SPIRITUAL EMERGENCE OR SPIRITUAL EMERGENCY?

How you might help

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It was my first silent retreat, and frankly, I was terrified. Sitting at the back of the hall, nicely comfy on my cushion, I was not sure how this all worked. Up at 4 am, breakfast at 6, lunch at 11, and then no more food. Could I make it for a whole month? Everyone else seemed focused, able to sit for hours on end without problem. I was to learn later that many well-known meditation teachers were in that room, but at the time, I was just a beginner, out of my league. So during the hours of sitting, I opened my eyes and peaked, just every now and then. I watched the others when I couldn't focus anymore. And I started to notice a young woman, off to the left, halfway to the front. During the walking meditation she would seem a little 'off', and by the 4th day, she was looking very strange. Sitting long after the others got up, she never seemed to take a break. Day after day I got more concerned, until on day 6 I decided to break the silence and write a message

to the staff of the retreat. I wasn't allowed to speak, but I could write. The next day she was gone from the hall. I saw her accompanied by staff members at all times, helping her walk, eat and even sleep. Later I was told that she was even being seen by a psychiatrist. I was so relieved she was getting the support she needed. This experience left an imprint on me, perhaps setting me up for my professional interest in spiritual emergence and spiritual emergency 20 years later. Yet, at the time, I was an English professor, not a psychologist. I had simply observed a person looking less and less 'right'. Only over time was I to unravel some of the mysteries of the meditation experience.

I myself left the retreat after 16 days, which I now know is impressive for a very first retreat. But please, don't do what I did. It is highly recommended to start meditation retreats in increments: first, practicing in 20 minute stretches, then sitting a few hours, perhaps participating in a daylong, building to a weekend retreat, then entering a week or 10 day retreat. Starting with a month-long retreat was absurd, but I had acted from ignorance. I was truly a novice. However, I learned a lot on that first retreat and have attended many others, yet none as challenging as that first.

Have you or someone you know had a spiritual or religious experience that was unique or even frightening? Participating in yoga, meditation, chi kung, contemplative prayer, visualization, hard-core physical training, medical procedures or even psychotherapy, amongst other possible activities, can cause some unexpected reactions. These reactions can range from blissful visions of the divine and deep calm to disturbing glimpses of demons or human suffering. While most of us enter these activities with the expectation of positive results, in truth, occasionally you, a family member, friend, client or patient may have an experience that is completely out of the ordinary. It may indeed shock or upset the experiencer, to the point of reaching out for help. If someone reaches out to you, how would you respond?

Perhaps like me in that first meditation retreat, you may know something's off but not know how to respond. Unless you've been trained in mental

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health or in the medical profession, you may feel stumped. Here are a few recommendations that anyone can do if handling a situation of spiritual emergency or spiritual emergency.

First, let me differentiate spiritual emergence from spiritual emergency

Spiritual Emergence: In most cases, spiritual emergence develops gradually, with a slow lifting of the veil between normal consciousness and spiritual awareness. Most traditions welcome a person's development of inner contact with the divine. Through well-worn paths, such as contemplative prayer, breathing techniques, daily prayer, holy days and rituals, yoga, meditative states, specific movements, amongst a myriad of other methods, people are encouraged to come into contact with the Divine, in whatever form. Inspired by the light they may experience, they may commit themselves more and more devoutly to a path. In the majority of cases, these internal and external shifts are supported sufficiently by their church, temple, house of worship, or community. However, now and then, people can experience overwhelm. This is called spiritual emergency. "Spiritual emergency," a term coined by Christina and Stanislav Grof (1986), refers to "a crisis involving religious, transpersonal, and/or spiritual issues that provides opportunities for growth" (Viggiano & Krippner 2010).

Spiritual Emergency: There are two major circumstances in which spiritual emergency happens. First, a person has no conceptual framework to deal with whatever is happening to him/her. At times, the person may reach out to his/her support system and unfortunately feel misunderstood or even judged by others, including friends, family members, doctors, therapists, counselors, or other support system members.

Secondly, a person may undergo a physical, emotional or psychic experience that is so overwhelming that their own system cannot handle it. Psychological structures may become disorganized as the personal self fragments. (Bragdon 1993, Cortwright 1997). This is the time that calling in an expert may be the wisest choice.

Let's say you have an experience where someone in your group is having a minor experience of upset, due to tai chi, meditation, yoga, or another form of practice. You may find yourself involved in some way, and here are some basic guidelines which may be of help. If a qualified professional is nearby, please ask him/her to step in and take over or lead the helping intervention. The teacher or leader should have some knowledge of these experiences and help guide the person. Yet sometimes, for various reasons, this doesn't happen. You may then step in carefully.

Larger picture support. At the very least, you might recommend that the person "stop" the activity, such as meditation, for a while, get plenty of sleep and rest, and eat 'heavier' foods, such as meat or vegetarian proteins. Slowing down or eliminating activating foods, such as sugar, caffeine, alcohol or any non-prescription drugs can help as well. Having other people nearby is important (vs. isolation) until the symptoms calm down, which allows a 'safe space' for the person while their system returns to a more balanced state. This can take hours, days, weeks or even months. Every situation is unique.

The above is the longer term solution, but what to do in the moment?

Immediate support. First, make sure the space in which you meet this person is completely safe. This may mean a private space off the main hall, or in a separate room. The entrance needs to be clear, so no-one can interrupt or disturb the person as you meet them. Making sure they are warm, perhaps with a blanket or enough heat, or on the other hand, cool, with air-conditioning. Giving the person a physical sense of comfort and safety is step number one. Others should not be entering and exiting while you and trusted others are working with the person.

Second, make your position clear. Let the person know who you are, how you can help, and what's

expected. Don't overwhelm the person, but calmly and quietly support their process. Knowing who is around, and feeling physically safe and comfortable helps a person be in their own process.

Third, listen carefully to the person you are helping, verbally and non-verbally. Ask permission to be there. Sometimes a person will not know how to answer, or sometimes even talk. But, if they are speaking, simply sit and listen with open curiosity. Try to keep your mind open, rather than making judgments. This alone can be healing for others. You yourself may have experienced how much 'telling your story' to another compassionate being has helped, even when that person has no answers. Sincere listening can be a balm to the soul, especially when one is frightened or overwhelmed.

Fourth, light touch in some cases may help by providing some grounding. Be aware, however, that physically touching someone may be invasive or upsetting, so tread lightly. Gently touching someone's hand may help calm him/her during an upsetting time. Touch that is mild and completely non-sensual is key. It is essential to be responsive to what they say verbally and nonverbally. Of course in certain professions touch is now allowed. Follow the rules of your license.

There are a few things to consider when deciphering whether you are handling a spiritual emergence or spiritual emergency. This next section may be most relevant for a professionally trained counselor or medical personnel. Personally I know in that first retreat I would never have felt comfortable helping that young woman. I had no training or knowledge in the realm. But if you are trained, the following may be of use.

For Trained and Licensed Mental Health or Medical Professionals

About medications: Although there are cases where the use of psychotropic medications to help calm down the person may be the best choice, in most cases, it is wisest to let a person work through a spiritual emergence experience with physical, emotional and spiritual support alone. Historically, psychological theory and diagnostic classification systems have tended to either ignore or pathologize intense religious and spiritual experiences. There are numerous published accounts of individuals in the midst of intense religious and spiritual experiences that were misunderstood by mental health professionals; some have been hospitalized and medicated when less restrictive and more therapeutic interventions could have been utilized (Lukoff 2007).

In truth, mystical experiences can be highly adaptive, spurring on psychological maturation. In fact, one study showed that those reporting mystical experiences scored lower on psychopathology scales and higher on measures of psychological well-being than control subjects (Wulff 2000). Unless you trained in these realms, however, as MD's, psychologists, MFT's, social workers, nurses or other medically trained professionals, don't hesitate to refer to someone with more expertise if you feel at all uncomfortable or 'out of your league'.

How to Distinguish Between Spiritual Emergencies and Psychosis

Many of the symptoms outlined in the DSM-V definition of psychosis—or experiences mimicking them—can occur during a spiritual emergency or religious crisis. Because psychotic episodes often include religious or spiritual content, such as a person thinking he's Jesus, the devil, or a ghost or spirit, it can be difficult to differentiate these potentially long-term experiences from a temporary religious or spiritual experience. Here are some things to look for (based on Grof and Grof 1990):

1. Potential Medical Issues

Have you ruled out a physical disease, medication, or psychoactive substance that may be causing hallucinations or delusions with spiritual or religious content? All altered states of consciousness can be caused by medical conditions such as a tumor or infection in the brain, diseases of other organs, or electrolyte imbalances. Be sure to rule this out before proceeding to assess whether the material a client is presenting is spiritual/religious, psychopathological, or a blend of the two. Be aware that there are psychological correlates of organic impairments of the brain, such as

problems with intellect and memory, clouded consciousness, difficulty with basic orientation, and poor coordination.

2. Level of Functioning

An important distinguishing quality of a psychotic episode is lacking the ability to handle everyday stressors like a forty-hour workweek, or to meet societal or familial responsibilities. On the other hand, clients experiencing spiritual emergencies may have temporary setbacks, during which they drop out of normal functioning as they take time to integrate the experience, but they generally return to a full life. Look for level of functioning, currently and historically. Is the client capable of handling her daily life while continuing her religious or spiritual practices?

Notice the quality of relationships the person has with her family and friends. If she's generally able to manage life and sustain relationships, this portends well for her ability to return to normalcy. Alternatively, does she seem to be spiraling out of control? Be sure to note whether she has a history of serious difficulties in interpersonal relationships, an inability to make friends and have intimate relationships, or poor social adjustment—all signs of a history of psychiatric problems that make it more likely that her issues are psychiatric in nature.

3. Finding Meaning in the Experience

Religious or spiritual issues are more likely to present with some sense of meaning, whereas lack of insight, purpose, or meaning is a hallmark of psychiatric issues. Is the person finding meaning in his experience? Does he have insights into the process that may be healing in nature,

Perspectives on Self-Care

Be careful with all self-help methods (including those presented in this *Bulletin*), which are no substitute for working with a licensed healthcare practitioner. People vary, and what works for someone else may not be a good fit for you. When you try something, start slowly and carefully, and stop immediately if it feels bad or makes things worse.

including change and development of personal life themes? Or is there a lack of meaning in his description, perhaps demonstrated by repetitive or circular thinking patterns or compulsions that don't seem to have a purpose? A notable difference is often the quality of the experience, vision, or voice. A healthier outcome can be expected if the vision is positive, loving, or at least nonthreatening. With experiences of a negative nature, the likelihood of a return to normal healthy functioning is lower. Although there are situations where negative forms of experience are positively integrated into people's life experience, this scenario seems to be more challenging and less likely (Betty 2012; Mercer 2013; Zuk & Zuk 1998).

4. Coherence

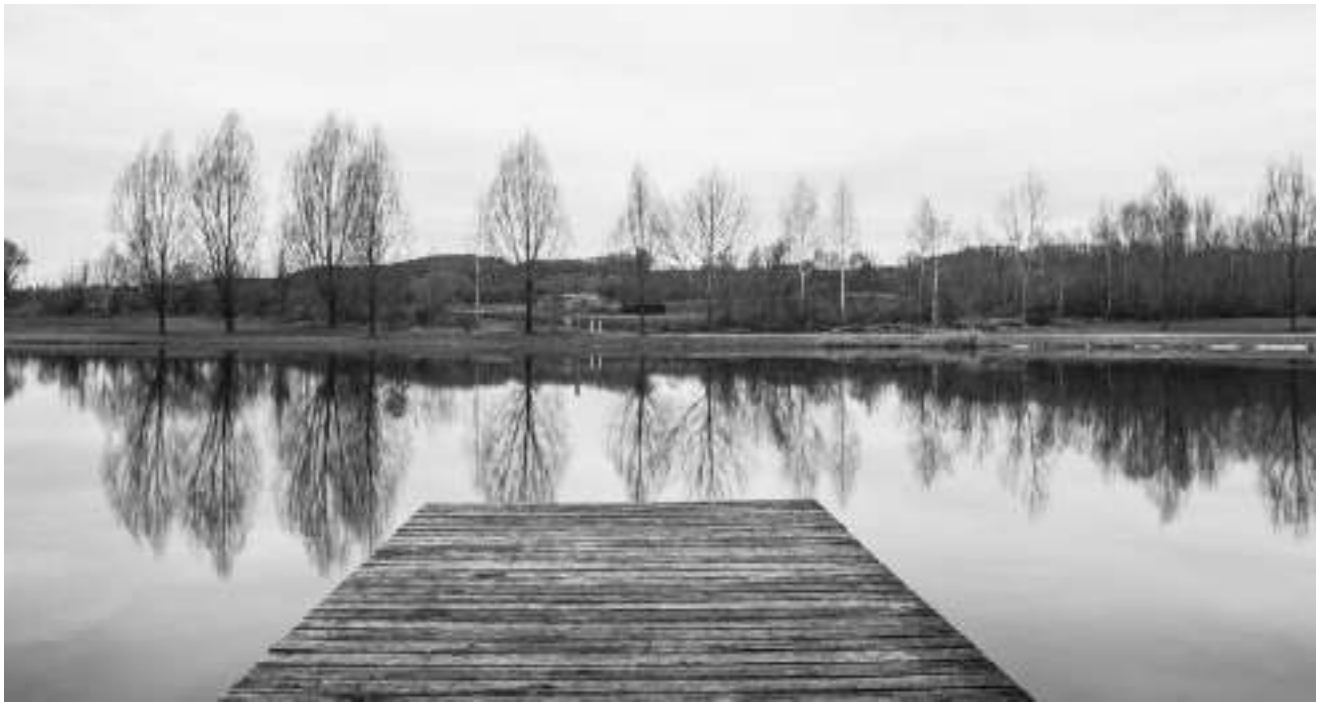
Religious, spiritual, or mystical experiences may be unfamiliar, distressing, or even frightening, but they tend to be more coherent than not, whereas psychotic or manic episodes are characterized by a lack of coherence. Can the person talk about her spiritual or religious experience, and life more generally, in a coherent fashion that weaves together her values and lifestyle? Or does she seem disjointed when telling you her current situation or life story? Ultimately, a spiritual or religious experience will eventually be integrated, with the visions, voices, and trance states subsiding and being understood within the context of the person's life. Unfortunately, an organic psychosis, on the other hand, probably won't take that course. It may leave a person disabled for a lengthy period of time, maybe a lifetime, and typically disrupts a person's life in negative ways, rather than illuminating it.

5. Capacity for Self-Reflection

A person experiencing a religious or spiritual problem is more likely to be able to report that he's having difficulty functioning, whereas those with psychiatric issues often lack insight or blame others or circumstances for their difficulties. If a person perceives the world and other people as hostile, such as having a deep mistrust of others, delusions of persecution, or acoustic hallucinations of enemies (voices) with a very unpleasant content, his experience is probably maladaptive and requires psychiatric intervention. When the process is more intrapsychic and contained, it is more likely to be a religious or spiritual issue.

6. Circumstances of Onset

In the case of spiritual emergencies, the onset of the symptoms is likely to have been triggered by identifiable circumstances. If the person was holding down a full-time job or attending school full-time and had a sudden shift in consciousness after an event that could be considered a stressor (such as the loss of a loved one, near-death experience, or a spiritual or religious event such as a shamanic journey), you may want to hold off on assuming that she's psychotic. Instead, you might monitor closely over time to see what happens. Seemingly psychotic behavior could be temporary.



7. Duration

Psychiatric issues can be either chronic or acute, and a spiritual or religious transformation may take weeks, months, or even years to fully comprehend and integrate into a new worldview. If the issues have been present for a short period of time, they may call for different interventions than if they're chronic. For example, if a young man suddenly begins to claim that he's a reincarnation of Jesus without prior symptoms, it could be either a facet of a spiritual emergency or a first break (the first time psychotic symptoms are detected). However, if a person reports this repeatedly over a number of years, your assessment might lean toward a psychiatric problem. Assess how the client is integrating his experiences into his current and future life plans. Is the process of integration within normal limits, or are his attempts to adjust negatively impacting his current life functioning or future plans?

8. Knowledge About the Experience

Sometimes clients may present with religious or spiritual issues that they've never heard of anyone else having, so they don't even have words for what they're experiencing, whether it be a "crisis of faith," a "dark night of the soul," or a "kundalini awakening." For such clients, learning more about others who have had such experiences and how they dealt with them can go a long way toward alleviating distress, fear, guilt, or embarrassment. Does she have contact with an expert in this realm, or access to books, websites, and other resources that describe or explain what may be occurring? Is she interested in investigating how others may have traveled similar paths? Some self-centeredness or feeling of being unique is natural in these processes, but focusing too much and for too long on oneself can be isolating and detrimental.

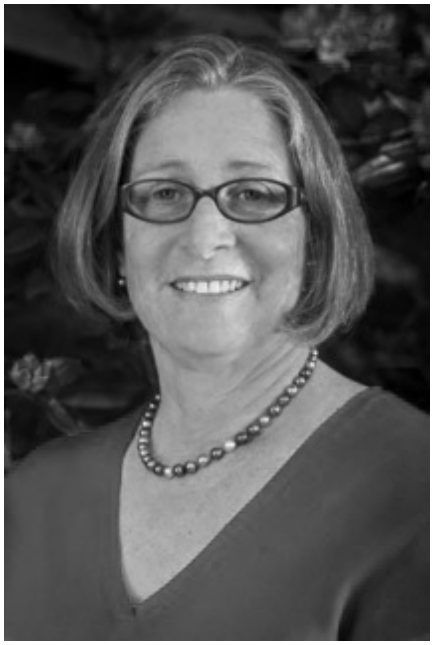
9. Social Context

One thing that can be very important to assess when a client presents with spiritual or religious issues is whether he's isolated in his experiences, beliefs, and practices, or whether he has family support, social support, or both. Does he have a community with which he can share what's happening, or is he feeling alone? If he's isolated, is that something he describes as contributing to his journey or as hindering it? Knowing whether this person is more isolated or has family or social support may influence your choice of intervention (Grof & Grof 1990). In some cases, you might encourage the person to seek support and share what's going on with trusted others. However, some people prefer solitude in these situations because they feel overwhelmed or vulnerable in the presence of others.

One last thing: The term "spiritual bypassing" (Welwood 1984) has been used to describe another problematic factor with SRBPs: unhealthy misuse of religious or spiritual practices or terminology to avoid dealing with important psychological issues or problems with relationships or global functioning (Cashwell, Bentley, & Yarborough 2007; Cortright 1997; Welwood 2000). Finally, religious and spiritual struggles in and of themselves may require informed interventions (Exline, Grubbs, & Homolka 2014; Exline & Rose 2005; Lukoff, Lu, & Turner 1992; Lukoff, Lu, & Yang 2011). Clearly, both positive and dysfunctional forms of religious and spiritual involvement are important for professionals and even some lay people to recognize and address.

The nine lines of inquiry outlined above can help you determine whether you should treat the issues a person presents as a religious or spiritual problem (DSM V code Z65.8), a psychiatric problem, or a blend of the two. They will also help you understand the context and severity of the issues. You also may encounter cases that have elements of both psychopathology and religion or spirituality; it's not an either-or proposition. And even when you utilize the nine lines of inquiry

above, it can be difficult to disentangle spiritual and religious experiences from manic or psychotic symptoms. If you find yourself having difficulty determining whether a client is experiencing a spiritual emergency or a psychotic break, seek consultation or make a referral to a clinician who's proficient in working with spiritual or religious issues.



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