. We do not know what all the categories of "normal" visionary experience are, nor even how many categories there are. I will discuss just three that are now well established: "Bereavement Visits" (from the Deceased), Near-Death-Experiences (NDEs), and sleep paralysis (with a spiritual "presence").

Each of these is a *visionary experience*, that is, each involves perceptions of what appear to the subject to be a spiritual reality. Each of these has a history of (1) being used to diagnose psychiatric illness, although now known to not be pathognomic of any illness, (2) a greatly underestimated prevalence in modern, Western subjects, though now shown to be ubiquitous among humans, and (3) crucially, each of these is taken to be a *real* experience by most who have them, regardless of prior belief in such things—that is, if these are *hallucinations* they are not accompanied by *insight*. Inevitably, therefore, these experiences raise 2 questions:

- Are they normal, or even psychologically helpful?
- If so, is it *rational* to believe they may be *real* as opposed to purely *imaginary*?

Both questions are relevant to the psychiatric interpretation *and* to the appraisal of their cognitive content. If it were not rational for the subject (or others) to believe that these are veridical experiences of some aspect of external reality, then subjects convinced of their reality would be in some way deluded (psychiatrically significant), and the experiences would not make a strong cognitive claim on others. But if such belief is rationally founded, then there are no grounds for taking the belief to be delusional (although there might still be arguments that the belief is mistaken) and the cognitive content does make a strong claim. Furthermore, the transformations of spiritual belief occasioned by these experiences become readily understandable as do their transforming effect on others if belief in their "reality" is rational.

The true prevalence of these experiences, and evidence against their conventional diagnostic use, first emerged in the 1970s and has led to gradual change in their understanding within psychiatry and to a lesser extent within the social sciences. I will briefly recap some of the evidence from the literature.

Bereavement visits

Physician W.D. Rees published "The Hallucinations of Widowhood" in *The British Medical Journal* in 1971. This article reported a study in which Rees interviewed all competent widows and widowers in the county of Wales where he practiced, regarding their adjustment to the loss of their spouse. Unexpectedly he found that almost half had experienced what they considered a "significant and real" visit from the deceased (2001:273). As Rees comments in his 2001 textbook, *Death and Bereavement*, prior to the publication of his study these experiences were considered rare and pathological. None of the doctors and only one of the clergy in the county had ever heard of these experiences. These reports were *not* significantly associated with religious faith, mode of death, social isolation or depression. Weight loss was *less* likely among those reporting these experiences. Experiencers had significantly less sleep disturbance, 69% said the "hallucinations" "helped," and only 6% found them unpleasant

(2001:270). Rees also found that it was common for these experiences to continue for years. One widow, for example, told him that "There's nothing like it…. It's a lovely feeling. I'm very happy, I never feel alone" (ongoing for 10 years; 2001:268). Rees has concluded, with 30 additional years of experience as a hospice director, that "such hallucinations can be considered normal because they are both common and helpful" (P. 272).

Rees' findings were incorporated into the bereavement literature, and a small number of additional studies have confirmed his findings, especially the work of Greeley and, more recently, Barbato (1999).

Greeley. 1973. NORC, full national probability sample. N = 1460. Personal interviews. Included this question:

"Have you ever felt that you were really in touch with someone who had died?"

- 1 or 2 times: 16%
- Several times: 8%
- Often: 3% **≥ 1 = 27%**

Strong association with positive emotional health (Bradburn/Caplovitz scale)

Comparing relevant comments from the 1975 and 2000 editions of the *Comprehensive Textbook of Psychiatry* we find substantial progress regarding these experiences and diagnosis. In 1975 each of the three symptoms listed for "abnormal bereavement" could be applied to bereavement visits, and the second one is specifically a direct reference.

Freedman & al.1975. *ComprehensiveTextbook of Psychiatry, II*. Abnormal bereavement. p. 1755:

"It is ... appropriate to diagnose abnormal bereavement only under the following conditions:

- **Arrest of the process….**
- **exaggeration of symptoms…. An example is a mourner who …believes in a full hallucination about the dead, or, more extreme, communication with the dead;**
- **deviant behavior that violates conventional expectations….**

In the 2000 edition, under "Disturbances in Perception," we find the following:

> Hallucinations are experienced by many normal people under unusual conditions.... In acute bereavement, up to 50 percent of grieving spouses have reported experiencing the voice or presence of the deceased….(p. 810).

And under the Multidimensional Assessment of Bereavement and Grief this:

> One powerful means of mitigation is the continuing relationship with the deceased…. Thus it is not unusual for bereaved individuals to maintain continuing contact by dreaming of their deceased loved ones, looking for them in crowds, sensing their presence, feeling them watching out for them or protecting them, reliving conversation or 'speaking' with them, and even having auditory or visual hallucinations" (p. 1976).

But despite the progress suggested by these changes, in 2000 the DSM-IV still says the following:

> A clinician who is unfamiliar with the nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behavior, belief, or experience that

> are *particular to the individual's culture*. E.g. … *hearing or seeing a deceased relative* during bereavement (emphasis added) may be misdiagnosed as manifestations of a Psychotic Disorder (P. xxxiv).

The notion of such experiences as non-modern and non-Western continues, and continues to mislead diagnosis.

Near-Death Experiences

The term "near-death experience" (NDE) was coined and the first reports were published by physician Raymond Moody in 1974, in his book *Life After Life*. Moody claimed, based on an informal survey, that many resuscitated patients recall a complex and consistent pattern of events from the time of their loss of consciousness and subsequent resuscitation. This pattern, now well known, included leaving one's body, often through a tunnel, observing resuscitation attempts, being met by a "being of light" and/or deceased relatives, reviewing one's life, and often being given a choice whether to return. There was intense medical skepticism at first about the high rate of prevalence suggested by Moody and about the independence of the pattern from cultural contexts. Subsequent research has confirmed many of Moody's initial statements.

Returning to Greeley's NORC survey (1973), he asked "Have you ever felt as though you were very close to a powerful spiritual force that seemed to lift you out of yourself?" On this question he found:

once or twice 18%
several times 12%
often 5%
≥1 = 35%

never 61%

It is now clear that some of the positive responses to this "mysticism question" referred to NDEs (Hufford 1985: 96), and that conversely NDEs have made a substantial but largely invisible contribution to the literature on mysticism. Psychologist Kenneth Ring published the first solid quantitative data on the occurrence of NDEs and established that the recognizable pattern occurs frequently in the recollections of resuscitands. Two years later cardiologist Michael Sabom published data from a prospective study confirming and extending Ring's findings.

Ring. 1980. *Life at Death*

- 102 subjects
    - 52 illness
    - 26 accident
    - 24 suicide
- 48% "core experiences"
- 52% no experience recalled

Sabom(1982) *Recollections of Death*

SELECTION: any pt. w/ "near death episode" (unconscious, physically close to dying)

N = 106 non-surgical pts.
Prospective design.

34 (43%) NDEs reported

More confirmatory studies have followed, including a prospective study with an 8-year follow-up and non-NDE controls published in 2001 in *The Lancet* by Dutch cardiologist Pim van Lommel & al. Among the consistent findings has been a positive effect of NDEs on the patient's emotional and social health and well being. Estimates of the prevalence of NDEs range from 4% - 12% in the general population (i.e., combining the prevalence of close brushes with death and the incidence of NDEs in that context), and 12% - 48% of resuscitands. The variability probably reflects the sensitivity of this topic to mode of inquiry and the effect of how death nearly occurred (e.g., accident v. heart attack v. suicide attempt, etc.). Historical and cross-cultural research on NDEs has been slow to develop, but it has largely supported the presence of a robust perceptual pattern that transcends the local cultural frame.

Prior to Moody's book there were no references to NDEs as such, although in retrospect it is clear that studies of dissociation and depersonalization under stress included NDEs in their data sets. It is also clear that reports of NDEs were assumed to be the products of delirium. The 1975 edition of *The Comprehensive Textbook* has no mention of NDEs, but in 1976 the Committee on Psychiatry and Religion of the Group for the Advancement of Psychiatry (GAP) published *Mysticism: Spiritual Quest or Psychic Disorder?* summing up the equation of mystical experiences with mental illness as follows:

> Confronted with an unacceptable reality … the subject turns his back on that reality, excluding it from his consciousness and psychically destroying it. He replaces it with a new inner reality … [that] gratifies rather than frustrates him. This process represents a rebirth, a return to … infancy, when he was able to deal with frustration and disappointment by retreating to a world of fantasy and when he also enjoyed a firm and intimate union with his parents. Achieving this union once again in fantasy, he now feels vigorous and powerful, no longer dependent upon the whims of other people (p.781).

In this chapter the committee specifically connects mystical experience with hallucinogenic intoxication, schizophrenia, and seizures. The authors make the distinction between the psychotic and the mystic on the basis of whether this abnormal state is obligatory and cannot be reversed by an act of will (psychotic) or can be "voluntarily intensified or resisted or terminated" (mystic) (p.780). The committee goes on to note that this distinction is not always clear-cut and that in some cases it is very difficult to distinguish mystics from psychotics. Please note that *none* of the three classes of visionary experiences I am discussing is voluntary!

Fortunately much progress has been made since the GAP report. In 1982 Gabbard, Twemlow and Jones published, in *Psychiatry*, clear criteria to differentiate *depersonalization* from NDEs and other "out-of-body experiences."

COMPARISONS OF DEPERSONALIZATION AND OBE
--Gabbard & Twemlow

Depersonalization	OBE
• Observing self watches functioning self	Observing self and functioning self are experienced as one
• Usually does not feel "out of body"	Must feel "out-of-body" by definition
• Typically unpleasant	Typically pleasant
• Affects: anxiety, panic emptiness	Affects: joy, ecstasy, feelings of calm, peace & quiet
• Experienced as pathological and strange	Experienced as religious, spiritual & noetic
• Age distribution 15-30; rarely over 40	No characteristic age distribution
• Sex distribution 2:1 female	Even sex distribution

And the *Comprehensive Textbook* 7th Ed. (2000) has a separate subsection on "Death, Dying and Bereavement" devoted to a respectful description of NDEs, including the most common phenomenological elements.

For these reasons, misdiagnosis of NDEs is becoming less of a problem among psychiatrists, but now patients have a tendency to themselves *misdiagnose delirium as a bad NDE*, being less familiar with delirium. This can produce a very frightening spiritual crisis for the patient, and it requires that a knowledgeable healthcare provider explain the distinction. In addition to the contrast to depersonalization offered by Twemlow and Jones, NDE differs from delirium in that NDE subjects are very well oriented to time and place, while delirious patients are disoriented, and NDE subjects are lucid and have clear recall whereas patients usually have difficulty recalling the details of delirium.

Sleep Paralysis with a Spiritual Presence

Based on my field studies in Newfoundland, Canada, I published a series of reports beginning in 1976 showing that the prevalence of sleep paralysis is at least several times the rate that was published in the sleep disorders diagnostic literature, and that it contains a consistent subjective pattern that experiencers take to be spiritual although very negative—that is, evil. Comparing traditional accounts in Newfoundland and around the world, I was able to show that this pattern is independent of cultural traditions. My first surveys in the U.S. were with medical students. The following (Hufford 1982:58-59) is a typical example from a first year medical student:

> What woke me up was the door slamming. "OK," I thought, "It's my roommate....” I was laying on my back just kinda looking up. And the door slammed, and I kinda opened my eyes. I was awake. Everything was light in the room. My roommate wasn't there and the door was still closed....
>
> But the next thing I knew, I realized that I couldn't move.... But the next thing I knew, from one of the areas of the room this grayish, brownish murky presence was there. And it kind of swept down over the bed and I was terrified!... It was like nothing I had ever seen before. And I felt—I felt this pressing down all over me. I couldn't breathe. I couldn't move. And the whole thing was that—there was like—I could hear the stereo in the room next to me. I was wide awake, you know.... And I couldn't move and I was helpless and I was really—I was really scared.... And this murky pres-ence—just kind of—this was evil! This was evil! You know this is weird! You must think I'm a... This thing was there! I felt a pressure on me, and it was like enveloping me. It was a very, very, very strange thing. And as I remember, I struggled. I struggled to move and get out. And—you know, eventually, I think eventually what happened was I kind of like moved my arm. And again the whole thing—just kind of dissipated away. The presence, everything. But everything else just remained the same. The same stereo was playing next door. The same stuff was going on.

This account includes the typical features of persistent conviction of wakefulness and the reality of the event, accurate perception of the real environment. In Newfoundland, where the experience of sleep paralysis is called “the Old Hag,” a reference to beliefs that it can be caused by witchcraft, I found that about 18% of the population said they had experienced the Old Hag. Their descriptions sounded like sleep paralysis except that they included a threatening, terrifying entity, and no such description appeared in the sleep research literature on the subject. My research in the U.S. has now shown that both the prevalence and the threatening presence occur in both places, as well as historically and cross-culturally.

SLEEP PARALYSIS IN HUMMELSTOWN, PA.
(Hufford, 1992, 2005)

- N = 121 (1985) + 133 (1988) = 254
- **POSITIVE RESPONSES** 17%
  - **of those, 86% believed threatening "something“ in room**
- **CONTENTS OF EXPERIENCE INDISTINGUISHABLE FROM NEWFOUNDLAND ACCOUNTS**

These results from my research were confirmed by a large, well designed survey published in 1992 by the Roper organization (Hopkins et al. 1992). For our purposes it is important to emphasize that modern, well educated subjects take the experience to be real just as do subjects in non-Western settings.

In my book (1982:160-62) I documented the mistaken diagnosis of sleep paralysis as psychotic illness and as seizure disorder—*when subjects honestly and fully described their experiences.* Over the past 20 years the high prevalence of "idiopathic" sleep paralysis has become much better known in the psychiatric literature, but awareness of the robust and compelling subjective pattern has not developed. For example, the *DSM-IV* classifies sleep paralysis under "Parasomnias not Otherwise Specified" giving the following:

Sleep paralysis: an inability to perform voluntary movement during the transition between wakefulness and sleep….The episodes are usually associated with extreme anxiety and, in some cases, fear of impending death.

There is no mention of *any* perceptual contents, let alone a complex and compelling pattern of perceptions. As a result there is every reason to believe that sleep paralysis remains a likely source of misdiagnosis.

Fortunately, there are signs of growing interest in transcultural psychiatry, exemplified by the panel on sleep paralysis assembled by Devon Hinton at the 2003 meeting of The Society for the Study of Psychiatry and Culture, subsequently published in 2005 as a special issue of *Transcultural Psychiatry*. But there is substantial evidence that misdiagnosis of this event continues, in part conditioned by ignorance of the very common subjective pattern of an evil presence and the conviction that the event is real, not a dream.

Spiritual Transformation

Answering our initial questions, based on generally accepted current evidence:

- these experiences are normal, and
- at least 2 (bereavement visits and NDEs) are psychologically helpful.
- The almost universal belief that these are real is rational, and better knowledge of each strengthens that belief rather than weakening it.

These experiences attest certain basic spiritual beliefs, most basically the reality of spirits (one's own and others). For some this is confirmation of a long held belief, although usually with a kind of evidence not previously expected. For others these experiences dramatically change belief, and, as the work of Greeley, van Lommel and others has shown, they can also produce strong positive psychological and emotional effects. Even the terrifying experience of sleep paralysis often has a positive spiritual effect for the subject, as illustrated by the following quote from a sleep paralysis website:

> I do not believe that sleep paralysis is a judgment. Quite the opposite, I believe my sleep paralysis episodes are an awakening. I wish I could make the episodes go away and I often pray that they do. I think sleep paralysis has opened my eyes to a spiritual world and because of that, I have looked to the Bible on how to put on the full armor of God to prepare yourself against such things. Although I wish sleep paralysis would go away, it has ironically strengthened my relationship with God.

The emotional consequences of these experiences follow understandably from their cognitive content and depend on the conviction that they are "*real"* experiences. In this way they illustrate the way in which spiritual conviction in many cultures and through much of history was, in fact, robustly cognitive and rational. The extent to which this differs dramatically from modern mainstream religion suggests how much these institutions have changed in modern times.

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