

An Integral Approach to Spiritual Emergency

One of the most dramatic and fascinating ways that psychology and spirituality come together is in the phenomenon of spiritual emergency. This appendix brings the integral model to bear on the issue of spiritual emergency in the hopes of bringing some theoretical order and clarity to this puzzling experience.

For the vast majority of people, opening to spiritual experience is a welcome and easily integrated process. However, for a small minority, spiritual experience occurs so rapidly or forcefully that it becomes destabilizing, producing a psycho-spiritual crisis. This is where spiritual emergence becomes spiritual emergency.

All the world's spiritual traditions warn about different dangers along the way, the "perils of the path." New and expanded states of consciousness can overwhelm the ego. An infusion of powerful spiritual energies can flood the body and mind, fragmenting the structures of the self and temporarily incapacitating the person until they can be assimilated. With kundalini awakening, for example, there is an inrush of energies along the spine and throughout the body that can overwhelm and incapacitate the ego and leave the person adrift in a sea of profound consciousness changes at every level – physical, emotional, mental. Spiritual systems have identified numerous types of spiritual crises in which the ego's usual coping mechanisms are overcome.

Transpersonal psychology has shown how these crises are a kind of non-pathological developmental crisis that can have powerfully transformative effects on a person's life when supported and allowed to run their course to completion (Grof & Grof, 1989; Lukoff, 1998; Cortright, 1997; Perry, 1976). The idea of spiritual emergency has gained prominence in the last decade. It includes phenomena ranging from the opening to psychic or paranormal abilities to the emergence of various kinds of altered states of consciousness.

Spiritual emergency was once dismissed by the psychiatric and psychotherapeutic establishment

as merely a form of mental illness, requiring immediate medication and hospitalization in order to end it as soon as possible. This misdiagnosis and mistreatment aborted an otherwise growthful process of psycho-spiritual change. There have been numerous reported cases of individuals having their process frozen through medication and attendant psychiatric treatment. When the process becomes suspended like this, the individual is unable to complete the process and ends up feeling shamed and hurt by the misdiagnosis and mishandling, sometimes feeling doomed to having a lifelong mental illness which is actually but an artifact of this iatrogenic mistreatment.

Spiritual emergency is one area where the field of transpersonal psychology has had a significant impact on the larger field of psychology and psychiatry. The most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV), with the guidance of several transpersonally oriented psychologists and psychiatrists, now includes spiritual emergency as a diagnostic category under the classification "Spiritual or Religious Problem", a non-pathological V Code which may be a focus of treatment. This represents a considerable change in attitudes in the mental health community toward religion and spirituality.

However, despite this inclusion into the DSM IV, there has been little impact upon clinical practice in terms of how the mental health field as a whole treats spiritual emergency. In part this is due to the lack of training and education about this process in the mental health field, and in part this is due to confusion that exists about the phenomenon itself.

There are three major theoretical and clinical problems in this area. The first is the number and types of spiritual emergency. The current classificatory schemes are complex and cumbersome. The most widely used classification of spiritual emergency originated with the Grofs' book Spiritual Emergency (Grof & Grof, 1989), in which 10 categories of spiritual emergency are listed including: shamanic crisis, the awakening of kundalini, episodes of unitive consciousness, psychological renewal through return to center (a particular form of psychosis), the crisis of psychic opening, past-life experiences, communications with spirit guides and "channeling", near-death experiences, encounters with UFOs, and possession states. These categories are phenomenological descriptions based on how

people undergoing a spiritual emergency describe them; no claims are made for their objective validity.

Lukoff, Lu, and Turner (1998) list 23 categories of spiritual emergency, adding such things as loss of faith, joining or leaving a New Religious Movement or cult, questioning of spiritual values, meditation-related problems, and others that are concomitant with DSM-IV mental disorders. Nelson (1990) also includes Washburn's (1988) regression in the service of transcendence as another type, such as is often seen during the mid-life crisis. Additional categories have been reported by others in the field. The Spiritual Emergence Network has identified "guru attack", the death and dying process, and addictions. The DSM IV scheme for identifying such problems that are concurrent with other diagnostic categories makes for over 50 possible types.

These ways of organizing the field of spiritual emergency are clinically confusing and theoretically inconsistent. As it now stands, the category of spiritual emergency is a jumble of dissimilar categories, ranging from the deepest psychotic process to the highest states of mystical realization. How can a clinically meaningful diagnostic classification emerge from such widely different levels of functioning? Is it possible to make sense of these very disparate phenomena? Is there a simpler way to organize this field that reflects a deeper order to this process? Can the whole phenomenon of spiritual emergency be organized into a coherent whole? That is the first task of this appendix.

A second problem confronting the clinician who is dealing with clients in various degrees of psycho-spiritual crisis is determining how best to intervene. What interventions can most effectively facilitate this process so it can develop optimally? For some types of spiritual emergency certain interventions are indicated, while for others the exact opposite is required. How can we best match intervention strategies with appropriate differential diagnoses? Suggesting meaningful treatment strategies is the second task.

A third problem is how to ascertain what is actually going on for a client. Depth psychology gives us a great appreciation of the psyche's capacity for fantasy, imagination, and self-deception. For many people, the self-diagnosis of a spiritual emergency is much more appealing than that of, for example, paranoid schizophrenia. What portion of these phenomena are true spiritual infusions of

higher energies and mystical states, what portion consists of images and fantasies from the collective unconscious, and what part are eruptions from the individual's personal unconscious?

A New Way of Viewing Spiritual Emergency

Taking a simplified version of an integral schema of the psyche, various types of spiritual emergency can be viewed as being centered at a particular level of consciousness. This proves useful theoretically as a framework for organizing the entire field of spiritual emergency. It also proves clinically useful by providing a basis for assessment and devising intervention strategies to assist the process toward resolution.

It is important to recognize that there are no hard and fast boundaries between these levels of consciousness. Each level includes all that is above it but not below, and each level subtly shades into the next level in a mutual interpenetration along the edges.

Level 1: Conscious - Existential level: This is the most superficial level of consciousness, our ordinary awareness of self and outer world.

Level 2: Personal Unconscious level: Following Freud, this is the plane of consciousness which western psychology has explored most thoroughly. Though psychoanalysis has made the most detailed study of this domain, the existential and humanistic psychology movements have also charted significant areas, such as the importance of the somatic domain, and have expanded our understanding of this level.

Level 3: Symbolic - Collective Unconscious level: The unearthing of the collective unconscious was Carl Jung's great discovery. This level operates in images and symbols, and it is a dimension of consciousness that is shared by all human beings. It consists of the archetypes, universal forms or configurations of psychic potential that shape the psyche and organize psychological experience. This level is a meeting ground between the universal forces and the human psyche, a bridge which links the cosmic with the personal, a realm where universal forces take human form.

Level 4: Intermediate level: This is the realm of the inner (subtle) physical, inner vital, and inner mental

planes that open to the larger, cosmic dimensions of the universe, beyond the physical creation. The philosopher Huston Smith (1976) notes in writing about the perennial philosophy that this intermediate level is a part of every major religious system in the world. It includes psychic phenomena such as ESP and clairvoyance. It is the domain of the spirit world that contains good and evil spirits (*devas* or angels and *asuras* or demons), ghosts and recently deceased souls, and fairies or nature spirits. This level encompasses different planes of nonphysical manifestation (or different *bardos* in Tibetan), including blissful heaven realms (or *lokas* in Hinduism) and painful hell realms. It includes the shamanic world, which has both higher regions and lower regions into which the shaman journeys. The intermediate level also involves the subtle body or astral body as well as the energy of kundalini and the *chakras* or energy centers within the human energy field (the aura.)

Level 5: Soul or Spirit level: The central being is the ground of consciousness. Above it is atman or Buddha nature, the eternal and non-evolving spirit that is one with the Divine and that part of us emphasized by the nontheistic systems such as Buddhism and *kevela advaita vedanta*. Below, here in the manifestation, it is the evolving soul or psychic center, our unique spiritual individuality, a spark of the Divine, which is highlighted by the theistic traditions of the world such as Christianity, Judaism, and Islam.

Levels of Consciousness and Types of Spiritual Emergency

Locating different forms of spiritual emergency within different levels of consciousness yields a framework in which to organize the various phenomena into more easily understandable categories. Further, by gearing intervention strategies to specific levels of consciousness, this gives us a key for both assessment and treatment.

At the Conscious - Existential level are such kinds of spiritual emergency as a crisis of faith (either a loss of faith or a change of faith); conversion experiences which can be temporarily destabilizing, such as being “reborn”; a change in denomination that lead some people into counseling; an existential crisis of meaning or questioning of values; joining a New Religious movement; coming out of a cult; and

separating from a spiritual teacher.

“Robert had spent eight years as a disciple of a teacher who emphasized surrender and obedience. After some time he had become one of the guru’s attendants. During this time he loved the teacher very much and felt privileged to serve him, feeling that he was being transformed by his close proximity with such a highly evolved being. His departure from the teacher’s spiritual community came in the aftermath of allegations of financial and sexual misconduct...

Long before his departure, the guru had frequently embarrassed Robert publicly, humiliating him in front of large classes, castigating him for incompetence, and, on several occasions in private, beating him. Robert’s response had not been to rebel, but to internalize his teacher’s criticisms and to come back for more. He had held out the hope that by continuing to remain under the teacher’s guidance he might yet win some great praise, confirmation, or sponsorship from his “mentor” that would enable him to advance spiritually. In the course of therapy, Robert began slowly and painfully to recognize how the abusiveness of this relationship was virtually a replica of his relationship with his father -- an angry alcoholic who had humiliated and physically injured Robert, and whose approval Robert had always doggedly and unsuccessfully sought.” (from Bogart, 1992)

At the Personal Unconscious level types of spiritual emergency include what Jung referred to as “ego inflation” (or narcissistic grandiosity), dissociative experiences stemming from trauma or abuse, birth experiences, as well as any kind of delusional system or psychotic process that stays within the realm of the personal unconscious but which also has spiritual content.

Tim had a long history of meditation and attempting to attain higher states of consciousness. Along the way he had had a number of spiritual experiences which led him to believe that he had reached a more advanced state and that he had a role as a teacher for the New Age. He was a remarkable individual in many respects, highly

intelligent, and had gathered around him students interested in his blend of psychology and spirituality. Yet he had done little personal psychological work. Although not psychotic or delusional in his daily life, indeed his professional functioning was at a high level, nevertheless his grandiose fantasies exposed his narcissistic character structure and caused him to limit his social life only to others who truly believed in him. He was able to maintain this stance for a number of years before his world finally began to fall apart. Initially believing his misfortunes were the result of demonic forces out to thwart his revelatory teachings, he soon was able to recognize and work with his primitive grandiosity stemming from his early wounding. (Cortright, private practice)

Types of spiritual emergency at the Symbolic - Collective Unconscious level include certain kinds of psychosis, specifically what has been called by the Jungian psychiatrist John Perry (1976) “renewal through return to center”, involving an encounter with the archetypal forces of the psyche in a dramatic healing crisis (see following case for example.) This also includes various non-psychotic archetypal eruptions where the psyche is flooded by symbolic material and images, such as what Michael Washburn (1994) has referred to as regression in the service of transcendence that may occur in the mid-life crisis.

“At age 19, after returning home from hitchhiking in Mexico, Howard became convinced that he was on a “mental odyssey.” To his family and friends, he began speaking in a highly metaphorical language (of archetypal symbols). For example, after returning from a simple afternoon hike, he announced to his parents that, “I have been through the bowels of Hell, climbed up and out, and wandered full circles in the wilderness. I have ascended through the Portals of Heaven where I established my rebirth in the earth itself and have now taken my rightful place in the Kingdom of Heaven.”

The unusual actions and content of his speech led his family to commit him to a psychiatric ward, where he was diagnosed with acute schizophrenia... After 2 months...

his psychiatrist wanted to transfer him to a long-term facility for further treatment, but he refused to go and was discharged. He then immersed himself in archetypal symbols and literature as part of his healing over the following years, changing the course of his life dramatically. When interviewed 11 years after the episode for a case study, he maintained, "I have gained much from this experience... From a state of existential nausea, my soul now knows itself as part of the cosmos. Each year brings an ever increasing sense of contentment." (adapted from Lukoff and Everest, 1985, pp. 123-153)

The Intermediate level of spiritual emergency contains most of what is traditionally referred to in the transpersonal literature. It includes psychic opening, shamanic crisis, past-life experiences, communications with spirit guides and "channeling", possession states, UFO encounters, near-death experiences (NDEs), death experiences (DEs) and the dying process, out-of-body experiences (OBEs), altered states of consciousness such as psychedelic work, guru attack, and the awakening of kundalini (which is the most widely reported spiritual emergency.) All of these phenomena seem to originate from some portion of the intermediate plane of consciousness.

Terry's experience of kundalini energy was triggered by an intensive weekend workshop involving emotional release work. Several days after the workshop she experienced an explosion of energy throughout her body that signaled the awakening of kundalini. It moved throughout her body, up her spine and through her limbs. Accompanying this energetic flow were profound consciousness changes in which she felt opened up and expanded, yet at times left her terrified and unable to function. Although she knew about the kundalini phenomenon, this knowledge did not prevent her ego from being overpowered by the intensity of consciousness changes within her.

She was able to take a leave from work for several months and work with a therapist on an outpatient basis, and after three months was able to begin working again part-time. Diet, energy work, modifying meditation practice, grounding exercises, deep therapeutic work on the emotional issues activated by the rising kundalini energies,

journal writing, and mobilizing her support system were some of the things that helped in her process. After nine months, most all of the experiences had faded, but she had radically reoriented her life during this time to be more fully aligned with her spiritual path. (Cortright, private practice)

The Soul or Spirit level of types of spiritual emergency entails episodes of unitive consciousness. They may be of either the nontheistic or theistic variety. Although kundalini awakening may reach into this level for brief periods, it is primarily centered in the intermediate level. The experience of unity with soul or spirit may be overwhelming or shattering to the structures of the self and prevent normal functioning for a period of time.

George had been a Zen student for several years when at the end of a month long meditation retreat he had an experience of what he called “falling into the void.” His separate ego simply disappeared into a wide and vast consciousness. However, many of the reality functions of his ego were suspended as well, leaving him unable to manage even ordinary activities such as ordering a meal in a restaurant. Although for many years he had been hoping for such an experience of “no mind”, the reality of this great mental silence severely impaired his functioning. The Zen teacher at his retreat recommended more intensive meditation practice, but this seemed only to worsen his condition.

As he became more disorganized and unable to function, he was evaluated by a psychiatrist at a local hospital, who recommended immediate hospitalization and medication. He narrowly escaped being detained against his will and lived marginally for the next few months, avoiding contact with the outside world and spending much time alone. Slowly he returned to more normal functioning, at which time he entered therapy in an attempt to understand and assimilate his experience. (Cortright, private practice)

Guidelines for Treatment

There are some general treatment guidelines that are common to all types of spiritual

emergency as well as more specific interventions geared to particular types. The first and most important principle in the treatment of spiritual emergency is containment. Although establishing a container is fundamental in any kind of therapy, in dealing with spiritual emergency it is even more crucial. Clients must be completely safe and feel supported to experience and express whatever inner states or impulses are flowing through them. At times this means providing an external structure that supports their process in the temporary absence of internal structure. A retreat setting, a friend's or family home, even a hospital inpatient ward may be required in order to safely contain what is unfolding within, especially in the sometimes dramatic, early stages of the process. Later on as the process smooths out, more traditional outpatient therapy can be resumed, although even here it may well be that meeting several times a week and for more than an hour is necessary for a period of time.

The second most important factor is the therapeutic alliance, establishing a human connection to the person in crisis. The therapist acts as ground control, a stabilizing presence whose calmness and guidance during this turbulent time can be profoundly reassuring. The consciousness of the therapist is of paramount importance. The therapist needs to be impeccably authentic, not feigning more knowledge or confidence than is truly there, for in the heightened consciousness of the person undergoing spiritual emergency, there is an enhanced energetic and telepathic sensitivity which immediately picks up any falsity or phoniness that can jeopardize the integrity of the relationship. The therapist lets the person know that he or she is not alone, and this in itself can be profoundly helpful. The therapist should be trained in spiritual emergency as well as in psychopathology and be able to tell the difference between the two (as well as the gray areas where both are occurring.)

Often the most powerful intervention in treating clients undergoing some form of spiritual emergency is education. Providing a psycho-spiritual framework for understanding what the client is experiencing gives the person and those around them a cognitive grasp of what is happening. It also de-pathologizes the process and can greatly reduce the fear and anxiety that accompany a misdiagnosis of psychosis. Education allows the person to go with the experience, to flow with the process and trust it rather than trying to resist or control it, which is the instinctive tendency when the experience is

interpreted as pathological.

The therapist must bring an unshakable trust in the process to allow it to unfold optimally. Experiential therapy can be helpful in moving through stuck areas, yet equally important is the need to monitor how assimilable the experience is. The therapist must constantly monitor the client's ability to make use of what is occurring and maintain the delicate balance between opening and closing to ensure optimal integration of the experience.

Additionally, there are treatment modalities which are appropriate for a given level of consciousness and the type of spiritual emergency.

For spiritual emergencies on the first level of the conscious - existential plane, therapy for crises of faith may consist of support for the person and a therapeutic dialogue along the lines of existential therapy, exploring the nature of meaning, values, and faith within the client's life. It is important not to reduce these existential conflicts to earlier psychodynamic events from childhood, though they may resonate with earlier developmental levels, but to engage the client at the level of meaning and the feelings of loss, insecurity, and disruption when this meaning is questioned. When the crisis stems from coming out of a cult or separating from a spiritual teacher, saying good-bye and grieving the lost community is essential to moving on, as is establishing a new support system and finding new ways of meeting the selfobject needs that have been disrupted, as a traditional approach to therapy would advocate. Therapy with spiritual emergency at this level is similar to traditional psychotherapy and includes an existentialspiritual focus.

For spiritual emergencies at the second level of the personal unconscious, traditional psychotherapeutic techniques are again important. It may well be a genuine spiritual experience that has stimulated the grandiosity of the person. It may even be that the person still has occasional contact with a larger plane of spiritual experience which reinforces this grandiosity. Nevertheless, the central psychological feature of the presenting picture can still be organized at the level of the personal unconscious. Medication may even be indicated. Levels 1 and 2 are the levels for which traditional psychotherapy has been designed.

For spiritual emergencies at the third level of the symbolic - collective unconscious, Jungian and psychosynthesis techniques for working with symbols, imagery, and imagination are helpful. Artwork and expressive arts techniques, active imagination and imagery are particularly appropriate. If the crisis is renewal through return to center, this involves fully letting go into the psyche's destruction and rebirth process, working with this process as outlined by John Perry's (1953, 1976) work and R. D. Laing's (1965, 1967) work as closely as possible. The tremendous psychic upheaval needs containment and support, which usually entails a well staffed retreat or hospital-like environment.

Because there is only one word for psychosis, all psychoses are generally treated alike by the mental health establishment: drugs and hospitalization are used to end it as soon as possible. However, this view of spiritual emergence demands a discrimination among the different forms of psychotic process. There is a spectrum of psychoses, ranging from regressive, malignant psychosis at one end that needs standard treatment, to temporary destabilizing crises such as bipolar disorders that may open into genuine spiritual states, especially during the manic part of the cycle, to genuine healing crises that need to be gone through and supported in the manner of Perry and Laing. Bipolar disorders should be ended as soon as possible through medication, for there is little redeeming value in the crash and burn that follows mania, whereas the psychotic healing crisis of return to center demands going with and through the entire process from beginning to end in order for full integration to occur.

One reason for discriminating among the different types of psychotic process is frequency. If this is the first or one of the first psychotic breaks there is a much greater chance of a permanently healthy outcome if handled skillfully. On the other hand, if this has been a pattern over many years or decades, the neural pathways seem to become strengthened and reinforced, which make a full recovery much less likely.

Spiritual emergencies on the fourth level of the intermediate plane require grounding above all else, for crises at this plane of consciousness almost always involve the client being disconnected or detached from his or her body. Grounding is important at every level, but in crises at the intermediate level the client may go further from the body to the subtle body or out of the body entirely or

consciousness may move into realms that seem to have almost no connection to the body. Grounding is usually used in two senses: first achieving a more cohesive, integrated presence that can act in a unified way, not fragmented or flying apart in all directions but able to act in this earth plane at all levels, physical, vital, mental, spiritual. Second, grounding means coming back into the physical vehicle. Sri Aurobindo's spiritual collaborator, the Mother, once wrote that the best protection against the hostile forces of the intermediate plane is the body. There are many different techniques for grounding, including such things as diet, exercise, bodywork, affirming boundaries, and even medication when used conservatively (see the final section of this appendix and Cortright, 1997, for an expanded discussion of grounding.)

The treatment focus is on containing and modulating the intensity of the experience so it can be assimilated by the person. Surrender to the process is important but so is modulating the force and power of the experience so it no longer overwhelms the person's integrative capacities. Stopping, reducing, or at least changing meditation practice is almost always advised at this level.

Crises at the fifth and deepest level of the soul or spirit, on the other hand, involve surrender to the larger process. This allows the person to be acted on directly by the spiritual power at work which is necessary for the internal adjustments to take place. This involves trust in the higher power at work and a protection and caring for the individual while this power is active. Ramana Maharshi had to be literally fed by hand for several months before his process stabilized and he went on to become one of the greatest of all Hindu sages. The guidance of an advanced spiritual teacher from the client's tradition who can work with the therapist is helpful, although oftentimes spiritual emergency occurs outside any tradition or may involve experiences not explained within a given tradition. Generally consciousness needs time to adapt to an expanded state, and outside support may be essential during this period of transition.

Problems in Assessment

With any inner experience it is difficult to ascertain what is truly going on. When psychology

was simply pure psychology, devoid of any spiritual content, the problem was much easier, because everything was seen as product of the person's own mind. However, when transpersonal psychology opens the Pandora's box of spiritual experience, although it immeasurably enriches our view of the psyche, it also lets in some complex and perplexing epistemological questions.

For example, according to this map true possession states would be considered level 4 or intermediate plane phenomena. But there may be the experience of possession on more superficial levels as well. That is, there may be personal unconscious level possession states that are simply a product of psychotic process, i.e., the result of the patient's own personal unconscious where the client feels "possessed" but is simply overcome by the forces of the personal unconscious such as impulses from the id. There also may be level 3, symbolic - collective unconscious plane, possession states that involve possession by a particular archetypal form, such as we see in Perry's "return to center". This is further complicated by the possibility that some possession states may involve *both* a psychotic process *and* a genuine possessing entity from the intermediate zone. It may well be the case that possession states do not occur with psychologically healthy individuals and always involve a person with a serious degree of psychological disturbance and loss of boundaries, and this may be what allows the possessing entity access to an unprotected mind. Possession that is the result of channeling is different matter, however, for here the boundaries of the person are let down voluntarily and the entity is invited in.

UFO phenomena present the same difficulty. Although people who experience UFO encounters view the experience as something that occurred "outside" of them (that is, as something that could be videotaped or seen by others), such experiences are here conceptualized as inner experiences. If this is so, then UFO encounters may simply be an opening into level 4, the intermediate plane of consciousness, and interpreting such experiences in a more culturally recognized symbol system, i.e., as aliens. Alternately, the experience of aliens may be an archetypal eruption from the level of the collective unconscious (level 3) or a delusion stemming from the level of the personal unconscious (level 2.)

What is "actually" going on? At present, we are unable to say. It may vary from person to

person, and even with the same person it may vary over time. It may even be a mixture of something vaguely experienced at one level (e.g., intermediate) and elaborated on by another level (e.g., personal unconscious) and interpreted by still another level (e.g., conscious - existential.)

Another problematic area is the kundalini phenomenon. Kundalini awakening is the most widely reported form of spiritual emergency. However, the criteria for kundalini awakening are very broad and include powerful energetic states of all kinds. Sometimes kundalini awakening either becomes or was all along such things as: mania (bi-polar disorder), anxiety states, and panic states. Whether mania and other high arousal states are fully or partly a result of kundalini awakening gone awry, or whether such states are conflated due to similarities between high energy states remains an open question.

These difficulties in assessment have implications for treatment. In calibrating treatments to specific levels, the effectiveness of a particular treatment can help determine more accurately what is occurring and from where it originates. However, treatment strategies at one level, although usually most effective at that level, may also be effective for other levels. For example, the use of anti-psychotic medication can ground the psyche so powerfully that it effectively eliminates the experience of being “possessed”, whether this possession is a product of the personal unconscious, the symbolic-collective unconscious, or the intermediate plane. As we learn more about these phenomena, more focused interventions may emerge which will help us to get a clearer picture of what is occurring.

This integral approach to a depth map of consciousness greatly enlarges the picture of psychology. In this view human consciousness extends to include cosmic, universal dimensions and opens inwardly to reveal the roots of consciousness in an ultimately spiritual ground of being. On this journey toward full self knowledge, spiritual experiences can emerge in ways that disturb the balance of the outer, egoic self. To shut off this deeper knowing through medication and pathologizing is to tragically cut off a process of self discovery. But when spiritual emergency can be turned into spiritual emergence, then this process can be seen as a rite of passage into deeper being, a developmental crisis which leaves both the person and the therapist with a deeper sense of the possibilities for healing,

growth, and transformation.

An Integral Approach to Integration and Grounding

Treatment of spiritual emergency must monitor the intensity of the experience to insure it matches the integrative capacities of the client. The intensity can be increased or decreased.

Increase intensity. This is widely practiced and has been the primary method reported in most of the spiritual emergency literature. Experiential therapy such as deep breathing methods are used to facilitate the energies of spiritual emergency to move past their stuck areas and overwhelm the blocks that impede the experience. This can help move the process toward conclusion. When previous psychiatric treatment has frozen the process through medication, a common situation, this makes a good deal of sense. However, for many people increasing the intensity is not helpful, in fact only serves to perpetuate or even exacerbate the crisis.

Decrease intensity. When the capacity of the client to assimilate the experience of spiritual emergency is being overwhelmed, decreasing its intensity may be necessary. The goal is to modulate the force of the psychic energies, to tame the disruptive power so it is no longer shattering. Slowing it down allows it to be integrated. Care must be taken not to overdo this so much that it stops, rather to slow down the process so it is gentler and less disorienting. This brings the psyche's natural integrative functions back on-line so the experience can move toward resolution. Toward this end, a continuum of grounding strategies may be helpful.

An integral approach to grounding involves practices for the levels of body, heart, mind, and spirit.

The Physical Level The following practices are helpful for re-connecting consciousness with the body:

Diet: Eating heavy foods, especially those high in protein and fat or complex carbohydrates, e.g., whole grains, beans, dairy, meat or fish (if eaten), and cooked vegetables. Best to avoid raw fruit and vegetables, simple carbohydrates like sugar, refined foods, and stimulants like caffeine or chocolate.

Think pizza.

Exercise: This is a very individual matter, for many people in the throes of spiritual emergency are not ready to exercise. But if the person is able to, the client should be encouraged to engage in whatever physical movement feels right, including walking (in nature rather than on busy streets), running, yoga, any type of physical work such as gardening (all contact with the earth can help.) Even such physical activities as sweeping, washing dishes, and raking leaves can be helpful.

Sleep is very grounding and restorative. Generally the more sleep the better, particularly when the lack of sleep is a precipitating factor as it often is.

Contact with nature in any form. Walks in nature, looking at clouds, working outdoors, breathing fresh air are helpful.

Body work can be helpful, including light massage, acupressure or acupuncture.

Medication: Indications for medication are primarily an inability to sleep or desire to take the edge off a crisis state. It is best to have a minimalist approach, for overmedicating is the biggest danger in a genuine spiritual emergency. There is a continuum of supplements and drugs, ranging from very mild to very strong.

Calcium – a natural muscle relaxant. Taking an extra 1,000 mg in the morning and evening can provide a very mild relaxing effect.

Bach Flower remedies and homeopathic remedies for anxiety and insomnia.

GABA (gamma-aminobutyric acid) is a nutritional supplement that has a relaxing and sleep promoting effect. Also 5-HTP, a precursor of serotonin, and the amino acid L-theanine can produce relaxation without a drugged feeling.

Herbs – spearmint and chamomile teas are mildly relaxing. A little stronger is passionflower (calming without being sedating.) Kava, hops, and skullcap are more potent herbs. Stronger still is valerian, which promotes sleep and can serve as a kind of tranquilizer.

Alcohol – sometimes a glass or two of wine can provide the needed relief to take the edge off. If the client has a history of substance abuse, this should be suggested cautiously, for there can be a pull

toward oblivion rather than simply slowing down the process.

Tranquilizers – such things as Xanax, Ativan, Valium, Librium, Clonapin. For tranquilizers and the following two classes of medication, it is important to work with a physician or psychiatrist to prescribe and monitor these medications.

Sedatives – such as barbiturates.

Major tranquilizers (such as Thorazine), mood stabilizers (such as lithium, Tegnatol, Depacote), and anti-psychotic medication (such as Risperdol and Zipexa) when judiciously used can sometimes help avoid hospitalization.

The Emotional Level Feeling connected to other people is emotionally grounding. In states of distress and especially in spiritual emergency, establishing contact with a therapist or guide is enormously relieving. The importance of having someone who serves as ground control and is a soothing, calm presence cannot be overstated. One of the most difficult aspects of spiritual emergency can be feeling isolated and alone. A therapeutic relationship helps to counter this. Sharing the experience with a caring, sensitive guide brings a level of concreteness to the experience. It can be important to activate the support system of the person undergoing spiritual emergency, though this needs to be done carefully and with education so that friends and family do not become fearful or pathologizing. When done skillfully, mobilizing the selfobject matrix of the person and reestablishing contact with important friends and family extends emotionally grounding.

The Mental Level Learning about the type of spiritual emergency through reading is mentally grounding. Cognitively understanding of what is occurring helps to get a handle on the experience. Also verbal expression through talking and writing is a way of giving form to inner experiences. Verbalizing, whether in a journal or with others, helps to integrate the experience. However, it should be recognized that talking too much should be avoided and can even dissipate the experience prematurely.

The Spiritual Level Very often spiritual emergency occurs as a result of stress, especially spiritual stress, such as may happen during a meditation retreat. Stopping, changing, or decreasing meditation

is almost always advised when the experience gets out of hand. Each person needs to experiment and see what intensifies the experience and what helps to modulate it. Certain meditative practices can be helpful in this regard.

Conventional wisdom in transpersonal circles has it that mindfulness practice opens the person up and should be avoided here, while concentration practices are grounding and should be encouraged. However, clinical experience proves this to be a facile distinction that may not be helpful. This is such an individual affair and depends so much upon the person, the context, the background of the person and other factors. In practice mindfulness practices may strengthen the inner being and help develop a witness consciousness that helps to navigate this experience. And in concentration practices the person may pour their consciousness into the object of concentration and actually intensify the overwhelming qualities of the experience. It is a far more complex matter than this distinction implies. The following practices have been shown to be helpful at times:

Prayer and focus on the Divine – especially if the person is open to a theistic path. Even if the person is a Buddhist, invoking the help of a Bodhisattva can be reassuring.

Breath meditation – By making the physical sensations of breathing the object of meditative focus, Buddhist meditation on the breath has the wonderful effect of bringing consciousness into the body, while also being profoundly relaxing and anxiety reducing.

Mantra – There is now a great deal of research evidence to show that the repetition of a mantra produces calmness and physical relaxation for most people. However, in the field of spiritual emergency there is less data on the effects of mantra. Mantra is a complex phenomenon, and physical relaxation is only one of its effects. Clinical experience demonstrates that many people experience an opening to an inner plane that leaves them feeling more spacey and less grounded in the body, and for these people mantra may be contraindicated. For others, however, this a perfect fine and helpful practice

Concentration on an object – such as a flower or candle or sound such as music. This also can steady the consciousness and settle the mind.

Mindfulness practice – This is contraindicated if it opens the person up too much, but can be helpful for supporting the observing portion of the person’s ego (or witness consciousness.) This may also involve a strengthening of the person’s connection to their basic sanity and ground of awareness. Except for those for whom mindfulness practice was a precipitating factor, others find this a very helpful practice. Again, all meditation practices should be monitored very closely, and in many instances it is best to stop all meditation practices and eliminate entirely this kind of stimulation or activation, at least for a period of time.

Summary

When spiritual emergency is supported and allowed to run its course, it moves the person toward an increasingly spiritual orientation. From an integral perspective, this can be part of a psychic shift in which the evolving soul or psychic center becomes a stronger influence in a person’s life. It is the soul in us, the psychic entity, which, from behind the veil, shapes our life and draws us inexorably toward the inner depths and spiritual ground. This is a long process, involving many lifetimes according to integral yoga, and sometimes the surface self needs a powerful reminder about what is important.

Spiritual emergency, for all its destabilizing effects and disorganizing appearances, is a wake-up call. It is as if the inner being grabs the person by both lapels and shakes the person, demanding the surface self pay attention. To heal the fragmenting structures of the surface self and bring about greater integration and cohesion is one goal of treatment. But for an integral psychotherapy, including this with a more spiritualized living and orientation is the optimal outcome. If the voice of the soul can be strengthened, if the impediments of the surface self to this deeper voice can be even partially cleared away, then there is a true resolution of spiritual emergency.

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