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# SPIRITUAL EMERGENCY OR EMERGENCE

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The purpose of this article is to provide the etiology and definition of spiritual emergence and emergency.

"Spiritual emergence is the process of personal awakening into a level of perceiving and functioning, which is beyond normal ego functioning. The process may at first include one of the following phenomena: out-of-body experiences, occult phenomena, pre-cognition, clairvoyance, astral travel and perception of auras. At its peak, spiritual emergence is the experience of the ultimate unity of all things, a mystical experience, a merging with the Divine which transcends verbal description. Among the positive effects of this process are increased creativity, feelings of peace and an expanded sense of compassion." (Bragdon, 1988, p.10)

One's life is permanently changed, there is no going back no matter how hard one tries. Although spiritual emergence is the process of moving into higher levels of evolutionary development and is irreversible, spiritual experiences, which include the phenomena listed above, may give a glimpse or brief visit into the higher transpersonal levels, but one's personality structures may remain unchanged. Spiritual experiences can occur at any time and place, although there are specific times and particular circumstances in which they are more likely to emerge. Bragdon has organized the circumstances of occurrence into six main categories.

The first, "Time of Life" includes those experiences which occur any time, ranging from déjà-vu to mystical experience. This category also includes the "Dark Night", which refers to the typical mid-life crisis, especially among individuals who have achieved some real level of stability and prosperity in the world. They have met their material goals and still haven't found inner satisfaction. The pursuit of ego gratification is no longer enough and then one encounters an existential meaninglessness, which is very often a yearning for Spirit, a greater sense of wholeness, and interconnection with the eternal, universal principle. This dissatisfaction and yearning can also occur at adolescence or anytime. "Destiny Calls" is another aspect of this first category in which individuals may suddenly feel impelled to advance their lives into transpersonal levels.

The second category, and one of the most important and prevalent, is that of spiritual practice. The practice of spiritual disciplines, intense prayer, yoga, breathing exercises, chanting, meditation and other purificatory practices from a wide range of religious and spiritual traditions around the world significantly influence a growing number of people today in reaching transpersonal levels of consciousness.

The third category includes the areas of physical distress. This refers to intense physical workout, disease, injury, near death experiences, surgery, pregnancy,

childbirth, abortion, and miscarriage.

The fourth category is emotional distress caused by intense encounters in a wide variety of life adjustments, transitions, and physical and psychological therapies. All these experiences tend to lead one to question their sense of reality and meaning in life. Other causes of emotional distress occurring today include feelings of fragmentation partly brought on by breakdowns in social norms and lack of continuity in our rapidly changing culture and society.

The fifth category is intense sexual experience. This is often a powerful catalyst to transpersonal development and spiritual experience. The sexual union can stimulate identification with the archetype of divine union - the uniting of male and female energies.

The sixth category includes those spiritual experiences induced by drugs. Seldom lasting, they are also potentially dangerous.

"As spiritual emergence unfolds into new areas, it can bring with it elements of surprise about the nature of oneself and one's world. This is true whether someone is actually moving into a higher developmental level or integrating a spiritual experience into a developmental level which has not yet attained mature ego functioning. The disorientation and instability that results from intense spiritual experiences in either case can turn a spiritual experience into a spiritual emergency. The capacity to integrate spiritual experiences into one's self-concept and functioning in the world is the key determinant in the outcome of spiritual crises.  
"(Bragdon, 1988,p21)

"The Chinese pictogram for crisis perfectly represents the idea of spiritual emergency. It is composed of two basic signs, or radicals: one of them means "danger" and the other "opportunity". Thus, while passage through this kind of condition is often difficult and frightening, these states have tremendous evolutionary and healing potential. If properly understood and treated as difficult stages in a natural developmental process, spiritual emergencies can result in spontaneous healing of various emotional and psychosomatic disorders, favorable personality changes, solutions to important problems in life and evolution toward what some may call "higher consciousness". (Grof and Grof, 1989,p7)

A spiritual emergence is more likely to turn into a spiritual emergency when:

1. Someone has no conceptual framework to support the experience, with which to understand and accept the phenomenon with equanimity.
2. Someone has neither the physical or emotional flexibility to integrate the experience into life.
3. The family friends or helping professionals of a person having the experience see the phenomenon in terms of psychopathological symptoms which have no possibility of being positive.  
(Bragdon,1988,p21-22)

The need for some conceptual context in order to help understand these phenomena, so that we will be more comfortable with our own and more

supportive of others' spiritual awakenings, cannot be over emphasized.

Spiritual literature and traditions from all over the world have placed a high value on non-ordinary states of consciousness as an important means of learning and identifying with the spiritual dimensions of existence. The systems of yoga, the cultures of India, Tibet and the Hopi Indians of America, to name just a few, have the type of conceptual framework which supports and allows for a natural integration of spiritual experiences into normal life.

The world view created during the industrial and scientific revolution in the West, has dramatically changed this orientation. In the Newtonian/Cartesian mechanistic model of the universe, in which only materialism and rationality are considered real, religion and spirituality are viewed as irrational, immature superstition.

Mainstream medicine, psychiatry and psychology still adhere to the now-outdated Newtonian/Cartesian model and generally make no distinction between mysticism and mental illness. They don't recognize that the great spiritual traditions that have been studying human consciousness for thousands of years have anything beneficial to offer. Direct experiences of spiritual realities are diagnosed as psychotic manifestations of mental illness, a controlled and suppressive approach is taken to eliminate these experiences. The improper use of tranquilizing medications on cases of transpersonal crises can lead to the hindrance of personal growth and serious side effects. Modern day consciousness research in the area of clinical and experimental psychiatry, in depth experiential psychotherapies, anthropological field studies, parapsychology, thanatology, psychedelic therapy, Jungian psychoanalysis, and others strongly suggest that spiritual emergencies have a positive potential and should not be considered diseases that require medical treatment. A major revision in the psychological literature seems way overdue in the area of mysticism and psychosis. We need a new model that includes not only the historical medical elements, the Freudian "biographical" aspects, but also the Jungian collective unconscious and spirituality. While traditional approaches tend to pathologize mystical states, it's also equally possible to overlook real organic disorders, so it is important to take a balanced approach to discriminating between mysticism and psychosis.

Many clinicians and researchers working with psychotic individuals have developed categories for distinguishing episodes with the potential for positive outcome: problem solving schizophrenics(Boisen,1962); positive disintegration(Dabrowski, 1964); creative illness (Eellenberger,1970); spiritual emergencies (Grof,1985); metanoic voyages(Laing,1971); visionary states (Perry,1977).

Such criteria for defining a person in spiritual emergency by Grof and Grof (1986) include:

1. Episodes of unusual experiences that involve changes in consciousness and in perceptual, emotional, cognitive and psychosomatic functioning, in which there is a significant transpersonal emphasis in the process, such as dramatic death and rebirth sequences, mythological and archetypal phenomena, past incarnation memories, out-of-body experiences, incidence of synchronicities or extra-sensory perception, intense energetic states (kundalini awakening), states of mystical union, identification with cosmic consciousness, etc.

2. The ability to see the condition as an inner psychological process and approach it in an internalized way; the capacity to form an adequate working relationship and maintain the spirit of cooperation. These criteria exclude people with severe paranoid states, persecutory delusions, and hallucinations and those who consistently use the mechanisms of projection, exteriorization, and acting out.

3. Absence of an organic brain disorder underlying abnormal functioning, such as infection, tumor, cardiovascular or degenerative disease of the brain, etc.

4. Absence of a physical disease of another organ or system which is responsible for the mental disorder, as exemplified by uremia, diabetes, toxic states with delirium or decompensated cardiac disease.

5. Reasonably good general somatic and cardiovascular condition, allowing the client to endure safely, physical and emotional stress frequently associated with the experiential work and with the uncovering strategy.

6. Absence of a long history of conventional psychiatric treatment and hospitalizations which generally tend to make the application of new approaches much more difficult and in many cases impossible.

7. Since it is not possible in some cases to draw a clear line between a spiritual emergency and psychosis, it might be necessary to postpone the final decision about the strategy of treatment until the response of the client to new techniques has been tested experimentally.

Lukoff(1985) uses two sets of criteria, one for determining a spiritual experience and one for a positive outcome of a psychotic episode. The criteria for spiritual experience include:

1. Sense of newly gained knowledge
2. Perceptual alterations
3. Delusions (if present) have themes related to mythology
4. No conceptual disorganization (Delusional metaphorical speech which may be difficult to understand but if comprehensible should not be considered conceptually disorganized)

If two out of the following four criteria are satisfied, a psychotic episode is likely to have a positive outcome:

1. Good pre-episode functioning as evidenced by no previous history of psychotic episodes, maintenance of a social network of friends, intimate relationship with member of the opposite sex (or same sex if homosexual), some success in vocation or school.
2. Acute onset of symptoms during a period of three months or less.
3. Stressful precipitants to the psychotic episode such as major life change: death in family, divorce, loss of job (not related to onset of symptoms), financial problems, beginning a new academic program or job. Major life passage which results in identity crisis, such as transitions from adolescence to adulthood.
4. Positive explanatory attitude toward the experience as meaningful, revelatory, and opportunity for growth. Research has found that a

positive attitude toward the psychotic process facilitates integration of the experience into the person's post psychotic life.

The proposition that some psychotic episodes may lead to experiences of growth may appear wishful or farfetched to many mental health professionals. However, the diagnostic approach presented in David Lukoff's "The Diagnosis of mystical experiences with psychotic features", that of Grof and Grof and others, adheres to the existing diagnostic procedures within the mental health profession, and uses functional criteria based on empirical studies.

The psychiatric approach can be very helpful and sometimes necessary for spiritual emergence with psychotic features, but only with a therapist highly trained in the different types of spiritual emergence.

I have had very good results working with clients using spiritual healing and counseling integrated with prana and chi healing through the chakra and meridian systems. I have helped people with shamanic crisis, kundalini awakening, episodes of peak experiences, psychic opening, past life experiences, communication with spirit guides, near-death experiences, and experiences with UFO's.

