

Helping People Who Have Had Spiritual Emergency  
Experiences: A Unitarian Universalist Context

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By

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### VITA

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Brite Divinity School, 2006

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People who are experiencing crises of spiritual transformation are routinely pathologized and treated with medication. These experiences, with proper understanding and care, often resolve themselves without medical intervention, promoting the individual to a higher level of functioning than before. The potential for spiritual growth is considerable, providing the person is not damaged by psychiatric labeling and medication.

The pastor can be an important resource for the person in spiritual emergency. Many are unfamiliar with the concepts of transpersonal theory, which provides a framework for the spiritual emergence phenomenon. By familiarizing him- or herself with the practical and theoretical aspects of spiritual emergence and spiritual emergency, the pastor can help the individual to weather the vicissitudes of the process.

## INTRODUCTION

### Spiritual Emergence and the Pastor

Ministers and pastoral counselors encounter a wide range of human difficulties during the course of their careers. Many of these problems are common ones, with plenty of resources available to assist the counselor in his or her endeavors. Even so, this does not make the task an easy one. However, it is when s/he is faced with a problem that neither s/he nor anyone s/he knows has encountered, with few if any resources available, that the pastor may run into difficulties which make effective counseling of these individuals nearly impossible. This is often the case with the sorts of problems that fall into the category of spiritual emergencies. People with these sorts of problems often do not even know where to begin to seek help. Because the incidents seem to be of a spiritual nature, they may very well approach their minister in hope that s/he can at the very least provide a framework or an explanation of what is happening to them. Sadly, most ministers are completely unprepared for such queries. As a result, the person may be routed into the mental health system, where physicians who are themselves unacquainted with the vicissitudes of the spiritual emergency phenomenon try to fit the person's problems into a pre-existing theoretical framework, which is often of a materialistic nature. This attempt may temporarily pacify the individual but will ultimately be unsuccessful, as, by definition, spiritual emergence events transcend the material sphere.

The person is left feeling more bewildered than ever, with no understanding of what has happened to him or her and perhaps now labeled with a mental illness.

*Spiritual emergence* is a term unfamiliar to most, or if known, not always understood. Even when understood, it is not always accepted as being a legitimate experience in its own right. This is due to a large degree to social conventions and conditioning, which supply us with ideas of what is deemed acceptable, believable, “true” or “real.” If the majority of the population has not undergone a particular experience, the person who has is likely to be marginalized and the experience dismissed, pathologized, and/or ridiculed. Unitarian Universalists in particular are prone to accepting views the society at large accepts as being “rational” and “scientific,” often unaware that there are other, equally legitimate ways of regarding the world, and that what accounts for science has changed considerably over time. Because of the unusual nature of the events which transpire in spiritual emergence, it is necessary to provide a framework with which to better understand how these events can occur. Transpersonal theory, especially the work of Michael Washburn and Ken Wilber, is helpful in this regard. It is also necessary to have tools and techniques specific for assisting the person involved in spiritual emergence. Even if the pastor decides to refer the person to a professional counselor or therapist, this sort of information will help him or her to normalize and contextualize the event for the counselee, direct the person toward various resources, and assist him or her in finding a therapist who will be responsive to his or her needs. Therefore, it is the purpose of this paper to provide 1) a definition and description of the spiritual emergence phenomenon, 2) a theoretical framework with which to better understand the context of

spiritual transformation, and 3) resources for counseling individuals who have experienced various aspects of spiritual emergence.

## SPIRITUAL EMERGENCE

### Definition of Spiritual Emergence and Spiritual Emergency

The terms *spiritual emergence* and *spiritual emergency* were coined by the transpersonal therapist Stanislav Grof and his wife Christina, who examined non-ordinary states of consciousness in a clinical setting. They repeatedly encountered people who were reporting spontaneous experiences of a spiritual nature for which they had no explanation or information, and in our Western materialistic culture, no emotional support.<sup>1</sup> The Grofs referred to this phenomenon as *spiritual emergence*, which they define as “the movement of an individual to a more expanded way of being that involves enhanced emotional and psychosomatic greater freedom of personal choices, and a sense of a deeper connection with other people, nature, and the cosmos.”<sup>2</sup> Spiritual emergence is generally experienced as a pleasant phenomenon. The changes taking place in the individual are gentle in nature and occur at a slow enough pace to be properly assimilated. While some of these changes may be distressing from time to time, they are not incapacitating.

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<sup>1</sup> Bragdon, Emma. *The Call of Spiritual Emergency: From Personal Crisis to Spiritual Transformation*. (San Francisco: Harper and Row, 1990), p. 2.

<sup>2</sup> Grof, Stanislav and Christina Grof. *The Stormy Search for the Self: A Guide to Personal Growth Through Transformational Crisis*. (Los Angeles: Tarcher, 1990), p. 1.



The Grofs differentiate this from spiritual *emergency*, in which the changes occurring in the individual toward these ends happen too quickly to be integrated, often resulting in a crisis that prevents the person from participating effectively in consensual reality for a period of time.<sup>3</sup> The changes taking place during spiritual emergency may be so rapid, strong, and peculiar that the person may be too overwhelmed to do much more than cope with the situation at hand. Lukoff, Lu, and Turner describe the difference as such:

In spiritual *emergence*...there is a gradual unfoldment of spiritual potential with minimal disruption in psychological, social, and occupational functioning, whereas in spiritual *emergency*, there is significant, abrupt disruption in psychological, social, and occupational functioning.<sup>4</sup>

John Nelson stresses the importance of the atmosphere in which the event takes place and the person's reaction to the experience. A hostile environment and the person's own resistant attitude can be important factors in turning a spiritual emergence situation into a spiritual emergency.<sup>5</sup>

While this process may be bewildering and even frightening, the Grofs express the inherent positive potential by use of their emergence/emergency terminology, referring to it as "a play on words: the word *emergency*, suggesting a sudden crisis, comes from the Latin *emergere* ('to rise' or 'to come forth')."<sup>6</sup> They view spiritual emergencies as "crises of the evolution of consciousness ...comparable to the states

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<sup>3</sup> Ibid., p. 1.

<sup>4</sup> Lukoff, David, Francis Lu, and Robert Turner. "From Spiritual Emergency to Spiritual Problem: The Transpersonal Roots of the New DSM Category," *Journal of Humanistic Psychology*, 38 (1998), pp. 38-39.

<sup>5</sup> Nelson, John. *Healing the Split: A New Understanding of the Crisis and Treatment of the Mentally Ill*. (Los Angeles, Tarcher, 1990), p. 264.

<sup>6</sup> Grof and Grof, *The Stormy Search for the Self*, p. 36.

described by the various mystical traditions of the world.”<sup>7</sup> Roberto Assagioli states that these changes are “progressive because they facilitate the achievement of a new personal integration, a more inclusive one, at a higher level, one for which the crisis paved the way.”<sup>8</sup> This transition, which Michael Washburn compares to Jung’s night sea journey, Saint John of the Cross’s dark night of the soul, and Joseph Campbell’s hero’s journey<sup>9</sup> has the potential to awaken the experiencer to hitherto unknown realities and return to society transformed in a positive manner.

The Grofs list several of these positive outcomes, including the alleviation of various emotional disorders, the reduction of aggressive tendencies, improvement of self-image, an increase in tolerance toward others, and a deep sense of connection with people and with nature.<sup>10</sup> They list the “rewards” of having gone through this difficult process as being the ability to discover positive elements in life, a new focus on others, and the incorporation of spirituality into their lives.<sup>11</sup>

However, while the positive potential in spiritual emergency situations exists, there are no guarantees. The ego must, in Washburn’s words, be “seaworthy.” If not, this journey into darkness, or what he calls *regression in service to transcendence*, may, in the end, amount to regression alone. For those whose ego is strong enough to survive, the quality of care given to the person undergoing spiritual emergency will have an important effect on the outcome of the process. Merely being able to supply information

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<sup>7</sup> Grof, Stanislav and Christina Grof. “Spiritual Emergency: Understanding Evolutionary Crisis.” In *Spiritual Emergency: When Personal Transformation Becomes a Crisis*. Edited by Stanislav and Christina Grof. (Los Angeles: Tarcher, 1989), pp. 2-3.

<sup>8</sup> Assagioli, Roberto. “Self-Realization and Psychological Disturbances.” In *Spiritual Emergency: When Personal Transformation Becomes a Crisis*. Edited by Stanislav and Christina Grof. (Los Angeles: Tarcher, 1989), p. 34.

<sup>9</sup> Washburn, Michael. *Transpersonal Psychology in Psychoanalytic Perspective*. (Albany: State University of New York, 1994), p. 26.

<sup>10</sup> Grof and Grof. *The Stormy Search for the Self*, p. 41.

<sup>11</sup> *Ibid.*, pp. 228-231.

as to the nature of the phenomenon will alleviate much of the anxiety a person may be feeling. To be able to frame the experience as something many have gone through before with positive results is of tremendous significance to the sufferer, who may feel that s/he is the only person ever to feel this way. Therefore, it is important that the minister be supplied with information to help those who come to him or her in a spiritual emergency counseling situation.

### Symptoms

Despite the potential positive outcome of spiritual emergencies, the start of the event is often fraught with negativity. The Grofs list some of the symptoms one might expect to experience.<sup>12</sup> Perhaps the most common symptom present in spiritual emergency is fear. The changes taking place in people are often sudden, intense, and of a strange nature. The Grofs state that “not only are many of his or her familiar belief systems breaking down, but he or she has become exceedingly emotional. The body feels as though it is falling apart, with new physical stresses and bothersome pains.”<sup>13</sup> Not knowing what is happening, those in spiritual emergency may develop a considerable fear of the unknown, which now seems stranger than ever before: “The inner states often change so quickly that they become fearful of what might come next. They are constantly being introduced to unfathomed realms within, new awarenesses, and undiscovered possibilities.”<sup>14</sup> Because of their own intense emotions and peculiar inner states, they may fear losing control, either over their own behavior, or of their mental processes. The Grofs assure us that “[w]hat is disappearing is not one’s reasoning ability,

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<sup>12</sup> Ibid., pp. 49-59.

<sup>13</sup> Ibid., p. 49.

<sup>14</sup> Ibid., p. 50.

though it may seem that way for awhile, but the cognitive limitations that keep one constricted and unchanging.”<sup>15</sup> It seems as though new and unusual things are constantly occurring inside of their own minds, some of which seem to be manifesting themselves in the outer world in the form of coincidences, symbols, and signs. These “unfamiliar patterns...may seem to govern the workings of the world, replacing the more predictable, seemingly manageable known order.”<sup>16</sup> As a result, the person may, then feel as though s/he is going insane or else the world s/he has been led to believe existed is only a fragment of a greater, unknown, and, as such, terrifying reality. None of the explanations s/he has been handed up until now seem to be pertinent to the situation at hand, and so s/he is forced to look in new areas for answers. Often the search involves categories of information not generally sanctioned by the culture, family, or friends. As a result, the person is apt to be overcome with a terrible sense of isolation and loneliness as s/he attempts to make sense of a world that is still orderly and sensible to those with whom s/he is surrounded. “One may feel as though all that he or she has ever been or ever cared about is dying and that the process itself is irreversible. Such a person may be consumed by tremendous grief over the death of the old self.”<sup>17</sup> As the old sense of reality departs with nothing but frightening strangeness to take its place, s/he may feel as though s/he is literally dying as well. The forces that have changed his or her life to such a great extent threaten to extinguish life itself.

All of the above symptoms can be exacerbated considerably by the reactions of friends, family members, employers, and the culture at large. People close to the person are apt to be puzzled and even frightened by the person’s speech or behavior, knowing

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<sup>15</sup> Ibid., p. 56.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid., p. 59.

little if anything about its cause. In a society where the unordinary is often pathologized, the person may be regarded as “mentally ill” and, as a result, marginalized by his or her community. Addiction is another aggravating factor, should the person decide to utilize certain behaviors or chemicals as a form of self-medication. With few to no resources available to assist him or her, the person will do what it takes to calm the panic s/he maybe experiencing.

### Triggers

The most common trigger of spiritual emergency situations is intense spiritual practice, usually in the form of meditation.<sup>18</sup> Meditation attempts to quiet the “chattering monkey” in the brain, the thoughts that continually and uncontrollably run through the mind. According to Michael Washburn, this begins during adolescence, when human beings first develop the capability for self-reflection. This in turn produces a fear that the self being reflected upon “might really be only an empty self-reference, a merely presumed entity behind the scenes of consciousness.”<sup>19</sup> One way to allay this fear of nothingness and reassure the self that it indeed exists is “compulsive internal dialogue” which “is characteristic of the mental ego from adolescence on.”<sup>20</sup>

In meditation one learns how to be mindful. This means observing but not reacting to things going on internally or externally. By this process, one is able to discern one’s reactions to events and, in time, understand the extent to which s/he has not been truly present in life due to previous conditioning. When this process happens gradually

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<sup>18</sup> Grof and Grof, “Spiritual Emergency: Understanding Evolutionary Crisis,” p. 8.

<sup>19</sup> Washburn, Michael. *The Ego and the Dynamic Ground: A Transpersonal Theory of Human Development.*, 2<sup>nd</sup> ed. rev. (Albany: State University of New York, 1995), p. 100.

<sup>20</sup> Ibid.

over time, one is able to assimilate the changes taking place as s/he begins to view the world in a different light. While this is the usual course of events for most people, for some, meditation seems to open up a door in the psyche that allows repressed material from the unconscious to flood into consciousness. In addition, information from sources outside the ego may enter in, overwhelming the person with extrasensory revelations. Whether the material arises from the person's own unconscious (the Jungian shadow), the collective unconscious, or the superconscious, the experience can be alarming.

Other possible triggers of spiritual emergency include drugs, intense athletic or sexual experiences, yoga, pregnancy, childbirth, health crises, loss, trauma, midlife, and near-death experiences. Kristin Watson states that the fact that spiritual emergency can be triggered by such a wide variety of incidents indicates that "the individual's readiness for inner transformation is more crucial than any one particular external or internal stimulus."<sup>21</sup>

According to Emma Bragdon, spiritual emergence can occur at any time in a person's life from childhood to late adulthood.<sup>22</sup> In childhood, it is often difficult to detect a spiritual emergency because of children's limited communication skills. However, a child may not be overwhelmed by things that an adult might find bizarre and frightening. As a result, children are often better able to ride out these sorts of experiences. An important exception is when children retreat into subtle realms to avoid pressures in their daily lives. Teenagers, being as of yet unsure of their identity, are more susceptible to spiritual emergency situations. Certain developmental tasks which have not been completed may be an issue at this time. Bragdon suggests grounding techniques

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<sup>21</sup> Watson, Kristin. "Spiritual Emergency: Concepts and Implications for Psychotherapy." *Journal of Humanistic Psychology*, 34 (1994), p. 24.

<sup>22</sup> Bragdon, *The Call of Spiritual Emergency*, pp. 54-75.

to give the adolescent a stronger sense of self and feel empowered in regard to his or her choices in life.

Midlife is another time in which spiritual emergencies tend to erupt, often in the form of a “midlife crisis.” At this stage of life, the individual may or may not have accomplished what s/he set out to do. Either one may precipitate a crisis. If s/he has failed at the task, this may bring up feelings of hopelessness and questions about the meaning of life. If s/he has succeeded, s/he may begin to wonder if this is all there is to life. Bragdon states that at this point in life, there is

a desire for expansion into new areas and a yearning to align with one’s ‘true self,’ despite social conventions or old habits. A person in mid-life crisis often has the sense of having missed something, or a feeling of emptiness. The result is either a surge of energy to complete the uncompleted tasks or to individuate...or a downward spiral into despair.<sup>23</sup>

Loss is a very often a factor in midlife spiritual emergencies. The loss of a loved one not only causes grief but often produces a change in the person’s sense of identity as his or her roles in life change accordingly. In late adulthood, loss continues to be a factor, with the future loss of one’s own life looming ahead. If one has not come to terms with one’s own mortality, failing physical health may produce a spiritual emergency situation.

### Forms of Spiritual Emergency

As spiritual emergency can be caused by numerous sorts of triggers at various times in the life cycle to individuals with their own unique history, emotional makeup, values, and outlook on life, it is no surprise that not all people will experience a spiritual emergency in the same way. The phenomenon takes on different forms in different

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<sup>23</sup> Bragdon, *The Call of Spiritual Emergency*, p. 62.

people. The Grofs have enumerated ten basic kinds of spiritual emergence/emergency experiences. These include 1) kundalini, 2) peak experiences, 3) near-death experiences, 4) past life experiences, 5) return to the center, 6) the shamanic crisis, 7) psychic opening, 8) spirit guides and channeling, 9) UFO experiences, and 10) possession states.<sup>24</sup>

### Kundalini

Kundalini is a term that may be foreign to many Westerners. It is a Hindu concept involving a subtle energy system in the body, through which the life force *prana*, is maintained and distributed. This is accomplished through channels called *nadis*, which are connected to three main pathways located alongside the spine. These major pathways connect the *chakras*, or energy centers, which extend from the first chakra, located at the anus, through the seventh, at the crown of the head. The word *kundalini* means “coiled,” and this energy is represented as a coiled serpent lying dormant at the base of the spine. Spiritual practice, such as yoga and meditation, is used to uncoil the energy and bring it up through the higher chakras, which in turn produces a rising of consciousness. Spiritual practice helps to prepare both the body and mind so that the process will unfold in as calm and orderly a manner as possible. Adepts warn that inadequate preparation can lead to insanity or death as the energies released by the rising kundalini weaken the boundaries between the conscious and unconscious, the physical and non-physical realms. It is possible for the kundalini to rise spontaneously, and when this is the case, a spiritual emergency situation is often the result. While in the West, Lee Sanella states, “We have so far failed to clarify the different states of the psyche and the body in regard

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<sup>24</sup> Grof and Grof, *The Stormy Search for the Self*, pp. 73-99.



to ‘transcendental’ or mystical experiences,”<sup>25</sup> this is not the case in the East, which has mapped out the enlightenment process in great detail. The concept of kundalini is widely accepted in transpersonal psychology as being what Gopi Krishna terms “the instrument of evolution,”<sup>26</sup> both individually and collectively. The various manifestations of spiritual crises are believed by many to be the result of the rising kundalini. Nelson states that “it could be seen as a manifestation of, or perhaps an explanation of, spiritual emergency. It is an unfolding of human potential that may be problematical, but is eventually desirable.”<sup>27</sup> People who are undergoing kundalini awakening generally experience both psychical and physical symptoms. These symptoms may include supercharged emotions, increased sexual feelings, visual and aural hallucinations, along with itching, burning, and tingling sensations throughout the body. Especially in the West, where the kundalini phenomenon is not well known, people experiencing such an odd combination of symptoms may fear not only for their sanity but for their physical health as well. The person may experience symptoms of one sort of another for years, as the enlightenment process is a protracted one. Resistance to the process will invariably lengthen it. Education as to the nature of kundalini helps to ameliorate much of the fear that can lead to resistance.

### Peak Experiences

*Peak experience* is a term first coined by Abraham Maslow to refer to the “core religious” or “transcendent” experience, what some might consider mystical experience.

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<sup>25</sup> Sannella, Lee. *The Kundalini Experience: Psychosis or Transcendence?* (Lower Lake, California: Integral Publishing, 1982), p. 22.

<sup>26</sup> Krishna, Gopi. *Kundalini: Empowering Human Evolution: Selected Writings of Gopi Krishna*. Edited by Gene Kieffer. (St. Paul: Paragon House, 1996), p. 43.

<sup>27</sup> Nelson, p. 271.

Of these, he says that experiencing the feeling that “the universe is all of a piece and that one has his place in it...can be so profound and shaking an experience that it can change the person’s character and his Weltanschauung forever after.”<sup>28</sup> The Grofs refer to these as “episodes of unitive consciousness” in which “one experiences dissolution of personal boundaries and has a sense of becoming one with other people, with nature, or with the entire universe.”<sup>29</sup> The Grofs relate Walter Pahnke’s list of elements of peak experiences, which includes 1) a sense of unity, 2) positive emotional associations, 3) transcendence of space and time, 4) a sense of the sacred, 5) paradoxical quality, 6) a sense of the experience being “real,” 7) ineffability, and 8) positive aftereffects.<sup>30</sup> During these experiences, which seem more real than real, the person may feel as though s/he is privy to a vast supply of information related in completely new ways. Another whole realm of existence seems to be revealed in these experiences. The person has a difficult, if not impossible time trying to explain the incident and its importance to others. Because of its extraordinary nature, s/he may have trouble assimilating this new information with his or her previous belief system. Peak experiences can occur out of nowhere with no apparent cause, or can be produced by creative experience, physical exertion in sports or dance, or romantic encounters.

### Near-Death Experiences

Near-death experiences (NDEs) have increased in frequency over the years with the advent of resuscitation technology. In many hospital situations, the individual is deemed to be clinically dead, but returns with descriptions of another realm. Several

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<sup>28</sup> Maslow, Abraham. *Religions, Values, and Peak Experiences*. (New York: Viking, 1970), p. 59.

<sup>29</sup> Grof and Grof, “Spiritual Emergency: Understanding Evolutionary Crisis,” p. 16.

<sup>30</sup> Grof and Grof, *The Stormy Search for the Self*, pp. 74-5.

components of the near-death experience have been compiled by various researchers. These include: 1) a feeling of being out of the physical body, 2) moving at a high speed through a dark tunnel, 3) encountering deceased relatives and/or angelic beings, 4) deep feelings of peace and joy, 5) seeing a brilliant light, 6) a life review, 7) a choice to return to Earth, or else encountering a boundary beyond which s/he cannot proceed, 8) return to the physical body. While most NDEs are positive in nature, they may cause problems initially. Trying to explain what has happened and its import to others may be frustrating, not only because of the ineffable quality of the experience but because of other people's preconceptions about the afterlife. The near-death experiencer (NDEer) may feel considerable sorrow or anger at having to return to Earth after having been to such a beautiful realm saturated with significance and unconditional love. S/he may experience psychic abilities, which may not be explained by his or her current belief system. As a result, the NDEer may feel a need to explore other religions and philosophies, which can alienate friends and family members. As a result of these factors, the NDEer may feel isolated for awhile after the experience as s/he struggles to integrate the experience.

### Past Life Experiences

Past life memories may also bring on a spiritual emergency. These are often uncovered during hypnosis, but may occur spontaneously. These episodes are usually vivid and charged with emotion, qualities which make the experience seem disquietingly "real." Assimilating the uncovered material can be difficult as the person attempts to deal with emotions coming not only from the present life, but from others which are

strongly felt but remembered only in bits and pieces. Often the events depicted, which the person experiences as if they were a part of his or her own life, are quite traumatic. These incidents can be alarming enough to a person who believes in reincarnation, but can be even more alarming for those whose belief systems do not allow for reincarnation. A reevaluation of the person's belief system may be in order, a process that is painful not only for the individual, but often for his or her loved ones as well. Another problem occurs when the person recognizes someone from a past life as a person existing in his or her current life. The individual may attempt to work out problems with relationships from the past life which have followed him or her into the current life. However, since it is rare that the other person is aware of any past life connections, the experiencer may feel considerable anguish at being unable to bring a sense of resolution to the situation.

#### Psychological Renewal Through Return to the Center

*Psychological renewal through return to the center* is a spiritual emergence process identified by Jungian analyst John Perry. In this experience, the person experiences “dramatic sequences that involve enormous energies and occur on a scale that makes these individuals feel they are at the center of events that have global or even cosmic significance.”<sup>31</sup> According to Perry, the person frequently experiences “images of death and world destruction” because “[w]henver a profound experience of change is about to take place, its harbinger is the motif of death.”<sup>32</sup> The death images are symbolic of the person's view of him- or herself that needs to be outgrown, while the images of world destruction represent the person's way of looking at and living in the world. Perry

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<sup>31</sup> Grof and Grof, *The Stormy Search for the Self*, p. 86.

<sup>32</sup> Perry. John Weir. “Spiritual Emergence and Renewal.” *ReVISION*, 8 (1986), 34.

states that “[t]he energy that had been bound up in the structures of the old self-image and world image, in the issues of who one is and what sort of world one lives in, is immense.”<sup>33</sup> The unleashing of these energies, along with the peculiar archetypal imagery and inflated sense of self are often confusing to the family, which may seek hospitalization for the person. The event can resolve itself, however, without pharmaceutical intervention. The images of death and destruction are replaced with more benign representations as the person works through personal issues, often resulting in the symbolization of a brand new world. As the energies abate, he or she deals decreasingly with the symbolic and more with aspects of “real” life.

### The Shamanic Journey

The shamanic journey “also carries a person into the depths of the archetypal realm.”<sup>34</sup> Nevil Drury describes the shaman as “a figure who through entering a condition of trance is able to undertake a vision-quest of the soul, journey to the sacred place and report back to humankind of matters of cosmic intent.”<sup>35</sup> In tribal societies, the person who is to become a shaman travels into an archetypal realm where s/he is

[a]ttacked by vicious demonic entities and exposed to unimaginable ordeals culminating in experiences of death, dismemberment, and annihilation...the final annihilation can be experienced as being killed, torn to pieces, or swallowed by specific animals who function as initiators. The same animals may appear later in the roles of spirit guides, protectors, and teachers. The experience of total annihilation is typically followed by resurrection, rebirth, and ascent to celestial regions.<sup>36</sup>

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<sup>33</sup> Ibid.

<sup>34</sup> Bragdon, *The Call of Spiritual Emergency*, p. 30.

<sup>35</sup> Drury, Nevill. *The Elements of Shamanism*. (Longmead, Dorset: Element Books, 1989), p. 1.

<sup>36</sup> Grof and Grof, *The Stormy Search for the Self*, p. 89.

The person returns to his or her society with new gifts, often of a healing nature. S/he emerges from regression into lower realms at a higher state of consciousness than before, having shed lower aspects of the self in the process. While our culture has recently seen an increase in the literature about shamanism and perhaps more respect for the phenomenon, it still remains a highly unpleasant and frightening event for the individual while it is occurring, although it may result in higher functioning later on. As is the case with the psychological renewal process, this can also be frightening for the individual's family, who may see this as a manifestation of mental illness and, therefore, hospitalization and medication as the "cure."

### Psychic Opening

While most people might fantasize at some point or other in life about acquiring "supernatural powers," the awakening of extrasensory perception is often quite alarming to the person going through the process. The person generally does not have control over the experience, and so is bombarded with odd bits of information at unexpected times. The person may experience bouts of telepathy, clairvoyance, or precognition. All may be alarming, as s/he is able to read people's thoughts, see events at a distance, or see things occurring in the future. This may greatly upset a person's worldview if s/he believes these things to be impossible. Under these circumstances she/he may question his or her religious beliefs, and even the laws of physics which s/he has been taught to be true, real, and universal. This can produce extreme fear as the world s/he has known all his or her life seems to be crumbling apart. As the Grofs put it:

The accumulation of psychic happenings of various kinds can be very disturbing. When such episodes are so overwhelming and convincing that it is difficult to

dismiss them, the situation becomes very frightening, since the old foundations of security have been shattered and one feels like an entirely naïve and uninformed newcomer in an unknown and mysterious world.<sup>37</sup>

Often the things s/he intuitively feels are unpleasant and even frightening. Precognitive events of tragedies and catastrophes which later take place in “real” life can cause the person to live in fear, waiting for the next event to occur. S/he may also worry whether a particular unpleasant dream, vision, or thought may be precognitive or merely symbolic. Trying to convince others of his or her abilities may also be difficult, as the premonitions cannot be forced but arise spontaneously. This form of spiritual emergency is often overlooked by family and friends, who do not understand what their loved one is so upset about, either due to not believing him or her, or wishing they had the same “problem.”

### Spirit Guides and Channeling

In the spiritual emergency that involves spirit guides and channeling, a person may come into contact with “an entity that appears to be entirely separate from and independent of one’s own inner process”<sup>38</sup> The entity, regarded as a “spirit guide” by some, imparts information and guidance to the person, either personal in nature or aimed toward a more general audience. According to Grof, these beings “usually appear to be discarnate humans, suprahuman entities, or deities, inhabiting higher planes of consciousness and endowed with extraordinary wisdom. Sometimes they resemble human beings; at other times they look like a radiant source of light.”<sup>39</sup> The person involved may see the relationship with the entity as pleasant and informative, but as is the

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<sup>37</sup> Ibid., p. 92.

<sup>38</sup> Ibid., p. 93.

<sup>39</sup> Ibid.

case with many other forms of spiritual emergence, other people may either not take them seriously or regard the phenomenon as indicative of mental illness. The person, however, cannot dismiss the experience as unreal or pathological. The result may be isolation and a reevaluation of relationships and values.

### UFO Experiences

Perhaps the most difficult aspect of the UFO experience is the reaction of family and friends to the experiencer's account of it. UFO's and their inhabitants are portrayed in tabloids and as cartoonish figures, while those who encounter them are represented as backward, ignorant, and in search of publicity. In fact, most experiencers, being all too aware of our society's attitudes toward such things, are extremely reluctant to discuss their encounters with anyone. They may seek help for themselves, but they will have a difficult time finding it, as most mental healthcare workers will automatically dismiss the event as psychotic. While associations do exist to help experiencers, they are often shrouded in such fear and secrecy that it could take years before the person is able to find someone to assist them. In the meantime, they must deal with the wrenching effects of the encounters, which force their beliefs about the world into a much larger and stranger context, of which they know virtually nothing. The experiences often involve intrusive, painful, and humiliating medical procedures. That the encounters may occur at any time and the person is helpless to prevent them may lead to a sense of hopelessness, extreme outrage, or both.



## Possession States

Possession states are “characterized by an uncanny sense that one’s psyche and body have been invaded and are being controlled by an alien entity or energy that has personal characteristics.”<sup>40</sup> The entity in question is not of the same benevolent sort that channelers experience, interested in providing knowledge that will benefit the person and/or humankind. Rather, possessive entities are hostile and malevolent, preying upon the person’s weaknesses, of which they seem to be uncannily aware. According to the Grofs, when this energy is latent, it may cause a variety of serious pathological symptoms ranging from promiscuous behavior to murderous aggression, while the underlying cause remains hidden. When the energy is closer to the surface, the person is aware of the evil influence driving him or her toward certain thoughts or behaviors. Keeping these things from erupting into manifestation requires an enormous amount of energy on the part of the person being possessed. The person, feeling powerless and hopeless, may lose faith in God and/or goodness in general. Unlike other spiritual emergencies, family and friends generally believe that this one is actually taking place, often due to the physical manifestations which they can personally observe. Unfortunately, these are so frightening that they may avoid the loved one, seeing him or her as a repository of evil. This can induce a sense of further hopelessness and isolation in the person already struggling with destructive superhuman powers.

## TRANSPERSONAL THEORY

It is necessary to present a framework in which the events occurring in spiritual emergence and spiritual emergency make sense. The pastor can assist those going

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<sup>40</sup> Grof and Grof, *The Stormy Search for the Self*, p. 98.

through the process tremendously by furnishing such a framework for their experience. Newtonian physics and materialistic philosophy do not permit such things to even exist. According to these paradigms, there is no other way to address such incidents except to label them as pathological, since they do not fit into established ways of thinking. Many forms of psychology do not address spiritual events at all, and some, like psychoanalysis, have pathologized them, viewing all religious endeavors as regressive. Humanistic therapies may address them in existential terms, and Jungian depth psychology within the realm of the collective human unconscious. However, only transpersonal psychology includes spirituality as an essential aspect of its system.

The term *transpersonal* was introduced by Stanislav Grof. Weinhold and Hendricks examine the roots of the word in order to clarify its meaning. They point out that the Latin prefix *trans* can mean either “connecting,” “through,” or “beyond.” The Latin word *persona* means mask. The personality can be regarded as a mask people wear to avoid pain. “Adding these three meanings of *trans* to the word *personal*, we have a term that refers to bridging and connecting the personal, through the personal, and beyond the personal.”<sup>41</sup> They relate Grof’s definition of transpersonal experiences as “those that go beyond the normal boundaries of the ego” and state that “[t]he ego, then—the central focus of study for much of the psychology of the West—is the jumping-off place for transpersonal psychology.”<sup>42</sup> They go on to say that seeing separateness is the ego’s “job.” However, “a transpersonal therapist knows that the ego is only part of the picture.”<sup>43</sup>

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<sup>41</sup> Weinhold, Barry and Gay Hendricks. *Counseling and Psychotherapy: A Transpersonal Approach*. (Denver: Love, 1993), p. 2.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid., p. 4.

Michael Washburn agrees with this assessment, saying that “[t]ranspersonal theory assumes that human development aims ultimately at a spiritual fulfillment and, therefore, that human nature can be properly understood only from a spiritual standpoint.”<sup>44</sup> Vaughan, Wittine, and Walsh state that “[t]ranspersonal psychology differs from other therapeutic approaches in that it reframes the Western psychological tradition in the broader context of the perennial philosophy, the common mystical root of the world religions.”<sup>45</sup> They list four basic assumptions of transpersonal psychotherapy. The first regards its inclusive nature: “Transpersonal psychotherapy is an approach to healing and growth that addresses multiple levels of the spectrum of identity—prepersonal, personal, transpersonal.”<sup>46</sup> Of this they comment:

A transpersonal orientation does not invalidate other approaches, any of which may be relevant to an integrative therapy. It does, however, call for a more expanded context than is usually assumed by other approaches and allows for a vision of the human potential that explicitly includes spiritual experience.”<sup>47</sup>

A transpersonal approach is also integrative in that it utilizes concepts and methods from other branches. However, it views these aspects of the self within a larger context.

“Transpersonal counseling, like other therapies, sees people hindered by psychodynamic conflicts, but the transpersonal orientation takes into account the human impulse toward higher states of consciousness.”<sup>48</sup> Frank Visser states that while conventional psychotherapy is concerned with helping people to become rational and autonomous,

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<sup>44</sup> Washburn, *The Ego and the Dynamic Ground*, p. 1.

<sup>45</sup> Vaughan, Francis, Bryan Wittine, and Roger Walsh. “Transpersonal Psychology and the Religious Person.” In *Religion and the Clinical Practice of Psychology*. Edited by Edward P. Shafranske. Washington, DC: American Psychological Association, 1996, p. 483.

<sup>46</sup> *Ibid.*, p. 487.

<sup>47</sup> *Ibid.*, p. 484.

<sup>48</sup> Weinhold and Hendricks, p. 11.

transpersonal therapy is concerned with connecting this rational, autonomous individual with the Divine. Transpersonal and conventional psychology are not at odds with another; “they are simply each concerned with a different aspect of human consciousness, or, to put it another way, they are each concerned with a different band on the spectrum of consciousness.”<sup>49</sup>

Vaughan, Wittine, and Walsh’s second postulate of transpersonal therapy is: “Transpersonal psychotherapy recognizes the therapist’s unfolding awareness of the Self and his or her spiritual worldview as central in shaping the nature, process, and outcome of therapy.”<sup>50</sup> Implicit in transpersonal psychology is that the therapist be involved in a spiritual practice of his or her own. “A transpersonal therapist is not only sensitive to religious values and beliefs, but has personally explored spiritual and transpersonal levels of consciousness, and is therefore better equipped to assist others who are working with religious and spiritual issues.”<sup>51</sup> Since people coming in for transpersonal therapy are often experiencing problems with levels of consciousness with which the average person is not familiar, it only makes sense for the therapist to have already explored these levels in order to help his or her clients. The best way to arrive at these states is through a disciplined spiritual practice.

The third premise is, “Transpersonal psychotherapy is a process of awakening from a lesser to a greater identity.”<sup>52</sup> As a person advances in consciousness, s/he is increasingly able to see how various forms of conditioning affect identity. As a person goes through life, s/he identifies with certain people, organizations, and ideas, adding

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<sup>49</sup> Visser, Frank. *Ken Wilber: Thought as Passion*. (Albany: State University of New York Press, 2003), p. 52.

<sup>50</sup> Vaughan, Wittine, and Walsh, p. 491.

<sup>51</sup> *Ibid.*, p. 484.

<sup>52</sup> Vaughan, Wittine, and Walsh, p. 492.

them to his or her concept of self. “Psychological growth depends on the transcendence or erasing of a person’s history of conditioned thoughts, feelings, and behavior.”<sup>53</sup> The best way to go about this is through the technique of mindfulness, wherein one observes one’s own thoughts, speech, and behavior from a detached point of view, without entering into the emotional fray. Spiritual emergencies may accompany this as the resistances and defenses of the lower identity are relinquished. “By transcending who we thought we were, we come closer to who we really are, until, paradoxically, we come home to the transpersonal Self we never left.”<sup>54</sup>

Vaughan, Wittine, and Walsh’s final proposition is, “Transpersonal psychotherapy facilitates the process of awakening by making use of techniques that enhance initiation and deepen awareness of personal and transpersonal realms of the psyche.”<sup>55</sup> These techniques may include bodywork, imagery and dreamwork, music, drumming, chanting, and dancing. Since transpersonal therapy often deals with different levels of consciousness, altered states such as relaxation, guided fantasy, or meditation may facilitate various counseling goals. “The concept of altered states of consciousness has another fundamental application in counseling. It communicates to the client that valid alternatives to ordinary, linear, waking consciousness are available.”<sup>56</sup>

Many if not most transpersonal therapists believe in reincarnation and karma. However, karma here tends to consist more of attachments of the ego rather than the popular understanding of retribution. The ego becomes attached to certain habits, people, values, and ways of seeing the world to the extent that these cloud the connection

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<sup>53</sup> Weinhold and Hendricks, p. 8.

<sup>54</sup> Vaughan, Wittine, and Walsh, p. 492.

<sup>55</sup> Ibid., p. 493.

<sup>56</sup> Weinhold and Hendricks, p. 6.

between the self and the Divine. By becoming aware of the self's attachments on a moment-to-moment basis, the ego is eventually able to detach from its conditioning and reunite with the Source. Enlightenment of this sort usually does not take place within the span of one lifetime, although it is possible for it to occur during the current lifetime, given adequate preparation in this and in former lives.

## TWO TRANSPERSONAL MODELS

### Michael Washburn's Dynamic-Dialectical Paradigm

There are two basic models present in transpersonal thought. One, which originally derives from Jung, and is favored by the Grofs as well, is referred to as the "spiral model." This model postulates that the self is nearest to the spiritual source at birth, then moves away from it in order to establish an egoic self. In order to grow beyond this state, the ego must return to the Source. However, the return is not made to the same level of consciousness as at birth, since the ego has been established. This paradigm is opposed to the "ladder model," wherein the person is furthest from the Source at birth and gets closer with every step up the ladder of consciousness.

Michael Washburn utilizes the spiral model, referring to his own interpretation of it as the *dynamic-dialectical paradigm*. His model is psychodynamic in nature, utilizing psychoanalytic language and concepts. According to Washburn's paradigm, the person is born imbued with energies from the Source, which he refers to as the *Spiritual Ground* or *Ground*. These energies are present to the greatest extent in early infancy. At this point the child is nearest to what Washburn refers to as the nonegoic pole, which is "the source

of upwelling dynamism, impulse, feeling, and creatively forged images.”<sup>57</sup> Early infancy is experienced as a blissful, unitive state in which the child is bathed with Ground energies. As the child develops further, this sense of unity is experienced with the primary caretaker, usually the mother. At about eighteen months, the child experiences the rapprochement crisis, which brings about fierce ambivalence in regard to the primary caretaker. Because the child cannot proceed developmentally in the throes of such ambivalence, a decision must be made. Washburn’s take on the Oedipal situation is that the child must decide to remain completely dependent on the primary caretaker (represented by the mother) or forge ahead toward independence (the father). In severing the ties with unity experienced with the primary caretaker, the child forfeits his or her uninterrupted energy flow from the Ground.

This cutting off from the Source is done by means of *primal repression*, which is a mental as well as a physical endeavor. The body tightens itself to keep these energies in check, energies that years later may be loosened spontaneously or with the help of meditation or yoga. For now, in the latent phase, the Ground energies, are compressed into the area of the lower spine, where they will remain latent. As the person moves on from childhood to adulthood, s/he continues to approach the egoic pole, “the seat of rational cognition and volition, discursive thought and deliberative will.”<sup>58</sup> During adolescence, these energies will be stirred up with the awakening of sexuality. In early adulthood, they will calm down once again, as the egoic pole once again becomes predominant, enabling the person to accomplish the tasks characteristic of this stage. In midlife, the ego is susceptible to Ground energies once more, as primal repression is no

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<sup>57</sup> Washburn, *The Ego and the Dynamic Ground*, p. 11.

<sup>58</sup> *Ibid.*

longer needed in order to assist the ego along its journey. Rather, primal repression, and the ego it has created, is more of a hindrance at this stage, preventing the self from reuniting with the spiritual energies of the Ground.

This stirring of Ground energies at midlife is referred to as a “midlife crisis” in our culture. Not all people go through this, and for those who do, the process varies considerably in severity. Some will experience a mild discontent, while others will fall prey to the “aridity” which John of the Cross refers to as a precursor to the Dark Night of the Senses. The person becomes disenchanted with worldly things and longs for something deeper. According to Washburn, for those who are destined to proceed along this path, this Dark Night awaits them as the energies of the Spiritual Ground erupt, bringing up repressed material from the unconscious and the Ground itself. The person experiences this as terrifying. Being cut off from the Ground’s energies for so long, s/he has no conscious awareness of its existence, and experiences the unleashed forces as a totally foreign and frightening entity. Washburn terms this period *regression in service to transcendence* (RIST), which may turn into a spiritual emergency as the forces of the Ground pour into the conscious mind. These are the energies for which yogis prepare the body and meditators prepare the mind as the kundalini moves up the spine from its dormant state. The person may experience voices, visions, psychic phenomena, extremes of emotion, physical pain, and the fear of going insane as the ego is flooded with Ground energies and repressed emotional material. This is the state of spiritual emergency.

If the ego is able to weather this stage of the journey, it proceeds to what Washburn terms *regeneration in spirit*, wherein the body becomes accustomed to the energies of the Ground and the ego begins to lose its fear of the nonegoic potentials. As



time goes on, the ego no longer experiences these potentials as frightening and strange but as pleasant and familiar. Of this stage, Washburn comments:

Menacing instinctual impulses give way to a sense of general somatic awakening; tempting or terrifying imaginal formations give way to “visions” that guide, inspire, and comfort; feelings such as dread and strangeness give way to feelings such as euphoria and enchantment; and states of mind such as flooding, trance, and engulfment give way to states of mind such as rapture, transport, and ecstasy.<sup>59</sup>

If the process continues, the ego begins to stabilize in this new state, integrating the once-repressed energies of the Ground into consciousness. As the person approaches full integration, s/he enters a state which Eastern religions would consider awakened or enlightened. However, enlightenment is a rare occurrence in the population. The vast majority of people will remain at the egoic end of the spectrum for their entire lives. While they may experience a midlife crisis, indicating the weakening of egoic barriers against the forces of the Ground, it is resolved (or not) by means of the tools the ego has at its disposal.

#### Ken Wilber’s Structural-Hierarchical Paradigm

Wilber’s paradigm borrows from the perennial philosophy the ideas that “reality is composed of various *levels* of existence—levels of being and knowing—ranging from matter to body to mind to soul to spirit” and the Great Nest of being, wherein “[e]ach senior dimension transcends but includes its juniors, so that this is a conception of wholes within wholes within wholes indefinitely, reaching from dirt to Divinity.”<sup>60</sup> As a result, as

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<sup>59</sup> Washburn, *Transpersonal Therapy in Psychoanalytic Perspective*, p. 27.

<sup>60</sup> Wilber, Ken. *Integral Psychology: Consciousness, Spirit, Psychology, Therapy*. (Boston: Shambala, 2000), p.5.

one rises in consciousness, one's views become more inclusive. For Wilber, human consciousness is divided into various stages, ranging from infancy to enlightenment.<sup>61</sup>

The first stage, which begins in infancy, is the *archaic*, which is equated with the body, sense perception, and emotions. The most important task in this level is differentiating the physical and the emotional self from others. In the next stage, *magic*, which begins around the age of three, one encounters the solidification of images, the acquisition of symbols, and the magical thinking of early childhood. Jim Marion, who follows Wilber's stages of consciousness in his own discussion of the Dark Night, describes this state of consciousness as "one in which the child cannot clearly distinguish between its own emerging mental images and symbols and the external world."<sup>62</sup> This way of thinking is "the average and dominant consciousness of most tribal cultures" which believe that "natural phenomena can be controlled...by magic words and ceremonies."<sup>63</sup> This sort of consciousness is also present in some who ascribe to New Age beliefs.

The *mythic* stage occurs at the same age as Piaget's concrete operations phase, which involves the use of thinking, language, and stories or myths. At this stage, the child no longer believes that magic will produce results. However, s/he has transferred these private beliefs over to the mythic beliefs shared by his or her society, which s/he interprets in a literal fashion. The child in the mythic stage cannot be tolerant of other people's beliefs; doing so seems like a betrayal of "the one true God." Other children

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<sup>61</sup> The number of stages varies from as many as seventeen to as few as six, depending on the particular book involved and to what end Wilber is using this schema. Jim Marion, whose book *Putting on the Mind of Christ*, is based on Wilber's nine-stage model, provides an excellent description of the various levels. This model is used here.

<sup>62</sup> Marion, Jim. *Putting on the Mind of Christ: The Inner Work of Christian Spirituality*. (Charlottesville, Virginia: Hampton Roads, 2000), p. 38.

<sup>63</sup> *Ibid.*, p. 39.

who believe or behave differently are mocked, as a child's self-esteem is bound up in the rules accompanying his or her society's myths. For many people, the development of consciousness is arrested at this phase. Adults who do not progress beyond the mythical stage feel the need to force their beliefs on other people, believing that this is for the person's own good, as there is only one "truth." To admit to the possibility of other "truths" threatens the ego of a person of mythic consciousness in a very real way.<sup>64</sup> Admitting that other beliefs may be legitimate could bring on a spiritual crisis, as the beliefs the person has based his or her whole life on prove to be relative or "unreal."

The *rational* stage begins in early adolescence, at the same time as Piaget's formal operations phase, and is characterized by logic and abstract thinking in general. The rational stage subsumes the mythic stage, allowing teenagers to view the beliefs with which they were raised in a critical light. They are able to see that the concepts and values with which they are raised are not necessarily shared by everyone else. The rational level is more inclusive in that it raises the consciousness "to the level of the truly universal, to a global perspective not limited by membership to a particular family, tribe, race, or mythic belief system."<sup>65</sup> Marion gives the example of science as being a system which transcends these boundaries, whose laws exist irrespective of these distinctions. However, people in this stage are still likely to believe that their version of "truth," if not the only one, is nonetheless the best one, the only one that really makes sense. Wilber considers the rational phase the highest that the human species has attained in most societies, while some societies are still in the mythic or even magic stage.

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<sup>64</sup> Marion, pp. 43-45.

<sup>65</sup> Ibid., p. 53.

The next stage is that which Wilber calls *vision-logic*. This is a postformal stage characterized by integration, autonomy, and holism. He describes the thinking present in this level as consisting of “relativity, pluralistic systems, and contextualism (early vision-logic) and from there into stages of metasystematic, integrated, unified, dialectical, and holistic thinking (middle to late vision-logic).”<sup>66</sup> Perhaps the most important feature of vision-logic is the ability to see things from many perspectives. People in this state of consciousness are concerned with “‘wholes,’ e.g. global integration in finance and politics, holistic approaches to medicine, and systems theory in the sciences.”<sup>67</sup> In this sense, vision-logic subsumes the rational stage. This, according to Wilber, is the highest *mental* level.

Most Western maps of consciousness stop here. Wilber’s model progresses beyond this level, into transpersonal modes of consciousness. Following vision-logic is the *psychic* level, the first transpersonal stage. With psychic consciousness, one begins to experience manifestations of what seems to be other dimensions, events that do not follow our expectations or go by our rules. At this level, one is apt to encounter episodes of ESP in its various forms: precognition, clairvoyance, and telepathy, among others. These abilities, over which the person may have little control, are called *siddhis* in Hinduism, and postulants are instructed to ignore them, lest they interfere with their continuing spiritual development. The danger here is that, because psychic abilities are rare at this point in human history, some may become overawed with them. As a result, they may abandon spiritual practice, thinking they have found what they set out to discover, when they are in fact only at the bottom rung of the transpersonal ladder.

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<sup>66</sup> Wilber, *Integral Psychology*, p. 22.

<sup>67</sup> Marion, p. 67.

The second transpersonal level is the *subtle*, “the last level at which our self will be identified with our human personality.”<sup>68</sup> Wilber comments that while “the *surface structures* of this realm are naturally different from culture to culture and tradition to tradition...The *deep structure* of this overall realm...is that of *archetypal form*; it is marked by transmental *illumination, intuition, and beginning gnosis*.”<sup>69</sup> As archetypes are the models in the realm of thought on which physical reality is based, characteristic of the subtle level is this connection with the realm of thought.

The subtle line of cognition involves precisely all those perceptions whose study has been downplayed by Western cognitive psychologists: first and foremost, states of imagination, reverie, daydreams, creative visions, hypnogogic states, etheric states, visionary revelations, hypnotic states, transcendental illuminations, and dozens of types of savikalpa samadhi (or meditation with form).<sup>70</sup>

The next level is the *causal* level. Marion states that this “is the first level of consciousness of the human, not as a human personality, but as a realized divinity.”<sup>71</sup> Wilber states that “[t]he main characteristic of causal cognition is that it is the root of attention (and the capacity for Witnessing).”<sup>72</sup> That is, the person is able to observe him- or herself, to witness his or her own behavior, thoughts, and speech in a detached manner, not just in meditation, but on a continuing basis. The realm is called “causal” because “this is the level of causes, the archetypal principles or ideal patterns by and from which the lower planes of existence...are built.”<sup>73</sup> This is the last level at which the self remains separate from the Godhead. Wilber, who divides this stage into two substages,

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<sup>68</sup> Marion, p. 105.

<sup>69</sup> Wilber, Ken. *Eye to Eye: The Quest for the New Paradigm*. (Boston: Shambala, 1990), p. 92.

<sup>70</sup> Wilber, *Integral Psychology*, p. 124.

<sup>71</sup> Marion, p. 183.

<sup>72</sup> Wilber, *Integral Psychology*, p. 124.

<sup>73</sup> Marion, 184.

describes the progression: “In the subtle realm, the self dissolves into archetypal Deity...In the low-causal, that Deity-Self in turn disappears into final-God, which is its Source and Essence...in the high-causal, the final-God self...dissolves into Formlessness, or Infinite Unobstructed Consciousness.”<sup>74</sup>

This formlessness and “infinite unobstructed consciousness,” is thus characteristic of the nondual stage. This, according to Marion, is the kingdom of heaven of which Jesus speaks, the end of the human spiritual path. Here, the self is completely dissolved into the Other. Here, “all dualism disappears. This means that the separation in our consciousness between subject and object dissolves entirely.”<sup>75</sup> Because of the dualistic nature of language, this state is impossible to describe; it can only be experienced firsthand.<sup>76</sup> This is the final stage of enlightenment.

#### Comparison and Contrast of the Two Models

Washburn details the basic differences between the spiral and the ladder models.<sup>77</sup> In his own paradigm, the preegoic stage is filled with conflict as the child is forced to choose between the Ground/mother and independence. In Wilber’s model, the transition from the preegoic to the egoic stage involves no such conflict. Washburn’s model also holds that once the decision is made toward independence, the child loses the direct contact with nonegoic potentials due to primary repression. Wilber’s system involves no such repression. In Washburn’s system, the quelling of nonegoic potentials arises as a problem in midlife when the person is no longer in need of such a defended ego in order

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<sup>74</sup> Wilber, *Eye to Eye*, p. 97.

<sup>75</sup> Marion, p. 202.

<sup>76</sup> *Ibid.*, p. 200.

<sup>77</sup> Washburn, *The Ego and the Dynamic Ground*, pp. 36-45.

to complete its developmental task. In Wilber's model, the person's midlife crisis may be explained as "growth pains of a mature mental ego that, still limited to egoic basic structures, is on the verge of moving toward new and higher, transegoic basic structures."<sup>78</sup> Washburn's model involves a return to the Source, in which the person must contend with the repressed contents of the psyche. According to Wilber, "mysticism is not regression in service to the ego, but evolution in transcendence to the ego."<sup>79</sup> Finally, according to Washburn's systems, there are two selves, "a small-s self...that needs to be transformed and reunited with a large-S self."<sup>80</sup> That is, the self, during repression, cuts itself off from the larger Self. These two are reunited in the regeneration in spirit phase. In Wilber's system, the person is not cut off from him- or herself, and so there is only one self involved.

One of Wilber's most important contributions to transpersonal thought is the pre/trans fallacy, in which he sees Washburn's model engaging to some extent. Simply put, the pre/trans fallacy involves confusing *prepersonal* levels, that is, those levels of consciousness before the ego is fully developed, with *transpersonal* levels, those which occur after the ego has been fully developed. He says that because "prerational and transrational are both *nonrational*, then they appear quite similar or even identical to the untrained eye."<sup>81</sup> Wilber believes that Washburn confuses the infantile infusion of the Ground with the state of enlightenment. This is not altogether true, in that the self that returns to the nonegoic pole in Washburn's schema is a more developed self than in infancy. Perhaps Wilber assumes this because Washburn's model is based on Jung's,

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<sup>78</sup> Washburn, *The Ego and the Dynamic Ground*, p. 41.

<sup>79</sup> *Ibid.*, p. 43.

<sup>80</sup> *Ibid.*

<sup>81</sup> Wilber, *Eye to Eye*, p. 216.

which does err in this respect.<sup>82</sup> According to Wilber, while Jung's concept of the archetype is inconsistent, more frequently than not, it appears to be a prepersonal notion. Wilber states that the fact that archetypes are "*collectively inherited* was confused by Jung to mean that they are *transpersonally located*, whereas they are merely part of the lower, prepersonal collective unconscious."<sup>83</sup> Even Washburn agrees with this.<sup>84</sup> Jung attempts to place *prepersonal* concepts within a *transpersonal* framework, thus elevating prepersonal elements to an overly exalted status.

Both models have important contributions to make to spiritual emergency. First of all, both paradigms promote the idea that development of consciousness is commensurate with spiritual development. Secondly, they also agree that most people will not progress in consciousness beyond a certain point. And thirdly, the development of consciousness is almost always a protracted and painful affair. The pain that takes place during spiritual growth, whether it is due to the lifting of original repression or making a transition between stages of consciousness, may result in a spiritual emergency.

Washburn refers to spiritual emergency in terms of Regression in Service to Transcendence, or RIST. The repressed energies of the Ground, including those of the person's unconscious, overwhelm the individual with material that seems completely alien to him or her. Wilber, while he does not believe in original repression and its release, acknowledges that moving from one stage to another can be extremely painful:

Each time the self identifies with a particular level of consciousness, it experiences the loss of that level as a death—literally, as a type of death-seizure,

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<sup>82</sup> Wilber, *Eye to Eye*, p. 255.

<sup>83</sup> Washburn, *Transpersonal Psychology in Psychodynamic Perspective*, p. 22.

<sup>84</sup> According to Wilber, Freud's mistake works in the opposite direction. He sees all nonrational elements as prerational, and so any sort of religious or spiritual experience is, to Freud, a regression. There is no concept of the transrational in the Freudian system.



because the very life of the self is identified with that level...I believe that each of the major milestones is marked by a difficult life-death battle, involving the death (or the disidentifying with, or the transcendence) of each level, which can often be quite traumatic...The only reason the self eventually accepts the death of its given level is that the life of the next higher level is even more enticing and ultimately satisfying.<sup>85</sup>

This sounds very much like the thought of Saint John of the Cross, whose model seems to be more in line with the spiral model than with the ladder paradigm, stating, “He suffers so much in his weakness that he almost dies, particularly at times when the light is more powerful. Both the sense and the spirit, as though under an immense and dark load, undergo such agony and pain that the soul would consider death a relief.”<sup>86</sup> The Dark Night seems regressive in the sense that it deprives the postulant of many benefits, or seems to.<sup>87</sup> The person is unable to focus in prayer or find the same delight in it as before, or to find joy in much of anything, as aridity of the senses deprives them of worldly pleasures. S/he is made aware of his or her own misery and wretchedness, and is taunted by the “spirits” of blasphemy and despair. When the Dark Night of the Senses is over and the person is plunged into the even darker Night of the Soul, s/he feels completely abandoned by God. John assures us that these changes are in fact beneficial in that they will eventually lead us closer to God. In short, it is a purgative process. During this time, the person’s functioning is not up to the level of functioning that it was previously.

Wilber agrees that one may temporarily regress in functioning to the next lower level during a difficult transition from one stage to another. However, this is not the

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<sup>85</sup> Wilber, *Integral Psychology*, p. 36.

<sup>86</sup> St. John of the Cross. *The Collected Works of St. John of the Cross*. Translated by Kieren Kavanaugh and Otilio Rodriguez. (Washington, D.C.: ICS Publications, 1979), p. 337.

<sup>87</sup> *Ibid.*, p. 320.

same sort of regression to which Washburn refers. Jim Marion's model seems to combine the two approaches somewhat in that he utilizes Wilber's paradigm combined with John of the Cross's Dark Night model. He inserts the Dark Night of the Senses in between the psychic and the subtle realms. Wilber views the psychic phenomena as an extension of the senses, so it makes sense to insert the Dark Night of the Senses here. Not all people experience psychic phenomena in the spiritual development process, and for some, it is so minimal that it does not constitute a major problem. However, if one is bombarded with psychic phenomena, as in the case of psychic opening, this can very well lead to a spiritual emergency. Marion places the Dark Night of the Soul in between the subtle and causal levels. The subtle stage is the last at which we identify with the human self, and the causal level is the first at which we see ourselves as realized divinity. The ridding of the final vestiges of the ego takes place between these two stages, a potentially wrenching and fearful process.

It is important to understand that not all spiritual pain is constitutive of a spiritual emergency. For one, some pain is not that severe. Two, spiritual emergency phenomena typically include what at this stage of our evolutionary development appears to the general population as anomalous elements. These usually do not appear unless the person is moving to a level beyond Wilber's vision-logic stage. While transition from Wilber's mythical stage to the rational stage may be quite painful as the person outgrows his or her childhood conditioning, this is not an uncommon event in our culture. Many therapists have the rational level as their "home base" and are well-equipped to deal with these sorts of problems. The same is true for those making the transition from the rational to the vision-logic stage for the same reason. The next step up is what brings on

the initial symptoms of spiritual emergence. A great deal of what makes this change so painful is the fact that most people have not made it. For that reason, the individual has little to no idea what is happening to him or her. In addition, the culture at large, having no education *or* experience in this respect, will tend to pathologize the situation. This leaves the person isolated, fearful, and feeling as though there is something terribly wrong with him- or herself. This lack of knowledge, in addition to the concomitant fear and resistance, serves to either prolong the process or to cut it off completely.<sup>88</sup>

### DIFFERENTIAL DIAGNOSIS

The minister, of course, will not make a psychiatric diagnosis. However, once a person is routed into the mental healthcare system, and even after a psychiatric diagnosis is made, having information on hand about spiritual emergencies can be helpful to the pastor who has a continuing relationship with the person involved. Not all psychiatric diagnoses are correct, especially in the case of spiritual emergence. The person diagnosed may have doubts about the diagnosis, and seek counseling afterward. A person or family may request pastoral counseling before entering the mental healthcare system, wondering if the problem deems this sort of attention. The pastor, by being aware of some of the basic differences between a spiritual emergency situation and serious mental illness, can furnish people with information that will enable them make the best decisions for themselves and their loved ones.

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<sup>88</sup> Wilber makes the important point that any sort of peak experience will be interpreted at the level at which the experience originates and at which the person experiences it (Wilber, *Integral Psychology*, pp. 14, 107). Therefore, an anomalous experience that might propel a person to levels of consciousness beyond that which s/he is currently experiencing may get “stuck” at the current level. In this case, the event may only serve to reinforce that level of consciousness, as the more-real-than-real event is inevitably interpreted in dualistic terms, and then dogmatized as “truth.”

The Grofs relate the importance of a medical examination in which physical pathology may be suspected. This is to rule out any possibility of the incident being caused by “infection, intoxication, metabolic disorder, tumor, circulatory disturbance, or a degenerative disease.”<sup>89</sup> John Nelson adds hormonal imbalances, epilepsy, head trauma, nutritional deficiencies, allergies, senility, and response to medication to this list.<sup>90</sup> Obviously if there is any chance at all of the person’s problems being caused by physical agents, these must be attended to first. If this is indeed the case, proper medical care could clear up any resultant psychological or emotional troubles.

This being said, however, it is important to keep in mind that people may undergo episodes of spiritual emergence and even spiritual emergency with no intervention whatsoever. Watson remarks that “[v]isions, telepathy, contact with the dead, ecstasies, fragmentation, a sense of sudden illumination—many people spontaneously have and integrate these experiences with neither psychiatric nor religious interventions.”<sup>91</sup>

Bragdon states that there are three ways a person can react to a spiritual emergency: 1) integrate them successfully into their lives, 2) struggle for awhile but eventually integrate the experiences, and 3) fail to integrate the experiences and deteriorate psychologically.<sup>92</sup>

A person may not feel that the event warrants any outside assistance, may not know where to go for help, or may not trust others to make sound decisions for his or her life.

For many people, and certainly for many Unitarian Universalists, spirituality is an intensely private affair. This being the case, many believe that others, prone to their own various worldviews, may not understand the specifics of their particular situation.

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<sup>89</sup> Grof and Grof, *The Stormy Search for the Self*, p. 43.

<sup>90</sup> Nelson, p. 70.

<sup>91</sup> Watson, p. 30.

<sup>92</sup> Bragdon, Emma. *A Sourcebook for Helping People in Spiritual Emergency*. (Los Altos, California: Lightning Up Press, 1988), pp. 65-66.

Larry L. Fahlberg reminds us that there are any number of ways to view the same behavior. In deciding whether or not the situation involves some sort of pathology, the paradigm of the mental healthcare worker is an important factor, as is the context of the situation in which these experiences occur.<sup>93</sup> The more distressing symptoms of spiritual emergency may be virtually identical with symptoms of pathology. Arlene Mazak lists several conditions which may be confused: “grossly disorganized behavior may be interpreted as psychosis, visions as hallucinations, self-reports of expanded identity as delusions, the dark night of the soul as depression, hyperactivity as evidence of an anxiety disorder, conversion disorder, or manic syndrome.”<sup>94</sup> Of this situation, Lukoff states: “Pathological and spiritual phenomena cannot be distinguished by form and content, but need to be assessed in the light of the values and beliefs of the individual.”<sup>95</sup>

Watson reiterates this in saying:

Although the phenomenology (imagery, cognitions, affects, and behaviors) of the spiritual emergency experience can be alarming, content alone does not determine whether the individual is psychotic. Rather, response to content, the nature of affect bound to content, and the degree of identity bound to content are more discriminative.<sup>96</sup>

Diagnosing spiritual emergencies as pathological can have lasting effects on the person involved, who may see him- or herself as having a “disease” and dependent on medication for the rest of his or her life. This may not only delay any possible spiritual

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<sup>93</sup> Fahlberg, Larry L. “Personal Crisis: Growth or Pathology?” *American Journal of Health Promotion*, 7 (1992), p. 48.

<sup>94</sup> Mazak, Arlene. “When Spiritual Emergence Becomes an Emergency.” *Journal of Religion and Psychological Research*, 21 (1998), p. 140.

<sup>95</sup> Lukoff, David. “Spiritual and Transpersonal Approaches to Psychotic Disorders.” In *The Psychospiritual Clinician’s Handbook: Alternative Methods for Understanding and Treating Mental Disorders*. Edited by Sharon J. Mijares and Gurucharan Singh Khalsa. (New York: Hawthorn Press, 2005), p. 236.

<sup>96</sup> Watson, p. 30.

progress but stop it altogether as the person's attention is focused on his or her own "disease." Lukoff says that "iatrogenic problems may occur as spiritual emergencies are misdiagnosed and mistreated, possibly leading to some of the poor outcomes associated with psychosis."<sup>97</sup> Mazak comments that when spiritual emergencies are treated as psychosis, "the individual is unable to integrate them into her meaning-system and life direction. A spiritual emergency then worsens because it becomes nonlegitimate and forever beyond hope of integration, frightening to oneself and to loved ones."<sup>98</sup>

On the other hand, people with genuine psychotic disorders may be misdiagnosed as well. Watson divides errors of misdiagnosis into two types: "One is reductionistic and fails to recognize a spiritual emergency for what it is, viewing it instead as pure pathology. The other is elevationistic and mistakes a pathological process for a spiritual emergency process."<sup>99</sup> The Grofs differentiate between the organic psychoses, caused by anatomical, physiological, or chemical alterations in the brain, and functional psychoses, for which there is no apparent physiological etymology.<sup>100</sup> They list psychotic conditions which are contraindicative for transpersonal therapy. These include "lack of insight, paranoid delusions and hallucinations, and extravagant forms of behavior. People with chronic conditions and long histories of institutional treatment who require large doses of tranquilizers" are not good candidates for transpersonal psychotherapy.<sup>101</sup> In addition, Mazak points out that "schizophrenics might also have real spiritual experiences, just as on the other hand, individuals having spiritual experiences might also have psychotic

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<sup>97</sup> Lukoff, "Spiritual and Transpersonal Approaches to Psychotic Disorders," p. 240.

<sup>98</sup> Mazak, pp. 139-140.

<sup>99</sup> Watson, p. 42.

<sup>100</sup> Grof and Grof, "Spiritual Emergency: Understanding Evolutionary Crises," pp. 3-4.

<sup>101</sup> Grof and Grof, *Spiritual Emergency: When Personal Transformation Becomes a Crisis*, p. xiii.

elements in their process.”<sup>102</sup> Therefore, it is important to observe closely and keep an open mind as the process unfolds.

The Grofs list criteria which are suggestive of a person’s being in a state of spiritual emergency and not an organically caused psychosis. These are 1) changes in consciousness and in functioning which involve transpersonal themes, 2) absence of organic brain disorder, 3) absence of disease of another sort, 4) reasonably good overall health, 5) ability to see the situation as an internal process and work with those attempting to help, and 6) absence of previous psychiatric problems.<sup>103</sup> People going through spiritual emergency are aware that the experience is internal, while psychotics tend to project their internal turmoil out onto the world and act accordingly. The Grofs contend that this is an important criterion for determining whether a person is psychotic or undergoing spiritual emergency.<sup>104</sup>

Sannella describes the differences between psychosis and those going through a kundalini experience. He states that psychotic people are more unbalanced, “oblique, secretive, and totally preoccupied with some vague but ‘significant’ subjective aspect of their experience which they can never quite communicate to others.”<sup>105</sup> Kundalini experiencers, on the other hand, rarely act out on any anger they may feel, are more objective about themselves, have an interest in talking about their problems, and

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<sup>102</sup> Mazak, p. 143.

<sup>103</sup> Grof, Stanislav and Christina Grof. “Spiritual Emergency: The Understanding of and Treatment of Transpersonal Crisis.” *ReVISION*, 8 (1986), p. 8.

<sup>104</sup> Grof and Grof, *The Stormy Search for the Self*, p. 44.

<sup>105</sup> Sannella, Lee. “Kundalini: Classical and Clinical,” In *Spiritual Emergency: When Personal Transformation Becomes a Crisis*. Edited by Stanislav Grof and Christina Grof. (Los Angeles: Tarcher, 1989), p. 105.

experience certain physical sensations, such as heat, tingling, and itching that are rarely seen in psychotic people.<sup>106</sup>

Nelson has a list of criteria to distinguish spiritual emergency from psychoses. Symptoms indicative of spiritual emergency include 1) onset preceded by stress or spiritual practice, 2) general ecstatic mood, although anxiety may also be present, 3) thinking being only mildly disorganized, 4) higher order, that is, more pleasant, hallucinations, 5) an intact sense of “reality,” 6) good prior functioning socially, 7) the realization that something has changed, 8) the absence of paranoia, 9) a willingness to explore the event, 10) limited duration of altered states of consciousness, and 11) enhanced functioning afterward.<sup>107</sup>

Nelson also lists several criteria in order to distinguish regression in service to transcendence (RIST) from schizophrenia. According to Nelson, 1) the RIST process occurs suddenly, unlike the gradual and insidious onset of schizophrenia, 2) a person undergoing RIST is often filled with feelings of guilt and self-recrimination, emotions not present in a schizophrenic person, 3) In RIST, hallucinated voices may advise but do not command, 4) RIST seldom deprives a person of the capacity of abstract thinking, 5) paranoid behavior is rare in a RIST situation, although fear of the unknown may be present, 6) RIST tells a meaningful story often composed of mythic or archetypal themes.<sup>108</sup>

Lukoff sums up the overlap by different authors in regard to differential diagnosis: “a) cognitions and speech thematically related to spiritual traditions or to mythology, b) openness to exploring the experience, and c) no conceptual

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<sup>106</sup> Ibid.

<sup>107</sup> Nelson, p. 266.

<sup>108</sup> Ibid., pp. 248-249.



disorganization.”<sup>109</sup> Lukoff created his own list, which includes “a) good preepisode functioning, b) acute onset of symptoms during a period of 3 months or less, c) stressful precipitants to the psychotic episode, and d) a positive exploratory attitude toward the experience.”<sup>110</sup>

Bragdon states that the best outcome can be had if the medical professional doing the diagnosing is skilled in transpersonal psychology.<sup>111</sup> Unfortunately, this is not always possible. However, the new category of “spiritual problems” in the DSM IV may prove helpful. Lukoff says that inclusion of this category is a breakthrough because “for the first time, distressing religious and spiritual experiences were acknowledged as nonpathological problems.”<sup>112</sup> He likens this to bereavement, in that although a grieving person may meet the criteria for a major depressive episode, the reaction is considered normal considering the context. Likewise, “in spiritual emergencies, hallucinations, delusions, disorientation, and interpersonal difficulties occur so frequently that they should be considered normal and expectable reactions.”<sup>113</sup>

## CARE

The pastor’s role in caring for a person in spiritual emergency will vary depending on the nature and extent of the crisis, the person’s and family’s desire to seek help, and the help available in the community for people undergoing spiritual emergencies. Being educated about spiritual emergence and spiritual emergency will provide the person with an important resource in many ways. While the pastor may not

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<sup>109</sup> Lukoff, Lu, and Turner, p. 40.

<sup>110</sup> Ibid.

<sup>111</sup> Bragdon, *The Call of Spiritual Emergency*, p. 48.

<sup>112</sup> Lukoff, “Spiritual and Transpersonal Approaches to Psychotic Disorders,” p. 236.

<sup>113</sup> Ibid., p. 239.

be the only helper involved in a spiritual emergency situation, s/he can provide compassionate counseling and ongoing support. Knowing the difference between spiritual emergency and pathology, s/he can help the individual to reframe and restory the situation in order to better assimilate the changes that have taken place.

As mentioned above, an initial medical checkup is crucial in order to rule out organic pathologies. If a psychiatric evaluation is done in order to rule out psychopathology, ideally the Spiritual Problems criteria would be kept in mind. Providing that no pathology is found, the person may still require medication in order to stabilize until the acute phase has run its course. Lukoff says that the main criterion he uses in determining whether he should refer a person for a medication evaluation “is whether the person is in a situation that can support his or her involvement in intensive inner process.”<sup>114</sup> He states that for those who lack supportive environments and yet need to maintain high-level functioning, medication may enable them to proceed through the spiritual emergence process without losing their jobs and living situations.<sup>115</sup> Those who have more supportive environments and/or fewer pressures may not require medication at all.

The options available for fulltime care for those in spiritual emergency vary considerably from place to place, but overall, not much is available in many parts of the country. A person may opt for a traditional hospital situation or a mental health facility, both of which will tend to emphasize the medical model, and, as a result, medication. This sort of setting is helpful in the case of extreme crisis, such as psychosis. However, when psychosis is present, the possibility exists that a person will receive a pathological

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<sup>114</sup> Lukoff, “Spiritual and Transpersonal Approaches to Psychiatric Disorders,” p. 247.

<sup>115</sup> Ibid.

diagnosis when none is warranted. Most healthcare workers in these situations will not be acquainted with the tenets of spiritual emergence. Here it is possible for the pastor to intervene, if not directly, at least through educating the family. Bragdon offers several suggestions for people who feel that their hospitalized relative may be misdiagnosed:

- 1) Offer information about alternative ways of regarding the situation, suggesting the possibility of spiritual growth.
- 2) If they are not receptive, do not attempt to persuade them; this will only polarize the situation.
- 3) If the hospital staff is unresponsive to the transpersonal aspects of the person's condition, you may be able to facilitate additional supportive care.
- 4) Encourage friends and family to develop a relationship with a person who is skilled in transpersonal psychology.<sup>116</sup>

These steps may help to counteract the effect of psychiatric labeling, providing the person with an alternative way of seeing the situation.

For those who do not seek or require hospitalization, finding a transpersonal therapist would be the most helpful step a person could make. A good therapist can educate the person as to the spiritual development process, or provide “a map of the journey”<sup>117</sup> in a way that a conventional therapist simply cannot. A therapist who has gone through his or her own spiritual emergence process understands what the person is going through and thus normalize the situation and provide resources and reassurance in a way that no one else can.<sup>118</sup> This helps to facilitate a trusting relationship, which is of utmost importance in the process.<sup>119</sup> “In periods of impasse and stagnation, and at times when the process is too frightening, the client will often operate on the basis of trust and

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<sup>116</sup> Bragdon, *The Call of Spiritual Emergency*, pp. 174-175.

<sup>117</sup> Bragdon, *A Sourcebook for Helping People in Spiritual Emergency*, p. 125.

<sup>118</sup> Fahlberg, p. 50.

<sup>119</sup> Grof and Grof, “Spiritual Emergency: Understanding Evolutionary Crisis,” pp. 193-194.

hope borrowed from the facilitator.”<sup>120</sup> Spiritual crises tend to drain the energy of the person involved. A good therapist understands this need for retreat, as opposed to withdrawal<sup>121</sup> and is able to provide a safe, calm environment for the person. The therapist’s approach to the situation will be “flexible and creative, based on the assessment of the individual nature of the crisis, and utilizing all the available resources.”<sup>122</sup>

A good therapist will know how to help the person pace the experience. The Grofs indicate that there are two basic therapeutic approaches to spiritual emergency: 1) accelerating the transformative process, and 2) slowing it down. The latter is called for when the person is overwhelmed by the process and feeling disconnected from “real life.” In this case, they recommend such grounding techniques as cessation of all spiritual practice for the time being, a heavier diet, warm baths, physical tasks such as housework, yardwork, or anything that helps the person to feel more in touch with their physical self. To this list, Bragdon also adds being out in nature,<sup>123</sup> engaging in simple rhythmic activities, doing grounding visualizations, and creating meaningful rituals.<sup>124</sup> When the person is ready to explore his or her spirituality once again, the Grofs recommend the use of music, bodywork, dreamwork, meditation, chanting, dancing, drawing, and keeping a diary. They maintain that it is important that the therapy not be limited to talking,<sup>125</sup> but will allow expression and exploration of realms beyond which language can go. In

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<sup>120</sup> Grof and Grof, ““Spiritual Emergency: The Understanding and Treatment of Transpersonal Crises,” p. 16.

<sup>121</sup> Perry, p. 37.

<sup>122</sup> Grof and Grof, “Spiritual Emergency: Understanding Evolutionary Crisis,” p. 192.

<sup>123</sup> Bragdon, *The Call of Spiritual Emergency*, p. 205.

<sup>124</sup> Bragdon, *A Sourcebook for Helping People in Spiritual Emergency*, p. 104.

<sup>125</sup> Grof and Grof, “Spiritual Emergency: Understanding Evolutionary Crisis,” p. 195.

addition, a therapist can provide the person with a safe environment in which to vent the strong emotions that often accompany spiritual crises.<sup>126</sup>

Unfortunately, good transpersonal therapists are not always available. While those in New York and on the West Coast should have little problem locating a transpersonal therapist, people in other areas of the country probably will not be so fortunate. Mazak suggests that Gestalt and Jungian therapy may also be of use.<sup>127</sup> The latter is particularly helpful in dealing with the Shadow, the contents of the unconscious which the person in spiritual emergence will eventually encounter. However, these are not transpersonal therapies, and it is possible that the therapist will not fully understand the spiritual emergence process. Since these therapies do not emphasize spiritual practice, it is also probable that the therapist will not have gone through a spiritual emergency him- or herself. However, in some areas, especially in small towns, even these sorts of therapists may be hard to find.

Here is where the pastor can be of some help. While Bragdon remarks that most pastors have a difficult time with spiritual emergence situations, Fahlberg states that “[p]astorally trained persons in traditional religious contexts may also be able to provide insight and support through education and counseling.”<sup>128</sup> Bragdon is correct in stating that spiritual leaders are not typically chosen for their spiritual experiences but for “their academic education, speaking, and administrative abilities. Because of this, many church and synagogue leaders have had few, if any, authentic spiritual experiences.”<sup>129</sup>

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<sup>126</sup> Bragdon, *The Call of Spiritual Emergency*, p. 205.

<sup>127</sup> Mazak, p. 143. She also recommends Psychosynthesis, a form of transpersonal therapy.

<sup>128</sup> Fahlberg, p. 49.

<sup>129</sup> Bragdon, *The Call of Spiritual Emergency*, p. 84.

However, the pastor, educated in the various aspects of spiritual emergence/emergency, can utilize his or her counseling education and skills to help the person work through the experience. If the individual feels that s/he has been erroneously diagnosed with a mental pathological condition, the pastor can act as an advocate, helping to educate the person, the family, friends, church members, employers, doctors, and hospital staff. The pastor can also help to establish a support network for the individual, helping others to understand what the person is going through. Once the acute stage has run its course, the pastor can provide supportive counseling for the person as s/he works through the process. Rogerian qualities that Perry seeks in therapists at his alternative care center are often those that pastors attempt to cultivate:

The attributes sought were sensitive receptiveness, a respect for another person's quite different mental state, and especially an understanding of the necessity of non-intrusive allowing was also sought, as well as the experience of "being there" in some form or another, if only through therapy. Emotional vitality and warmth were also necessary in a staff member capable of empathy and honest interactions.<sup>130</sup>

Bragdon reaffirms this in stating, "The Helper's compassionate attitude is the most important resource needed by a person in spiritual emergency."<sup>131</sup>

Related to the pastor's attitude is the atmosphere in which counseling takes place. In her discussion of the importance of environment, Bragdon states the need for "a quiet, home-like setting" as well as "companionship that supports the client's inner work."<sup>132</sup> Since people in spiritual emergency tend to be already overstimulated, a therapeutic environment is one that is "quiet, with low light, either no noise or soothing music, access

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<sup>130</sup> Perry, p. 38.

<sup>131</sup> Bragdon, *A Sourcebook for Helping People in Spiritual Emergency*, p. 87.

<sup>132</sup> *Ibid.*, p. 97.

to a natural setting, and access to a space safe for catharsis.”<sup>133</sup> Many churches are able to provide this sort of environment for counseling purposes.

One of the most important things a pastor can do for the person in a spiritual emergence situation is to educate the person, the family, and others involved about the process. Even if the pastor has not gone through this him- or herself, s/he can be aware of various resources available, such as books, articles, audio, video, lectures, and conferences, and recommend these to the individual and his or her family. Many people fear they are losing their minds as they are inundated with the contents of the unconscious mind, psychic phenomena, and strange physical sensations. Many if not most people in the West are totally unaware of spiritual emergence, transpersonal therapy, and higher levels of consciousness. It is reassuring to hear that others have gone through the same process. Bragdon suggests that Wilber’s spectrum of consciousness is a good “map of the journey.” In particular, *Integral Psychology*, which contains his latest and most definitive model, is especially helpful in that it also provides charts correlating his own model with that of other theorists in various fields.

The Grofs state that in a therapeutic situation, it is important to agree that “the difficulties are not manifestations of a disease, but of a process that is healing and transformative.”<sup>134</sup> It is important to establish this, after, of course, any sort of pathology has been ruled out. While the negative aspects of the process are acknowledged, the overall emphasis is on its positive and transformative nature. Bragdon suggests asking the person what s/he needs and what would be helpful. She also recommends talking to

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<sup>133</sup> Ibid., p. 98.

<sup>134</sup> Grof and Grof, “Spiritual Emergency: Understanding Evolutionary Crisis,” p. 194.

the person about his or her relationship to the Higher Power.<sup>135</sup> The answers to these questions will let the pastor know how s/he regards her situation and how s/he perceives the spiritual realm at this point.

After the acute phase has passed, the person is faced with the task of integrating the experience. Mazak suggests that

[e]ven if the client cannot make sense of these experiences, it is essential to listen empathically to the whole story and to follow the imagery carefully. The experiential sequences of an emergency often have an inner consistency because they belong to the process of the psyche's spontaneous reorganization and healing."<sup>136</sup>

In addition to listening carefully, the pastor can help the person reframe his or her experience. Many people are ashamed for having experienced a breakdown. Lukoff quotes James Hillman in stating that "in the postpsychotic integration phase, the client comes to therapy to be 'restored.'" Lukoff comments that while the narrative approach "is well recognized with nonpsychotic patients, it has rarely been applied with psychotic patients."<sup>137</sup>

White and Epston state that "in order to make sense of our lives and to express ourselves, experience must be 'storied' and it is this storying process that determines the meaning ascribed to experience."<sup>138</sup> The narrative approach is particularly helpful with those who are going through spiritual emergence. People going through this process often feel alienated from society because their experience is outside the norm. Narrative therapy helps the individual to understand how norms are created, and the role of power

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<sup>135</sup> Bragdon, *The Call of Spiritual Emergency*, pp. 201-202..

<sup>136</sup> Mazak, p. 143.

<sup>137</sup> Lukoff, David. "Transpersonal Psychology with Psychotic Disorders and Spiritual Emergencies with Psychotic Features." In *Textbook of Transpersonal Psychiatry and Psychology*. Edited by Allen B. Chinen and John Robert Battista. (New York: Basic Books, 1996), p. 275.

<sup>138</sup> White, Michael, and David Epston. *Narrative Means to Therapeutic Ends*. (New York: Norton, 1990), pp. 9-10.



in creating them. Narrative therapy is also useful in helping the person deal with the “vertigo of relativity”<sup>139</sup> they are likely to experience when their previous conceptions of “truth” begin to fall apart. The minister can then help the person to establish new meanings through exploring various religions, philosophies, stories, and concepts. The Unitarian Universalist minister is in a unique position to help people with these things.

## CONCLUSION

Spiritual emergence and spiritual emergency are concepts not readily understood by most people in our culture. Since the majority of the population has not undergone such a transformation, it is difficult for most people to understand the nature of it. Variations from the norm that affect functioning in a negative way are immediately viewed in a pathological light. This is unfortunate in the case of spiritual emergency, as these negative effects, when treated in the proper manner, can lead to not only enhanced functioning, but to what some consider to be a higher level of human evolution.

If the latter is indeed the case, it is crucial that we educate ourselves about the route to a more evolved state. Pathologizing those who are beginning to step out of the sort of consciousness that engenders such problems is akin to the situation in H.G. Wells’s story, “The Country of the Blind,” wherein a mountaineer falls into a valley high in the Andes, where the inhabitants have lost contact with the outside world and have been blind for centuries. Thinking that “in the land of the blind, the one-eyed man is king,” the mountaineer assumes that his ability to see will enable him to rule over the

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<sup>139</sup> Berger, Peter S. and Thomas Luckman. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. (New York: Anchor, 1967), p. 7.

people there. Instead, they do not understand what sight is, ridicule him for believing in such a thing, and dismiss him as a primitive. He is quickly regarded as the village idiot.

The same thing occurs in people who are going through spiritual emergency, although they often do not know that they possess this ability of sight. Here is where the Unitarian Universalist minister can be of assistance. With the emphasis Unitarian Universalism places on open-mindedness, the pastor has a basis from which to start. With the emphasis on respect for all beliefs, the pastor has many resources on which to draw. Ministers who are open to the possibility of realms beyond those ascertainable by our five senses can educate themselves as to the possibilities of transcendence of the human condition. Then, in turn, they can help people to navigate through the process, to educate other people about these possibilities, and to provide hope in a world that so desperately needs it.

## VITA

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