

A sunset over a body of water. The sun is low on the horizon, creating a bright, vertical reflection on the water's surface. The sky is a mix of orange, yellow, and dark blue. In the foreground, a seal is swimming, its dark body and flippers visible in the blue water.

**FIRST CONTACTS
WITH
PEOPLE IN CRISIS
&
SPIRITUAL EMERGENCIES**

COURTENAY YOUNG

Extracts from this book

MEDITATION & MINDFULNESS

A quiet physical space is not the only thing that is needed: a quiet mind is sometimes essential. The regular practice of meditation has many different advantages. Meditation is a very powerful form of relaxation. Meditation does not have to be religious, or based on any particular faith. Essentially, it is sitting still, breathing regularly, and quietening your mind. When you do this, your body slows down and you shift more into the parasympathetic part of the Autonomic Nervous System (that's a good thing). Eventually your mind will slow down as well and you will become more peaceful and relaxed. This is extremely good for many medical conditions, like hypertension (high blood pressure), and also many psychological ones. We often need to reduce the stress caused by everyday living and then the extra stress caused by extraordinary events.

Meditation Position: Make sure that you are not going to be disturbed; switch off the ringer on the phone; turn off the mobile; hang a note on the bedroom door; tell the others in the house that you are going to meditate for (say) 20 minutes (they will get used to the idea soon). Settle in a comfortable sitting position, either on a straight-backed chair, with your feet flat on the floor, or on a soft surface on the floor, sitting cross-legged. Your spine should be vertical; your body relaxed; your weight supported and balanced.

Check your Body and Breathing: Bring your awareness to how your body is feeling. Spend a minute or two checking yourself out, doing a body scan. Become aware of how your body feels; warm or cold; comfortable or uncomfortable; the feel of your clothes against your skin; whether your belt or neck feels constrained; the feel of any jewellery or watches on your body. Make any adjustments necessary to be comfortable.

Then become aware of your breathing; is it shallow or light; is it only in the chest or belly; are you holding your breath at all, or is it flowing in and out fairly freely. Become aware of which parts of your body move when you breathe. Maybe there is a slight pause at the top of the in-breath or the bottom of the out-breath. Maybe you are breathing in and out only through your nose, or only through your mouth. Don't try to control your breathing, just allow the breath to flow in and out. Simply let the breath breathe itself. This is very peaceful. You do not have to do anything else, just keep on doing this.

Either Empty your Mind or Focus your Mind: Sooner or later your mind will start to wander, or thoughts will come into your mind to distract your awareness and your 'peace of mind'. This is very common, especially in the early 'learning' stages. It is not a mistake or failure: it is just what the mind does. Congratulations for noticing that your attention is not on your breath. Just empty your mind of all thoughts, and/or focus your mind back on your breathing. This will happen over and over again. Just keep on emptying your mind of thoughts and re-focussing your awareness on your breathing.

Sometimes you might wish to focus or meditate on a particular topic, like 'world peace' or 'healing'. As you breathe in, focus on these qualities within you; as you breathe out, send out these qualities into the world. Again, your attention may wander at times, or thoughts may cascade through your mind. This is normal: just refocus your attention and awareness. Make each moment count. Keep coming back to the topic or focus of the meditations

All thoughts have equal value: there are no 'good' thoughts or 'bad' thoughts.

Thinking is not 'bad' and an empty mind 'good'. Don't get distracted by content and don't get into judgement: do not try to eliminate or suppress certain types of thoughts or topics or feelings. What matters most is the awareness – of your thoughts and when you are thinking; and try to balance this with an empty mind and a sense of peace, as much as you can. If you hang onto thoughts, or find yourself judging them (or you), just let it all go and re-focus on your breathing, or on the topic again.

Continue like this for about 15 - 20 minutes (or longer, if you wish). 15 – 20 minutes is the minimum time to get the maximum benefit. Try doing this once or twice a day – regularly, every day. The effect is cumulative, so you may not notice a huge difference after the first few times. The effect is usually quite subtle and – over time – can also be quite powerful. After a while, you may notice when you miss out on doing it. Just find a few moments and do it again.

Practice, practice and more practice: You are gradually training your mind to become less reactive and calmer. You will find that this has other, wider benefits. Your stress levels will diminish; you will be able to concentrate more, and for longer; you will feel more centred; you will have greater patience; you may become less judgemental. Keep on doing it and the benefits will accumulate.

Different meditations: There is no one way each meditation is different, even if it follows the same pattern. Meditations vary considerably. Some meditations can be dramatic, visionary, or life-changing; however, these are fairly rare. In some meditations you may fall asleep. Just observe the differences. Don't get caught up in the 'glamour' of a powerful meditation.

There are hundreds of specific types of meditation. People have been meditating in different cultures and different religions (including Christianity) for hundreds and even thousands of years.

Mindfulness Practice: When we are stressed, we often become absent-minded; or we may be doing something (like reading a book) and we realise that we are not aware of what we are doing; or we may indulge in some 'mindless' activity (like watching afternoon TV or playing Sudoku) as an escape from our problems: our mind is distracted. When we are on 'automatic pilot' like this, our body is doing one thing and our mind is doing another. Accidents and mistakes can happen. Negative thoughts can build up and coalesce. We are trying to find better solutions, but we are constantly monitoring (and judging) how we are doing – and probably repeating old patterns (because we don't know anything else): this is ultimately counterproductive. On a day-to-day basis, **mindlessness** is not very productive and is often quite harmful.

Mindfulness means – paying attention – in a particular way – on purpose – in the present moment – non-judgementally. As a practice, it can be very useful for anxiety, depression, better pain control, anger management, obsessive-compulsive tendencies, and self-healing, as well as for stress. The core skills of mindfulness are – Be Aware and Let Go.

Mindfulness practice is part of the practice of Buddhism, and has therefore been around for about 2,500 years. Recently it has been accepted as a valuable asset within Cognitive Behavioural Therapy in the NHS. "*What goes around, comes around.*" Socrates also once said, "*The unexamined life is not worth living for a human being.*" He also said, "*As for me, all I know is that I know nothing.*" This is saying something similar.

Being Aware – is literally just that: being aware that you have a pain here; or that you find this or that activity stressful; that you don't have the energy for 'this' any longer; or you are irritated by 'that' person – or rather when that person does 'that'.

Letting Go – is literally just that: letting go of your irritation, your pain, your stress, your boredom and fatigue; freeing yourself from any attachments or fixed ideas.

Practicing Mindfulness: You can start practicing mindfulness by introducing 'mindful' meditations into your regular routine of meditation. Let mindfulness (or awareness of something) become the 'focus' of your meditation. In the meditation, done as before, become aware of every feeling or sensation in your body; every thought and every noise outside – the ticking of a clock, the distant traffic, bird song. And then let these perceptions – or the thoughts attached to the perceptions – go! Expand and extend your awareness – and then just let any thoughts or perceptions go: there is a continual process of gentle emptying. Try to stay in the moment: what am I aware of now? What now? And then let go and move on to the next moment.

Then you can extend your mindfulness practice into other things that you are doing. How am I doing this? How interesting! What am I feeling now? How interesting! And now let this go. The moment passes: you are doing something else: How interesting! And now move on again to the next moment.

You can also go deeper into what you are doing. When eating a tangerine, become aware of the texture of the outside of the crinkly orange skin compared to the smooth white texture of the inside. Be aware of the tiny spurt of juice and scent as you peel the tangerine; the separation of the segments and the peeling off of any pith; the explosion of taste as you bite into a juicy segment; the tangy, sweet smell; the discarded peel. You can become aware of the tree on which it grew in some foreign country; the water and sunshine necessary for it to grow; all the people who grew it, picked it, transported it and sold it; the number of hours worked and miles it has travelled to get into your hand. What a depth and miracle of mindfulness there is in this one action of eating a tangerine. And now you can move on to the next action, but you will move on feeling differently (hopefully more pleasant and peaceful) because you have done this action differently, mindfully.

When you are doing the washing up, standing at the kitchen sink, don't do it thinking about this, or worrying about that, try doing it mindfully. Just 'do' the washing up: become aware of the feel of the warm water on your hands; or the scent of the soap liquid; the feel of the action of the mop as it travels around the plate, getting the food off; the way some bits stick and some bits of food don't; the change in the appearance of the plate; the sight of the water running freely across the plate as you put it under the tap to rinse; and the satisfying clunk as it goes into the rack. You may then become aware of the sunshine (or weather) outside the kitchen; the bird song or street noises; other people in the house – these are all part of the mindful experience of doing the washing up (or whatever you are doing).

If you catch yourself thinking about tomorrow's shopping list, or what you are going to have to say to this person at work, stop doing the washing up and write the shopping list, or make some notes in your Filofax, then return to doing the washing up mindfully. Stay in the moment as much as possible. If you don't like doing the washing up and want to finish it quickly or jump to the next moment (so as to watch TV or eat dessert), you may be equally incapable of fully being in that moment and enjoying the TV or the dessert: your mind may be jumping to the next action and then to the next, so that you are never at peace with yourself and what you are doing. Focus on this one, just this one, and you may find that you quite

enjoy the process of doing the washing up mindfully.

The Process of Mindfulness: There is really no end to this process. Each meditation, each mindful action builds and grows. The further you go in (into the territory of mindfulness, into yourself), the bigger the territory gets. You will slow down a little; you will become calmer and less reactive; you will probably look more at the wider picture and become more thoughtful. It is so simple – and it is not, for a moment, easy! This is definitely ‘the road less travelled’ – yet it is a very rich journey in itself. We are not trying to get anywhere; we are making every moment count; we are enriching the journey itself and travelling well. We can even make each step that we take (literally) mindful: this is then a walking meditation.

Adapted from Thich Nhat Hahn: ‘Peace is Every Step’

TRANSFORMATIVE PROCESSES

There can also be ‘transformative’ elements or ‘transcendental’ components involved in the process. If this is the case, people with some experience of these transformative processes should become involved at some point, (and this does not necessarily require a priest, shaman or a guru, they can also be psychotherapists). Psychotherapists often have training in, and understanding of, intrapersonal, interpersonal and transpersonal and other types of changes and how these are all interconnected. They can help empower the person to use their personal resources, promote self-responsibility and develop better cognitive functions.

Please be aware that these transformative components may take some time to work through or achieve, but there should be a sense of what might be a good direction or outcome at a reasonably early phase in the intervention process. Hopefully the actual crisis will be over relatively quickly, but the transformative process can continue, sometimes gently, sometimes powerfully, sometimes for years.

Please be very careful here: in transformation (as opposed to change) much of the new type of process, or the strangeness of the symptoms, require a sort of re-assessment or re-integration depending upon these new perspectives, and which help ‘expand the frame’ of their situation. Whilst this may mean a form of re-education for the person in crisis as well as for those around them, please ensure that you are not forcing them into such a new perspective, which is more familiar to you, than maybe relevant to or appropriate for them.

This is especially relevant where one considers whether the person is, or is not, fitting into the Spiritual Crisis or Spiritual Emergency category (see later). What has also been mentioned, and now is re-iterated, is that there are sometimes significant cultural differences, which can affect these processes: weird and wonderful in one culture, might be scary in another, and normal in a third: and all of these cultures may co-exist in the same city or country. It is important to try to accept the transformative process exactly and precisely for what it is and how it manifests itself at any one moment.

What follows now – in the next section – are some very different set of ideas that may help change some of the more fixed or conservative attitudes that tend not to be so helpful for a person in crisis: from themselves and from others. Doctors and psychiatrists may be helped in such changes by assuring them that “Spiritual Crisis” is now a category in DSM IV (see Appendix).

SPIRITUAL EMERGENCE & EMERGENCIES

There is a lot more material around nowadays about how to identify a person in a spiritual crisis; what the definition of a Spiritual Emergence process is; and what a Spiritual Emergency actually is; the different types of Spiritual Emergencies; the formation of a Crisis Group; psycho-spiritual process-oriented work; and useful strategies in dealing with Spiritual Emergencies; etc. For the purpose of this book, I am using the terminology of “Spiritual Emergence” and “Spiritual Emergency” to refer to a sudden break or involuntary change in a person’s fundamental systems of belief, spiritual activity and psychic behaviour, often accompanied by or immediately following a crisis, or a seemingly psychotic episode, or extraordinary behaviour.

However this sudden transition can also be seen (usually retrospectively) as part of a long-term developmental process that has been largely unconscious and unrecognized until that point, and thus is generally unprepared for, and often relatively unaccepted. Stanislav Grof defines a number of different manifestations of “Spiritual Emergencies”, but the common denominator of all crises of transformation (according to him) is the manifestations of different aspects of the psyche that were previously unconscious.¹ In this sense, it can also be seen as a perfectly normal (psycho-spiritual) aspect of our human development.

Whilst there has been a long tradition of writings about spiritual development, these have also been pushed to one side and denigrated as ‘esoteric’ or ‘mystic’ because materialism and the need to “make a buck” or “get on” with one’s career have been considered as priorities. For example, some of Rumi’s writing speaks directly to this process, but he was a mystical poet writing in the 14th century in the Middle East. Much more is being written nowadays about these aspects of spiritual development that is more within ‘mainstream’ thought: C.J. Jung referred to the process of the emerging spirit as a “moral obligation” to live out and express what one learns when one has had contact with other aspects of one’s Self. Joseph Campbell and books like *Iron John* and *Women Who Run With Wolves* or the work of Robert Johnson (see Reading List) are also helping to chart the spiritual path.

A frequently asked question is: “*What is the difference between a Spiritual Emergency and a psychotic episode?*” Part of the problem of differentiation is a cultural one. We live in such a very materially and medically orientated culture that it is sometimes very difficult to step outside of these paradigms and the parameters usually blind us and bind us. When we do so, voluntarily or involuntarily, we have no positive images or support to reinforce our journey, nor any routes or maps for our process. We thus resort to the ‘normal’ negative images of people in crisis – either as being sick, mentally ill, or just crazy – and this (‘normally’) means that we need to separate ourselves from such people and exclude them from us, or even protect ourselves from them. Nowadays we may also think that we need to protect them!

Just to suggest that we could perhaps re-frame these extra-ordinary processes into a much more positive light is pretty radical, even without actually trying to do so. To suggest that we might perhaps actually involve ourselves in these peoples’ psychic processes and possibly even interact with them, or maybe even learn something from them, is seen by some very well-established professional people as

¹ : Stan & Christina Grof: *The Stormy Search for Self* (Tarcher) 1992

totally off-the-wall. If one goes a step further and actually does something, there is sometimes even an accusation of acting unprofessionally to ensure that one keeps in line. But 'off-the-wall' and 'out-of-line' is sometimes where people actually are when they are in their crisis, or in a Spiritual Emergency, or whatever you like to call it, and maybe we (the professionals) need to be able to step into these areas in order to reach these people, and to find out more about where these places are, and what rules exist there, in order to help them better.

Some different cultures go so far as to elevate those amongst them who have such spiritual experiences themselves by allowing them to become their shamans, priests & priestesses, visionary leaders, or even gurus, whereas we in the Western World, as a culture, usually actively discriminate against those who have such experiences. We think they are crazy; we medicalise them (at best); we sometimes even take away their citizen's rights and incarcerate them (as well), or "re-arrange them till they are sane", chemically, electrically or surgically (at worst). How a particular culture treats its children, the poor, the criminal and the insane is often an indication or a reflection of its nature (see the work of Michel Foucault). How these people are treated often does not show the essential goodness or civilized sophistication of that society. Those different, more primitive, cultures have either learnt, over time – or have never lost the fact – that their society can actually benefit from such peoples' processes, or it even needs such people, and cannot survive healthily without them. So, just maybe, many of us all have a lot of work to do, turning some of our prejudices around.

Imagine a culture – just for a moment – where normal teenage puberty and adolescence is essentially denied: variations of this process are seen as illnesses needing treatment. Instead of saying: "*Oh, dizzy spells and puppy fat are perfectly normal. They'll pass*", we would get a situation where the growth of breasts would mean a mastectomy; and beards, pubic hair and underarm hair would mean extensive depilation, or chemical treatments to inhibit the growth of hair.

This is actually how we react, as a society (not to the physical symptoms of a denied process of adolescence) but to the psychological symptoms of a denied spiritual maturation process. We treat the symptoms of this process as a pathology and often medicalize the treatment of the person. "*They are hearing voices; they must be psychotic!*"

By the way, it is perfectly possible, and quite common, for someone to have a Spiritual Emergence process **and** a psychotic episode, or a major trauma or illness **and** a Spiritual Emergence process. They are not necessarily mutually exclusive.

However, here and now, we are concerned with aspects involved in the going through and the recovery from such events, and we will delve more into this in this part of the book. A 'healing' implies that things are restored, a 'recovery' implies things are back to normal; neither may be appropriate. In the Reading List there is also a mention of a book by Podvoll, who speaks about recovery from mental illness. He claims that the principles of healing and recovery are very similar, even though these two things, mental illness and spiritual emergency, can be very different. I think it is more a process of 'going through': you will be changed by this, things can be 'normal' again, but they will also be very different; Nietzsche spoke of "*What doesn't kill you, makes you stronger*", and there is some truth in that. However, going through this process can mean that you realize that the shallow and materialistic life that you led before is the one that now seems crazy, so we could say instead, "*By going crazy, you become sane.*"

Anyway, what follows now is a relatively brief synopsis of the various different types of Spiritual Emergency. The first ten or twelve types of symptoms are listed by Grof². However, I have added to these several more categories from my own clinical experiences. The descriptions of the different types might help you to discern what is happening, or has already happened, to the person who is having, or has had, a crisis. Was it just a major illness, or a mental illness, or were other more spiritual components present? If they were these other elements present, then physical recovery, gentle exercise, good food, etc., which are all components of physical recovery, need to be incorporated as well as the other components necessary for a healthy spiritual emergence process, many of which are mentioned here.

It is unfortunately necessary to state this very clearly; nowhere, at no time, do we advocate someone coming off medication, prescribed by a doctor, without that doctor being informed. Dealing with someone in crisis as a Spiritual Emergency is NOT an alternative to any form of medical treatment: it is a perspective which is an adjunct to whatever is happening with them - physically, medically, emotionally, psychologically, or generally in their life at this moment in time.

The crisis, however traumatic it was, *can* often be converted into something ultimately beneficial, by treating it as a process of the emerging spirit. This connects with the “acorn” theory of James Hillman³, where our *genius*, our *daimon*, or our *guardian angel*, motivates our growth in particular ways uniquely designed for that particular person at that particular moment. The crisis just happens to be taking this form, in this person, at this time. There are a few exceptions, of course. But spiritual strength can emerge from such a crisis, and a new determination to lead a much ‘better’ life. This is often accompanied by an increase in wisdom, gained through the crisis events, which is part of the essential transformational process. Then crisis itself can just be a trigger for these events, and have no further bearing on the actual transformational process. The crisis can also contain very significant components that shape the later spiritual development. Everyone is unique.

Eventually there develops a better ‘practice’ or lifestyle, one component of which regularly acknowledges that “Something” which is greater than all of us – you can call it God, Allah, Yahweh, Vishnu, Gaia, or whatever. We move into new territories of the mind, and beyond the mind, into new realms of existence, sometimes only previously accessible through the use of drugs (which also distort perception of these spaces). This is the maturational process into full spiritual emergence; and it happens all the time to ordinary people all over the planet through normal processes like falling in love, being hurt, having babies, working, burying parents, etc. Most of the time that it happens, it is within normal levels of tolerance and is just not fully recognised, and so it is unfortunate that we have to point a finger at aspects of such a normal, healthy development: We have to call it “Spiritual Emergence”, so that people who are go through some of the more extreme forms of it, can be put into a similar context, and not be treated as aberrant or abnormal.

Most of the time, the “Spiritual Emergency” – the ‘emergency’ part of it - has been created, not by the processes of the person involved, but by the inability of the environment around that person to contain that person’s particular process of

² The Stormy Search for the Self: Understanding & Living with Spiritual Emergency. Grof, Christina & Grof, Stanislav; (Thorsons) 1991

³ The Soul’s Code; Hillman, James. (Bantam) 1997

Spiritual Emergence at this moment in time. In many ways, the environment of the Findhorn Foundation, or other similar spiritual communities, has allowed many people to have their process there, relatively un-traumatically, surrounded by others in a caring and supportive environment. I have seen notices on a member's bedroom door, "*Do Not Disturb! Having a Spiritual Emergency!*" This is great; they are acknowledging it themselves. But we have also sometimes been called out in the middle of the night, because someone is having a real emergency situation, spiritual or otherwise, and urgent appropriate action is needed. The energies of some of these places are very powerful, can affect people unused to them, and they do need handling properly.

In the 1970s and 1980s, Stan Grof and his helpers categorised a number of different types, or channels, through which people experienced their "Spiritual Emergencies". This is not theoretical categorisation; it is empirical research. They did not invent these categories: they just collected different types from their experience, and then described them. As mentioned, some more categories have been added to this list since then; some by me, some by colleagues; again not from theory but from direct experience. These are what Spiritual Emergence processes can really look like.

However, we first have to do a little check, to ensure that we are not misinterpreting something for what we might like it to be. We have to ensure that the person is really only having a Spiritual Emergence process, and that there is no pathology, or other circumstance, that might otherwise be covered up or ignored by this process.

A Spiritual Emergency, which might be more suitable to be treated by alternative responses, can be similar to, but very different from, pathological psychoses or aspects of mental illnesses or conditions, which are often more suitably contained (but not necessarily cured as of now) by more traditional methods like hospitalization & psychotropic medication. What follows next are those conditions which might indicate whether it is appropriate or possible to work with a person from the perspective of a Spiritual Emergence process. These criteria can also be used as contra-indications. If some of these criteria are present, then it may not be possible to work with this person on their Spiritual Emergence process – at this moment in time.

**CRITERIA TO HELP DEFINE A SPIRITUAL EMERGENCY AND
CONDITIONS UNDER WHICH IT MAY BE APPROPRIATE TO WORK WITH
SOMEONE AS A SPIRITUAL EMERGENCE PROCESS.**

- a) There are episodes or experiences which involve changes in consciousness (altered states) or significant changes in perceptual / emotional / cognitive or psychological functioning that incorporate a psycho-spiritual perspective.
- b) There is an absence of organic brain disorders underlying the abnormal mental / emotional functioning of the psyche (i.e.: the symptoms of some types of epilepsy (temporal lobe) can be mistaken for psychoses, but are easily curable with a non-reactive pill: changes in the production of dopamine / serotonin in the brain can also significantly affect the person's mental and emotional state.
- c) There is an absence of a physical disease in another organ system, which will permit the person to undergo safely the physical and emotional stresses that can accompany the working through of a transpersonal crisis - AND there is sufficient ego and physical strength available in order to go through such a (possibly powerful) transformative process.
Such an illness or organic condition does not mean that it is impossible to work from an S.E. perspective, but it makes things more difficult; other factors need to be taken into account; or the working with or treatment of the illness / organic condition becomes more relevant.
- d) **(This is an essential condition.)** There exists in the person the ability to see their condition as an inner psychological process and approach it in an internalized way with the capacity to form working co-operative relationships with people around them. This thus often excludes people in severe paranoid states, persecutory delusions and hallucinations, socio-pathic or violent behaviour, and cases where there is a lot of projection, exteriorization and acting out; or it excludes normal working with these people when these conditions are present, as one then may be working with them to get back within the 'comfort zone' of a normal therapeutic relationship.
- e) There is an absence of a long history of conventional psychiatric treatment and hospitalization which tend to make the working out of a transpersonal crisis much more difficult, or sometimes even impossible, due to the physical /emotional / mental damage to the psyche from the medical or psychiatric treatments and institutionalization to date.
- f) Since the line between a Spiritual Emergency and a Psychosis is unclear, any decision made should involve clear and maintainable agreements. If these cannot be maintained, therapeutic work stops, until they are restored. Firm and final diagnoses or decisions are inappropriate. This implies that there must be a continual assessment and supervisory process paralleling the personal (or transpersonal) process.
- g) **(This is an essential condition.)** There exists a safe, supportive environment in which the person can go through some of the more dramatic or demanding stages with people available to assist their process, if needed, who have had similar experiences, and/or professional training, and/or who are very good for that person.

This last condition (of a safe and supportive environment) implies either

special residential facilities and /or a special 'crisis' group essentially formed around the person in crisis. There therefore has to be a special place, a special crisis group, special agreements, and people specially assigned. If these criteria can be met, then – and only then – treating the crisis as a transpersonal process or a Spiritual Emergency **might** be more appropriate than a traditional psycho-therapeutic or a psychiatric approach.

There is sometimes a dichotomy between:

- (a) Taking the person out of their environment into a much more specialized environment (a Crisis Centre, a Retreat House, a Sanctuary, etc.) where the person can have their crisis more safely, and with more resources to hand; and
- (b) Forming a crisis group around that person, in their own environment, using a 'grass-roots' approach with some specialized input.

These are not mutually exclusive. Sometimes one is more appropriate than the other; other times first one, then the other, are appropriate. However, if the crisis centre approach is used, great care and preparation must be taken when the person is eventually re-introduced back into their previous environment (see Crucial Support Issues).

Further reading on the concepts of a Spiritual Emergency can be had from the Grof's book, *The Stormy Search for Self* (Tarcher) and other specific Spiritual Emergency books in the Reading List. There are also Internet articles by David Lukoff (and others) added as an Appendix to this book, on this precise subject.

The definition of a Spiritual Emergency, as a "religious or spiritual problem", has now been included into DSM IV.⁴

⁴ **DSM IV** is the Diagnostic & Statistical Manual of Mental Disorders, Fourth Edition, of the American Psychiatric Association. It uses a multi-axial classification: Axis I is for clinical syndromes; Axis II for personality disorders; Axis III for general medical conditions; Axis IV for psychosocial and environmental problems; and Axis V for Global Assessment of Functioning scale. Thus an example of a DSM-IV multi-axial diagnosis might be: Axis I: Alcohol Dependence; Axis II Antisocial personality; Axis III Cirrhosis; Axis IV: Arrest, Drunken Driving, Death of a Child; Axis V: Level of current functioning 45: (serious symptoms: e.g. suicidal ideation, severe obsessional rituals, frequent disruptive / antisocial behaviour; OR a serious impairment in social occupation or functioning: e.g. no friends, unable to keep a job, criminal conviction & imprisonment).

SYMPTOMS OF / TYPES OF SPIRITUAL EMERGENCE PROCESSES OR SPIRITUAL EMERGENCIES

The common denominator of all crises of transformation is the manifestations of different aspects of the psyche that were previously unconscious.

S. & C. Grof: *"The Stormy Search for Self"*

The following list does not mean that these types or forms of process appear by themselves or are neatly differentiated. Neither are the following examples completely inclusive. The psyche is a continuum with few boundaries, many levels, and very many different dimensions. Often aspects can appear together, or in succession, or cyclically. Categorising actual case histories and then creating an observable differentiation between them originally created this very empirical list. From my clinical experiences, I have added to Grof's original list (the items marked by a •). This list of manifestations is not necessarily complete.

An Opening to Life Myths or Archetypes

Where one perceives one's environment and one's own process in terms and symbolic images relating to much larger perspectives. Issues of power thus become Dreams of Kingship; a cave can represent an Entrance to the Underworld: decision-making becomes the struggle between Good and Evil. Other examples include: Communing with Nature; that one has a Mission in Life, etc. All these sorts or any sort of these experiences can fall into this category; and you can almost hear the 'capitalisation' of the words.

A Shamanic Journey

Where elements of the person's transformational process relate to similar experiences that are often found in earlier, tribal, or more primitive societies; like perhaps the native American-Indian, or such as those described by Carlos Casteneda. Experiences such as 'vision quests'; the appearance of 'spirit guides' or 'allies'; preparations involving fasting & purification; journeys to the spirit world, the 'crisis' often involves a feeling of total annihilation (or death), followed by resurrection and re-birth to celestial realms or contact with ancestors, or the Great Spirit; special connections with natural elements or an identification with particular type of animal; development of different healing powers and certain types of spiritual illness; can all form a part of this classification.

Communication with spirit guides or channelling

Where someone is both getting and giving out informational material that seems quite disconnected from their normal self, and has a strong consistent spiritual quality and often is couched in teaching or guiding terms, either for the individual concerned or often for people in general. Sometimes the 'channel' is in a trance (more like a medium) and unaware of this material, or sometimes they are acting more consciously. The information can be relayed by speech, in trance, or by automatic writing, telepathic transfer, visions, etc. Well-known examples include: the works of Alice Bailey, Eileen Caddy & Dorothy McLean (Findhorn Foundation); the Hindu Vedas & Upanishads, Book of Mormon, The Course of Miracles, Seth Speaks, etc.

Near-death experiences

People's experiences of being close to death or even of dying and then coming back to life can (nearly always) lead to a form of spiritual opening and a transformational process. One's consciousness can detach from the body and float around an accident scene or a hospital surgery or distant locations (often to see a loved one); or where there is an experience of a passage through a tunnel to a brilliant &

beautiful source of light and there is a presence of love, as well, then with a message that one needs to return. These elements are the most common ones and are not confined to people from any particular religion. All these elements can (often) result in a profound subsequent shift in perspective and a new determination for the individual to live their life in a much more congruent way, often dedicated to the service of others.

Kundalini Awakening

Where powerful energy is flowing, often in episodes, sometimes quite surprisingly through the body. This can take the form of cycles of jerking, shaking or sweating; spontaneous movement into yogic positions; rushes of energy, often up the spine; hypersensitivity to stimuli; powerful waves of accompanying emotion; a decreased ability to control their body voluntarily; sensory manifestations - seeing bright lights, hearing inner sounds, smelling fragrances; sometimes intense sexual or orgasmic feelings; what is sometimes called "satori"; or an experience of the powerful opening the chakras (energy centres) of the body; and, more worryingly, possible simulation of, or stimulation of, severe medical problems. It can also be seen as a spiritual purification of your body as this powerful 'body' energy sweeps (or blasts) away, cell by cell, the detritus that has accumulated over the years in a transformative spiritual experience.

Episodes of Unitive Consciousness or Peak Experiences

Where the person experiences being 'at one' with other people; or other things; or the whole world; or the cosmos; or merging with God. There is a sense of transcending space & time and there can be an experience of infinity or eternity. "The emotions associated with this state range from profound peace and serenity to exuberant joy and ecstatic rapture." *Grof: Spiritual Emergency*. Abraham Maslow described these states in depth, calling them 'Peak Experiences'. They are not a hallucination or form of mental disease. Eastern philosophers refer to something like this as "kensho", "satori" or "samadhi", and these type of enlightenment experiences typically lead to better functioning, a more laid-back way of life and the goal of "self-actualisation".

Emergence of a Karmic pattern or "past-life" memories

Where experiential sequences occur of what seem to be 'past-life' situations or encounters (often connected with partners, parents or experiences of death). Beliefs in reincarnation exist in nearly all major religions, except Muslim and Christian (post 553 AD). There are however quite definite experiences or sensations for many people (of all religions) in this category. They frequently have a powerful transformative or therapeutic result and can often "explain" otherwise incomprehensible difficulties in their life up to this point. They can intrude quite powerfully and cause considerable confusion unless integrated.

Psychic Opening or the awakening of extra-sensory perceptions (esp)

The emergence of certain paranormal abilities is quite common and quite powerful, and thus is also potentially quite difficult to deal with. It is easy to get "hooked into the symptom" and forget that this is just one aspect of a much deeper spiritual awakening process. And this is also where power can easily be abused. Out-of-body experiences, telepathic or empathic abilities, spiritual or psychic healing powers, pre-cognition, communication with other dimensions (nature spirits, devas, etc.), mediumistic identification, synchronicities and many more, all form quite common aspects of this category. Sometimes these abilities are feared and thus rejected, either by the person or by those around them. Alternatively they can

become "Glamorous Powers"⁵ and be abused by the recipient. When they are not abused, they lead one further into one's spiritual development: they are not an end in themselves.

Experience or Close-encounters with UFO's:

Irrespective of whether or not this type of experience has actually happened, or whether alien spaceships actually exist, and irrespective of whether or not the person is judged by others as being insane or not – peoples' descriptions of these types of experiences, and their attitudes to these experiences, and the way these experiences are subsequently incorporated into their lives, and the resulting transformational changes that occur as a result, allow these experiences to be included with the other transformational experiences: examples also include 'experiences' of alien abduction, or alien insemination.

Psychological Renewal through a Return to the Centre:

The deep "renewal process" is where the psyche appears to be involved in a battlefield where the archetypes of Good & Evil, Light & Dark fight it out: *Lord of the Rings* stuff. There is a pre-occupation with themes of cosmic struggle and death; there is a fascination with opposites and polarities. People who are having these experiences:

"... experience themselves as the centre of fantastic events that have cosmic relevance and are important for the future of the world. Their visionary states take them farther & farther back - through their own history and the history of humanity, all the way to the creation of the world and the original ideal state of paradise. In this process, they seem to strive for perfection, trying to correct the things that went wrong in the past."

Grof: Spiritual Emergency.

Things can then start to get a bit better. Quite often people having such experiences might get involved in a form of "sacred marriage"; either in imagery or even in reality – possibly even projected onto someone else - and then things become fantasized as "ideal". They have supposedly now integrated their masculine & feminine. However the crisis is by no means over, even though everything now seems wonderful. Nothing has been really integrated or worked through, just experienced. Some of these attitudes can be found around in certain "New Age" therapies, like "Soul Renewal" or Re-birthing.

Possession:

This is where the individual seems to take on the characteristics of a totally different personality or becomes 'possessed' with an interest in a particular field. Sometimes there is a 'shadow' element in this: it can also be seen as 'evil': it can be compulsive: it can also be someone who is dominated by their environment or surroundings. e.g. the Army martinet who will only ever do things by the "book".

There has been a lot of work being done with Multiple Personality Disorders - called work with "possession states" though I might disagree as MPDs could equally well be the splitting up of the personality into fragments under situations of intolerable psychic stress in order to preserve aspects of the Self and then creating a personality around that fragment as one is unable to integrate otherwise.

Integration work could centre around the topics of respecting the personality, validating it and dis-empowering the process or the need to maintain the separation. 'The remedy is always inside the experience itself.' Wilhelm Reich said: *"The way we got in (to the trap) is also the way out."*

⁵ viz: the series of novels by Susan Howarth about the Anglo-Catholic church, one of which has this title.

Another description of possession is, “that we can distinguish it from mental illness because the sufferer is sane; he feels he’s periodically being invaded by a malign force, but this isn’t a delusion stemming from paranoia. However, the condition is extremely rare and the resemblance to some forms of mental illness makes it difficult to diagnose. ... The classical exorcism of a possessed person requires extensive preparation and an army of helpers - ... a psychiatrist, a psychotherapist and possibly a social worker in attendance along with at least three strong men, all of whom, ideally, should be priests.”⁶

Unfortunately, some ‘cases’ of (what might be) possession are treated very badly by ‘priests’ or ‘ministers’ within the various religions: there have been some cases of some people really suffering badly or even dying as a result of an extreme exorcism process. I am also sure that some people have been ‘saved’ by proper exorcists.

Synthesis of Forms: Several of the above experienced simultaneously or serially. Remember this accumulation of events, in itself, can push someone into a crisis: one can cope with one of these situations; by two or maybe three might cause the lid to blow, or a psychotic depression to set in if your psychic boundaries cannot expand to incorporate these, your limits have been overwhelmed, or your sense of yourself flooded.

This is the end of the Grof’s list: Other possible clusters of symptoms follow:

- **Addictions, drug and alcohol dependency:** Christina Grof also lists dependencies as a possible form of spiritual emergency, from her own experiences, and from others, and devotes a whole chapter to it in their book, *Spiritual Emergency* (see Book List). She states that the craving for the drug, or whatever, is often a craving for transcendence, the Higher Self, or God, but in a lost and inappropriate form. The Grofs also state that addictions can be developed during spiritual emergencies as a way of easing the stress. Many addicts have highly developed intuitive senses, or visionary and precognitive capacities, and this has given them many troubles and even contributed to their addictive behaviour as they try to avoid difficulties with their psyche.

- **Social Forces:** Alternatively these sorts of processes can be ‘acted out’ on a sociological level involving us all. William Wilberforce ‘took on’ the issue of slavery and eventually managed to have it made illegal. He changed as a result of the process: from a philanthropic Member of Parliament via a “conversion experience” to a committed Christian, resulting in major changes to his lifestyle and a lifelong concern for reform.

There is the current sociological phenomenon with childhood sexual abuse. For many the emergence of childhood sexual abuse out of the closet into open discussion and eventual acceptance was like a revelation: we did not now have to struggle against the disbelief of society that “this sort of thing just couldn’t happen in our family”: but it often did. Now it is part of the mainstream fabric of society and we are realising that most abusers were themselves abused. Something similar might also be applied to the current fascination with serial killers.

With the advent of globalization, such social forces have an exaggerated effect on the whole planet. We need to consider the wider aspects. Now we are seeing again the renewal of the demonization of the ‘enemy’: Saddam Hussein has been called “The Butcher of Baghdad” and there is “an Axis of Evil” and a “War against Terrorism”. The tabloid newspapers and Hollywood often fuel such perspectives, and maybe occasionally even help us on towards a collective form of Spiritual

⁶ Howatch, Susan: *Mystical Paths* (Fontana) 1992: pp 457-8

Emergence process whereby the exotic lives of their “stars” become more normal and accepted. They can also work the other way and demonize. Films portray subjects like contact with the dead; star gates; the development of psychic phenomena; possession; shape-changing; etc. and so begin (in a perverse way) to normalize some of these processes. Such imagery is very powerful and works on the collective. We can even see whole groups caught up in such processes, where literally hundreds of cases of child abuse with satanic rituals are diagnosed mostly erroneously. To the individuals caught up in such social forces, these can trigger off a Spiritual Emergence process.

Another form of spiritual emergence process, in the social field, could be the Olympic Games: the ‘winner’ is crowned with laurel leaves, is treated like a God (on Mount Olympus) and has achieved “gold” status (gold often being a synonym for spiritual transcendence. Sportsmen and women often describe the process of ‘going through the pain barrier’, working with their inner self, facing their fear of failure (daemon), and other experiences in terms very similar to descriptions of a spiritual journey.

- **A psychotic episode:** This experience can be an extraordinary shake-up to the whole person’s psychic system. Sometimes the person involved cannot contain their increasing spiritual energy within the bounds of their own psyche, so their psyche overloads, or floods, and they have what is essentially a psychotic episode: a real one, not a mis-diagnosed spiritual emergency. But this psychotic episode can, in itself, also be a very significant part of their spiritual journey. In the episode itself, there is almost no meta-communication; but there is often a significant period of isolation away from work, family and friends. There is quite often a sense of ego-destruction and a realization that you don’t really know yourself at all. You may not also have realized significant aspects of the society you lived in and the people around you, and how their attitudes to you changed dramatically when you changed. Pain can be caused and damage can be done, by the process itself, and also according to the type of ‘treatment’ and the length and severity of the psychotic episode. Once the episode is over and the person has recovered and is restored back into their society, their spiritual emergence process can then proceed more or less unhindered. They will have to integrate this psychotic experience and also work against the ‘shock’, the ‘shame’ and the ‘black-listing’ of having become psychotic; any damage that may have been caused by psychotropic medication; or guilt caused by them causing others distress. This is also a type of spiritual emergence process that it is not advisable to repeat.

- **Major illnesses and accidents:** These often result in an enforced period of reflection, a dramatic change of behaviour, and an extended process of recovery that can be cumulatively transformative, and they sometimes also have a profound spiritual component. Often, for the first time we are faced with the very real & immanent possibility of our death. Of course, not all of the people suffering from these illnesses and accidents are having a spiritual emergency, but it is often a significant life crisis, and the opportunity to develop spiritually is there, as ever. The essential parameters all exist and it is often ‘used’ as such. People sometimes pray seriously for the first time in their life; they confront their mortality and their belief systems about a life after death, a larger cosmology, or the purpose and value of their life to date. If we are to normalize this process of Spiritual Emergence, then we must include the ways most ‘normal’ people actually change their lives. These experiences happen to very normal people and many of them happen; just read the *Reader’s Digest* regularly and find out what ‘normal’ people write about their serious illnesses.

• **Direct religious experience or conversion:** This is a form of experience where, quite naturally, and well within socially accepted formats, people have these sorts of direct experiences, usually connected to an established religion. Leonard Cheshire, a famous war-time RAF flying officer, read the Bible one night, had a religious experience, converted to Roman Catholicism, and went and founded the Cheshire Homes: a number of charitable nursing homes for ex-service men and women. Saul of Tarsus on the road to Damascus had a vision of Christ, whose followers up to then he had been persecuting. He then converted to Christianity, became the Apostle Paul and wrote a number of books (of the Bible) and many letters to other people, becoming a major force in the early Christian church – though not always for its ultimate good. Joan of Arc, a French peasant girl, heard angelic voices, which told her to save France, and so she goes and does the unthinkable, for a girl then, guided by her voices. She puts on male clothing, goes on a journey to see the king, and then raises an army, which defeats the English. There are many examples of this type of religious or spiritual emergence process. The hundreds of thousands of other men and women who have been struck by a direct religious experience, or who have received a vision, and have been transformed by such an experience, have changed their lives and have devoted their energies to the service of others: dare we really say these experiences were not aspects of their spiritual emergence process?

• **Ritual Initiation:** In some cultures and societies, every person is still seen as a potential initiate. At some point in their development, often around puberty, they are removed from their normal society (parents, village, etc.) and put into the hands of others: (the men, women, elders or priests). They are given a prolonged experience of teaching, often frugal feeding, nearly always extended isolation, the experience of personal surrender, isolation, and often an experience involving a high degree of pain. There may be a form of circumcision, breaking the hymen, or ritual scarring. They are also encouraged to share their dreams or visions. They are sometimes given a new name. This is the way they become an adult: in that society, and thereafter – if they pass through the ritual successfully – they are able to hunt, fight, heal, or bear children. The formats differ from tribe to tribe, but the basic pattern is nearly always there. This process is specifically designed as a transformative and initiatory experience. It is not just developmental or sociological; it is also often personally developmental and deeply spiritual. In our culture, this type of initiatory ritual is found often still in some private secondary schools, military academies or ‘boot camp’, the priesthood (of course), and medical doctors also go through something similar in their training.

• **Culture shock:** For some people it is the direct experience of being projected into another culture that is the essential trigger. This can also be a culture within their own culture, a sub-culture, that they had not experienced before: someone who is suddenly arrested and put into prison; the shock of being a new parent and realising that ‘mothers’ are a sub-class of society; of becoming retired, or fired and unemployed and being devalued as a person because one is not in ‘productive’ work; or one is just doing something different, but unacceptable to the rest. These shocks to the system, the life style, have the effect of shattering many previously held assumptions, and this can be enough to trigger such a spiritual emergence process. Of course, in many cases it doesn’t, and we just have to cope with the experience of feeling that you are suddenly living on an alien planet. For other people, it is sometimes the impact of experiencing, for the first time, something like grinding poverty. Many missionaries did not get their true conversion until well into their tour of duty in the depths of another continent. The different smells, climate, food, mores, and customs are all a shock to our systems – often a much greater one

than we could possibly realise. Sometimes, something in this new medley of impressions then gets through to us, and our spiritual emergence process starts.

- **Burn-out:** This is a later addition to the list, even though it has been implicit for a long time. There is a book by Dina Glouberman, a psychotherapist and founder of the Skyros Centre, called *The Joy of Burnout*, where she writes that often we ignore our ‘soul-whispering’ against an unhealthy job or relationship. “*Your heart has gone out of something but fear, often of the loss of your sense of identity, drives you to work even harder or give even more.*” Recently surveys by the UN International Labour Organisation in Britain, the US, Germany, Finland and Poland discovered that workplace stress, burnout and depression “are spiralling out of control” and affecting, on average, one in every ten workers. In the UK, it is three out of ten employees that suffer mental health problems. And 100 million workdays are lost each year due to stress, at a cost of £5.3 billion. Burn-out is often not publicly or socially acknowledged because of the various associations with a mental breakdown. Society also seems to encourage this form of process by (almost deliberately) not educating people in simple stress reduction techniques: the Protestant work ethic reigns supreme! The sort of crisis situation that arises here can become a transcendent opportunity to break out into a different pattern of work, or of newly creative work, or as a breakthrough into a different way of being.

- **An intense course of study, especially if transpersonally oriented:** Starting a Ph.D. can change your life! So can studying to enter the priesthood, or become a Buddhist monk – though there might have been an initial conversion experience first to start you on that particular path of growth and change. Many students at university either crack up or drop out, leading to further transformative changes. Since self-examination is an intense course of study, entering into psychotherapy can also precipitate a process of growth and change, even though you might have entered into it to save your marriage or your job.

- **Other crisis events:** For many others, there were experiences in the most extreme of situations; in concentration camps; when facing death on a mountain; during war time; in a shipwreck, a car accident, an earthquake; or some such similar event, where they have a direct religious or spiritual experience: it becomes an apotheosis. Their fear of death goes. They experience, at that moment, often a deep sense of peace. There is often a sense of contact with “*something much bigger than themselves*”. They are uplifted and transformed by this experience. They now know, or have had, direct experience that there is something “other” than themselves. The horror or danger around them is then viewed totally differently. Their future life is also often changed radically. By all accounts, they are more calm, less angry, and more open, at least. They may also do more good deeds, kind work, and showing a dedication and caring for others. I believe that these types of events should be included as well in the list of Spiritual Emergency symptoms.

- **Normality:** Finally, as mentioned before, there are the hundreds of thousands of people who evolve naturally and easily through their own life experiences, the joys and the sorrows of normal existence, and develop a deep and lasting spirituality. Sometimes this is within their established religion and culture, and sometimes they gently change it, or move into a new society, or marry into a new culture and find themselves that way. There are perhaps no epiphanies, no visions, no psychotic episodes, no dramatic changes. These people vastly outweigh the ones we are writing about, but they don’t talk about this much; it has been natural for them. They go to church; they pray; they help others; they give to charity; they contribute

in many unseen ways to the betterment of their society; they are dedicated to this way of life. And they lead a truly natural spiritual life. They (maybe) don't need a Spiritual Emergence process.

ADDENDA:

As mentioned, there can be a succession of these events or symptoms, leading up to a crisis, or a synthesis of a number of these different forms all in one package.

Example 1: I worked with one person who just did not understand what was happening to them, and was somewhat hyper-manic as a result and as part of their process. At one point I gave them a copy of Emma Bragdon's book, *The Call to Spiritual Emergency* (see booklist). Then they said, "Oh, so that is what is happening to me. I have this symptom, and this one, and some of that one. Now I know more of what is happening, I can cope." Their crisis was essentially over with their expanded understanding and they were then back 'in control'. We had taken them to go to a doctor to get some mild sleeping tablets to overcome their lack of sleep and curb the hyper-activity they had been going through. Thereafter they were fine, we started the integration work, and they caught their plane back home on schedule. When that person got home, over the next 18 months, he wrote nine small handbooks for people in such crisis situations.

Example 2: Another person phoned up a Spiritual Emergency Network help-line (in the USA) and asked, "Can you help me. God came and sat in my head last Christmas." When asked what she meant by this, she said, "Oh, I just know what people are thinking about when they come close to me. But my pastor says, 'I am of the Devil'; my women's group think I am a witch; and my husband does not want to know about any of this stuff." She was essentially OK within herself with the symptoms of her Spiritual Emergence process in that she had experienced "God sitting in her head" and the extra-sensory perception, and these things did not frighten her, but she was having a 'Spiritual Emergency' because the people around her were uncomfortable with it - so whose crisis was it?

The Surrounding Environment:

Therefore the environment around the person having a Spiritual Emergency is very, very important.

There is an archetypal story of a psychiatric patient coming out of an asylum who happens to see a guru, sitting naked under a tree with lots of people listening to him. He asks the guru, "What are you doing that is different? When I did that, they locked me up in there." The guru said, "It all depends on who you talk to?"

David Lukoff (see Appendix) says: "Not talking to anyone can drive you crazy." So it is a matter of finding the right people to talk to, or being in the right place, at the right time, in order to go through your Spiritual Emergence process successfully. All this forms part of the surrounding environment.

Location, location:

I first met Grof & Mindell (see Reading List) at a conference on "Spiritual Emergencies" in Monterey, CA in 1990 where they, or Grof particularly, was promoting the formation of a crisis centre, a special place - like Esalen⁷ perhaps -

⁷ Esalen: www.esalen.org

where you could go to have your Spiritual Emergency. I surprised myself by disagreeing with him/them, feeling from my own experience, based on my clinical work in the Findhorn Foundation community, that it is actually better to create or re-educate the people around the person in crisis, their personal 'community', rather than remove them from their friends and family, in order to have their crisis properly. And then they have to re-integrate themselves (hopefully the "New Self") back into their original 'community'. It doesn't make a lot of sense and it costs a lot less.

Like everything else, there is not really a pre-determined 'right' way or 'wrong' way for people to go through their processes. Both models have their valid moments and I have mentioned this before and I also recommended a "Zen" space for people earlier on. Many times alcoholics or addicts may need go to a very structured detox. centre or rehab. unit in order to:

- (i) go through their crisis of withdrawal, with its special medical components, and also
- (ii) go through the necessary process of education and re-education, and also
- (iii) have a safe, contained and tested structure with clear sets of rules in order to 'contain' them as they 'come off' their addictive substance or behaviour.

Leaving the safety of that sort of space and coming back into their community often brings on a secondary crisis. Sometimes 'crisis centres' can be used a little bit like dustbins, especially if the crisis is not handled properly and their family and friends are not integrated into the process. Therefore I, as a single private practitioner without the access to or resources of such a crisis centre, tend to want to work really hard with the person's family and friends in order to help to change the environment around that person in a Spiritual Emergency, or to help to create a supportive community around the person in crisis, before I would even consider removing them to a different location (NB: Notes on Forming a Crisis Group are in Section 1).

CRISIS AS SEEN IN TRANSFORMATIONAL TERMS

A friend of mine said to me once that often, if someone in crisis can really open their eyes, there is always help just there, ready & waiting, help which is actually perfect for them. This is nearly always true. However this perspective involves a level of trust in the "reality" of a crisis being a real and significant part of a person's transformational process, or part of a "Greater Plan", or perhaps a new step in their "Path," or whatever.

Often it seems quite differently. I have absolutely no wish whatsoever myself (and I deplore those who do) to try to stick a label of "this is just a difficulty in your personal Path of Transformation" onto someone: e.g. whose child has just died or who is experiencing a lot of pain or fear. One client of mine came into therapy after being, and because of being, 'busted' for drugs and it was the eventual rejection of these drugs (and that lifestyle) that eventually brought about a significant change for him, his wife, and his child.

It is not just a matter of re-framing the crisis perspective from something negative towards something more positive. It usually involves a gradual change towards a whole new set of beliefs - which, if it is to be effective, has to be based more on actual experience and not just on 'nice' New Age or Zen thought forms or affirmations - however actually true or useful they may be. It is insulting to the person otherwise, especially if they are in crisis to put out these thought forms or believe systems, however strongly you may believe in them yourself, especially if they are not ready for them. However your belief can be helpful too. The fact that you believe in this process may be very helpful, if not essential, but timing is also very important, and that is why I am mentioning it here.

You must also allow the person to become different, to transform (if that is what they are doing), - and this is very, very important - at their own pace and in their own direction. You must recognize their pain and crisis (which has to be worked through) and by so doing, perhaps help them to recognize it and fully experience it, and thus to find and re-formulate their own belief systems if they are to transform this experience. Often new belief systems are used as an escape from some of these more painful issues. The fact that, or belief that, "God Is Love", can help one when working through the deep pain and issues of abandonment when a marriage breaks down: but it should not be used to avoid working through these issues.

Traditional priests and ministers are quite well trained in maintaining this sort of differentiation and helping people through their process - albeit along fairly traditional paths. Psychotherapy and counselling is also the "new religion" and psychotherapists are usually sufficiently well trained as well in helping people with their processes. Psychologists, counsellors, and life coaches are sometimes not quite so well trained in helping people with their deep emotions and persisting with them in working through all aspects of these: but maybe this is my bias speaking. Just remember - it is their transformation, their journey, and they may not know where they are going with it.

SPIRITUAL TECHNOLOGIES AND TOOLKITS

If you can imagine having the most wonderful super-duper screwdriver with all the fancy bits and bobs, which is able to undo every possible type of screw, but what you are actually faced with is a recalcitrant 8mm hexagonal nut, then you have got a problem, if the screwdriver is all that you have. Similarly, the most comprehensive spanner set, with all the different sizes of spanners, sockets and ratchet handles, is useless when dealing with different sizes and types of screws. To help with these processes, we need a reasonably versatile 'spiritual' "toolkit" and we also need to understand some of the "technologies" of the transformational process. Most of the "tools" and "technologies" fall into number of simple categories or precepts:

Feel the experience – Most of us have developed or learnt very good strategies to avoid feelings, especially painful ones, but also sometimes intimate ones, powerful ones, aggressive ones etc. Nothing can really happen in your transformational process unless you allow your feelings - whatever they are – to emerge. Then they can be looked at, worked with, and possibly changed. But they have to come out first. So, please, allow yourself to feel. Having done so, as fully as possible, there is often an element of grace or change that comes afterwards. This can be seen as the transformational gift: but it can't be searched for. There are also some strong connections here with some of the neo-Reichian bodywork concepts to do with helping to release deeply suppressed feelings and so some psychotherapeutic help may be helpful initially. But, "feeling the experience" is also a moment-to-moment process as well, and you are going to have to learn how to do it for yourself.

Trust that there is help – Sometimes one feels terribly alone. A friend of mine said to me once that often if someone in crisis can really open their eyes, there is always help just there, ready & waiting, which is actually perfect for them. This is sometimes true. However this perspective or belief system involves a level of trust in the "reality" of a crisis being part of a person's transformational process, or a "Greater Plan", or a new step in their "Path", or whatever. Often it seems very differently: our life is in a mess and it seems as if there is no-one there who cares or understands. Don't trust that thought! Ask for help.

You're sometimes better off not alone – In the growth movement we have often have the privilege, and know the value, of having someone else there – sometimes just to witness – sometimes to facilitate, especially in cases of emotional expression and especially those emotions that we have difficulty with. Sometimes we even need do it in groups, as the range and quality of people's experience is multiplied and thus increasingly validating. You also get wider perspectives. Sometimes you are better off not being alone.

You are sometimes better off alone – A "Zen" space can be very useful in order to go through some of these issues by yourself has already been mentioned. Sometimes, and initially, this can be difficult; but the more that you can manage to do it, the more attractive it can become. However this might not be your path. You may need a "community" around you, or need to create a "community" around you for you to go through your 'stuff' or develop your process. Both of these can also change and be more appropriate for you at different times.

Cry if you can - The strangest thing about crying (perhaps this is a carry-over from infancy) is that we can often never cry wholeheartedly without a listener - or at least a potential listener. We often don't let ourselves cry as desperately as we

might. Maybe we are afraid to sink under the surface of the tears for fear that there will be no one to save us. Or maybe tears are a form of communication - like speech - and require a listener. There is a lovely moment in a film, *Three Colours Blue* with Juliette Binoche, where someone is crying and she asks, "Why?" The answer was "Because you are not." Crying is sometimes necessary.

Stay flexible - You are dealing with a dynamic situation, which can change in a moment in directions that you cannot imagine. If you are to be any use at all to yourself, or another person, it will mean staying very flexible, being able to change as the person's process changes, and yet also maintain an underlying level of consistency. Practice this with your own process before you practice it on others. Good luck!

Develop an overview - This follows on from the last comment. The type of transformative process people go through is often very confusing and frightening. They can easily get lost in it, hence the crisis. Your job, as a supporter or family member, is to help them also have an overview - almost a view of the process itself. What is it that is changing? This understanding is also somewhat instinctual and partially archetypal; you need to develop a sense of the core of the process. In some ways it is quite visceral, almost an underview, not a 'mind view' or a head-trip.

Just be in the moment - Again most of us are looking back to the past, or looking forward at future possibilities, or just thinking of something else. The more one can "be in the moment" and "feel the experience" the richer and fuller life becomes. You also stop punishing yourself for what has happened, or not happened, in the past and setting up expectations of the future which have little bearing on reality (when it happens) and can thus cause disappointments. This is approaching something of a Buddhist or Zen perspective.

Discover the lesson - Be aware of the process and try to extrapolate as to what the lesson is (or might be) because the sooner you get to learn the lesson, the less painful everything then becomes and so you can start to reap the benefits as you go onto the next lesson. Sometimes the lesson is to learn to stop doing something: like hitting your head against a brick wall & hurting yourself; or giving up an addictive behaviour. You will really have to feel the pain of that type of behaviour before you will begin to learn to stop. This maxim should only really be applied to situations that re-occur. We can get into a lot of masochistic introspection otherwise.

There are No Short-cuts - That is it! "Life is Difficult." "There Ain't No Such Thing As A Free Lunch" either. "Nothing Good Ever Comes Easy". "No Gain Without Pain". "Magic Wands Only Exist in Fairy Stories." "Do the Time." Whatever! You do need to 'get' this. Any guru or New Age practitioner or someone with an Indian or mystic name who tells you that you can change you life in a weekend workshop (or whatever) is talking b***s***!

Some experiences have no obvious lesson - I have absolutely no wish whatsoever to try to stick a label of, "This is just a difficulty in your personal Path of Transformation" onto someone (say) whose child has just died. (and I would deplore anyone who would do so). Some experiences may eventually turn out to be a Spiritual Emergency, but any premature 'diagnosis' can be insensitive to the point of crassness. Similarly someone may be genuinely mentally ill and experiencing the horrors of a schizophrenic episode - and again, to say this is a Spiritual Emergency is insensitive and crass.

The picture is probably wider or deeper than you think – We, as therapists, over the last few years, have all had to include the realistic possibility of child sexual abuse and incest in a client's history, as it is considerably more prevalent than anyone previously thought. As therapists particularly, therefore, we may have had to adapt from our original views and training perspectives and, as we listen to client's stories, allow our awareness to be triggered by certain stimuli that may indicate a deeper story. Similarly with increasing evidence and acceptability of (say) ... psychosomatic connections; the power of breath work; traumas locked up somatically in the body; birth & pre-birth experiences; near-death experiences; psychic experiences; and past-life events; we have to consider whether these need to be included in our tool-kit. How these can influence present continuums? As we grow, can we expand our consciousness to include these as possibilities?

Go Higher: Go Deeper – Sometimes the problem is that the real issue is not being dealt with properly: it may be more fundamental than you think; or it may be more archetypal than you think. What is the real truth? Keep asking yourself this question; go as deep as you can; widen your perspective! What is the greatest goal, the highest good? Keep asking. You'll get there.

Go With the Process – This is absolutely fundamental. If you are swimming in a river or the sea, and therefore very wet and tired of swimming, but you can't for the moment get out of that situation, then it is easier to swim with the current rather than against it (trying to get back where you came from). You are just as wet either way. Accept the process of transformation and change. Accept where you are, right now = even if it is not a very nice place. Work *from* these places, rather than trying to get back to where you were before, and then try to make things better from there. Try not to guess where you are going: you may only set up expectations that will not necessarily be fulfilled. Try to keep to the fundamentals of staying 'in the moment' and 'with the process' – right now. What do you need to do – for yourself – right now! There are lots more examples of this principle running all through this Handbook.

The Symptoms are NOT the Process – They may be indicative of the process; they may be irrelevant to the process; they may even hinder the process. Don't get hooked into what is called "symptomatology". Some people (less understanding of their process) latch onto the symptoms – "*What else is there?*" The symptoms may be indicative of the process, but they are not the process.⁸

Many attempts are made to "read meaning" into a person's symptoms: Louise Hay does this in her books, "*You can heal your Life*" and "*Heal Your Body*"; Or statements like, "*Because the car that I was in crashed on the way to the church wedding, it meant that I should not get married.*" This is a very seductive rationale. It may lead one to realising one's ambivalence about the proposed wedding. But the symptom (of the car crash) is not necessarily indicative of the process - because someone else in the same situation might have got out, left the car, hitched a lift and made it to the church on time. It is the process, what you do with it; that is important.

⁸ Example: Sometimes – not always – a person with anorexia is scared of her developing womanhood. She may feel that it seems unsafe for her to become sexual – she may fear becoming a sexual object or be exploited as a sexual person. If she doesn't eat, then she won't develop the breasts and hips that define her as sexual. Her periods may even stop. In this example, the symptoms (anorexia – not eating) are indicative of an underlying process (fear of sexuality). It must be emphasised that this example does not apply for all women with anorexia.

One might just have easily used a frown on someone's face in the church to "realise" any latent ambivalence. The two events are phenomenologically unconnected. Whereas the person who develops psychic powers as part of their spiritual awakening and transformational process may be caught by the glamour of the powers and take up a "mind-reading" act in show-business and this could hinder their transformational process, rather than (say) developing these gifts as a tool of intuitive medical diagnosis which could help a lot of people and lead one to need to understand more and more, in order to help people better. You need to choose the path you walk: ensure it is the right one.

Enjoy the Process – Using the image of the Transformational Process as a journey, and where the purpose of the process is the journey itself - then you might as well enjoy it, rather than hating it. Maybe you can even find ways of celebrating it. There is no benefit to anyone for us living a frightened or a miserable life. There are many marvels out there: and you just need to look for them as you walk along the road. Don't forget to involve your body. Eat, drink and really savour what you eat and drink. Enjoy movement, music, dance, exercise, - whatever it is that your body is telling you that you need. Seize the moment and live as fully as you can. Not doing something now, because of whatever rationale that exists in the back of your brain, may not help you later.

Regression is sometimes necessary, but don't over do it – Psychological regressive states, where the person is essentially regressed to a younger or simpler state, can have a lot of healing potential, but the choice to go into them **has** to be a totally free one. If the regression is spontaneous and chaotic, that does not necessarily help the process. Sometimes regression is over-used by some forms of therapies (e.g. Re-birthing), possibly because it is dramatic and effective, and more grounded work involving long periods of working with minute detail and gentle integration is then needed to counterbalance the dramatic breakthroughs sometimes achieved under regression. One must learn to manage the process, as well as go with it and not to get flooded by it.

It's really hard to go back, and looking back doesn't help very much either – Once all the stuff is out of Pandora's box, it is very hard to put the things back. If other people are involved, or significant time has passed, it may not even be possible. It may still be just possible (like anything is) but it would take an amazing amount of hard work, and it may even not be very productive. The client sometimes says, "*I wish everything could be the way it was.*" It is a legitimate desire, but not a realistic one. After all, having done so much and gone so far, is it really worth trying to undo everything done already? However it is still a legitimate choice, as well. Looking back all the time can also be very counter productive. It may be that one needs to grieve for what one has left behind, in order to leave it behind, and then move on. Beware pillars of salt!

Do you really want to change? – This is a legitimate question related to the last point. However, the question ideally should have been asked much earlier in a person's process. This is a "life choice" point, and there is a legitimate question that must be put. "Do you really want to change?" I feel a therapist is ethically obliged to say, "*Therapy can change your life.*" It can possibly help you to realize that your job is boring; your partner incompatible; you need a change in life style; or to go to India for a long while, etc. This may have emerged out of the therapy and is material that you (may) have been suppressing. It is important to realize that this stuff is the process of change. It is very difficult after this point to go back. It is like a point of 'no-return'. So, there is a legitimate question here: "*Do you really want to*

open this can of worms up?" Also, legitimate is: *"Do I really want to change – this way? Or now? Or this part of my self?"*

Stay Grounded – Whilst flights of fancy or fantasy, wonderful new experiences, transcendental moments, 'all tinged with gold', are marvellous and maybe even necessary to the freeing of the spirit and the creativity of the soul, nothing ultimately makes any sense or can happen with this marvellous stuff unless or until you are grounded as well. You are useless to yourself, and to others, if you stay on Cloud 17. You will need to bring it all back down to earth and use it there. Become human and mundane again, **without** losing this stuff – which is quite hard to do – and then the journey will be truly worthwhile.

Grieving is difficult – Our society doesn't know how to grieve well. An Irish wake, or something similar, allows one to let out all the emotion; the tearing of clothes, sackcloth and ashes, weeping and wailing, and then getting gloriously drunk and telling and hearing all the reminiscences from all the departed person's family and friends. Alternatively create an appropriate ceremony for yourself; weave into it all the bits and pieces that will make you feel better about letting this person, or thing, go and getting on with your new life.

There is no "right way" – We so often get caught up in issues of right & wrong; good or bad, etc. There is no right way, or not "one" right way. There is the way that you are doing things now and it may be right for you, and it may also not be right for those around you, at this moment in time. If you realize that this is so, then change it. It is your judgment-call. Alternatively, you may not like the effects of this at present, *"It doesn't feel 'right'"*, but ... you may have agreed to try it this way, for the moment, because others feel that this might be better for you, and them. If it doesn't pan out right, then change it. If it feels wrong, really wrong, then change it now. It is your path, your life, and ultimately your choice.

"Both... and..." rather than "either... or..." – It can be the case that something is both difficult and ecstatic; or works and doesn't feel right. We so often get locked into "either ... or ..." situations: black & white; Yes or No; Right or Wrong. We get caught between two polarities, and (often) neither is completely right. The world is a much bigger and more complex place than this, and there are many more than two possibilities or perspectives. Try out the difference: use "both ... and ..." instead. Take some time and hold both as true; and then (possibly) step beyond them both into a different choice.

"Should's" and "ought's" are NOT very helpful – We are often trying to change some of the precepts, rules and parameters that we have been brought up with. These thought forms or word usage tend to reinforce these: try "can" or "may" instead. *"You should stay together for the sake of the children"* is a lot narrower and more judgmental than, *"You can try to stay together for the sake of the children"*. We are trying to expand possibilities and consider different ways.

Primary? or Secondary? – Another "caveat" is to make sure of the distinction between the primary issue and the secondary ones. Often the "crisis" appears only around the disturbances generated by secondary issues. It may be "acceptable" to change one's profession, but to create a situation where one is sacked, or in a way in which you cannot continue (eg: a psychotic episode), is the way that creates the crisis. So this is more "secondary." It is these secondary processes that need "relief" and it is also these secondary processes (the 'symptoms') that are often treated by therapists or psychiatry. Once they are relieved then some of the primary issues

(the desire to change) can be looked at more clearly, as long as they are not forgotten and ignored. The relief of the secondary process is often generated by an appropriate intervention. This does not cure the problem, but it may make it possible to address the primary process. If the primary issues are exposed and faced, the secondary "crisis" can disappear, and the basic problem can then be resolved without another crisis.

Develop Healthy Discrimination – Part of the mature spiritual person's tool-kit is a better sense of discrimination or discernment. "*What works for me?*" - is a question that becomes more and more automatic the further you go along the path. "*Is this right for me, now?*" – is another good question. The more you ask yourself this type of question, and the more you listen inside of yourself for an answer, the more automatic it will become and the more refined your discrimination will be, and you can extend this and refine this endlessly. It can develop into a sense of something like intuition.

Look After Your Body – As mentioned occasionally, your body is very important. Crisis, fear, shock and stress can blow your immune system to shreds; your autonomic nervous system may be seriously out of balance; medications can be quite toxic, as can be the by-products of stress itself. Make sure that you: **(i)** drink at least two litres of water a day; **(ii)** eat healthily and variedly, using as fresh, well-cooked and healthy food as possible; **(iii)** get some aerobic exercise at least 3 times a week, so that you get sweaty for at least 30-45 minutes; **(iv)** try some progressive relaxation techniques, or a meditational tape, or listening to gentle music, or repeating a mantra, whilst lying down, for at least 20 minutes (ideally twice) a day or at least 8 times per week. All of these are pretty essential, if not mandatory, for a healthy lifestyle.

No Expectations – Expectations can really screw you up; and you can also set yourself up for a major series of disappointments. Whether this is a more of a "technology" or a "spiritual principle" (see later) doesn't really matter much, they can still screw you up and distort your perception and appreciation of the here-and-now.

A Sense of Humour – is another essential tool in your toolkit, or a technology to have. Many of the 'great' and 'good' who work in this field have an excellent sense of humour: Ram Dass; Patch Adams; Caroline Myss; the Dalai Lama; Nelson Mandela; Desmond Tutu; to name just a few. Their "sacred irreverence" is very encouraging, and very lightening.

Celebrate and utilize the "duvet day" – Sometimes we really need one, or two, or even a few extra "duvet" moments. Following your inner voice, and kicking the Protestant work-ethic out of the window, can sometimes be such a relief, a liberation, and such sheer pleasure that this also has to be included into our tool-kit.

What Works For You – is just what works for you. If it doesn't work for you, change it. You do not have to explain anything, justify this, or wonder about it endlessly. It either works for you, or it doesn't. Pragmatism reigns supreme.

'MADNESS' SEEN DIFFERENTLY

Crisis or Process:

There has been continual talk of the client's or the person in crisis' process. There have also been two basic views put forward:

- (a) That the (so-called) spiritual crisis is essentially a break-down of that person's coping strategies and what is necessary is to re-build new and better ones and to gain an understanding of what has happened; and
- (b) That the spiritual crisis offers a new potential - a break-through - to new possibilities, possibly previously unimagined.

The first is much less open-ended; it is more within mainstream thought and current psychological theories (cognitive behavioural or psychodynamic); it is better grounded and more pragmatic; it is easier to conceptualise; it is 'medicalised' in that it views the person more as a patient, or a victim of events; it is framed in ending the crisis as soon as possible - though not necessarily by reverting to the pre-crisis situation; it is more socially orientated.

"... the salient features of crisis intervention. It is immediate. It is brief. It includes a number of people, not just a single individual. It involves a mixture of practical and interpretive help, and it can stimulate creative developments in the life of a person or family, as well as alleviate distress."

from Joseph H. Berke, "Butterfly Man"

The second view is much more open-ended in that the crisis *is an actual part* of a person's unfolding psychological process; it is more controversial and more debatable; it comes more from within the fields of humanistic and transpersonal psychology; it is much more client-orientated; it is much more uncertain or unclear, as the outcome is not known, nor is the duration - though there are often practical limits set to this; and the crisis doesn't end, but it metamorphoses into a transition, transformation, evolution, break-through, or whatever and the eventual integration of that; it is much more demanding and difficult; and involves several paradigm shifts for the helpers and professionals.

These views are not totally mutually exclusive.

Caplan & Lindemann (pioneers of Crisis Intervention) argued that the best way to intervene is not by treating the symptoms of the tensions produced, but by helping the person (or the family) to confront and work through the crisis itself. An added 'bonus' is that the crisis can create an emergency state in which one's ability to learn and re-adapt is greater than usual. The ability to get through the crisis depends upon how realistically the person perceives the situation; the degree of interpersonal support the person has; and the depth of their experience of personal resources. The tasks of those who intervene include assisting the person and/or family to achieve an undistorted view of what's happening, mobilizing supporting relationships and acting as an auxiliary ego until the person is more able to cope. There are dangers in all these points of the practitioner/ therapist/ helper "taking over" the process and imposing their own views.

The Seduction of Madness

This is a title of a book by Dr Edward M. Podvoll that is about the recovery from psychosis and especially recovery at home. He considers that psychosis may be one of the unfortunate permutations of the human condition, rather than a rare disease. The 'medicalisation' of insanity almost means, or even requires, that the treatment must therefore be medical and the medical profession is still very confused about treatment & cure. Podvoll states that:

"the overuse of medications is commonplace, and along with that has come the health-consuming battle against their enfeebling side effects... (in which he includes poor concentration, lack of interest & boredom) ... Electro-convulsive therapy has become fashionable to a degree that some major teaching hospitals (in the USA) are delivering it as the primary treatment for severe neurotic depressions. It is now used on over 30,000 patients a year. And there is a renewed interest in the use of psychosurgery based almost exclusively on the argument of cost-effectiveness. The outrageous predictions of Ivan Illich in Medical Nemesis: The Expropriation of Health have already come true."

The profession of medicine and psychotherapy (especially in the USA, but increasingly in the UK) is primarily bound up with issues of cost-effectiveness, requirements to demonstrate efficacy, insurance regulations, and fear of malpractice allegations. These issues have really nothing to do with the patient or his or her condition: but they dominate the treatment. They also ... *"promote a fear of the intimate relationships that are so precious and vital to the recovery from madness."* Training – except in physical medicine – is grossly neglected, in his opinion, and there is a continual stream of indictments against inattention, neglect & violation. Everything seems to be centred towards looking for a biological cure: a quick fix. He advocates much more motivation towards an alternative, more natural & homelike treatment – which is more traditionally based. Paul Eugen Bleuler, one of the pioneers of psychiatry (who 'named' schizophrenia and autism), lived with his psychotic patients in an experimental healing community for 12 years; William James, & Bruno Bettelheim also advocated similar approaches to mental healing; R.D. Laing, Joseph Berke and Morton Schatzmann did something similar at Kingsley Hall and in the Arbours Association; Patch Adams does it (or did it) as well at his holistic medical centre in West Virginia, 'Gesundheit'.⁹

Podvoll speaks a lot about the 'bewitchment' & 'seduction' of the person's psychotic symptoms (something also remarkably described by an early psychiatric 'patient': John Perceval, the son of an early 19th century British Prime Minister) and the incredible effort & discipline required to overcome these symptoms in order to recover fully. And, from the therapists' perspective, much of the effort includes really listening to the patients. They tend to tell that,

"... whatever the trigger to that (psychotic) state may be, the experience must still be related to at its subtle stirrings, during the midst of psychological anarchy, and during the fragile process of awakening. One must work directly and precisely with ongoing and seemingly bizarre mental & physical events. Failure to do so drives one deeper into madness."

Podvoll doesn't advocate "going with the flow", as so many New Age therapists and people in spiritual emergencies seem to want to do. Instead, he advocates a lot of hard work, resisting the obvious symptoms of madness, however attractive they may seem to the individual concerned, AND treating that person with kindness, respect and ultimate humanity. He is primarily looking at recovery, rather than reform (which is why I have included this synopsis) and he

⁹ www.patchadams.org

concentrates on –

"perceiving and nurturing islands of clarity (moments of natural recovery), for in this way full recovery from psychosis has been accomplished and will continue to occur without aggressive or physically intrusive methods of treatment."

In the introduction he quotes Dr Manfred Bleuler, son of Paul Eugen Bleuler (mentioned earlier):

The need to become free from the prejudice that a person who has become insane will always be so, is extremely urgent and you (Podvelli) are formulating it very well. I have been much attacked within the last years as I have seen and described the recovery of many schizophrenics who had been severely sick for long periods. The critic of my teaching and my experience consist in the following opinion: 'A schizophrenic patient can never recover - if you imagine to have seen recoveries of schizophrenic patients the reason is: you have made a wrong diagnosis'. (This comment was made to the son of the man who categorised schizophrenia and is continuing his father's work at Burghölzli in Zurich.) In my opinion this criticism is unrealistic & harmful to our patients.

Podvelli's work – updated in his book, *Recovering Sanity: A compassionate approach to understanding and treating psychosis*, is put into practice and carried on in the "Windhorse Project" for recovery, where a team of skilled therapists work closely with a disturbed person in his or her own home. A network of these individual treatment households, together with the staff members, has evolved into an extended therapeutic community.¹⁰

Attitudes to medication:

It is worth noting that the most common or traditional psychiatric approach involves generally using psychotropic medications to control and resolve the extreme parts of the crisis. These can be very damaging: physically & emotionally (see Bentall's book, *Doctoring the Mind: Why psychiatric treatments fail*). However, sometimes such medications are necessary (if other forms of containment are not possible), so involving doctors can then become a double-edged sword.

There is little respect in traditional psychiatric treatment for the person's process and their more subtle feelings. There is now an increasing awareness of their rights as a person, but even these are often transgressed. The parameters of "getting someone over their crisis" can be disrespectful in their very nature, if the crisis 'should' be gone through instead of "got over". Sometimes there is often panic (instead of calm) at the secondary symptoms of a person's process. Sometimes (of often if some are to be believed) medication is taken by, or is given to, patients, as much to make the staff and the carers feel better, or make their life easier, as to help the patient recover.

A very effective approach is often to stay calm, and don't become impatient, frightened or critical. The person in crisis may, or will, then trust you with their process and a joint working together towards a better position (not necessarily a cure) becomes possible. Stay cool also with the professionals who may have a different viewpoint. One good thing is that often they want to discharge this person as soon as it is 'safe' to do so (in their terms). So it is possible to play along with this and they will (may) bless you.

The medical or pharmaceutical approach can be extremely useful for very

¹⁰ www.windhorsecommunityservices.com/publications/the-windhorse-project-recovering-from-psychosis-at-home

short-term interventions, in an emergency situation, and/or combined with other techniques to actually help understanding and integration. More enlightened psychiatrists are trying to limit such usage towards a reasonably rapid (often within a few days or a maximum of 3 weeks) return to normal life - though the medications are usually (unfortunately) maintained for a considerable while longer. An example of this is the euphemism, "*Keep taking the tablets.*"

Elsewhere¹¹, I have described anti-depressant medications (particularly the SSRIs) as similar to having a lifejacket if you fall into the ocean. It will keep you afloat, but you will still have to learn to swim. But this is not necessarily a crisis situation, though this can sometime help to prevent such.

Medication can be quite successful for the long-term management of full-blown chronic psychoses, where other attempts have failed and (quite likely) some pathology has occurred. It must be also viewed from another perspective, as some psychotropic medications can be extremely abusive to the patient. Many, many patients report other ailments or sideeffects that would not be tolerated in medications taken for any other condition (e.g. birth control tablets) or "illnesses" other than mental illness.

"Madness" treated without medication

There have been a number of very successful psychotherapeutic treatments or approaches with people who have been diagnosed as chronically psychotic, which have been used to help the person in crisis to get off their medications, and have also seemingly helped to resolve their crisis. This is sometimes where the medication had seemed to hold or freeze the person's situation or process in a manageable, but often quite unpleasant, condition.

A tricky course has to be negotiated between these alternatives – Scylla and Charybdis, always bearing in mind (hopefully) the best interests of the client, rather than what is common practice within the system.

The client (or patient) or person in crisis, also has a totally valid perspective of their own which **must** be tapped wherever and whenever possible. After all, it is they who are going to have to live with the effects of this treatment. If ideas are 'deliberately' floated, the client will give their input. Social Work and some hospital systems now often give clients the **right** to have an advocate present to speak for them and put their perspective forward in any type of "case conference". For a fuller description of these types of social intervention, see Loren Mosher's book on the Soteria communities: *Soteria: Through Madness to Deliverance*.

Families in crisis

One perspective also worth noting is that, in many cases, the "person in crisis" is more correctly the person in the family who is least able to cope with the *family* crisis – i.e. the crisis is actually happening in the family, and is not really based within the individual's own process. This perspective is central to much of Family Psychotherapy, and there the whole family gets treated, rather than just the identified "patient" or person in crisis.

For these reasons, the Arbours Association (for example) finds home visits very informative, if not essential in the treatment of people in crisis. R.D. Scott postulates "identity warfare" to describe the situation whereby some people become so threatening to the psychic survival of others within the family (or community) that their continued presence in the group serves as an incitement to fantasized, if not actual, murder and mayhem. The person in crisis, or the one who having a spiritual emergence process, is therefore seen as a threat to the insecure family dynamic.

¹¹ Young, C. (2010). *Help Yourself Towards Mental Health*. London, Karnac Books.

Hospitalisation, exclusion, or the identification of someone as "mentally ill" is the means by which the most threatening person (or the one with the least power) can be 'sacrificed' so that the rest of the group remains intact. This, Scott calls "cultural closure", as that person is then no longer seen as a 'proper' member of the group.

There is a lovely story about someone living in the Gurdjieff community in Fontainebleu in the early 1920s who was loathed by the rest of the community. Once, when Gurdjieff was away lecturing, things became so bad that the guy up and left. On Gurdjieff's return, he pursued the guy to Paris and tried to persuade him to return. "*You must be crazy,*" the guy said, "*they'll kill me.*" "*I'll pay you to stay there another month,*" said Gurdjieff. The rest of the community were in uproar when they heard this, especially as they were paying to live there. "*You are here to work on yourselves,*" said Gurdjieff, "*this man is bringing out all your negativites. He is therefore your perfect teacher. That is why I asked him to return.*"

Network Intervention:

Sometimes the resources of the social or family group can be utilised to help the person in crisis and this type of intervention is known as a "network intervention" or "network therapy". Networks are created with the involvement of the person in crisis to stay with the person, do the household chores, look after the kids, help out at work etc. This "crisis networking" helps overcome the acts of omission or commission that the malfunctioning unit (which contains the person in crisis) has been allowing to perpetuate and often provoke the crisis. The social network is often non-familial, and much wider than the family, including neighbours, schools, office, church, and other activity-based groups, and yet contains all the family members. The extended family is more a family by choice. The "Crisis Group" structure can be easily applied to this sort of network.

"Break-through", rather than "break-down":

Another word on the "break-through" approach: Whilst this is beset with difficulties and challenges (and not just for the person in crisis), it is the approach that offers the most favourable opportunity for the person in crisis, if it can be undertaken safely. "Going for gold," was an expression from one TV quiz game and this approach can be seen in such a way. But this choice is also beset with dangers.

It can be filled with phenomenal growth, insight, spirit, grace and beauty. It can also have, as constituent elements: all the horrors of their own personal hell for the person in the crisis; possibly deeply shocking revelations for their family and friends; and extreme fatigue, provocation and challenges for the helpers involved. It should not be undertaken lightly, nor with stars in one's eyes: nor with the assumption that everything will naturally be all right because you are doing spiritual work; that is an extreme and pernicious form of spiritual arrogance.

In his book, *Iron John*, Robert Bly draws the connection between the "golden ball" that attracts the youth, the "golden" coated finger of the "transformational wound" and the "golden hair" that eventually, after wandering in the wilderness, attracts the Princess. The transformational process is "going for gold", but what is it that is getting in the way of the person's natural spiritual evolutionary process, and therefore sometimes it is the obstructions which need to be transformed?

The boy got hurt; had to lie and steal from his parents; had to go into exile; wandered in the woods with a very scary companion; fail at a test; got rejected and had to back out into the wilderness; had to accept a menial position; had to accept bullying, discrimination and reject; had to fight three battles; got seriously wounded; and then eventually, by chance or otherwise, "got to the gold" in this instance the princess and half a kingdom. The path may be relatively simple, but it

is NEVER easy.

However pragmatism only too often wins, and all too often this approach is too difficult for those concerned in real life. Neither is a spiritual community or somewhere like Samye Ling, or the Findhorn Foundation necessarily the answer for you, wherever you happen to be having your crisis. These places are not, repeat NOT, open therapeutic communities. They may be helping to serve the planet, in their own way, and they may have charitable aims, but they do this in their own way, on their particular path, and at their own choice. Some of the people who live and work there may be specially trained or qualified. But please, do NOT turn up on their doorsteps and say, “*I am having a Spiritual Emergency. Please, help me!*” They are as likely to reply, “*Well, so am I – now!*” In this instance, please help them by staying away and having your crisis in your own community. Any therapeutic contact – with anyone – must, repeat MUST, be very carefully and clearly negotiated.

The Soul’s Code:

James Hillman talks about his “acorn” theory; where each person, each soul, has its unique ‘code’, which is its potential, and there is a sort of morphogenetic impulse imbedded in the person (like the oak tree imbedded in the acorn) to develop along the lines of this code and gives them the basic motivation for their particular life development.

*“The soul of each of us is given a unique daimon before we are born, and it has selected an image or a pattern what we live on earth. This soul-companion, the daimon, guides us here; in the process of arrival, however we forget all that took place and believe we come empty into this world. The daimon remembers what is in your image and belongs to your pattern, and therefore your daimon is the carrier of your destiny.”*¹²

The conflicts that can happen are often in our childhood (psychotherapy has got that bit right) but it is the conflict between our inbuilt nemesis and the environment around us. The call of our destiny can cause the tantrums & obstinacies, the hyper-activity, the sense of isolation, the depressions and loss of faith, that happen in our childhood and affect the rest of our lives.

Like Pierro Ferrucci, Hillman examines the biographical aspects of the lives of exceptional people. Not only does Ferrucci find that many, if not all of these people have had spiritual crises, Hillman looks for instances where the Soul’s Code breaks through and the person suddenly finds the motivation needed to overcome their initial environment, or makes the sudden change that comes from deep within themselves, and nowhere else.

Hillman also tries to explore the nature of evil, as does Scott Peck in his seminal work, *The People of the Lie*. Whereas Peck explains evil as compulsive narcissism, within the context of the Soul’s Code, Hillman theorises that the person’s ‘daimon’ becomes a “Bad Seed” and turns them towards the path of evil. He outlines eight ‘types’ of evil, which might explain some of the psychopaths, the serial murderers, the heartless dictators and “natural born killers”. It is an interesting theory, but not totally convincing. However it certainly gives us some alternative views on these forms of human madness.

So I would like to never lose sight of these different perspectives as distinct possibilities and I often try to consciously reinforce some of these possibilities – to the client or person in crisis – as a potential goal, if not for any immediate work with their crisis group or therapy practitioner, then certainly as a long-term possibility for him or herself and their growth. For if this is done, then all the trials and tribulations we go through in these situations can fit into this larger

¹² Hillman, James: *The Soul’s Code: In Search of Character and Calling* (Bantam): p.8

framework and can become worthwhile. One does not have to go "mad" in order to resolve a crisis. It *can* often be beautiful and graceful. It *is* part of your basic human potential; your uniqueness.

RESOURCE LIST

UK Residential Centres:

Not all of these will welcome you with open arms and without prior knowledge, nor may they be suitable for You: please contact them first, before you go there, and have a discussion about your needs and their resources.

Arbours Association, 41 Weston Park, London N8 9SY. Tel: 0208-340-8125
www.arbourscentre.org.uk *Psychoanalytically-oriented psychotherapy training centre with also a residential crisis centre attached, used to working with people in crisis without using medication and in a therapy-oriented community setting. Private, therefore fee-paying.*

Lothlorien (Rokpa Trust), Corssock, Castle Douglas, Kirkcubrightshire, DR7 3DR, Scotland. Tel: 01644-440602 *A rural residential centre for people who have mental health problems that is run under the auspices of Samye Ling, a Tibetan Buddhist community. Open to those from every belief system. Visits are needed prior to joining and a 6-month to 2-year commitment is looked for.*

Raphael Medical Centre, Hildenborough, near Tonbridge in Kent. Tel: 01732 833924 www.raphaelmedicalcentre.co.uk *A clinic, nursing home and residential centre, based on anthroposophical medicine, with good food and a gentle holistic medical and social recovery perspective. Taken over from Park Attwood Clinic.*

Association of Therapeutic Communities: www.therapeuticcommunities.org *This organisation has a directory of residential and day-care settings that are all institutional members of the Association of Therapeutic Communities. More mainstream and traditionally for the chronic mentally ill, or recovering alcoholic & drug addicts.*

USA Residential Centres:

The Gesundheit! Institute, West Virginia, USA: www.patchadams.org *Founded by Patch Adams, it provides alternative health care centre (including people in crisis), an outpatient clinic, and a school for aspiring activists. Clown, as you work, as you heal!*

Esalen: Big Sur, CA. www.esalen.org. *This is 'the' place where much of this started. In the 1960s and 1970s, this was the Mind-Body-Spirit centre. It is still going!*

Windhorse Community: www.windhorsecommunityservices.com/services/clinical-services
There are various Windhorse community houses for people with mental health issues. Read the book, 'Recovering Sanity' by Podvoll and see if one of them is for you.

Soteria: en.wikipedia.org/wiki/Soteria There are several Soteria projects, based on the work of Loren Mosher, world-wide that provide a space for people experiencing mental health crises, in the USA, UK, Sweden, Finland, Switzerland, Germany & Hungary.

Association of Transpersonal Psychology: www.atpweb.org
There are other residential centres and these people know of them. The ATP grew out of Grof's work at Esalen, has been publishing a Journal for 40 years; and has many resources. The nature of these centres is that they come and go. There may also be smaller centres in Czechoslovakia, the Netherlands, Germany and Japan.

Websites:

Spiritual Crisis Network UK: *A nice and helpful site: lots of information, resources*

and contacts – UK based.
www.spiritualcrisisnetwork.org.uk

Spiritual Emergence Network: *San Francisco, CA, USA*
Information and Referral Service 415-648-2610
www.senatciis.org/

Spiritual Emergency Network (Netherlands)
web.inter.nl.net/users/itant/sen.html

Spirituality and Mental Health Ontario, Canada
www.spiritualityandmentalhealth.org/home.htm

Spiritual Emergency Resource Center
www.internetguides.com/se/index.html

EUTOTAS on Spiritual Emergency
www.eurotas.org/committee3.htm

Spiritual Crisis (Sacred Transformations) Site
www.well.com/user/bobby/index.html

From Spiritual Emergency to Spiritual Problem: Article
www.sonoma.edu/psychology/os2db/lukoff1.html

Spiritual Emergence Resource Centre
www.internetguides.com/se/experiences/exp-lukoff-5.html

Spiritual Emergencies - Diagnosis and Treatment (online course)
Approved for 8 CE credits for Psychologists
www.internetguides.com/sepromo.html

Spiritual Directors
Spiritual directors available to meet with individuals through the Internet, e-mail
www.shalomplace.com/direction/directors.html

Support Groups
Through this website it is possible to join a discussion group which also acts as something of a support group. www.scispirit.com/psychosis_spirituality

Spiritual Conference
This was a website of resource materials being developed following a NHS conference held in Dundee in August 2004: now unaccessible.
www.mentalhealth-wellbeing-spirituality-conference.info

Spiritual Competency Resources Center
This is the website of David Lukoff, President of the Association for Transpersonal Psychology, USA. He is co-author of the diagnostic manual DSM-IV category 'Religious or Spiritual Problem' and an authority on spiritual emergency
www.spiritualcompetency.com

Spiritual Recovery Blog
Lots of resources on this site.
spiritualrecoveries.blogspot.com

David Lukoff: On-Line Learning
www.spiritual-emergency.com/articles.htm

International Spiritual Emergence Resource
Website to help facilitate radical shifts in consciousness and alleviate distress due to profound spiritual transformation and spiritual emergency

www.kaia.ca/ISER_Home.php

The Doctor Who Heard Voices

Website of the "Doctor who heard voices", video about what voices are like, and other resources for more peaceful and helpful approaches to mental health problems

www.rufusmay.com

Hazel Courteney

Hazel Courteney is the author of two books on spiritual emergency (See book list.)

www.hazelcourtenay.com

MIND

Website of a British mental health support organisation for all with mental health issues: Tel - 0845 766 0163

www.mind.org.uk

SANE

Website of a British mental health support organisation for all with mental health issues: Tel - 0845 767 8000

www.sane.org.uk

Anonymous Blog

An anonymous blog with lots of information, articles, viewpoints and links.

<http://spiritualemergency.blogspot.com>

Research Centre

The website of the Alister Hardy Religious Experience Research Centre & Society, Dept of Theology & Religious Studies, University of Lampeter, Wales.

www.alisterhardyreligiousexperience.co.uk

Hearing Voices Network

This is a mental health services user network, although it does not focus on spiritual experiences.

www.hearing-voices.org

Psychotherapists

Although it is not usual to recommend individual therapists, here are some lists of UK psychotherapists, who do all types of counselling and psychotherapy. Some of them may be able to help you. You may want to choose those who specifically mention spirituality as a category of their work:

The British Psychological Society BPS

www.bps.org.uk/e-services/find-a-psychologist/directory.cfm

The UK Council for Psychotherapists UKCP

www.psychotherapy.org.uk/find_a_therapist.html

The British Association for Counselling and Psychotherapy BACP

www.bacp.co.uk/seeking_therapist/index.html

The British Confederation of Psychotherapists BCP – quite psycho-analytical

www.bcp.org.uk/finding_a_therapist.html

Association of Accredited Psycho-spiritual Practitioners,

65a Watford Way, London NW4 3AQ. Tel: 0208-202-4525 *The closest thing to a Spiritual Emergence Network that exists in the UK; an informal set-up which uses UKCP accredited psychotherapists from the Psychosynthesis & Education Trust, the Institute for Psychosynthesis, and Karuna.*

Videos

“Spiritual Emergency” A documentary film on DVD by Kaia Nightingale (Spiritual Emergence Service, Canada) - *a 40 minute documentary validating unusual experiences during spiritual emergence, alerting health professionals to the different signs. It illustrates the predicament of people who find themselves in spiritual crisis. There is often very little help available. With information and support, people can move through profound transformation, emerging with new skills and abilities. Available from:*

www.kaia.ca/Documentary_SpiritualEmergency.php

“Evolving Minds” An exploration of the alternatives to psychiatry and the links between psychosis and spirituality. Produced by Mel Gunasena and Undercurrents Old Telephone Exchange Pier Street, Swansea SA1 1RY Tel: +44 (0) 1792 455900 www.undercurrents.org/minds

“Hard to Believe” a film about spirituality and mental health produced by MIND in Croydon, 26 Pampisford Road, Purley Surrey, CR8 2NE Tel:+44 (0) 20 8668 2210 admin@mindincroydon.org.uk and www.mindincroydon.org.uk

Articles

Isabel Clarke (ed) The Journal of Critical Psychology, Counselling & Psychotherapy Special Issue: Taking Spirituality Seriously vol 2, no 4, winter 2002

Deborah Cornah, The impact of spirituality on mental health. A literature review, *Mental Health Foundation, June 2006*

David Lukoff, "From Spiritual Emergency to Spiritual Problem: the transpersonal roots of the new DSM IV category", *Journal of Humanistic Psychology 1998 Vol.38, pp. 21-50*

Courtenay Young, When Their World Changed - One Humanistic Perspective of Transpersonal Psychotherapy. In: E. Whitton (2003) *Humanistic Psychotherapy*. London: Whurr. . Available as a PDF file: www.courtenay-young.co.uk/courtenay/articles/When_Their_World_Changed.pdf

Courtenay Young, A Spiritual Psychotherapist. In: J. Corrigan, (2000) *UKCP Conference Proceedings*. Available as a PDF file: www.courtenay-young.co.uk/courtenay/articles/Spiritual_Psychotherapist.pdf

Courtenay Young, Psychotherapy & Spirituality. In: C. Featherstone & L. Forsyth (eds) *Medical Marriage: A new partnership between orthodox & complementary medicine*. Findhorn: Findhorn Press. Available as a PDF file: www.courtenay-young.co.uk/courtenay/articles/Psychotherapy_Spirituality.pdf

Courtenay Young, Soul Awakening in Community: Emergence or Emergency? *One Earth magazine: Findhorn Foundation; Issue 20, Winter 1995/6*.

Courtenay Young, Strange Changes in Psychotherapy: The Psychotherapeutic Process of Life Changes, Spiritual Emergence or a Soul Awakening? *International Journal of Psychotherapy, Vol. 13, No. 3, pp. 50-61*. Available as a PDF file: www.courtenay-young.co.uk/courtenay/articles/Soul_Awakening_article.pdf

Books

Janet Adler (1995). *Archiving Backwards: The mystical initiation of a contemporary woman*, Inner Traditions International

Emma Bragdon (1988). *A Sourcebook for Helping People with Spiritual Problems* (first published as *A Sourcebook for Helping People in Spiritual Emergency*) LightningUp Press

Mariana Caplan (1999). *Halfway up the Mountain- The error of premature claims to enlightenment*, Hohm Press

Isabel Clarke (2008). *Madness, Mystery and the Survival of God*, O Books

Isabel Clarke (ed) (2001). *Psychosis and Spirituality: Exploring the new frontier*, With contributions from: Peter Chadwick; Gordon Claridge; Chris Clarke; Isabel

- Clarke; Neil Douglas-Klotz; Peter Fenwick; Richard House; Mike Jackson; David Kingdon; Nigel Mills; Emmanuelle Peters; Shanaya Rathod; Ron Siddle; Nathalie Tobert. Whurr
- Hazel Courteney (2002). *Divine Intervention*, CICO Books
- Hazel Courteney (2005). *The Evidence for the Sixth Sense*. Cico Books
- Ram Dass (1990). *Journey of Awakening*. New Age Bantam Books
- Jennifer Elam (2002). *Dancing with God Through the Storm: Mysticism and Mental Illness*. Way Opens Press
- Bonnie Greenwell (1995). *Energies of Transformation: A guide to the Kundalini Process*. Shakti River Press
- Stanislav & Christina Grof (eds) (1989). *Spiritual Emergency: When Personal Transformation Becomes a Crisis*, With contributions from : R.D Laing, Roberto Assagioli, John Weir Perry, Ram Dass, Lee Sanella, Jack Kornfield, Paul Rebillot, Holgar Kalweit, Anne Armstrong, Keith Thompson and others. Penguin Putnam
- Stanislav & Christina Grof (1990). *The Stormy Search for the Self, A guide to personal growth through transformational crisis* , Penguin Putnam
- Hilary Hart (2004). *The Unknown She: Eight faces of an emerging consciousness*. Golden Sufi Center
- Jack Kornfield (2000). *After the Ecstasy Now the Laundry: How the heart grows wise on the spiritual path*. Bantam Books
- John Lilly (1973). *The Centre of the Cyclone*. Marion Boyars
- John Weir Perry, *The Self in Psychotic Process*,
- John Weir Perry (1974). *The Far Side of Madness*. Prentice-Hall
- John Weir Perry (1999). *Trials of the Visionary Mind*. State University of New York Press
- Edward M. Podvoll (2003). *Recovering Sanity: A compassionate approach to understanding and treating psychosis*. Shambala
- Lee Sannella (1992). *The Kundalini Experience: Psychosis or Transcendence?* Integral Publishing
- Lauren Slater (1996). *Welcome to my Country: a therapist's memoir of madness*. Hamish Hamilton
- Irina Tweedie (1986). *Daughter of Fire: A diary of a spiritual training with a Sufi master*. Golden Sufi Centre
- Roger Walsh & Frances Vaughan (eds) (1993). *Paths Beyond Ego: The transpersonal vision*. Tarcher/Putnam
- Frances Vaughan (1995). *Shadows of the Sacred: Seeing through spiritual illusions*. Quest Books

SPIRITUAL EMERGENCY BOOK LIST

The Call of Spiritual Emergency Bragdon, Emma (Harper & Row)
Excellent basic Grof-based book. Clear. Factual. Very useful for clients.

The Stormy Search for Self Grof, Stan & Grof, Christina (Tarcher)
The Grof's talking about SE. More depth. Good scope. OK for clients.

Spiritual Emergency ed. Grof, Stan (Tarcher)
Basic Grof. Writings about SE. Some good, some intellectual. Covers the field.

The Adventure of Self-Discovery Grof, Stanislav (Suny)
First part describes some of the new areas of consciousness and very well and gives a good model of the psyche. Not so good on Holotropic Breathwork.

Kundalini Experience Sannella, L. (Integral)
Good explanations of a wide field, also quite technical. Not so good for client in an SE –type situation.

Owning your Own Shadow Johnson (Harper)
Writes well. Deals with how to work on self. Not many others do.

Meeting the Shadow ed. Zweig & Abrams (Tarcher)
Good wide collection of snippets about this type of work.

City Shadows Mindell, Arnold (Arkana)
Good on work with psychotics; street people work emerged from this.

Dreambody; Working with the Dreaming Body; The Dreambody in Relationships; River's Way; Working on yourself alone; The Year I; The Shaman's Body
Mindell, Arnold (Arkana)
A series of books giving the basics of Process Oriented Psychology – one of the more useful forms of psychotherapy in this area.

The Shaman's Body; & The Leader as a Martial Artist
Mindell, Arnold (Harper Collins)
Two other more recent books by A. Mindell – all good, but diverse.

Metaskills: The Spiritual Art of Therapy
Mindell, Amy (New Falcon)
Addresses some of the spiritual attitudes that lie behind therapy.

Fire in the Soul Joan Borysenko (Warner)
Addresses the perspective that the wounds we suffer and heal from can be gateways to an advantageous spiritual transformation. Good quotations and USA resource list.

The Arkana Dictionary of New Perspectives Holroyd, Stuart (Arkana)
Clear, fairly comprehensive guide to the 'new' language of all this New Age, psycho-spiritual, stuff.

The Far Side of Madness Perry, John Wier (Spring)
Good early work (1974) - nice stories, cases. Focuses on renewal.

The Language of Madness Cooper (Allan Lane)

Radical perspective. R.D. Laing-ian (1978). Good for therapists.

The Seduction of Madness Podvell (Century)

Good for 4 in-depth cases. Very good concepts of self-cure and on the positive value of psychosis.

Recovering Sanity: A compassionate approach to understanding and treating psychosis. Podvoll (Shambala)

An up-dated and 'added to' 2003 version of the above.

Butterfly Man Berke (Hutchinson)

Good descriptions of process. Community as a path / refuge.

Creating Sanctuary Bloom (Routledge)

Towards creating a sane society and ending family violence.

Where Two Worlds Touch Karpinski (Ballentine)

Bit simplistic. Spiritual rites of passage made easy. New Age-y.

The Courage to Heal (Sexual Abuse) Bass & Davis (Harper & Row)

Excellent self-help book for clients with sexual abuse.

Crisis Intervention Eddy, Lawson & Stilson (UPA)

Living through Personal Crisis Stearns (Sheldon)

People in Crisis Everstein & Everstein (Brunner: Mazel)

Techniques of Brief Psychotherapy Flegenheimer (Aronson)

Four books, quite traditional, on crisis intervention, brief psychotherapy etc.

A Road Less Travelled Scott Peck (Rider)

Good book especially for client on process of psychotherapy, and what is love, what is spirituality. Best seller.

People of the Lie Scott Peck (Rider)

A psychological analysis of evil. Very good.

The Madness of Adam & Eve Horrobin (Bantam)

A new book looking at the evolutionary aspects of schizophrenia. Technical.

Prophets, Cults and Madness Stevens & Price (Duckworth)

An excellent modern book from 2well-established authors and psychiatrists which analyzes those elements (both positive and negative) that contribute to the genius of prophets, gurus, cult leaders & messiahs, and also the factors that might push these people into madness and/or differentiate them from those who are definitely psychotic. Good bibliography.

Psychosis & Spirituality ed. Clarke (Whurr)

Writings from various people looking at mainstream crisis work.

He: Understanding Masculine Psychology. She: Understanding Feminine Psychology. We: Understanding the Psychology of Romantic Love. Femininity Lost and Regained. Transformation: Understanding the Three Levels of Masculine Consciousness.

Robert A. Johnson (HarperCollins)

Excellent and very popular little books, each taking a well-known myth or fairy story

and showing how this can be used as a guide for greater understanding and for transformation.

Sex in the Forbidden Zone Rutter (Mandala)

Out of Bounds Russell (Sage)

Two good books on therapist abuse, by male & female authors.

Out of Bounds Russell (Sage)

Two good books on therapist abuse, by male & female authors.

The Hidden Dimension, The Dance of Life, The Silent Language

Edward T. Hall (Anchor)

Three books about personal space, silence, language and culture from an anthropologist that gives a good new insight on how our society works.

Tao Te Ching Lao Tsu (many different translations)

Essential Reading. Classic text. The basis of Taoism.

The Secret of the Golden Flower Trans. Cleary, Thomas (Harper)

Another classic text that forms the basis of Chinese Buddhist & Taoist thought that have existed for thousands of years. A basic distillation of the inner psychoactive elements that compose a spiritual life.

The Circuit of Force Dion Fortune & Gareth Knight (Thoth)

These and other books (including very good novels on occult fiction) by Dion Fortune are about how to manage one's esoteric energy for (good) occult purposes.

Soteria: Through Madness to Deliverance

Loren R. Mosher (Xlibris)

Excellent book about the development of the Soteria communities.

Madness Explained: Psychosis and Human Nature

Richard Bentall (Penguin)

A substantial, authoritative and highly readable work, by the author of 'Doctoring the Mind: Why psychiatric treatments fail'.

CLIENT'S ACCOUNTS:

The Eden Express Mark Vonnegut (Bantam)

1960's account of son of Kurt, stoned & crazy & back again.

I Never Promised You A Rose Garden Hanna Green (Pan)

Powerful images of schizophrenia and the benefits of a good relationship with a skilled therapist.

I'm Dancing As Fast As I Can Gordon, Barbara (Harper & Row)

Psychosis induced by valium withdrawal & how to get out of hospital.

Sybil Schreiber, S. (Penguin)

Very powerful classic study of childhood sexual abuse & multi-personality.

One Flew Over the Cuckoo's Nest Kesey (Pan)

Powerful & popular account of how a mental hospital should not be. Fiction

Lightning Bird Watson, Lyall (Coronet)

Good case study of an epileptic in Africa.

Dibs - In Search of Self Axline, Virginia (Penguin)
Case of childhood autistic - very popular.

OTHER BOOKS:

Anatomy of the Spirit Myss, Carolyn (Three Rivers)
Energy medicine from popular New Age speaker and medical clairvoyant.

The Call to Adventure Rebillot, Paul (Harper & Collins)
How to use crisis to change your life - Hero's Journey ritual explained.

The Soul's Code Hillman, James (Bantam)
A brilliant book, written by a distinguished psychotherapist that offers a liberating view of childhood troubles and an exciting approach to fate and fatalism, character and desire, family influence and individual freedom, and 'calling.'

Healing your Emotions: Discover your element type and change your life

Hicks, A, & Hicks, J. (Thorsons)
Typical New Age self-help book, combining Chinese Five Elements theory combined with Neuro-Linguistic Programming. Interesting.

The Path of least Resistance: Learning to Become a Creative Force in Your Own Life

Fritz, Robert ((Ballantine)
Another typical New Age self-help book looking at how to increase your creativity, from the founder of DMA. Interesting.

The Healing Power of Mind: Meditation for well-being and enlightenment

Thondup, Tulku (Arkana)
A primer in healing meditation, based on Tibetan Buddhist practice. Useful.

Toward a psychology of awakening Welwood, John (Shambala)
Buddhism, psychotherapy and the path of personal transformation.

A = Astral Sex - Z = Zen teabags Thompson, Gerry (Findhorn)
An illustrated (fun) encyclopedia of new Age jargon + jokes. Humour is important.

Return of the Bird Tribes Carey, Ken (Harper & Collins)
Looks at native American spirituality on contemporary life.

Living Magically Edwards, Gill (Piatkus)
Psycho-spiritual metaphysics. Very good. Helps thinking on the path.

The Art of Happiness HH Dalai Lama (Coronet)
Tibetan Buddhist oriented text from a remarkable spiritual leader.

Foods that Harm; Foods that Heal Readers Digest
An A-Z guide to safe and healthy eating. Essential.

Wisdom of the Body Moving Linda Hartley (North Atlantic Books)
An introduction to Body-Mind Centering. And it needs to!

It's Here Now (Are You?) : A Spiritual Memoir Bhagavan Das

A Mythic Life: Learning to Live Our Greater Story Jean Houston

A very good book, widening the frame and oriented to self-empowerment.

The Joy of Burnout Dina Glouberman (.....)

A newly published book looking at the possibilities for a better way of life-style after a burnout or breakdown.

DIFFERENT FACETS OF THE 'SENSE OF SELF'

(adapted and enlarged from Daniel N. Stern, 1985)¹³

- **The Embodied Self**
 - Has bodily coherence; a sense of being complete; a physical whole with good boundaries; the centre of any integrated action, both moving and still. Loss or injury of this leads to feelings of: fragmentation of bodily experience, depersonalization, out-of-body experiences, being ethereal or unreal, possible somatoform disorders, etc.
- **The Spatial Self**
 - A sense of having space; being on firm ground; having the ability to move; the ability to manipulate objects; physical potency. Loss of this leads to feelings of: passivity; helplessness with respect to objects; powerlessness; not feeling one has a 'proper' place or home.
- **The Self in Time**
 - A coherent sense of time; has a personal history and a sense of enduring; a sense of continuity with one's own past or with history; a feeling that one 'goes on being'; that can change whilst remaining basically the same. Loss of this leads to feelings of: temporal dissociation, fugue states, amnesia, a sense of 'not being', fear of change, etc.
- **The Core Self**
 - A sense of 'self' as opposed to 'other'; being a person (having been treated as a person); having essential self-respect; having a unique identity which is appreciated; "*consisting of self-agency, self-coherence, self-history (continuity), and self-affectivity*" (Stern, 1985, xix); etc. Loss or non-development of this can lead to feelings of: indifference, apathy, disinterest, lack of assertion, over-compliance, etc.
- **The Self as Agent**
 - A sense of responsibility for one's own actions; having volition; feeling in control over self-generated actions; initiating actions; self-regulation. Loss of this leads to feelings of: powerlessness, paralysis, no responsibility for own actions, loss of control to external agents, paranoia, etc.
- **The Emotional Self**
 - A sense of an effective self; experiencing inner qualities of patterned feelings (affects) that 'belong' with other experiences of self; being aware of different levels of feelings. Loss of this leads to feelings of: the inability to experience ordinary pleasurable emotions; dissociated states; being unemotional, withdrawn or unavailable; etc.
- **The Relational Self**
 - A sense of belonging or a feeling of participation with others; wanting to be social, relating to others; being reasonably empathic. Loss of this leads to feelings of: loneliness, alienation, reclusiveness, etc.
- **The (En)gendered Self**
 - A sense of self as male or female; pleasure and security in that; the ability to relate to others as men and women. Loss or injury of this leads to feelings

¹³ Thanks for this basic structure to Malvern Lumsden, "The Moving Self in Life, Art and Community Mental Health: Twelve Propositions." *Journal of Body, Movement & Dance in Psychotherapy: Vol. 5: No. 3. 2010.*

of: fear of sexual relationships; gender identity disorders; homophobia or misogyny; psychosexual dysfunction)

- **The Intellectual Self**
 - A sense of rationality; the ability (and pleasure) to study, reason and think; an awareness of and interest in different ideas that does not threaten us. Loss or lack of this leads to feelings of: irrationality, chaos, confusion; inability to think straight; feeling threatened by new or different ideas; etc.
- **The Moral Self**
 - A sense that one's actions are (or should be) influenced by social rules, collective agreements, consensual rationality or philosophical principles, rather than immediate and personal gains and losses. Loss of this leads to (feelings of): selfishness, narcissism, immorality or amorality, being evil.
- **The Verbal Self**
 - A sense of 'ownership' of language and of relationship associated with membership in a particular language (and cultural) community; separates the 'lived' experience from the verbal representation; sees 'self' and 'other' more clearly and can identify differences; etc. Loss of this leads to feelings of: alienation, culture shock, dislocation, rootlessness, etc.
- **The Narrative Self**
 - The self is sensed as a set of symbolic narratives; this is your 'story' – you sense of your life; there is a 'red thread' running through your life that helps explain choices and actions. Loss of or injury to this leads to feelings of: being neurotic; seeming like a butterfly (never content with something for long); being eccentric; being 'wacky' or disjointed; or having other problems in work (especially with continuance) and having disruptive family relations.
- **The Creative Self**
 - A sense of freedom and efficacy in transforming given forms, of dealing with chaos, and of expressing the wider aspects of yourself; having a definite 'form' of expression (music, art, cooking, etc); seeing the world through this medium of expression. Loss of this tends to lead to feelings of: despair, staleness, frustration, etc.
- **The Spiritual Self**
 - A sense of the transpersonal, of transcendence beyond the confines of the individual self; a sense of the 'Other'; a regularly-practiced belief system that really works for you; the ability to 'transcend' of occasion and connect with other things, dimensions, beings, or insights. Loss of this leads to feelings of: despair, dullness, being mundane, being out-of-touch, etc.

Each of these facets is complex in itself and this only a rough "working model". Several things should be noted:

- A. These various facets of the sense of self develop at different times in one's life and it is likely that later ones (e.g. verbal and narrative selves) build upon the development of earlier facets (the embodied self, the affective self, etc.)
- B. Most of the facets are non-verbal and develop as a result of early bodily interactions and emotional experiences.
- C. The task of development involves not only the development of each facet but also their integration into a harmonious whole. This developmental integrational process is the essential inner 'work' of our life and gives a template for any therapy to help to heal any early disruptive or dysfunctional experiences that have 'damaged' or prevented one of these facets developing.

Further Reading

- Eugene T. Gendlin: *Focusing: How to Open Up Your Deeper Feelings and Intuition*. Rider & Co: 2003
- Eugene T. Gendlin: *Let Your Body Interpret Your Dreams*. Chiron Publications: 1986
- Helen G. Brenner: *I Know I'm in There Somewhere: A Woman's Guide to Finding Her Inner Voice and Living a Life of Authenticity*. Gotham Books: 2004
- C.K. Germer: *The Mindful Path to Self-Compassion*. Guilford Press: 2003
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