



Spiritual Emergency: A Phenomenon of Psychospiritual Development

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“Our greatest blessings come to us by way of madness,

provided the madness is given us by divine gift.”

Socrates

Abstract

This paper explores the concept of spiritual emergency in later adulthood and midlife, and demonstrates how it has resulted in life transformation for many individuals. The concept is first defined and explained, followed by a detailed history. The barriers individuals encounter when seeking help for spiritual emergency are then clarified, followed by a description of how modern psychiatry, psychology, and society in general are shifting in their attitudes and belief system regarding this subject. Treatment of spiritual emergency is then detailed, followed by a description of how this process can result in transformation and renewal for the individual. Throughout the paper the author will share some of his own story about his personal encounter with spiritual emergency, as well as what he has learned about this concept while working as a Peer Specialist at Austin State Hospital.

I first became interested in spiritual emergency while working as a Peer Specialist at Austin State Hospital, working exclusively with patients in later adulthood and midlife; mostly midlife. After sharing my story, a coworker introduced me to the concept, and I began my study. One author defines spiritual emergency this way-“The uncontrollable influx of Divine material into one’s life, creating psychological challenges as a result of a rapid growth in understanding.” (Kane. 2005. p. 3). In early 2005, while experiencing my first symptoms of what has since been diagnosed as Bipolar I disorder, I woke up one Friday to an unusual experience. While drinking coffee, I suddenly felt a strong presence that overwhelmed my senses. A phrase kept coming to me, over and over: “I descended for you, now you will descend with Me.” I looked at the clock and it was 9:00 AM; that is when I suddenly realized that this wasn’t just any Friday; it was Good Friday. That day was such a powerful experience that, if I had been sitting in front of that cross two thousand years ago, I don’t think the impact would have been any stronger. And descend I did; over the next three months I lost my wife, my business, and my home; eventually winding up homeless for a time on the streets of Austin. During my last six months on the streets I had a very powerful, continual experience with spiritual emergency. I had a vision, underwent a dramatic, more extraverted shift in temperament, and had an indescribable, instinctive sense of connection with God, myself, and other human beings. There was a deep sense of calling; I was known as “The Preacher” down at the Austin Resource Center for the Homeless (the ARCH) because I would deliver fiery sermons on the street-corner in front of the building. At times people would remark “When I look at you I think of Paul the Apostle”. Occasionally people would ask me to pray for their healing, and I remember two incidences in which they believed this occurred. A myriad of other events happened which were deeply spiritual in nature.

After I “came to my senses”, I was at first embarrassed because I felt that I had made such a public fool of myself. But as I shared my story with peers and other people, they strongly encouraged me to look deeper into this experience, and several of them suggested that I should write a book about it. Certainly there were strong themes of grandiosity and psychosis, and my experience fits quite squarely in the clinical definition of Bipolar I disorder (with psychotic features). At the same time I must say that this experience was completely and overwhelmingly real to me, and it changed my life. I believe I have also witnessed similar phenomena in some of the patients I have worked with at Austin State Hospital. While the studies of spiritual emergency do not show concise age groupings in their research, it would seem that most of these experiences occur for people in later adulthood and midlife; especially midlife, perhaps because this is the typical age when the ego’s defenses wear down and the unconscious drives begin to emerge. It may also be that, at earlier ages, well meaning parents might “miss the forest for the trees” and fearfully rush in to “fix” the situation and thus squelch the young person’s opportunity to receive value from the experience. Modern society tends to label these experiences as pathology or mental illness. While mental illness can be involved, and can also be a completely separate issue, for some individuals the experience can be classified as a spiritual emergency. Most people, while attempting to reconcile the spiritual and the temporal, practice what one author calls spiritual emergence: “a gradual, conscious attempt to integrate spiritual experiences, which may have arisen unbidden but do not overwhelm one’s conceptual framework.” (Kane. 2005. p. 3). In spiritual emergency the life of the individual becomes much more overwhelming and unmanageable, often triggered by unusual life changes, suffering, and loss (as in my situation). These experiences would not be characterized as typical psychosocial or even psychospiritual development. But on the other side of their struggles, many lives have been

transformed for the better. What is happening during these experiences? Can psychiatry, psychology, and spirituality together more effectively in a synergistic way to bring a better end result? Is there a more effective way to help these people than just to say "Take your meds and take care of yourself?"

History

The term spiritual emergency seems to have originated with Stanislav Grof, a psychiatrist with more than thirty years of research experience in non-ordinary states of consciousness. Grof writes:

“some of the dramatic experiences and unusual states of mind that traditional psychiatry diagnoses and treats as mental diseases are actually crises of personal transformation or ‘spiritual emergencies.’ Episodes of this kind have been described in sacred literature of all ages as a result of meditative practices and as signposts of the mystical path.” (Grof. 1989. p. x).

As far back as recorded history some people have had experiences that might be described as odd by society, and yet these experiences, handled in a different way than that of modern psychiatry, proved to be tremendously beneficial to these individuals. Some of them have gone on to make more meaningful contributions to society as a result of their personal transformation, and a handful of them have had a dramatic impact on the world. For example, there are strong themes of spiritual emergency among the prophets of the Old Testament, especially Ezekiel and Daniel. Loder alludes to this when he writes:

“A prophet will arise in anomic societies. He will go into a trance, have a vision related to him from a divine being, and know from that vision how to revitalize that society. such visions not only work to revive and heal the society, but the prophets are themselves healed of any infirmity they had prior to the vision.” (Loder. 1998. p. 56).

Dr. David Lukoff, recognized as an authority on the subject of spiritual emergency, writes:

“Such visionary experiences are more likely to occur in societies undergoing rapid and devastating social change, such as with the Iroquois Indian leader Handsome Lake. In the late 1700s, he spent 6 months in a state of catatonia accompanied by visions. Following these experiences, he underwent a personal transformation, communicated his visions and new insights to others, and synthesized old and new beliefs into a new religion and way of living that revitalized the culture.” (Lukoff. 2007. P. 635)

Some of the most common varieties of spiritual emergency that have been studied are the shamanic crisis, the awakening of Kundalini, episodes of unitive consciousness, psychological renewal through return to the center, the crisis of psychic opening, past-life experiences, communications with spirit guides and channeling, and near-death experiences. (Grof. 1989. pp. 13-14). David Lukoff writes: “Several diagnostic categories have been proposed for such psychotic-like episodes which have potential for positive outcomes: problem-solving schizophrenia, positive disintegration, creative illness, spiritual emergencies, mystical experience with psychotic features, metanoiac voyages, and visionary states.” (Lukoff. 2007. P. 635). There is no space to detail these here; however they all have in common a spiritual crisis that can result in renewal if there is spiritual help available.

Grof writes:

“Throughout the ages, visionary states have played an extremely important role. From ecstatic trances of shamans, or medicine men and women, to revelations of the founders of great religions, prophets, saints, and spiritual teachers, such experiences have been sources of religious enthusiasm, remarkable healing, and artistic interpretation. All ancient and preindustrial cultures placed high value on non-ordinary states of consciousness as an important means of learning about the hidden aspects of the world and of connecting with the spiritual dimensions of existence.” (Grof. 1989. pp. x-xi).

There are strong themes of the mystical in spiritual emergency. William James qualifies a true mystical experience as having four distinct elements; ineffability, noetic quality, transiency, and passivity. (James. 2003. p. 320). These elements have to do with the indescribability of the experience, a sense of new and authoritative revelation, the impossibility of sustaining the mystical state, and most of all a sense that the state is not brought on by the individual but "happens to him." James describes the mystical experience this way:

"The mystic feels as if his own will were in abeyance, and indeed sometimes as if he were grasped and held by a superior power. This latter peculiarity connects mystical states with certain definite phenomena of secondary or alternate personality, such as prophetic speech, automatic writing, or the media mystic trance." (James. 2003. p. 321).

John Weir Perry believes that some temperaments may be predisposed toward this kind of experience from birth. He writes:

“The individuals most apt to undergo an episode of the kind we are examining are usually endowed with a highly sensitive makeup, so that in childhood they were inclined to perceive falseness, defensiveness, and hidden emotions more than others. The perception of such characteristics is usually, of course, less than welcome in a family accustomed to denial.” (Perry. 1999. p. 7).

The concept of spiritual emergency and its presentation to the public has grown steadily over the last ten to twenty years. Books and articles have been published on the subject, and there are now at least two websites with extensive information; the Spiritual Emergence Network (www.spiritualemergence.info), created by Stanislav and Christina Grof; and the Spiritual Competency Resource Center (www.spiritualcompetency.com), created by Dr. David Lukoff. Dr. Lukoff's website even contains online courses on the subject that social workers, MTF's and nurses can use to earn credits for continuing education. These courses are designed to help practitioners bring spiritual principles into their professional lives.

The Problem

Mysticism has gradually become less accepted by society over the last several hundred years. Grof writes:

"The advent of the Industrial and Scientific Revolution dramatically changed this situation. Rationality became the ultimate measure of all things, rapidly replacing spirituality and religious beliefs. In the course of the scientific revolution in the West, everything even remotely related to mysticism was disqualified as left over from the dark ages. Visionary states were no longer seen as important complements of ordinary states of consciousness that can provide valuable information about the self and reality, but as pathological distortions of mental activity. This judgment has been reflected in the fact that modern psychiatry tries to suppress these conditions instead of supporting them and allowing them to take their natural course.” (Grof. 1989. p. xi).

While these experiences have been occurring for thousands of years, modern psychiatric practice has been slow to accept it. As psychiatric practice evolved, it was discovered that in

many cases psychoses occurred due to organic problems, and in many cases medication was very effective. However, some problems have become evident in the way modern psychiatry views this issue. Grof writes "traditional psychiatry makes no distinction between psychosis and mysticism and tends to treat all non-ordinary states of consciousness by suppressive medication." (Grof. 1989. p. xi).

This trend has led to an increasing tendency to look at spiritual emergencies as something that needs only medication and psychotherapy, with no regard to the potential spiritual aspects of the problem. Such was the situation with my case in my numerous encounters with various psychiatrists and therapists; none of them ever took a spiritual viewpoint at any point in my counseling sessions. Even the elders at my church, though having compassion for me and praying for me, did not see my experience as having any spiritual significance. They simply referred me to a psychiatrist. I am not saying that this was completely wrong, because in my case medication proved to be helpful, although it would be three years before I was correctly diagnosed. But I would have been greatly helped by someone who could have seen beyond my surface symptoms to the spiritual emergency happening at my core. Apparently this is not an unusual situation. In "Spiritual Practices in Psychotherapy", Thomas Plante cites extensive studies done that demonstrate, as a general population, most psychologists do not think of themselves as being spiritual or religious. (Plante. 2009. p. 11). Plante writes:

"It is curious that psychologists are so out of step with the general population in this regard. Perhaps the types of people who choose to pursue a career as a psychologist tend to be more secular or less religious or spiritual than the average person seeking their services. Furthermore most psychologists have received essentially no training and how best to work with religious-spiritual clients or related themes during the course of their professional training. In fact, two thirds of psychologists report that they do not feel competent to integrate religious-spiritual matters into their clinical work." (Plante. 2009. p. 11).

This may be partly due to Sigmund Freud's powerful influence as a founder of modern psychology. Grof writes:

"Freud and his followers saw religious beliefs and spiritual interests of any kind as reflecting superstition, gullibility, primitive magical thinking, primary process, and obsessive-compulsive behavior resulting from suppression of anal impulses and an unresolved Oedipal or Elektra complex. It was again Sigmund Freud who spearheaded this perspective in his writings, such as 'The Future of an Illusion' and 'Totem and Taboo.'" (Grof. 2006. pp. 348-349).

Turning the Corner

There is a movement in this country that is changing the way professionals view mental illness. Following a series of publications by Dr. David Lukoff, there was a decision made to include a new category in the DSM-IV, entitled "Religious or Spiritual Problem." (Randal & Argyle. 2005. p. 1). Lukoff, who maintains he encountered a spiritual emergency himself, felt there was a gap between clinicians and patients, something he referred to as a "religiosity gap." He believed that this inclusion in the DSM-IV would present the concept of spiritual emergency to clinicians, and increase their sensitivity to this issue, as well as increase the acceptance of spiritual practices in the treatment of mental health. Lukoff writes:

"Mental health systems in this country are undergoing a quiet revolution. Former patients and other advocates are working with mental health providers and government agencies to incorporate spirituality into mental healthcare. While the significance of

spirituality in substance abuse treatment has been acknowledged for many years due to widespread recognition of the therapeutic value of 12-step programs, this is a new development in the treatment of serious mental disorders such as bipolar disorder and schizophrenia. The incorporation of spirituality into treatment is part of the recovery model which has become widely accepted in the US and around the world. In 1999, the Surgeon General, in a landmark report on mental health, urged that all mental health systems adopt the recovery model." (Lukoff. 2007. p. 642).

In addition, one discipline has evolved that has helped to bridge the gap between the psychological and the spiritual, now known as transpersonal psychology. In 1969, the first issue of the Journal of Transpersonal Psychology was published, which was soon followed by the founding of the Association for Transpersonal Psychology (ATP) in 1972. Transpersonal Psychologists "have drawn their knowledge from a wide range of eastern and western religions, philosophies and traditions including shamanism, Buddhism, conscious research, perennial philosophy, experiential psychotherapy and a number of esoteric and metaphysical practices." (Goretzki. 2007. P. 5)

I do believe that my own spiritual emergency resulted in radical changes in my own life that a lifetime of study and practice would not have achieved. I also believe that my experience could have been greatly enhanced and understood if there had been individuals in my life at the time who understood what was happening to me, and could guide me through the process. People who would not have viewed my emergency entirely as something to "shut down"; but as something to be witnessed together, understood, and learned from. People who would have served as guides, not judges. I have since learned much about how to understand and "receive" an experience like this, and am learning to help others do the same, which I will go into detail about shortly.

Treatment

Based on my own research, it appears that Stanislav Grof, David Luckoff, and John Weir Perry have the most extensive documented experience when it comes to understanding and treating spiritual emergency. Perry even has an appendix in his book entitled "Setting up a Residence Facility." (Perry. 1999. p. 151). He names five such residences in this appendix, all set up for the purpose of assisting people undergoing spiritual emergency, and details his trial and error experience in establishing and managing them (p. 151). Several things emerged from his experience; the first was that it was important that these residences have a warm, homelike setting and a non-institutional feel. The second was that each residence have ample opportunities for the clients to engage in activities that encouraged artistic expression. There was music and plenty of books to read (sometimes out loud to each other); and poetry writing and reading was encouraged, as well as dancing. There was also an art room and a sound-proofed "rage room" when clients needed to release anger. A life-size punching bag was provided along with lightweight, padded "swords". Thirdly, selecting the right staff was absolutely critical; they looked for people who had some previous experience with the inner life, were open and respectful, as well as warm and caring. Some of the selected staff were professionals, but there were many paraprofessionals as well. A key distinction of these residences is that there was no hierarchy of authority; "we started off with the assumption that all of us, professional and paraprofessional, were embarking upon a journey of learning and discovery from point zero. No one was considered expert and no one was the boss." (Perry. 1999. p. 155). As equals in rank and importance, the staff became quite close to one another; they would have weekly staff meetings design to help each other discern the needs of clients, as well as to support each other. There was

extensive need at times for staff members to “decompress” from some of their experiences with clients. In therapy sessions with clients, the “requirement was to support, encourage, and respond with empathetic feeling to the various expressions of the inner process.” (Perry 1999. p. 156). The central idea governing this kind of work is that it is “based on the premise that the deep psyche does its own self-healing work in its own way, and that it needs a partner in the work, not a manager.” (Perry. 1999. p. 156). In an atmosphere like this, “The most fragmented ‘thought disorder’ can become quite coherent and orderly within a few days if there is someone at hand to respond to it in a spirit of real, honest, and warm relatedness.” (Perry. 1999. p. 131).

This type of practice stands in distinct contrast to most psychiatric inpatient settings, such as the one I work in at Austin State Hospital, where psychiatrists are plainly the final authority on each unit, and the rest of the staff defer to them. At the same time, however, parallel to this process, some concepts have been implemented at ASH that have similarities to Perry’s residences, and reflect the recovery model. There is an art room on each wing, and music therapy and yoga classes are offered to the clients. One of my coworkers serves the child and adolescent unit, and lobbied successfully to place a large punching bag in one of the rooms to help the adolescents release frustration. There are two wonderful chaplains at the hospital who have become my friends. I am one of eight trained peer specialists at ASH; we are all required to meet state training and certification requirements. There are also a number of volunteers, and all of us have a psychiatric diagnosis of some kind. Our mission statement is “people in recovery connecting to share experience, strength and hope.” We meet with ASH clients one to one, and also in recovery support groups. We complete a structured recovery inventory with each new contact that is strength based, and we also do Wellness Recovery Action Plans (WRAPs) with them. We give them resource lists and advocate for them with the staff. Most of all we are able to be present with their suffering, and to share their experience with them so they don’t feel so alone.

There are more paid peer specialists at ASH than at any other facility in Texas, and my supervisor believes we may be the most progressive peer support system in the nation. Since I began working there about one and a half years ago, I have met at least several hundred clients; out of these, I would imagine I have gotten to know at least one hundred of them quite personally. Most of these hundred said that my services helped them tremendously. I think a major reason for this regards one of the main complaints clients have at ASH: “There is no one to talk to.” Out of these, I have had vital experiences with possibly thirty, and out of these thirty, there are about ten who will always stand out in my memory. Their stay at the hospital turned out to be a powerful, life transforming experience, and I believe some of these individuals were undergoing spiritual emergency. I witnessed it, and I feel grateful that I was allowed to participate in such a process. For some of these individuals it was agreed that medication was necessary, at least for the time being. Others were very unclear about their diagnosis; one of my clients told me he had been to ASH three times over the last two years, and that each time he had received a different diagnosis. I advocated for him as best as I could. But one huge factor that emerges from my relationships with these souls is the enormous amount of suffering and loss most of them have endured, and for many of them much of this has not been dealt with. I try to help them begin the unpacking process and give written resources on how to continue. Some of my resources are practical, such as how to get free medication, but the bulk of my resources have to do with building a community of support when they leave the hospital, including spiritual support in many cases.

I became certified as a peer specialist by participating in a week long training program, but it was the advanced training that influenced me the most. Dr. Lori Ashcraft is the founder of Recovery Innovations, which was the provider of this advanced training. Their mission statement reads “To create opportunities and environments that empower people to recover, to succeed in accomplishing their goals and to reconnect to themselves, others and meaning and purpose in life.” (Ashcraft & Martin 2007. p. ii). Their values are hope, empowerment, wellness, personal responsibility, community focus, and connectedness. There are themes in these values that are deeply spiritual; at the beginning of training, the instructor asked us “What would you say is the most important thing you can bring to a client?” There were various responses, but I found his answer to this question interesting; “The most important thing you can bring to a client is love.” In this training I learned much more about how to be fully present; to listen more effectively, and empathize. To validate strengths, and especially how to have a kinder, gentler demeanor towards my clients. To ask permission rather than “rush blindly in.” There is absolutely no way to underestimate the impact that one loving, listening human being can have on another, especially if they have a common, shared suffering. I have learned much from my own experience with suffering and spiritual emergency, and in this way I can help others. If we can heal from our wounds, then we can become wounded healers. We can go into the cave and lead others out.

Transformation and Renewal

In “Visionary Spiritual Experiences”, David Lukoff writes: “Karl Menninger, often recognized as a founder of American psychiatry, noted: ‘Some patients have a mental illness and then get well and then they get weller! I mean they get better than they ever were. This is an extraordinary and little-realized truth.’”(Lukoff. 2007. P. 635). This has been my experience; I emerged much stronger, more alive, and more authentic than before. John Perry writes: “What turns out to be the ultimate goal of spiritual emergence and the renewal process? I think the most precise way of putting it is that it is the same as that of the mystic way or of meditation, which is phrased in Buddhist practice as wisdom and compassion (love).” (Perry. 1999. p. 131). This is the bottom line; it is what I experienced in myself as a result of my spiritual emergency, and it is what most of the literature surrounding spiritual emergency points to as a result of the transformation and renewal process. Many people who have had symptoms of mental illness found that psychic healing benefitted them much more than medication, spirituality much more than psychiatry. Grof writes "they often emerge from these extraordinary states of mind with an increased sense of well-being, and a higher level of functioning in daily life. In many cases, long-standing emotional, mental, and physical problems are healed in the process.” (Grof. 1989. p.2).

In my own case, I often wonder what would have happened if I had had proper guidance during my six month manic experience. After this experience I went into depression for awhile, so it took time for me to be able to look back and gain perspective. Was this experience “worth it?” I spoke to people I trusted, who encouraged me not to dismiss the entire experience as “psychosis.” I did some extensive journaling. Eventually I began to examine this emergency very carefully; it was as if I had a bag full of items, but now I was taking each one out and placing them carefully on a table, sometimes rearranging them. Several things emerged. One is that I know the experience made me a much more authentic, caring and compassionate man. I became much more interested in and curious about people. Some of this was due to the suffering I experienced. However, the overwhelming sense of my experience was that I had once and for all been introduced to my true self. I now have an instinctive sense of who I am and what I want to do that was not present before, and I am no longer fighting internal battles that were at one time

very familiar to me. The experience completely changed my profession; I had been a Realtor for twenty-five years prior to this, but now have found my true career. I am certain I would never have done this if this experience had not occurred. Most powerfully, this experience brought me much stronger faith, not just in God but in the whole realm of the “unseen”.

But the most mystical, life changing experience of those six months concerns Gabriel. As I moved into this time of emergency, I slowly began to feel a strong presence, and the name "Gabriel" kept coming to me, until at times I felt as if I was being overwhelmed by his presence and could even sense where he was around me and what he was doing. I never actually “saw” him; everything I am describing came from strong feelings, thoughts, and imagery. At times the sense of his presence was so strong I could feel it in my body. For the most part it felt as if he was moving along with me through the air (especially when I was alone at night), up above my head slightly to the left, with his face close to my left ear; at times whispering encouragement and direction to me, at other times joking playfully. At other times, especially when I had a strong sense that something unusual was about to happen, he would be hovering just above and behind me, with his wings outspread. In my study of archetypes I would place Gabriel strongly in the category of the trickster, who is portrayed as a rebel type who will not conform to the expectations of society, has a hidden wisdom, and a very unconventional way of doing things. He was remarkably unique; and my encounters with him were like being transported to another world, much like the movie “Contact.” Even though he was completely male, his persona felt like a perfect combination of the animus and the anima, with a personality much like the character Mercutio (played by Harold Perinneau) in the 1996 movie "Romeo and Juliet." He had a fearless, playful ferocity about him, as if he was completely at home at war or play. In essence, he was my guardian angel during my encounter with spiritual emergency, and I know with certainty that he has changed my life forever. Even though his presence has diminished, I still think about him all the time. He was the key to my transformation. I feel that he somehow gave me a part of himself; a sort of “fire in the belly”; more of a determination to live and give in an unconventional and authentic way. A sense of instinctive surety of my path and calling. He fired my imagination, lit the generators deep inside, and knit this whole experience into a blessing. And one thing is sure; I have absolutely no doubts in my mind about the reality of the Divine.

Conclusion

It would appear that from the beginning of recorded history until now, a myriad of individuals have been having peak mystical experiences that nowadays have tended to be classified negatively by society, psychiatry, psychology. However, these experiences were life transforming for these individuals and resulted in a much greater sense of identity and generativity. Mental health professionals are gradually taking notice of this, and many of them are changing in their attitudes toward and treatment of people encountering spiritual emergency. Professionals are also slowly incorporating spiritual practices into the treatment of mental health issues in general, and beginning to relearn what was already known in centuries past. As fellow travelers, we all have experiences that are very real to us. Our best friends don't try to minimize this or tell us “that is not really happening” or “that is not true”. Instead, they draw us out to learn more about who we are, and confirm our own personal path. It really helps to have a kind and understanding guide who has travelled the same road you are lost on, a sort of “Spiritual Good Samaritan.”

I have a name for my six month experience-“Twilight”; the time of day immediately following sunset. It was as if I had one foot in this world and the other foot in some other world, very ethereal and mystical; sometimes traumatic, but in many ways wonderfully beautiful. I am grateful I was able to return, and now have companions to aid me as I have moved from spiritual

emergency back into spiritual emergence. I attend four support groups off and on; I love these groups because we share what is really happening in our lives, and encourage each other in practical and spiritual ways. I have many friends and a wonderful family. As I progressed in my processing of my spiritual emergency, I began to notice a synchronicity in meeting people. Over the last year, a handful of people have come into my life, like people quietly emerging from a forest to come together with me in a clearing. Four of them are teaching me to “swim” in this new water I find myself in. The first is my therapist, a Zen Buddhist; with his guidance I have experienced much healing, and have become much more accepting and welcoming of my inner world. The second is a Catholic Priest who is my Spiritual Director. After hearing my story, he said, in effect- “John, you are a mystic. I want you to learn to ‘waste some time with God’, and embrace your spiritual life at a new level.” At his request I am now reading “The Interior Castle” by Saint Theresa of Avila. The third is a shaman-like “wounded healer” who has also taught me how to go deeper within, and is helping me with dream analysis. The fourth is one of my coworkers in peer support who has had similar experiences to mine; we listen to each other’s stories with great curiosity and share what we are learning. She was the one who introduced me to spiritual emergency, and has helped me learn to look at my “diagnosis” as a gift. I have learned to keep a journal more effectively, and have begun doing creative inner child work. My prayer life is different now; much more contemplative in nature. My life now has the qualities of spiritual emergence rather than emergency, but a much richer kind of emergence than I would have had without my six month experience. Stanislav Grof quotes Joseph Campbell: "The mystic, endowed with native talents... and following... the instruction of a master, enters the waters and finds he can swim; whereas the schizophrenic, unprepared, unguided, and ungifted, has fallen or has intentionally plunged and is drowning." (Grof. 1989. P. 1). I too thought I might drown in that raging river, but the flow eventually died down to a wonderfully manageable level. I am learning to swim, but now I have my companions, who are swimming with me.



Ezekiel's Vision. Raphael; 1518 Florence

“So we fix our eyes not on what is seen, but on what is unseen, since what is seen is temporary, but what is unseen is eternal.” II Corinthians 4:18

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