

## **What to do when spiritual experiences are upsetting—**

Three sections below address the person in crisis, a friend, and a health professional working with the person in crisis.

See end of booklet for references, referrals, and educational resources.

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**By Emma Bragdon, PhD.**

What do you do if you are in a spiritual crisis, when spiritual experiences seem disturbing? How can you help a friend, family member, or a patient who is upset by events related to intense and disorienting spiritual experiences?

Here's a checklist. The sequence is especially important to follow if you are in a crisis or you are a caretaker for someone in crisis.

*These suggestions are not a substitute for professional help and I advise anyone in crisis to seek appropriate counsel.*

Now--a message from the heart: People who are experiencing spiritual emergence phenomena are going through a process of growth which assists in opening the heart as well as their contact with spiritual dimensions. They need compassion for themselves and from others. Be respectful as you would with any person in the process of birth. Things can get messy, loud, tense, exquisitely sensitive, still, quiet, inspiring, dull, long, too short, and out of control. As with birth, everything seems to work out with the least pain and suffering when we allow ourselves to go with the flow --allowing the contraction and expansion inherent in nature--in an environment of peace and relative safety.

It is very difficult to pinpoint the length of time of a spiritual emergency or the outcome. Following the metaphor of birthing, it is safe to say that the more comfortable a person having the experience is, the easier it will be for that person to open up and go through the process. If the person feels rushed, or criticized or inappropriately medicated or isolated, the process may slow down. Unlike childbirth, a spiritual emergence process can last minutes, days or months. Similar to childbirth, something spectacular is being born--that potentially brings more wisdom, creativity, compassion, and joy into the world.

## ***If you are in crisis and believe it is a spiritual emergency:***

- **Talk to a physician, nurse practitioner or health professional.**

Tell your health care professional what you are experiencing and how you are feeling. Be sure you are examined to see if you have a physical condition which might be aggravating your psychological state. Thyroid conditions, hormone imbalances or fluctuations, substance addictions, problems metabolizing sugars and some allergies are a few physical conditions that can effect strong psychological symptoms. There are others!

You need to differentiate between symptoms of spiritual emergence and those of physical imbalances. Both need to be attended to in a responsible manner.

- **Find someone to talk to who is sympathetic and knowledgeable about the process of spiritual emergence.**

Someone who has been through a similar experience is often an ideal person. This "ally" can be a coach, a friend, a family member, a pastoral counselor, a psychotherapist, a bodyworker, a nurse, or a physician. What you are looking for is a person who can listen with compassion; who can see the positive aspects of your process; who can give you a true sense of safety; who can identify if/when you might need more help; and can assist you in getting more help when you need it. An ally may need to function as your advocate in a crisis. Most importantly, this person is available for *you*.

- **Write your answers to the following questions by yourself and share them with your ally, or write them while you are together.**

a) Do I have feelings of wanting to hurt myself or die?

(If these feelings are insistent or overwhelming you need to be in contact with a psychologist, physician, or a crisis center *as soon as possible*.)

If these feelings are not overwhelming, they may be indicative of a symbolic death...as if your innermost being is recognizing that you are shedding a skin in a natural process of growth.

- b) Am I often afraid, anxious or depressed? Am I having trouble getting adequate sleep or food? What healthy activity do I like to do which alleviates these problems? Am I so emotional that I may need medications for a while to help me get more calm and centered?
- c) Do I feel estranged from my regular support group (family, friends, co-workers, significant others)?
- d) What is most important to me right now? How can I bring that into my life? Can I keep my attention on my goals?
- e) What are my needs for companionship/reassurance? How can I satisfy those needs?
- f) Can I take care of my basic personal needs: shopping for food, shelter, money? Do I need a respite from my personal responsibilities? If so, where do I want to go? Whom do I want to be with? Do I know intuitively how much time I need? How can I set this up?
- g) Do I need grounding? Am I spacey, out of touch with my normal routine, unable to relate to normal activities? Do I trust myself?

When you have answered these questions for yourself--share them with your ally. If you continue to feel comfortable together, agree on how to attend to your current needs.

❑ **Literally work out a program and decide to do it.**

You might want your ally to listen to you, walk with you, or do an errand. If you tend to be spacey: conversing /being with a sympathetic friend is usually grounding. Repetitive, rhythmic physical exercise, like walking, is helpful; so is listening to harmonic, peaceful music. Eating food in a quiet atmosphere is grounding. Non-sexual massage can ease the stresses of change. Perhaps your program includes taking walks every day...or talking on the phone at an agreed upon time.

❑ **Calm your system**

Be careful what you eat and drink. There are many soothing teas that are calming, as well as homeopathic remedies (Calms Forte) that provide a gentle tranquilizing effect. These are readily available at a well stocked natural health food store. Stay away from stimulants of any kind – including caffeine and sugars.

Make sure you are getting adequate rest.

Take care with where you put your attention. In this vein, stay away from emotionally laden movies, as well as flashing lights and loud music. Slow breathing with your belly, as if you had lungs beneath your navel in your guts, can be very stabilizing. Choosing to spend time only with people who are uplifting and comforting and grounding is a good choice. Sex can stimulate strong physical, emotional and/or spiritual reactions-- it is not always grounding. Nonsexual holding and hugging may be a better path, for the time being.

If you are in an extreme state, where you and your ally feel overwhelmed by the process you are in, your ally should function as your advocate to the best of his/her ability. In these unusual circumstances, allow your ally to take you to a hospital and assist you in being admitted; or take you to a crisis center; or talk to your primary health care professional to relate your process and ask for advice. *Any one of us can feel overwhelmed at some point in life.* It is okay to get the help you need – even if that help appears to be medically oriented.

Note: Spiritual crisis itself is not an indicator that you are crazy. But, anyone in any kind of crisis can feel the need for special support. Individuals can be greatly relieved to have some period of time in a hospital, with or without tranquilizing medications. The drugs and support services can provide a measure of safety and predictability, calming the system. It is not a defeat. It may be the most responsible and compassionate decision, to relieve someone of stresses that seem impossible in the moment.

Most likely, you and your support people will find a way to assist you in moving through the process you are in with some degree of comfort and without hospitalization. You deserve to feel cared for, as if held in a container of safety and understanding. You don't have to feel isolated or alienated.

If your "ally" is a professional counselor, you will consult with him or her at a scheduled time. Be sure to ask for what you need. You may want more frequent sessions. You may want the counselor to call you and check to see how you are each day. It's a good thing to know that at least one person knows what

is going on with you and maintains frequent contact. *Feeling isolated may be the difference between a positive experience of growth and a traumatic experience of loneliness.*

***Concerned about a family member or friend who may be going through an intense personal upheaval that has characteristics of spiritual emergency?***

- **Look at the following indicators of intense spiritual experiences below and notice if the person you are concerned about has any of these:**

Episodes of unusual experiences that involve changes in consciousness and in perceptual, emotional, cognitive, and psychosomatic functioning, in which there is a significant transpersonal emphasis in the process, such as dramatic death and (re)birth sequences, mythological and archetypal phenomena, past incarnation memories, out-of-body experiences, incidence of synchronicities or extrasensory perception, intense energetic phenomena (Kundalini Awakening), states of mystical union, identification with cosmic consciousness. (Grof & Grof, 1986)

It may be your friend has had visions, premonitions or psychic experiences of an unusual nature. Perhaps your friend is re-evaluating his/her religious affiliation in response to some deep personal experiences that he/she feels uncomfortable talking about. Perhaps your friend is very inspired and not sleeping or eating--being carried away by some unusual drive. These can all be indicators of spiritual emergence phenomena.

- **If the person who needs help has a trusted friend, then suggest they get together and work with the checklist in the beginning of this section.**

You might do what you can to help bring the two friends together. Ideally the person in spiritual emergence process can see his/her condition as positive and maintain the spirit of cooperation with a trusted friend. Be sure that the person in crisis is checked out adequately by a health professional for any signs of organic imbalance.

If the person having the spiritual experiences is unable to trust anyone, and shows signs of paranoia, he or she may well need professional support

*immediately.* If so, find a psychiatrist or suitable crisis counselor who is available to assist in a timely manner. You may need to drive the person in crisis to the site of the health care person/ care facility and directly into the hands of the appropriate healthcare worker. If you feel the person you care about could hurt themselves or someone else, get them to a place where they can be responsibly cared for – like an emergency hospital.

- ❑ **If the person you are concerned about is working with a health care provider already, suggest he or she be contacted.**

If necessary, contact that provider and express your concern directly to him/her. You might give the provider a copy of the e- book “A Sourcebook for Helping People with Spiritual Problems” or this booklet, or refer them to the Spiritual Competency Resource Center, website: <http://www.virtualcs.com/>. Not many health care providers have learned about spiritual emergency as it was only newly described in 1994 in the professional diagnostic manuals which serve mental health professionals. Be understanding where there is ignorance and help people to become more knowledgeable when it is necessary.

### ***If you are a health care provider and you want to assist someone in the process of spiritual emergence***

You may have no prior knowledge of spiritual emergence processes. Most health care providers have not been educated about this process in their academic programs or in clinical training.

If so, please realize that there are criteria for "spiritual problems" in the DSM-IV that may assist you in differential diagnosis. Spiritual problems, listed as a "z" code, are not indicative of pathology; however, phenomena associated with spiritual emergence may be combined with other symptoms indicative of pathology. This must be discerned.

If you are interested in learning more, there are resources for further education at the end of this booklet. The Spiritual Competency Resource Center, website: <http://www.virtualcs.com/> is set up to offer continuing education for health professionals. For now, please read on:

- **Consider the following criteria** to determine if the person you are caring for is experiencing phenomena associated with spiritual emergence.

These criteria were first articulated by psychiatrist, Dr. Stanislav Grof and Christina Grof:

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

2. The ability to see the condition as an inner psychological process and approach it in an internalized way; the capacity to form an adequate working relationship and maintain the spirit of cooperation. These criteria exclude people with severe paranoid states, persecutory delusions, and hallucinations; and those who consistently use the mechanism of projection, exteriorization and acting out. (Grof & Grof, 1986)

- **Physical pathology should definitely be ruled out prior to a diagnosis** of spiritual problems because some of the symptoms of spiritual problems can be a result of physical imbalances including uremia, diabetes, toxic states, brain disorders or cardiac disease.

- **Check for symptoms of psychosis vis a vis indicators of spiritual emergency.** Some of the criteria for the diagnosis of psychosis (DSM-III, 1980) are observable in episodes where intense spiritual experiences have led to a personal crisis, aka spiritual emergency:

1. A disorientation which makes a person less interested in work, social contacts and self-care.

2. A difficulty in communicating about one's experience to others (in spiritual emergency this is the result of the noetic quality of the experience, not symptomatic of confused thinking).

3. Dissociation (in spiritual emergency this dissociation is a transitory part of the process of integrating one's experience.)

- **In attempting to differentiate a brief reactive psychosis from spiritual emergency you may consider the following:**

If two out of the following four criteria are satisfied, a psychotic episode is likely to have a positive outcome, where the episode contributes to personal development as opposed to a more long lived erosion of well-being:

1. Good pre-episode functioning as evidenced by no previous history of psychotic episodes, maintenance of a social network of friends, intimate relationships with members of the opposite sex (or same sex, if homosexual), some success in vocation or school.
2. Acute onset of symptoms during a period of three months or less.
3. Stressful precipitants to the psychotic episode such as major life changes: a death in the family, divorce, loss of job (not related to onset of symptoms), financial problems, beginning a new academic program or job. Major life passages which result in identity crises, such as transition from adolescence to adulthood, should also be considered.
4. Positive exploratory attitude toward the experience as meaningful, revelatory, growthful. Research has found that a positive attitude toward the psychotic process facilitates integration of the experiences into the person's post-psychotic life. (D. Lukoff, PhD., 1985)

- **Please be aware that *psychiatric medications are not always the optimal choice for individuals in spiritual emergency.*** As a health care provider your task will be diagnosis and offering a treatment plan, perhaps a prognosis. Psychiatric drugs tend to inhibit the natural processes that are occurring in spiritual emergency as the self-structure attempts to integrate spiritual experiences. Medications can either slow down, or in some cases, curtail the process. The patient needs to have access to his/her inner process and capacity for self-observation. Some psychiatric medications distort or abort access to these sensitive aspects of the psyche including the health-giving aspects of emotional catharsis.

Another significant reason for the minimal use of psychiatric drugs is to allow a person to be observed in his or her more natural state. This is essential for successful diagnosis initially and throughout the process. People in spiritual



emergency are rarely a danger to themselves or others unless their process is encumbered by some other pathology.

- **After the above are attended to, please follow the suggestions for caring for a person experiencing spiritual emergence listed above in the sections for the experiencer or the family member.**

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### **Emma Bragdon, PhD.**

Author: *A Sourcebook for Helping People in Spiritual Emergency*, 1988 and the newer, revised edition of the same book: *A Sourcebook for Helping People with Spiritual Problems*, 1994. Also, *The Call of Spiritual Emergency: From Personal Crisis to Personal Transformation*, 1990 and two books on spiritual healing in Brazil. Purchase online at: [www.emmabragdon.com](http://www.emmabragdon.com).

### **Personal Consultations:**

If you would like to contact Dr. Bragdon for a consultation please call: 1-802-674-2919 in Vermont, or <mailto:EBragdon@aol.com>. You may read about her qualifications as a coach online at [www.emmabragdon.com](http://www.emmabragdon.com). (Go to the index, and press on “coaching”). Coaching sessions may be arranged and paid for online. Sessions are generally held on the telephone.

### **Referrals:**

The Spiritual Emergence Network, SEN, began in 1980 to refer people seeking assistance in areas of spiritual emergence in various locations all over the world to those who might assist them integrate their process of spiritual emergence. SEN has been renamed the Center for Psychological and Spiritual Health and is located at the California Institute for Integral Studies. They offer information, referrals, and support for individuals experiencing difficulty with their psycho-spiritual growth. As of November 13, 2005, their website reports “*It may take up to one week for emails and calls to be returned*”. They offer phone consultations and referrals, PST, only at: (415) 575-6299. Email: <mailto:cpsh@ciis.edu> Their website <http://www.cpsh.org> is an excellent resource. If you search “spiritual emergence network” on the web, you will find other resources in other countries.

## **Educational Resources:**

The Spiritual Competency Resource Center, website:

<http://www.virtualcs.com/> offers a wealth of information and referrals

See resources and references for further reading in the back of Emma Bragdon's books, "*A Sourcebook for Helping People with Spiritual Problems*" and "*The Call of Spiritual Emergency: From Personal Crisis to Personal Transformation*" New copies are for sale by calling: (415) 575-6299. Email: <mailto:cps@ciis.edu>. E-Book copies are available on <http://www.emmabragdon.com/>

Audio-taped interviews with authors, teachers and health professionals addressing issues of spiritual crises are available through "New Dimensions Radio" in CA: 1-800-935-TAPE. <http://www.newdimensions.org/>

A series of thought-provoking interviews with pioneering health professionals is available through: "Thinking Allowed" Productions in Berkeley, CA: 1-800-999-4415. <http://www.thinking-allowed.com/> Especially recommended -- the video titled "Spiritual Psychology" with Frances Vaughan, PhD. and "Visionary Experience or Psychosis" with John Weir Perry, M.D.

A broad selection of videos on topics related to transformative visions, alternate realities and creativity is available through "Mystic Fire Video": 1-800-292-9001. Website: <http://www.mysticfire.com/>

## **References from the Text of this Booklet:**

Grof, S and Grof, C, 1986. *Spiritual Emergency: The Understanding and Treatment of Transpersonal Crises*. *ReVision* 8 (2), 7-20.

Lukoff, D., 1985. *Diagnosis of Mystical Experiences with Psychotic Features*. *Journal of Transpersonal Psychology*. 17 (2), 155-181.

[EmmaBragdon.com](http://www.EmmaBragdon.com)