

9-1-2017

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Recommended Citation

Grof, C., & Grof, S. (2017). Spiritual emergency: The understanding and treatment of transpersonal crises. *International Journal of Transpersonal Studies*, 36 (2). <http://dx.doi.org/10.24972/ijts.2017.36.2.30>



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Spiritual Emergency: The Understanding and Treatment of Transpersonal Crises

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ReVision: The Journal of Consciousness and Change (Vol. 8, No. 2, 1986)¹

The Concept of Spiritual Emergency

There exists increasing evidence that many individuals experiencing episodes of nonordinary states of consciousness accompanied by various emotional, perceptual, and psychosomatic manifestations are undergoing an evolutionary crisis rather than suffering from a mental disease (Grof, 1985). The recognition of this fact has important practical and theoretical consequences. If properly understood and treated as difficult stages in a natural developmental process, these experiences—spiritual emergencies or transpersonal crises—can result in emotional and psychosomatic healing, creative problem-solving, personality transformation, and consciousness evolution. This fact is reflected in the term “spiritual emergency,” which suggests a crisis, but also suggests the potential for rising to a higher state of being.

Traditional psychiatry does not recognize the difference between mystical and psychotic experiences. All unusual states of consciousness are essentially seen as pathological and attributed to anatomical, physiological, and biochemical changes in the brain, or other medical causes. There is no acknowledgement that any dramatic experiential states involving changes of consciousness could be potentially therapeutic and transformative. Psychiatry thus routinely and indiscriminately uses controlling and suppressive approaches to terminate such experiences. However, in the case of transpersonal crises, insensitive use of repressive measures can lead to chronicity and long-term dependence on tranquilizing medication or other pharmaceuticals with ensuing serious side effects and impoverishment of personality. It seems, therefore, extremely important to clarify theoretically the concept of transpersonal crises and to develop comprehensive and effective approaches to their treatment.

Spiritual emergencies (transpersonal crises) can occur spontaneously without any precipitating factors, or they can be triggered by emotional stress, physical exertion, disease, accident, intense sexual experience, childbirth, or exposure to psychedelic drugs. However, in many instances the catalyzing factor seems to be involvement in various meditative practices which are specifically designed to activate spiritual energies. As spiritual disciplines are gaining popularity in the West, an increasing number of people are experiencing transpersonal crises that can be traced to their practice of yoga, Zen, various movement meditations, pranayama, Kundalini maneuvers, Tibetan Buddhist psychoenergetic exercises, Christian prayer, and other forms of deep and systematic spiritual involvement and self-exploration.

Supportive evidence for the concept of spiritual emergency can be drawn from a variety of fields: history, anthropology, comparative religion, clinical psychiatry, modern consciousness research, psychedelic therapy, Jungian psychology, new experiential psychotherapies, and many others. Indirectly, the developments in a variety of scientific disciplines that undermine the Newtonian-Cartesian model of the universe and mechanistic thinking can be used to support the new concepts. Though incompatible with traditional thinking in science, the new approaches are congruent with many important aspects of the emerging paradigm (Grof, 1985).

Definition of Spiritual Emergency

To prevent misunderstanding, it is important to emphasize that not every experience of unusual states of consciousness and intense perceptual, emotional, cognitive, and psychosomatic changes falls into the category of spiritual emergency. The concept of transpersonal crisis is not oriented against traditional psychiatry; it offers an alternative approach to individuals who can benefit from it and are capable and willing to accept it.

Many mental disorders are directly related to brain dysfunctions or diseases of other organs and systems of the body. A good medical and psychiatric examination is, therefore, a necessary prerequisite for any alternative therapeutic considerations. When these examinations do not detect any medical cause, the decision will depend on the nature of the client's experiences, attitude toward the process, the experiential style, and ability to relate and cooperate. Even individuals who would otherwise meet the criteria of having a spiritual emergency cannot be treated by or benefit from the new strategies if they are unable to see their problems as related to an inner process, or are unwilling to undergo the pain of confronting the underlying experiences.

It is also necessary to keep in mind that even purely psychological work with people whose problems are not primarily of a medical nature can result in difficulties that require medical considerations. Here belong, for example, a concern for proper nutrition, supply of minerals and vitamins, adequate rest, and prevention of dehydration. The possibility of such complications must be kept in mind whenever powerful inner experiences extend over a period of days or weeks. Intense emotional work is also medically contraindicated for cardiovascular disorders, pregnancy, or epilepsy, especially when hyperventilation is used as a facilitating technique.

The following are the important criteria suggesting that a person might be experiencing a spiritual emergency and can be offered alternative treatment:

- a. 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.
- b. Absence of a gross organic brain disorder underlying abnormal mental functioning, such as infection, tumor, cardiovascular, or degenerative disease of the brain.
- c. Absence of a physical disease of another organ or system which is responsible for the mental disorder, as exemplified by uremia, diabetes, toxic

states with delirium, or decompensated cardiac disease.

- d. Reasonably good general somatic and cardiovascular condition allowing the client to safely endure physical and emotional stress frequently associated with the experiential work and with the uncovering strategy.
- e. 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.
- f. Absence of a long history of conventional psychiatric treatment and hospitalization, which generally tends to make the application of the new approaches much more difficult and in many cases impossible.
- g. Since it is not possible in some cases to draw a clear line between a spiritual emergency and psychosis, it might be necessary to postpone the final decision about the strategy of treatment until the response of the client to the new techniques has been tested experimentally.

Forms of Spiritual Emergency

All forms of transpersonal crisis can be seen as dynamic exteriorizations of deep unconscious and superconscious realms of the human psyche, which form one indivisible, multidimensional continuum without any clear boundaries. It is, therefore, obvious that a sharp demarcation of various types of spiritual emergency is in practice not possible.

However, on the basis of our work with individuals in spiritual crisis and through the study of relevant literature, we feel that it is possible and useful to distinguish several major experiential patterns which are particularly frequent. Although they often overlap, each has characteristic features that differentiate it from the others.

1. Awakening of the Serpent Power (Kundalini)
2. Shamanic Journey
3. Psychological Renewal through Activation of the Central Archetype
4. Psychic Opening
5. Emergence of a Karmic Pattern
6. Possession State

Awakening of the Serpent Power (Kundalini)

The concept of the serpent power or *Kundalini* (“the coiled one”) originated in the Indian spiritual tradition. According to the Hindu and Buddhist Tantric schools, Kundalini is the creative energy of the universe and is female in nature. In her external aspect, she is manifest in the phenomenal world. In her internal aspect, she lies dormant at the base of the human spine; in this form, she is traditionally symbolically represented as a serpent coiled three-and-a-half times. Activated by spiritual practice, by contact with a guru, or spontaneously, it rises in the form of active energy, or *Shakti*, up the conduits in the subtle body called *nadis*, opening, clearing, and lighting the psychic centers, or chakras (Mookerjee, 1982; Muktananda, 1979; Woodroffe, 1964).

Although the concept of Kundalini found its most elaborate expression in India, important parallels exist in many cultures and religious groups—in the Taoist yoga, Korean Zen, Tibetan Vajrayana, Christian mysticism, particularly in the hesychasm, Sufism, the freemasonic tradition, Kung Bushmen of the African Kalahari desert, and in American Indian tribes, especially the Hopis. In a sense, the awakening of Kundalini can be seen as a central mechanism underlying various forms of dramatic emotional, psychosomatic and spiritual manifestations that would be considered in the West to be unrelated psychopathological disorders.

The Tantric schools have developed intricate maps of the chakras, described in detail the physical, emotional, and spiritual manifestations of Kundalini awakening, and have preserved elaborate mythologies related to this process. Although not without dangers and pitfalls, the arousal of Kundalini is seen, in general, as potentially conducive to psychosomatic healing, positive restructuring of the personality and consciousness evolution. However, because of its extraordinary power, the scripture treat this process very seriously and recommend the guidance of an experienced teacher for people involved in it.

The process of Kundalini awakening as described in the Indian literature can be accompanied by dramatic physical and psychological manifestations called kriyas. The most striking among these are powerful sensations of heat and energy streaming up the spine, associated with tremors, spasms, violent shaking, and complex twisting movements. Quite common also is involuntary laughing or crying, chanting of mantras or songs, talking

in tongues, emitting of vocal noises and animal sounds, and assuming spontaneous yogic gestures (*mudras*) and postures (*asanas*).

Among other physical manifestations are nausea, diarrhea or constipation, anal or uterine contractions, clenching of the jaws, rise and drop of temperature, and bulimia or loss of appetite. The entire body can be rigid or limp, and feel unusually large or small. As the Kundalini is freeing physical blockages, the aspirant can experience intense pain in various parts of the body. It is not uncommon that the body movements and sounds take on animal qualities resembling those of a lion, monkey, frog, or a snake, among others.

The individual can see geometric patterns, bright radiant lights, and complex visions of saints, deities, demons, and entire mythological sequences. Acoustic phenomena include a variety of sounds, such as buzzing, rushing of water, humming of the bees, music, tinkling of ornaments, or singing voices. The emotional manifestations of Kundalini awakening range from ecstasy, orgasmic raptures, and states of indescribable peace and tranquillity, to waves of depression, anxiety, and agitation bordering on feelings of insanity and/or death.

Indian sources also describe a dramatic and picturesque group of manifestations that suggest the presence of what seem to be supernatural powers or siddhis such as living without food, bilocation, gaining knowledge about various aspects of the universe, weightlessness and levitation, travel through space, and observing oneself from the outside (heautoscopy). The siddhis are seen by the tantrikas as impediments to the attainment of higher consciousness and liberation.

Although the descriptions of Kundalini have been known in the West for a long time, until recently they have been considered to be an exclusively Oriental phenomenon. Even C. G. Jung, who showed keen interest in this process (Jung, 1975), thought that it rarely, if ever, occurred in the West. He and his colleagues expressed the opinion that it might take a thousand years before Kundalini is set in motion in our culture through the influence of depth psychology. However, future development showed this estimate to be incorrect.

Whether this can be attributed to accelerated evolution, popularity and rapid spread of various forms of spiritual practice, pressure of the dangerous global crisis, or the facilitating effect of psychedelic drugs, it is quite clear that unmistakable signs of Kundalini awakening

can be observed these days in thousands of Westerners. The merit of bringing this fact to the attention of the professional circles belongs to the California psychiatrist and ophthalmologist Lee Sannella (1978).

In his pioneering book, *Kundalini: Psychosis or Transcendence*, Sannella (1978) has described the form that Kundalini awakening takes in our culture and has discussed it from the point of view of Western medicine and science. His physiological Kundalini syndrome differs in certain respects from the traditional descriptions; this should not be surprising, since the texts themselves do not always agree on the details.

Sannella's model suggests that the process of Kundalini awakening starts typically in the big toes and feet, usually on the left side, with strange sensation and twitching. The big toenail might turn black and fall off. From here the manifestations of the process move up the legs and the back to the top of the head, down the forehead to the sinuses and over the face to the throat and through the heart into the abdomen and the pelvic area. The major blocking sites are the small of the back, between the shoulder blades, at the bottom of the skull, around the eyes, in the throat, and in the pelvis.

The process of Kundalini awakening can simulate many psychiatric disorders and medical problems. Intimate knowledge of the kundalini syndrome is essential for the clinician to make a correct differential diagnosis. The presence of characteristic energy phenomena, sensations of heat, unusual breathing patterns, pains in characteristic blocking sites for which there is no organic basis, visions of light, and the characteristic trajectory of the process are among the signs that distinguish the Kundalini syndrome from psychosis.

The individuals involved are also typically much more objective about their condition, communicate and cooperate well, show interest in sharing their experiences with openminded people, and seldom act out. Although hearing various sounds is quite common, intruding persecutory voices do not belong to the phenomenology of Kundalini awakening.

Another psychiatric disorder that Kundalini awakening can resemble is conversion hysteria with its picturesque manifestations of motor seizures, strange sensations in different parts of the body, episodes of temporary blindness, and rich psychosomatic symptoms. As the Kundalini purges the system, it tends to reactivate traumatic memories from the past and bring their

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elements to the surface. The resulting emotional *kriyas* can involve states of anxiety, depression, aggression, confusion, or guilt; they can thus fall under various psychiatric categories and receive a number of diagnostic labels by an uninformed clinician.

The Kundalini process can also simulate a variety of medical disorders. It can be misdiagnosed as Jacksonian epilepsy, a lower back problem, incipient multiple sclerosis, a heart attack, or a pelvic inflammatory syndrome.

Shamanic Journey

Transpersonal crises of this type bear a deep resemblance to what the anthropologists have described as the shamanic or initiatory illness (Eliade, 1964). It is a dramatic episode of a nonordinary state of consciousness that marks the beginning of the career of many shamans.

The core experience of the shamanic journey is a profound encounter with death and subsequent rebirth. Initiatory dream and visions include a descent into the underworld under the guidance of ancestral spirits, attacks by demons, exposure to unimaginable emotional and physical tortures, and finally complete annihilation. This is then typically followed by sequences of rebirth and ascent to supernal realms. Although there exist considerable variations in the details of these ordeals among different tribes and individual shamans, they all share the general atmosphere of horror and inhuman suffering.

The tortures involve experiences of dismemberment, disposal of all body fluids, scraping of flesh from bones, tearing eyes from the sockets, or similar terrifying manipulations. After the novice shaman has been reduced to a skeleton, the bones are covered with new flesh and he or she receives fresh blood. The transformed shaman aspirant then obtains supernatural knowledge and the power of healing from various semidivine beings in human or animal form.

The next important stage of the shamanic journey is the ascent to the heavenly regions by means of a pole, birch tree, rainbow, or a magical flight. In a genuine shaman, the initiatory death is always followed by resurrection, resolution of the crisis, and good integration of the experience into everyday life. Accomplished shamans have to be able to function in the ordinary world as well as or better than their fellow tribesmen. They are good businessmen, practical psychologists, masters of ceremonies, artists and poets, as well as healers, seers, and psychopomps. They feel

at home in the ordinary and nonordinary realities, can cross their thresholds at will, and are able to mediate this transition for other people.

In the experiences of individuals whose transpersonal crises have strong shamanic features, there is great emphasis on physical suffering and encounter with death followed by rebirth and elements of ascent or magical flight. They also typically sense a special connection with the elements of nature and experience communication with animals or animal spirits. It is also not unusual to feel an upsurge of extraordinary powers and impulses to heal.

Most traditional anthropologists and psychiatrists tend to interpret shamanism as a pathological condition related to hysteria, schizophrenia, or epilepsy. However, those who have had intimate contact with shamans know that such a position is biased, simpleminded, and incorrect. Shamanistic cultures in general do not show a primitive and indiscriminate tendency to see as sacred any bizarre experience and behavior that they do not understand. They can clearly differentiate between a shaman and a person who is sick or insane.

A good integration of the “shamanic illness” and adequate functioning in everyday life are indispensable conditions for being accepted as a shaman. Like the initiatory crisis, the transpersonal episodes of a shamanic type, if properly supported, can lead to good adjustment and superior functioning in certain areas.

Shamanism is the oldest religion of humanity, reaching back tens of thousands of years. It is also a phenomenon that is practically universal; its varieties can be found in Siberia and other parts of Asia, in North and South America, Australia, Oceania, Africa, and Europe. Individuals whose spiritual crises follow this pattern are thus involved in an ancient process that touches the deepest foundations of the psyche.

Psychological Renewal Through Activation of the Central Archetype

This type of transpersonal crisis has been explored and described by the Californian psychiatrist and Jungian analyst John Weir Perry (1953, 1966, 1974, 1976). In his clinical work with young psychotic patients, twelve of whom he saw in systematic intensive psychotherapy over long periods of time, he recognized to his surprise that the psychotic process was far from being an absurd and erratic product of pathological processes in the brain. If sensitive support was provided,

the nature of the psychopathological development was drastically transformed and what resulted was emotional healing, psychological renewal, and deep transformation of the patients’ personalities. Moreover, Perry discovered that the majority of his patients manifested certain standard experiential patterns and characteristic stages if their process was not suppressed by routine psychopharmaceutic treatment.

Individuals in this type of crisis experience themselves as being in the middle of the world process or being the center of all things, which Perry attributes to the activation of what he calls the central archetype. They are preoccupied with death and the themes of ritual killing, martyrdom, crucifixion, and afterlife. Another important theme is the return to beginnings of the world, to creation, the original paradisaean state, or the first ancestor.

These experiences typically focus on some cataclysmic clash of opposite forces on a global or even cosmic level that has the quality of a sacred combat, or in the mundane form of protagonists-capitalists and communists, Americans and Russians, the white and yellow races, or secret societies against the rest of the world. The archetypal form of this conflict involves the forces of light and darkness, Christ and Antichrist or the Devil, Armageddon, and the Apocalypse.

A characteristic element of this process is preoccupation with the reversal of opposites—cultural, ethical, political or religious beliefs, values, and attitudes. This is expressed particularly strongly in the sexual area. It involves intense misgiving with regard to the opposite sex, homosexual wishes or panic, and fear of the other sex or gender reversal. These problems find their resolution typically in the theme of the union of opposites, particularly the Sacred Marriage (hierosgamos). This union is of a mythological nature, an archetypal fusion of the feminine and masculine aspects of one’s personality. Here belong the belief of being selected as spouse for a god or goddess, becoming the bride of Christ, being visited by the Holy Spirit as the Virgin Mary, identification with Adam and Eve, marriage of the Sun and the Moon, King and Queen, or Prince and Princess.

This process culminates in an apotheosis, in experience of being raised to a highly exalted status, either above all humans, or above the human condition altogether—becoming a world savior or messiah, a king, a president, emperor of the world or even lord of the

universe. This is often associated with a sense of new birth or rebirth, the other side of the all-important theme of death. Women more frequently experience giving birth to some extraordinary child-savior, redeemer, or messiah—while men more commonly experience their own birth. The birth of the divine child is often seen as the product of the sacred marriage.

During the time of final integration, individuals tend to draw diagrams representing the quadrated world, in which the number four plays an important role—four cardinal points, four quadrants, four rivers, or a quadrated circle. They can also create a drama, in which four kings, four countries, or four political parties play a crucial role.

For a professional subscribing to the medical model, the above themes might appear bizarre and do not leave any doubt that the brain function of the people experiencing them must be seriously damaged by some unknown pathological process. However, by systematic study extended over a period of many years, Perry was able to discover deep meaning in these productions that escapes the unsophisticated. He realized to his great surprise that the same basic themes appeared in the mythology of many great cultures at the time of the emergence of the cities. They were closely related to the archaic form of sacral kingship and were enacted regularly in a ritual dramatic form in annual New Year festivals.

During the time Perry calls “the archaic era of incarnated myth,” these rituals were considered of critical importance for continued existence and stability of the cosmos, fertility, the vitality of nature, and prosperity of society. In his excellent study of the myths of the royal father, Lord of the Four Quarters (Perry, 1966), he demonstrated that annual New Year festivals focusing on the above themes existed in many countries of the world, some of them isolated geographically and historically. They can be found in Egypt, Mesopotamia, Canaan, Israel, India, Iran, Hittite Anatolia, Greece, Rome, the Nordic lands, Mesoamerica (the Toltecs and Aztecs), and in China.

In his later books, *The Far Side of Madness* (Perry, 1974) and *Roots of Renewal in Myth and Madness* (Perry, 1976), Perry was able to show many uncanny parallels between the ritual drama of renewal associated with sacral kingship and the sequences in the renewal process observed in acute psychotic episodes. These externalized social forms were later internalized and have become the inner images and processes of contemporary individuals.

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Perry’s work clearly demonstrates the paramount significance of the archetypal process reenacted in this type of transpersonal crisis and the need to treat these states with respect. His clinical observations, as well as historical research suggest that properly understood and supported, they have healing and transformative potential. They can lead to a positive restructuring of personality and to a psychological and spiritual renewal.

In Perry’s approach to psychosis, the values traditionally applied to the psychotic process by academic psychiatry are reversed. The psychopathological condition is the deficient pre-psychotic personality, while the acute psychotic episode constitutes a healing and restitutive process. The prospect for a successful outcome then depends on the quality of the ego and on the understanding and support given to the individual by those in his environment.

Psychic Opening

A transpersonal crisis of this type is characterized by a striking accumulation of instances of extrasensory perception (ESP) and other parapsychological manifestations. In acute phases of such a process, the individual can literally be flooded by extraordinary paranormal occurrences. Among these are various forms of out-of-the-body experiences (OOBE) during which consciousness seems to detach itself from the body and the individual can observe himself or herself from a distance or from above. In an OOBE state it is not uncommon to accurately witness events happening in another room of the building or in a remote location. This phenomenon has been repeatedly described by thanatologists in individuals facing death (Moody, 1975; Ring, 1980, 1984; Sabom, 1982), but here it occurs without the element of vital threat.

In these states, it is also quite common to correctly anticipate what will happen in the next moment or have a precognitive perception of events that will happen the next day or next week. Equally frequent are clairvoyant visions of past or remote events. Occasionally, crises of this type can be associated with various forms of Poltergeist phenomena. This may be more frequent than one would hear about because of the particularly strong resistance of our culture to the possibility of such events and the reluctance of subjects to speak about them. Accurate telepathic reading of other people’s thoughts and intentions can be a source of fear and anger; indiscriminate verbalization of the insights gained in this way is often among the factors that precipitate psychiatric hospitalization.

Of special interest is an astonishing accumulation of synchronistic events that often accompany this type of crisis. This phenomenon was first recognized by C. G. Jung and described in his essay, "Synchronicity: An Acausal Connecting Principle" (Jung, 1980). The individual suddenly finds himself as if in a new world, where the mandatory sequences of cause and effect are partially replaced by instances of meaningful coincidences that link elements of dreams and visions to events from external reality, or even combine everyday happenings in a way that is far beyond reasonable statistical probability.

Jung has described astonishing examples of synchronistic events of this kind in his writings. He realized that these observations were incompatible with mechanistic science and looked for models in the new physics, the foundations of which were being laid at that time by a group of European scientists. He got special support for this concept from his friend Wolfgang Pauli, one of the founders of quantum physics, and from Albert Einstein.

Traditional psychiatry does not yet recognize the phenomenon of synchronicity and has only one answer for all the reports about meaningful coincidences—the diagnosis of delusions of reference. Transpersonal research has shown that, without any doubt, individuals in spiritual crises frequently encounter true synchronicities. These are situations where everybody who has access to relevant information about the events involved has to admit that they are far beyond reasonable probability.

It is of critical importance not to discard every report of synchronistic events as insignificant coincidence, as indication of distorted perception, or as delusional interpretation of reality. Although synchronistic phenomena can occur during any type of transpersonal crisis, they seem to be particularly frequent during the process of psychic opening.

Many mystical schools and spiritual traditions describe emergence of paranormal abilities as a common and particularly tricky stage of consciousness evolution. It is considered essential not to become fascinated by the new abilities and interpret them in terms of one's own uniqueness. The danger of what Jung called "inflation of the ego" is probably greater here than with any other type of spiritual crisis.

However, in our culture, which tends to accept uncritically the pragmatically successful but simplistic worldview of mechanistic science, the opposite danger

might be even more relevant. Many materialistically oriented scientists have made authoritative statements not only about what the universe is like, but also about what is in principle impossible. Although statements of this kind do not stand the scrutiny of rigorous logic and of the modern philosophy of science, they have deeply influenced our cultural consciousness.

In this situation, many people tend to interpret experiences of telepathy, clairvoyance, or synchronicity as signs of self-deception or even insanity, because contemporary science denies the possibility of their existence. They might need sensitive guidance that should include information on the findings of modern parapsychological research, such as the work of Joseph Banks Rhine, Charles Tart, Russell Targ, Harold Puthoff, Jules Eisenbud, Stanley Krippner, Arthur Hastings, and others. The principles of counseling in this type of spiritual emergency have been described in a special article by Arthur Hastings (1983). A unique autobiographical account of the crisis of this type that has resulted in an amazing psychic gift is the story of Anne and Jim Armstrong, published in this issue of *ReVISION*.

Emergence of a Karmic Pattern

In a fully developed form of this type of transpersonal crisis, the individual experiences dramatic sequences that seem to be occurring in a different temporal or spatial context, in another historical period and another country. These experiences can be quite realistic and are accompanied by strong negative or positive emotions and intense physical sensations. The person involved typically has a convinced feeling of retrieving these events from memory, reliving episodes from his or her own previous incarnations. In addition, specific aspects of such sequences suddenly seem to throw a new light on various emotional, psychosomatic, and interpersonal problems of the person's present life, which were previously obscure and incomprehensible.

Karmic experiences of this kind are frequently connected with simultaneous or alternating reliving of biological birth. This occurs with characteristic patterning; birth sequences involving certain specific emotions and physical sensations tend to be linked with past life themes that contain the same or similar elements. Thus, experiences of the first clinical stage of delivery, which involves contractions in a closed uterine system, associate with scenes of suffering in dungeons, torture chambers, and concentration camps. In a similar

way, strangulation by the umbilical cord is connected with past life scenes involving hanging and strangling, and sharp pains in childbirth fuse with pains inflicted by swords, lancets, and daggers. The struggle in the birth canal, which involves a combination of sexual arousal, pain, aggression, and fear of death, can be experienced together with memories of rape and sadomasochistic events (Grof, 1985).

Since the concept of reincarnation and karma is alien to our culture, many individuals involved in this process tend to resist past life experiences as bizarre and insane. Under these circumstances it is possible to experience a variety of strange emotions, physical sensations, and distortions in interpersonal relations without confronting and recognizing the karmic pattern that underlies them. In our workshops, we have encountered a number of people who in an experiential session with breathing, music, and body work relived and resolved a karmic pattern the elements of which had been plaguing them for months or years. This then had lasting beneficial effects and led to significant changes in their everyday lives.

It is important to realize that the concept of reincarnation is a universal phenomenon in ancient and non-Western cultures. It is a cornerstone of the great Indian spiritual systems—Hinduism, Buddhism, Sikhism, and Jainism—and in the Tibetan Vajrayana. The broad spectrum of other cultures and groups that have shared the belief in past lives is very rich; it includes the ancient Egyptians, American Indians, the Parsees, the Polynesian cultures, and the Orphic cult in ancient Greece. It is not commonly known that similar concepts existed in Christianity during the first four centuries of its existence, until they were banned by a special council in Constantinople under the emperor Justinian in connection with the teachings of Father Origen.

There are reasons other than the universality of belief in reincarnation to take past life experiences seriously. They are very convincing and rich in details and occur regularly even in experiential work with individuals who are disbelievers. In many instances, they mediate access to new information about the time and country where they take place, involving costumes, weapons, social systems, ritual forms, or even specific historical events. It is often very unlikely that the individual could have acquired this information during his or her present lifetime through conventional channels.

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Full experience and good integration of past life sequences typically have dramatic therapeutic effects. Emotional, psychosomatic, and interpersonal problems can be drastically alleviated or disappear after a powerful karmic sequence. For this reason, therapists should recognize this phenomenon and utilize it, irrespective of their own belief system or the historical truth of such sequences. There are, however, observations supporting the concept of reincarnation as such. Occasionally, some of these experiences—maybe one in a hundred—can bring enough specific information about an event to allow independent testing. This has resulted in quite astonishing case histories that are difficult to explain away along more traditional lines.

Another remarkable aspect of this phenomenon is a high incidence of synchronistic events surrounding past life experiences. In those instances where the subject identifies certain persons in his or her current life as protagonists in a reincarnation sequence, resolving such a karmic pattern can be accompanied by dramatic changes in the lives of these other people. These are meaningfully connected with the karmic pattern involved, frequently occur within minutes of the experiential process, and can in no way be explained by traditional cause and effect mechanisms of Western science. The individuals involved in these synchronicities can be separated from the site of the karmic experience of the subject by hundreds or thousands of miles.

Some additional corroborative evidence for the concept of karma and reincarnation comes from the field studies of the American researcher Ian Stevenson. He was able to verify the accuracy of the information coming from individuals in several different countries who reported spontaneous memories from what they considered to be memories of their past lives (Stevenson, 1966). The aforementioned observations clearly represent the experiential basis for the belief in reincarnation and explain why it is so strong and so universal. However, none can be considered definite proof of the continuation of individual consciousness from one lifetime to another. It is certainly possible to imagine other conceptual frameworks that would provide satisfactory interpretation of the existing data.

Possession States

This transpersonal crisis can occur in the context of experiential psychotherapy, psychedelic treatment, or as a spontaneous development in the life of the individual. During experiential work, with or

without psychedelic substances, the nature of the process may suddenly change dramatically. The face of the client can become cramped and take the form of a mask of evil, the eyes assume a wild expression, the hands and the body show bizarre contortions, and the voice may have an uncanny quality. When this condition is allowed to develop fully, the session can bear a striking resemblance to exorcist seances in primitive cultures or medieval exorcisms of the Christian church.

Whether this archetype of evil emerges in a working session or in the conditions of everyday life, the individual typically identifies the energy involved as demonic and tries to suppress it by all means. A latent pattern of this kind can underlie serious psychopathology such as suicidal depression, murderous aggression, impulses for antisocial behavior, or craving for excessive doses of alcohol and drugs. Such manifestations often alienate relatives, friends, and even professionals, who refuse to interact with the person involved, withdraw, and label him or her as evil.

The resolution of this problem requires support from people who are not afraid of the uncanny nature of the experiences and who can facilitate full emergence and exteriorization of the archetypal pattern. The resolution often happens after dramatic sequences of choking, projectile vomiting, or frantic motor behavior with temporary loss of control. With good support, experiences of this kind can be extremely liberating and therapeutic. Recently, the interest of professionals in this phenomenon was rekindled by the study of multiple personalities (Allison, 1980).

In this context, it is interesting to mention the classification of spiritual forms of pathology suggested by Ken Wilber. While the above typology is descriptive and is derived from direct clinical observations, Wilber's approach is a logical extension of the model of consciousness development he offered first in his book *Spectrum of Consciousness* (1977) and later revised and elaborated in his *Atman Project* (1980). In his recent publication (Wilber, 1984a, 1984b), he applied this model to the field of psychopathology. The basic idea of his approach is that each level of consciousness is a potential source of specific psychopathology, which is quite distinct and different from that related to other levels, and that each requires special treatment.

In Wilber's scheme, the forms of emotional disorders recognized by academic psychiatry—autistic, schizophrenic, and depressive psychoses, narcissistic

personality disorders, borderline psychoses, and psychoneuroses—are disturbances specific for the stages of consciousness evolution preceding the full integration of the mind and body that he refers to as the centaur. In addition, Wilber described various forms of psychopathology that are specific for the subtle and causal levels of the consciousness spectrum and cannot be adequately understood by mainstream psychiatry. These would belong to the spiritual emergencies defined in this article.

The classification presented by Wilber, although articulate and logically convincing, is not easily reconcilable with the reality of clinical observations—a fact of which he seems to be aware. In practice one rarely finds pure examples of the types that he describes and discusses. The fact that transient episodes of nonordinary states of consciousness often channel very profound and genuine spiritual insights through personality structures that are neurotic, borderline, or even frankly psychotic, has to remain for him “one of the most puzzling aspects of transient schizophrenic breaks.” His categories of spiritual emergencies will clearly require modification and revision before they more closely match actual observations.

As an initial attempt at classification in a complex territory which has not been given adequate attention in the West, this outline is rough and sketchy. However, we hope that even in this form it will be of use to individuals undergoing transpersonal crisis and to those interested in offering assistance.

Therapeutic Assistance in Transpersonal Crises

The first and most important task for the facilitator working with individuals in transpersonal crises is to establish a good trusting relationship with the client. On this basis it is then possible to mediate a new understanding of the process the client is involved in and to convey respect for its healing and transforming nature. This approach is diametrically opposed to the traditional psychiatric strategy that uses pathological labels and an indiscriminate suppressive approach for all nonordinary states of consciousness. The basic principle of the new strategy is to support the process and to cooperate with it in order to utilize its positive potential.

It is of critical importance for the positive outcome of transpersonal crises that the client recognizes the intrapsychic nature of the unusual experiences and

keeps them internalized. As first understood by Carl Gustav Jung, the world of the archetypal dynamics and the world of everyday reality are distinctly different and should not be confused. Similarly, the body-ego and the Self experiencing the archetypal process are two different entities. It is the confusion of the two worlds and the two identities that leads to ego inflation and to psychopathology.

The nature and quality of the relationship between the client and the facilitator can not be overemphasized. It is important that the client feels accepted and supported without negative judgment about the process that he or she is undergoing. In periods of impasse and stagnation and at times when the process is too frightening, the client will often operate on the basis of trust and hope borrowed from the facilitator.

The degree of help that is needed depends on the nature, depth, and intensity of the process. Some individuals involved in transpersonal crises are bewildered and puzzled by their experiences, but can operate in everyday life to some extent. In situations like this, a new understanding, recommendation of pertinent literature, and occasional supportive discussions facilitating integration of unusual experiences might be sufficient.

The general strategy here is to create situations in the everyday life where it is possible to fully confront the emerging material, such as periods of meditation or introspective experiencing facilitated by music. This seems to clear the remaining time in everyday life from the intrusion of unconscious elements. Conversely, it is possible to use techniques that slow down the process, if the circumstances require full attendance to practical tasks. Among these are heavier diet, drinking of beverages containing large amounts of sugar or honey, intense physical exercise such as jogging, hiking, swimming, or garden work, avoidance of stressful and overstimulating situations, discontinuation of any spiritual practice, and in the extreme, occasional use of minor tranquilizers as a temporary measure.

If the process is so intense that it interferes with everyday life, even if the above measures have been tried, it might be necessary to offer regular experiential sessions, where the process is facilitated with the use of various uncovering techniques that have been developed by humanistic and transpersonal psychologies, or by different spiritual traditions of the world. Of these, Gestalt practice, psychosynthesis, Jungian active imagination and mandala drawing, certain neo-Reichian

approaches, focused body work, and the use of music and expressive movement seem to be particularly useful. Some pioneering work with psychedelics (conducted by ourselves and others) suggests that drug-assisted psychotherapy might be a very important tool in the future (Grof, 1980).

We have developed a nondrug technique (holotropic breathing), which combines hyperventilation, music and sound technology, and body work. We have found this approach very useful in assisting individuals in transpersonal crises. The principles of holotropic therapy are extremely simple. The client is asked to assume a reclining position with the eyes closed, focus attention on breathing and the body sensations, and maintain a respiratory pattern that is faster than usual.

During the preceding psychological preparation, he or she is encouraged to suspend analytical activity and accept any experiences that emerge with full trust and without judging. In this context, we recommend that the client abstain from abreactive techniques or any other attempts to change and influence the experience. The general attitude should be similar to certain techniques of Buddhist meditation—simply watching the emerging experiences, registering them, and letting them go.

During hyperventilation, as the physical and emotional tensions are building up and resolving, the individual can have a variety of powerful experiences. He or she can relive important biographical events from infancy, childhood, or later life, confront different aspects of the memory of biological birth, have a profound encounter with death, or experience various types of transpersonal phenomena.

In the context of holotropic therapy, the already strong effect of hyperventilation is further enhanced by the use of evocative music or sound technology developed by various cultures specifically for the purpose of changing consciousness. Another intensification of the effect of this technique is its use in a group setting, where participants alternate in the roles of experiencers and sitters under the supervision of the therapist. The group dynamics and the experience of the role of the sitter can add important new dimensions to the process. The ability to participate fully in such a group arrangement depends on the depth and activity of the client's process. If the experiences are very dramatic, the approach has to be strictly individual. In some instances, the client can have sessions in a group context, but might not be able to play the role of a sitter.

Ideally, the continued intense breathing itself can lead to a resolution of all the material that was released and surfaced into consciousness. If the subject ends with some residual tensions or unpleasant emotions, it is possible to facilitate resolution by a technique of focused body work first developed for the termination periods of psychedelic sessions. The basic strategy in this phase is to complete the unfinished gestalt by a more traditional abreactive approach and to release blocked energy.

The main principle here is to encourage the experiencer to surrender fully to the emerging emotions, sensations, and physical energy, and find appropriate ways of expressing them through sounds, grimaces, postures, and movements, without judging or analyzing the experience. The function of the facilitators is to follow the energy flow and encourage its full external expression. This work continues until the experiencer reaches a state of resolution and relaxation. The entire procedure of holotropic breathing has been described in detail in other publications (Grof, 1985, 1988).

In all the stages of the process, artistic expression, such as mandala drawing, psychodrama, expressive dancing and movement, and creative writing can be extremely useful. We have also found the Jungian sandplay as developed by Dora Kalff (Kalff, 1971) to be an approach of great value in transpersonal crises.

The situation is much more complicated when the crisis is so intense that the individual is not capable of meeting the demands of everyday life and is dangerous to himself or others. There exist almost no facilities offering 24-hour support that do not use the routine approach of the medical model. Until such facilities are developed and recognized by legal authorities and insurance companies, the treatment of such clients will not be satisfactory and will represent a combination of *ad hoc* improvisations and sad compromises.

Further Reading on the Concept of Spiritual Emergency

A classical and invaluable source of knowledge in this area is the work of Carl Gustav Jung. Relevant passages can be found throughout his collected works. His concepts of the collective unconscious, archetypal dynamics, the ego and the Self, the individuation process, synchronicity, and many others are quite indispensable for modern understanding of the psychotic process. An excellent synopsis of the principles of the theory and practice of Jungian therapy is June Singer's (1972) book *Boundaries of the Soul*.

The late Italian psychiatrist and founder of psychosynthesis, Roberto Assagioli, had many valuable ideas related to the concept of spiritual emergency and wrote an essay in which he interprets many serious psychological disturbances as vicissitudes on the way to self-realization. Because of its importance, Assagioli's original paper is reprinted in this issue of ReVISION. The classic books on cosmic consciousness by Richard Bucke (Bucke, 1969), on ecstasy by Marghanita Laski (Laski, 1968), and on varieties of religious experience by William James (James, 1961) are rich sources of information directly applicable to the problems of transpersonal crises.

One of the critical contributions to transpersonal psychology and to a new understanding of spirituality is the research of Abraham Maslow and his theoretical formulations. He demonstrated beyond any doubt that mystical experiences—or the peak experiences as he called them—should not be confused with mental illness. They occur frequently in otherwise well-adapted individuals and if integrated, they are conducive to self-actualization and self-realization (Maslow, 1962, 1964).

In the field of alternative approaches to psychoses, the pioneering and controversial books of R. D. Laing (1965, 1967), the father of antipsychiatry, must be recommended as basic reading. The works of Anton Boisen (1962), Kazimierz Dabrowski (1966), and Wilson van Dusen (1972, 1974) are of great value for those seriously interested in the new concepts.

Clinical research of nonordinary states of consciousness induced by psychedelics and nondrug techniques has many implications for an alternative understanding of psychotic states (Grof, 1976, 1980, 1985). Outside of the field of psychiatry and psychology, Joseph Campbell's study of mythological forms is of extreme relevance for the new approaches to spiritual crisis, particularly his description of the hero's journey (Campbell, 1970) and of the formative influence of mythological archetypes on everyday life (Campbell, 1972) that are directly applicable to the crises encountered during the transformation process.

Perry's (1953, 1966, 1974, 1976) books are a rich source of information on the archetypal dynamics of transpersonal crises and on the therapeutic approach that he developed in his private practice and in his Diabasis Center in San Francisco. Julian Silverman (1970a, 1970b) conducted basic laboratory research with psychotic patients and gained important insights into the

psychotic process from their perceptual style. The work of John Perry and Julian Silverman provided inspiration for an extensive clinical study that they conducted jointly with Maurice Rappaport at Agnew State Hospital in San Jose, California, exploring the possibilities of nondrug treatment of schizophrenia (Rappaport, Perry, & Silverman, 1978).

The most recent important contribution to the problem of spirituality and psychosis is the work of Ken Wilber. In a series of articulate and comprehensive books, he has discussed the principles of spectrum psychology (Wilber, 1977) and outlined the stages of transpersonal evolution on the individual and collective scale (Wilber, 1980, 1981). His distinction of pre-egoic and trans-egoic states is of great significance for the topic of our discussion. Of particular interest are his recent articles and forthcoming book applying the concept of spectrum consciousness to the spectrum of psychopathology previously mentioned (Wilber, 1984a, 1984b).

For the type of spiritual emergency in which the main focus is on the process of death and rebirth, and the manifestations show striking similarity to the inner experiences of the shamanic journey, the best sources of information are Mircea Eliade's (1964) *Shamanism: The Archaic Techniques of Ecstasy*, Michael Harner's (1980) *The Way of the Shaman*, Julian Silverman's (1967) article "Shamans and Acute Schizophrenia," and Joseph Campbell's (1984) *The Way of the Animal Powers*. The books by Carlos Castaneda (e.g., 1968, 1971, 1973, 1974, 1978, 1981), in spite of their possible poetic license, are a gold mine of information about shamanism.

Where the nonordinary states of consciousness have a significant component of psychic phenomena such as out-of-the-body experiences, mediumistic states, precognition, telepathy, or remote viewing, we recommend the books by Charles Tart (1975, 1977), Stanley Krippner (1977, 1980), Robert Monroe (1971), Russell Targ, Harold Puthoff, and Keith Harary (Targ & Puthoff, 1977; Targ & Harary, 1984). If unusual synchronicities are involved, the best source would be C. G. Jung's (1980) original paper on this phenomenon.

The form of transpersonal crisis that has the characteristics of awakening of the serpent power or Kundalini has been thoroughly described in ancient Indian Tantric literature. The best modern sources are the books by Sir John Woodroffe (1964), Lee Sannella (1978), Swami Muktananda (1974, 1979), Gopi Krishna (1970), John White (1979), and Ajit Mookerjee (1982).

The books by Thomas Szasz, particularly his most famous work, *The Myth of Mental Illness* (1961), although not directly related to the problem of spiritual emergency, are extremely useful because of his incisive criticism of the medical model in psychiatry, which is one of the great obstacles for alternative approaches.

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Note

1. This paper is unchanged from its original 1986 publication in the journal *ReVision* (Vol. 8[2], pp. 7-20), other than updating of citation and reference formats and author bios. Thanks to *ReVision* editor Jürgen Kremer for permission to republish. The *Revision* journal is available at www.revisionpublishing.org

About the Authors

Christina Grof was motivated by her own transpersonal crisis (“spiritual emergency”) that took the form of Activation of Kundalini, to found in 1980 at the Esalen Institute the Spiritual Emergency Network (SEN), an organization helping people in psychospiritual crisis to avoid psychiatric stigma and find alternative treatment. The concept of “spiritual emergency” has benefitted hundreds of people and the SEN has over the years developed filial branches worldwide. Christina and her husband Stan co-authored two books on this subject, entitled *Spiritual Emergency* and *The Stormy Search or the Self*.

Christina wrote an influential book on the relationship between spirituality and addiction entitled *The Search for Wholeness* and inspired and coordinated an Esalen month-long workshop and two large conferences of the International Transpersonal Association (ITA) that all shared the topic *The Mystical Quest, Attachment, and Addiction* (in Eugene, OR, and Atlanta, GA).

Christina is the author of *The Thirst for Wholeness: Attachment, Addiction, and the Spiritual Path*, the autobiographical memoir *The Eggshell Landing: Love, Death and Forgiveness in Hawaii*; *Spiritual Emergency: When Personal Transformation Becomes a Crisis*; *The Stormy Search for the Self: A Guide To Personal Growth Through Transformational*

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Crisis; Beyond Death: The Gates of Consciousness; and *Holotropic Breathwork: A New Approach to Self-Exploration and Therapy* (the last four are co-written with her husband, Stanislav Grof). At the time of her death in 2014, she was working on a book of her paintings.

Stanislav Grof, MD, is a psychiatrist with over sixty years of experience in research of non-ordinary states of consciousness and one of the founders and chief theoreticians of transpersonal psychology. He was born in Prague, Czechoslovakia, where he also received his scientific training: an M.D. degree from the Charles University School of Medicine and a Ph.D. degree (Doctor of Philosophy in Medicine) from the Czechoslovakian Academy of Sciences. He was also granted honorary Ph.D. degrees from the University of Vermont in Burlington, VT, Institute of Transpersonal Psychology in Palo Alto, CA, and the World Buddhist University in Bangkok, Thailand.

Dr. Grof’s early research in the clinical uses of psychedelic substances was conducted at the Psychiatric Research Institute in Prague, where he was principal investigator of a program that systematically explored the heuristic and therapeutic potential of LSD and other psychedelic substances. Dr. Grof is the founder of the International Transpersonal Association (ITA) and for several decades served as its president. In 1993, he received a Honorary Award from the Association for Transpersonal Psychology (ATP) for major contributions to and development of the field of transpersonal psychology, given at the occasion of the 25th Anniversary Convocation held in Asilomar, California.

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About the Journal

The *International Journal of Transpersonal Studies* is a peer-reviewed academic journal in print since 1981. It is sponsored by the California Institute of Integral Studies, published by Floraglates Foundation, and serves as the official publication of the International Transpersonal Association. The journal is available online at www.transpersonalstudies.org, and in print through www.lulu.com (search for IJTS).