



**SPIRITUAL
EMERGENCIES:
UNDERSTANDING
AND TREATMENT OF
PSYCHOSPIRITUAL
CRISES**

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One of the most important implications of the research of holotropic states is the realization that many of the conditions, which are currently diagnosed as psychotic and indiscriminately treated by suppressive medication, are actually difficult stages of a radical personality transformation and of spiritual opening. If they are correctly understood and supported, these psychospiritual crises can result in emotional and psychosomatic healing, remarkable psychological transformation, and consciousness evolution (Grof and Grof 1989, 1990).

Episodes of this nature can be found in the life stories of shamans, founders of the great religions of the world, famous spiritual teachers, mystics, and saints. Mystical literature of the world describes these crises as important signposts of the spiritual path and confirms their healing and transformative potential. Mainstream psychiatrists do not differentiate psychospiritual crises, or even episodes of uncomplicated mystical experiences, from serious mental diseases, because of their narrow conceptual framework.

Academic psychiatry, being a subdiscipline of medicine, has a strong preference for biological interpretations, and uses a model of the psyche limited to postnatal biography and the Freudian individual unconscious. These are serious obstacles in understanding the nature and content of mystical states and the ability to distinguish them from manifestations of mental disease.

The term "spiritual emergency" (psychospiritual crisis), which my wife Christina and I coined for these states alludes to their positive potential. In English, this term is a play on words reflecting the similarity between the word "emergency" (a suddenly appearing acute crisis) and "emergence" (surfacing or rising). It thus suggests both a problem and opportunity to rise to a higher level of psychological functioning and spiritual awareness. We often refer in this context to the Chinese pictogram for crisis that illustrates the

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basic idea of spiritual emergency. This ideogram is composed of two images, one of which means danger and the other opportunity.

Among the benefits that can result from psychospiritual crises that receive expert support and are allowed to run their natural course are improved psychosomatic health, increased zest for life, a more rewarding life strategy, and an expanded worldview that includes the spiritual dimension. Successful completion and integration of such episodes also involves a substantial reduction of aggression, increase of racial, political, and religious tolerance, ecological awareness, and deep changes in the hierarchy of values and existential priorities. It is not an exaggeration to say that successful completion and integration of psychospiritual crisis can move the individual to a higher level of consciousness evolution.

In recent decades, we have seen rapidly growing interest in spiritual matters that leads to extensive experimentation with ancient, aboriginal, and modern "technologies of the sacred," consciousness-expanding techniques that can mediate spiritual opening. Among them are various shamanic methods, Eastern meditative practices, use of psychedelic substances, effective experiential psychotherapies, and laboratory methods developed by experimental psychiatry. According to public polls, the number of Americans who have had spiritual experiences significantly increased in the second half of the twentieth century and continues to grow. It seems that this has been accompanied by a parallel increase of psychospiritual crises.

More and more people seem to realize that genuine spirituality based on profound personal experience is a vitally important dimension of life. In view of the escalating global crisis brought about by the materialistic orientation of Western technological civilization, it has become obvious that we are paying a great price for having rejected spirituality. We have banned from our life a force that nourishes, empowers, and gives meaning to human existence.

On the individual level, the toll for the loss of spirituality is an impoverished, alienated, and unfulfilling way of life and an increase of emotional and psychosomatic disorders. On the collective level, the absence of spiritual values leads to strategies of existence that threaten the survival of life on our planet, such as plundering of nonrenewable resources, polluting the natural environment, disturbing ecological balance, and using violence as a principal means of international problem-solving.

It is, therefore, in the interest of all of us to find ways of bringing spirituality back into our individual and collective life. This would have to include not only theoretical recognition of spirituality as a vital aspect of existence, but also encouragement and social sanctioning of activities that mediate experiential access to spiritual dimensions of reality. And an important part of this effort would have to be development of an appropriate support system for people undergoing crises of spiritual opening, which would make it possible to utilize the positive potential of these states.

In 1980, Christina founded the Spiritual Emergency Network (SEN), an organization that connects individuals undergoing psychospiritual crises with professionals, who are able and willing to provide

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assistance based on the new understanding of these states. Filial branches of SEN now exist in many countries of the world.

Triggers of Spiritual Emergency

In many instances, it is possible to identify the situation that precipitated the psychospiritual crisis. It can be a primarily physical factor, such as a disease, accident, or operation. At other times, extreme physical exertion or prolonged lack of sleep may appear to be the most immediate trigger. In women, it can be childbirth, miscarriage, or abortion. We have also seen situations where the onset of the process coincided with an exceptionally powerful sexual experience.

In other cases, the psychospiritual crisis begins shortly after a traumatic emotional experience. This can be loss of an important relationship, such as death of a child or another close relative, divorce, or the end of a love affair. Similarly, a series of failures or loss of a job or property can immediately precede the onset of spiritual emergency. In predisposed individuals, the "last straw" can be an experience with psychedelic substances or a session of experiential psychotherapy.

One of the most important catalysts of psychospiritual crisis seems to be deep involvement in various forms of meditation and spiritual practice. This should not come as a surprise, since these methods have been specifically designed to facilitate spiritual experiences. We have been repeatedly contacted by persons in whom extended periods of holotropic states were triggered by the practice of Zen, Vipassana, or Vajrayana Buddhist meditation, yogic practices, Sufi ceremonies, monastic contemplation, or Christian prayer.

The wide range of triggers of spiritual crises clearly suggests that the individual's readiness for inner transformation plays far more important role than the external stimuli. When we look for a common denominator or final common pathway of the situations described above, we find that they all involve radical shift in the balance between the unconscious and conscious processes. Weakening of psychological defenses or, conversely, increase of the energetic charge of the unconscious dynamics, makes it possible for the unconscious (and superconscious) material to emerge into consciousness.

It is well known that psychological defenses can be weakened by a variety of biological insults, such as physical trauma, exhaustion, sleep deprivation, or intoxication. Psychological traumas can mobilize the unconscious, particularly when they involve elements that are reminiscent of earlier traumas and are part of a significant COEX system. The strong potential of childbirth as a trigger of psychospiritual crisis seems to reflect the fact that delivering a child combines biological weakening with specific reactivation of the mother's own perinatal memories.

Failures and disappointments in professional and personal life can undermine and thwart the outward-oriented motivations and ambitions of the individual. This makes it more difficult to use external activities as an escape from emotional problems and leads to psychological withdrawal and turning of

attention to the inner world. As a result, unconscious contents can emerge into consciousness and interfere with the individual's everyday experience or even completely override it.

Diagnosis of Spiritual Emergency

When we emphasize the need to recognize the existence of psychospiritual crises, this does not mean indiscriminate rejection of the theories and practices of traditional psychiatry. Not all states that are currently diagnosed as psychotic are crises of psychospiritual transformation or have a healing potential. Episodes of nonordinary states of consciousness cover a very broad spectrum from purely spiritual experiences to conditions that are clearly biological in nature and require medical treatment. While modern psychiatrists generally tend to pathologize mystical states, there also exists the opposite error of romanticizing and glorifying psychotic states or, even worse, overlooking a serious medical problem.

Many mental health professionals who encounter the concept of psychospiritual crisis want to know the exact criteria by which one can make the "differential diagnosis" between a crisis of this kind ("spiritual emergency") and psychosis. Unfortunately, it is in principle impossible to make such differentiation according to the standards used in somatic medicine. Unlike diseases treated by somatic medicine, psychotic states that are not obviously organic in nature - "functional psychoses" or "endogenous" psychoses are not medically defined. The commonly used laboratory examinations of blood, urine, stool, and cerebrospinal fluid, as well as EEG, X-rays, and other similar methods do not yield any useful clues in this regard. It is actually highly questionable whether these conditions should be called diseases at all.

Functional psychoses certainly are not diseases in the same sense as diabetes, typhoid fever, or pernicious anemia. They do not yield any specific clinical or laboratory findings that would support the diagnosis and justify the assumption that they are of biological origin. The diagnosis of these states is based entirely on the observation of unusual experiences and behaviors for which contemporary psychiatry lacks adequate explanation.

The meaningless attribute "endogenous" (literally "generated from within") used for these conditions is tantamount to admission of this ignorance. At present, there is no reason to refer to these conditions as "mental diseases" and assume that the experiences involved are products of a pathological process in the brain yet to be discovered by future research. If we give it some thought, we realize it is highly unlikely that a pathological process afflicting the brain could, in and of itself, generate the incredibly rich experiential spectrum of the states currently diagnosed as psychotic. How could possibly abnormal processes in the brain generate such experiences as culturally specific sequences of psychospiritual death and rebirth, convincing identification with Christ on the cross or with the dancing Shiva, an episode involving death on the barricades in Paris during the French revolution, or complex scenes of alien abduction?

When similar experiences manifest under circumstances in which the biological changes are accurately defined, such as administration of specific dosages of chemically pure LSD-25 the nature and origin of

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their content remain a deep mystery. The spectrum of possible reactions to LSD is very broad and includes reliving of various biographical events, experiences of psychospiritual death and rebirth, episodes of mystical rapture, feelings of cosmic unity, sense of oneness with God, and past-life memories, as well as paranoid states, manic episodes, apocalyptic visions, exclusively psychosomatic responses, and many others. The same dosage given to different individuals or repeatedly to the same person can induce very different experiences.

Chemical changes in the organism obviously catalyze the experience, but are not, in and of themselves, capable of creating the intricate imagery and the rich philosophical and spiritual insights, let alone mediating access to accurate new information about various aspects of the universe. The administration of LSD and other similar substances can account for the emergence of deep unconscious material into consciousness, but cannot explain its nature and content.

Understanding the phenomenology of psychedelic states necessitates a much more sophisticated approach than a simple reference to abnormal biochemical or biological processes in the body. It requires a comprehensive procedure that has to include transpersonal psychology, mythology, philosophy, and comparative religion. The same is true in regard to psychospiritual crises.

The experiences that constitute psychospiritual crises clearly are not artificial products of aberrant pathophysiological processes in the brain, but manifestations of the deeper levels of the psyche. Naturally, to be able to see it this way, we have to transcend the narrow understanding of the psyche offered by mainstream psychiatry and use a vastly expanded conceptual framework. Examples of such enlarged models of the psyche are the cartography described in my own books and papers (Grof 1975, 2000, 2007a), Ken Wilber's spectrum psychology (Wilber 1977), Roberto Assagioli's psychosynthesis (Assagioli 1976), and C. G. Jung's concept of the psyche as identical with the world soul (*anima mundi*) that includes the historical and archetypal collective unconscious (Jung 1959). Such large and comprehensive understanding of the psyche is also characteristic of the great Eastern philosophies and the mystical traditions of the world.

Since functional psychoses are not defined medically but psychologically, it is impossible to provide a rigorous differential diagnosis between psychospiritual crisis ("spiritual emergency") and psychosis in the way it is done in medical practice in relation to different forms of encephalitis, brain tumors, or dementias. Considering this fact, is it possible to make any diagnostic conclusions at all? How can we approach this problem and what can we offer in lieu of a clear and unambiguous differential diagnosis between psychospiritual crisis and mental disease?

A viable alternative is to define the criteria that would make it possible to determine which individual, experiencing an intense spontaneous holotropic state of consciousness, is likely to be a good candidate for a therapeutic strategy that validates and supports the process. And, conversely, we can attempt to determine under what circumstances using an alternative approach would not be appropriate and when the current practice of routine psychopharmacological suppression of symptoms would be preferable.

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A necessary prerequisite for such an evaluation is a good medical examination that eliminates conditions, which are organic in nature and require biological treatment. Once this is accomplished, the next important guideline is the phenomenology of holotropic state of consciousness in question.

Psychospiritual crises involve a combination of biographical, perinatal, and transpersonal experiences that were described in another context, in the discussion of the extended cartography of the psyche (Grof 1975, 2000, 2007 a). Experiences of this kind can be induced in a group of randomly selected "normal" people not only by psychedelic substances, but also by such simple means as meditation, shamanic drumming, faster breathing, evocative music, bodywork, and variety of other nondrug techniques.

Those of us who work with holotropic breathwork see such experiences daily in our workshops and seminars and have the opportunity to appreciate their healing and transformative potential. In view of this fact, it is difficult to attribute similar experiences to some exotic and yet unknown pathology when they occur spontaneously in the middle of everyday life. It makes eminent sense to approach these experiences in the same way they are approached in holotropic and psychedelic sessions – to encourage people to surrender to the process and to support the emergence and full expression of the unconscious material that becomes available.

Another important indicator is the person's attitude to the process and his or her experiential style. It is generally very encouraging when people who have holotropic experiences recognize that what is happening to them is an inner process, are open to experiential work, and interested to try it.

Transpersonal strategies are not appropriate for individuals who lack this elementary recognition, use predominantly the mechanism of projection, or suffer from persecutory delusions. The capacity to form a good working relationship with an adequate amount of trust is an absolutely essential prerequisite for psychotherapeutic work with people in spiritual crisis.

It is also very important to pay attention to the way clients talk about their experiences. The communication style, in and of itself, often distinguishes promising candidates from inappropriate or questionable ones. It is a very good prognostic indicator if the person describes the experiences in a coherent and articulate way, however extraordinary and strange their content might be. In a sense, this would be similar to hearing an account of a person who has just had a psychedelic session and intelligently describes what to an uninformed person might appear to be strange and extravagant experiences.

Varieties of Spiritual Crises

A question that is closely related to the problem of differential diagnosis of psychospiritual crises is their classification. Is it possible to distinguish and define among them certain specific types or categories in

the way it is attempted in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-revised) and its predecessors used by traditional psychiatrists? Before we address this question, it is necessary to emphasize that the attempts to classify psychiatric disorders, with the exception of those that are clearly organic in nature, have been generally unsuccessful.

There is general disagreement about diagnostic categories among individual psychiatrists and also among psychiatric societies of different countries. Although DSM has been revised and changed a number of times, clinicians complain that they have difficulties matching the symptoms of their clients with the official diagnostic categories. Spiritual crises are no exception; if anything, assigning people suffering from these conditions to well-defined diagnostic categories is particularly problematic because of the fact that their phenomenology is unusually rich and can have its source on all various levels of the psyche.

The symptoms of psychospiritual crises represent a manifestation and exteriorization of the deep dynamics of the human psyche. The individual human psyche is a multidimensional and multilevel system with no internal divisions and boundaries. The elements from postnatal biography and from the Freudian individual unconscious form a continuum with the dynamics of the perinatal level and the transpersonal domain. We cannot, therefore, expect to find clearly defined and demarcated types of spiritual emergency. And yet, our work with individuals in psychospiritual crises, exchanges with colleagues doing similar work, and study of pertinent literature have convinced us that it is possible and useful to outline certain major forms of psychospiritual crises, which have sufficiently characteristic features to be differentiated from others.

Naturally, their boundaries are not clear and, in practice, there are some significant overlaps among them. I will first present a list of the most important varieties of psychospiritual crises as Christina and I have identified them and then briefly discuss each of them.

1. Shamanic crisis
2. Awakening of Kundalini
3. Episodes of unitive consciousness (Maslow's "peak experiences")
4. Psychological renewal through return to the center (John Perry)
5. Crisis of psychic opening
6. Past-life experiences
7. Communication with spirit guides and "channeling"
8. Near-death experiences (NDEs)
9. Close encounters with UFOs and alien abduction experiences
10. Possession states
11. Alcoholism and drug addiction

Shamanic Crisis

The career of many shamans -- witch doctors or medicine men and women -- in different cultures, begins with a dramatic involuntary visionary state that the anthropologists call "shamanic illness." During such episodes, future shamans usually withdraw psychologically or even physically from their everyday environment and have powerful holotropic experiences. They typically undergo a journey into the underworld, the realm of the dead, where they experience attacks by vicious demons and are exposed to horrendous tortures and ordeals.

This painful initiation culminates in experiences of death and dismemberment followed by rebirth and ascent or magic flight to celestial regions. This might involve transformation into a bird, such as an eagle, falcon, thunderbird, or condor, and flight to the realm of the cosmic sun. The novice shaman can also have an experience of being carried by such a bird into the solar region. In some cultures the motif of magic flight is replaced by that of reaching the celestial realms by climbing the world tree, a rainbow, a pole with many notches, or a ladder made of arrows.

In the course of these arduous visionary journeys, novice shamans develop deep contact with the forces of nature and with animals, both in their natural form and their archetypal versions -- "animal spirits" or "power animals." When these visionary journeys are successfully completed, they can be profoundly healing. In this process, novice shamans often heal themselves from emotional, psychosomatic, and even physical diseases. For this reason, shamans are frequently referred to as "wounded healers."

In many instances, the involuntary initiates attain in this experience deep insights into the energetic and metaphysical causes of diseases and learn how to heal not only themselves, but also others. Following the successful completion of the initiatory crisis, the individual becomes a shaman and returns to his or her people as a fully functioning and honored member of the community. He or she assumes the combined role of an honored priest, visionary, and healer.

In our workshops and professional training, modern Americans, Europeans, Australians, and Asians have often experienced in their holotropic breathwork sessions episode that bore close resemblance to shamanic crises. Besides the elements of physical and emotional torture, death, and rebirth, such states involved experiences of connection with animals, plants, and elemental forces of nature. The individuals experiencing such crises also often showed spontaneous tendencies to create rituals that were similar to those practiced by shamans of various cultures. On occasion mental health professionals with this history have been able to use the lessons from their journeys in their work and develop and practice modern versions of shamanic procedures.

The attitude of native cultures toward shamanic crises has often been explained by the lack of elementary psychiatric knowledge of the shaman's tribesmen and the resulting tendency to attribute every experience and behavior that these people do not understand to supernatural forces. However, nothing could be

farther from truth. Shamanic cultures, which recognize shamans and show them great respect, have no difficulty differentiating them from individuals who are crazy or sick.

To be considered a shaman, the individual has to successfully complete the transformation journey and integrate well the episodes of challenging holotropic states of consciousness. He or she has to be able to function at least as well as other members of the tribe. The way shamanic crises are approached and treated in these societies is an extremely useful and illustrative model of dealing with psychospiritual crises in general.

The Awakening of Kundalini

The manifestations of this form of psychospiritual crisis resemble the descriptions of the awakening of Kundalini, or the Serpent Power, found in ancient Indian literature (Woodroff 1974, Mookerjee and Khanna 1977, Mookerjee 1982). According to the yogis, Kundalini is the generative cosmic energy, feminine in nature, which is responsible for the creation of the cosmos. In its latent form it resides at the base of the human spine in the subtle or energetic body, which is a field that pervades and permeates, as well as surrounds, the physical body. This latent energy can become activated by meditation, specific exercises, the intervention of an accomplished spiritual teacher (guru), or for unknown reasons.

The activated Kundalini, called shakti, rises through the nadis, channels or conduits in the subtle body; the principal three nadis rising along the body's vertical axis are called Ida, Shushumna, and Pingala. As Kundalini ascends, it clears old traumatic imprints and opens the centers of psychic energy, called chakras situated at the points where Ida and Pingala are crossing. This process, although highly valued and considered beneficial in the yogic tradition, is not without dangers and requires expert guidance by a guru whose Kundalini is fully awakened and stabilized. The most dramatic signs of Kundalini awakening are physical and psychological manifestations called kriyas.

The kriyas involve intense sensations of energy and heat streaming up the spine, usually associated with violent shaking, spasms, and twisting movements. Intense waves of seemingly unmotivated emotions, such as anxiety, anger, sadness, or joy and ecstatic rapture, can surface and temporarily dominate the psyche. This can be accompanied by visions of brilliant light or various archetypal beings and variety of internally perceived sounds.

Many people involved in this process also have emotionally charged and convincing experiences of what seem to be memories from their past lives. Involuntary and often uncontrollable behaviors complete the picture: speaking in tongues, chanting unknown songs or sacred invocations (mantras), assuming yogic postures (asanas) and gestures (mudras), and making a variety of animal sounds and movements.

C. G. Jung and his co-workers dedicated to this phenomenon a series of special seminars (Jung 1996). Jung's perspective on Kundalini proved to be probably the most remarkable error of his entire career. He

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concluded that the awakening of Kundalini was an exclusively Eastern phenomenon and predicted that it would take at least a thousand years before this energy would be set into motion in the West as a result of depth psychology. In the last several decades, unmistakable signs of Kundalini awakening have been observed in thousands of Westerners. The credit for drawing attention to this condition belongs to Californian psychiatrist and ophthalmologist Lee Sannella, who studied single-handedly nearly one thousand of such cases and summarized his findings in his book *The Kundalini Experience: Psychosis or Transcendence* (Sannella 1987).

Episodes of Unitive Consciousness ("Peak Experiences")

The American psychologist Abraham Maslow studied many hundreds of people who had unitive mystical experiences and coined for them the term peak experiences (Maslow 1964). He expressed sharp criticism of Western psychiatry's tendency to confuse such mystical states with mental disease. According to him, they should be considered supernormal rather than abnormal phenomena. If they are not interfered with and are allowed to run their natural course, these states typically lead to better functioning in the world and to "self-actualization" or "selfrealization" -- the capacity to express more fully one's creative potential and to live a more rewarding and satisfying life.

Psychiatrist and consciousness researcher Walter Pahnke developed a list of basic characteristics of a typical peak experience, based on the work of Abraham Maslow and W. T. Stace. He used the following criteria to describe this state of mind (Pahnke and Richards 1966):

- Unity (inner and outer)
- Strong positive emotion
- Transcendence of time and space
- Sense of sacredness (numinosity)
- Paradoxical nature
- Objectivity and reality of the insights
- Ineffability
- Positive aftereffects

As this list indicates, when we have a peak experience, we have a sense of overcoming the usual fragmentation of the mind and body and feel that we have reached a state of unit and wholeness. We also transcend the ordinary distinction between subject and object and experience an ecstatic union with humanity, nature, the cosmos, and God. This is associated with intense feelings of joy, bliss, serenity, and inner peace. In a mystical experience of this type, we have a sense of leaving ordinary reality, where space has three dimensions and time is linear. We enter a metaphysical, transcendent realm, where these categories no longer apply. In this state, infinity and eternity become experiential realities. The numinous

quality of this state has nothing to do with previous religious beliefs; it reflects a direct apprehension of the divine nature of reality.

Descriptions of peak experiences are usually full of paradoxes. The experience can be described as "contentless, yet all-containing." It has no specific content, but seems to contain everything in a potential form. We can have a sense of being simultaneously everything and nothing. While our personal identity and the limited ego have disappeared, we feel that we have expanded to such an extent that our being encompasses the entire universe. Similarly, it is possible to perceive all forms as empty, or emptiness as being pregnant with forms. We can even reach a state in which we see that the world exists and does not exist at the same time.

The peak experience can convey what seems to be ultimate wisdom and knowledge in matters of cosmic relevance, which the Upanishads describe as "knowing That, the knowledge of which gives the knowledge of everything." What we have learned during this experience is ineffable; it cannot be described by words. The very nature and structure of our language seem to be inadequate for this purpose. Yet, the experience can profoundly influence our system of values and strategy of existence.

Because of the generally benign nature and positive potential of the peak experience, this is a category of spiritual crisis that should be least problematic. These experiences are by their nature transient and self-limited. There is absolutely no reason why they should have adverse consequences. And yet, due to the misconceptions of the psychiatric profession concerning spiritual matters, many people who experience such states end up hospitalized, receive pathological labels, and their condition is suppressed by psychopharmacological medication.

Psychological Renewal through Return to the Center

Another important type of transpersonal crisis was described by Californian psychiatrist and Jungian analyst John Weir Perry, who called it the "renewal process" (Perry 1974, 1976, 1998). Because of its depth and intensity, this is the type of psychospiritual crisis that is most likely diagnosed as serious mental disease. The experiences of people involved in the renewal process are so strange, extravagant, and far from everyday reality that it seems obvious that some serious pathological process must be affecting the functioning of their brains.

Individuals involved in this kind of crisis experience their psyche as a colossal battlefield where a cosmic combat is being played out between the forces of Good and Evil, or Light and Darkness. They are preoccupied with the theme of death -- ritual killing, sacrifice, martyrdom, and afterlife. The problem of opposites fascinates them, particularly issues related to the differences between sexes. They experience themselves as the center of fantastic events that have cosmic relevance and are important for the future of the world. Their visionary states tend to take them farther and 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 things that went wrong in the past.

After a period of turmoil and confusion, the experiences become more and more pleasant and start moving toward a resolution. The process often culminates in the experience of hieros gamos, or "sacred marriage," in which the individual is elevated to an illustrious or even divine status and experiences union with an equally distinguished partner. This indicates that the masculine and the feminine aspects of the personality are reaching a new balance. The sacred union can be experienced either with an imaginal archetypal figure, or it is projected onto an idealized person from one's life, who then appears to be a karmic partner or a soul mate.

At this time, one can also have experiences involving what Jungian psychology interprets as symbols representing the Self, the transpersonal center that reflects our deepest and true nature and is related to, but not totally identical with, the Hindu concept of Atman-Brahman. In visionary states, it can appear in the form of a source of light of supernatural beauty, radiant spheres, precious stones and jewels, pearls, and other similar symbolic representations. Examples of this development from painful and challenging experiences to the discovery of one's divinity can be found in John Perry's books (Perry 1953, 1974, 1976) and in *The Stormy Search for the Self*, our own book on spiritual emergencies (Grof and Grof 1990).

At this stage of the process, these glorious experiences are interpreted as a personal apotheosis, a ritual celebration that raises one's experience of oneself to a highly exalted human status or to a state above the human condition altogether -- a great leader, a world savior, or even the Lord of the Universe. This is often associated with a profound sense of spiritual rebirth that replaces the earlier preoccupation with death. At the time of completion and integration, one usually envisions an ideal future -- a new world governed by love and justice, where all ills and evils have been overcome. As the intensity of the process subsides, the person realizes that the entire drama was a psychological transformation that was limited to his or her inner world and did not involve external reality.

According to John Perry, the renewal process moves the individual in the direction of what Jung called "individuation" -- a full realization and expression of one's deep potential. One aspect of Perry's research deserves special notice, since it produced what is probably the most convincing evidence against simplistic biological understanding of psychoses. He was able to show that the experiences involved in the renewal process exactly match the main themes of royal dramas that were enacted in many ancient cultures on New Year's Day.

These ritual dramas celebrating the advent of the new year were performed during what Perry calls "the archaic era of incarnated myth." This was the period in the history of these cultures when the rulers were considered to be incarnated gods and not ordinary human beings. Examples of such God/kings were the Egyptian pharaohs, the Peruvian Incas, the Hebrew and Hittite kings, or the Chinese and Japanese emperors (Perry 1991).

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The positive potential of the renewal process and its deep connection with archetypal symbolism and with specific periods of human history represents a very compelling argument against the theory that these experiences are chaotic pathological products of diseased brains. They are clearly closely connected with the evolution of consciousness on the individual and collective level.

The Crisis of Psychic Opening

An increase in intuitive abilities and the occurrence of psychic or paranormal phenomena are very common during psychospiritual crises of all kinds. However, in some instances, the influx of information from nonordinary sources, such as astral projection, precognition, telepathy, or clairvoyance, becomes so overwhelming and confusing that it dominates the picture and constitutes a major problem, in and of itself.

Among the most dramatic manifestations of psychic opening are out-of-body experiences. In the middle of everyday life, and often without any noticeable trigger, one's consciousness can detach from the body and witness what is happening in the surroundings or in various remote locations. The information attained during these episodes by extrasensory perception often proves to correspond to consensus reality. Out-of-body experiences occur with extraordinary frequency in near-death situations, where the accuracy of this "remote viewing" has been established by systematic studies (Ring 1982, 1985, Ring and Valarino 1998, Ring and Cooper 1999).

People experiencing intense psychic opening might be so much in touch with the inner processes of others that they exhibit remarkable telepathic abilities. They might indiscriminately verbalize accurate incisive insights into other people's minds concerning various issues that these individuals are trying to hide. This can frighten, irritate, and alienate others so severely that it often becomes a significant factor contributing to unnecessary hospitalization or punitive measures within the psychiatric facility. Similarly, accurate precognitions of future situations and clairvoyant perceptions, particularly if they occur repeatedly in impressive clusters, can seriously upset the persons in crisis, as well as alarm those around them, since they undermine their notion of the nature of reality.

In experiences that can be called "mediumistic," one has a sense of losing one's own identity and taking on the identity of another person. This can involve assuming the other person's body image, posture, gestures, facial expression, feelings, and even thought processes. Accomplished shamans, psychics, and spiritual healers can use such experiences in a controlled and productive way. Unlike the persons in psychospiritual crisis, they are capable of taking on the identity of others at will and also resuming their own separate identity after they accomplish the task of the session. During the crises of psychic opening, the sudden, unpredictable, and uncontrollable loss of one's ordinary identity can be very frightening.

People in spiritual crisis often experience uncanny coincidences that link the world of inner realities, such as dreams and visionary states, to happenings in everyday life. This phenomenon was first recognized and described by C. G. Jung, who gave it the name synchronicity and explored it in a special essay (Jung 1960). The study of synchronistic events helped Jung realize that archetypes were not principles limited to the intrapsychic domain. It became clear to him that they have what he called "psychoid" quality, which means that they govern not only the individual psyche, but also happenings in the world of consensus reality. I have explored this fascinating topic in my other writings (Grof 1988, 2006).

Any researcher, who seriously studies Jungian synchronicities, discovers that they are without any doubt authentic phenomena and cannot be ignored and discounted as accidental coincidences. They also can not be indiscriminately dismissed as pathological distortions of reality -- erroneous perception of meaningful relations where, in actuality, there are none. This is a common practice in contemporary psychiatry where any allusion to meaningful coincidences is automatically diagnosed as "delusion of reference."

In case of true synchronicities, any open-minded witnesses, who have access to all the relevant information, recognize that the coincidences involved are beyond any reasonable statistical probability. Extraordinary synchronicities accompany many forms of transpersonal crises, and in crises of psychic opening they are particularly common.

Past-Life Experiences

Among the most dramatic and colorful transpersonal phenomena occurring in holotropic states of consciousness are experiences that appear to be memories from previous incarnations. These are sequences that take place in other historical periods and often in other countries and are usually associated with powerful emotions and physical sensations. They often portray in great detail the persons, circumstances, and historical settings involved. Their most remarkable aspect is a convincing sense of remembering and reliving something that one has already seen (*déjà vu*) or experienced (*déjà vécu*) at some time in the past. This is clearly the same type of experience that in Asia and many other places of the world inspired the belief in reincarnation and the law of karma.

The rich and accurate information that these "past-life memories" provide, as well as their healing potential, impels us to take them seriously. When the content of a karmic experience fully emerges into consciousness, it can suddenly provide an explanation for many otherwise incomprehensible aspects of one's daily life. Strange difficulties in relationships with certain people, unsubstantiated fears, and peculiar idiosyncrasies and attractions, as well as otherwise incomprehensible emotional and psychosomatic symptoms suddenly seem to make sense as karmic carry-overs from a previous lifetime. These problems typically disappear when the karmic pattern in question is consciously experienced and integrated.

Past-life experiences can complicate life in several different ways. Before their content emerges fully into consciousness and reveals itself, one can be haunted in everyday life by strange emotions, physical feelings, and visions without knowing where these are coming from or what they mean. Experienced out of context, these experiences naturally appear incomprehensible and irrational. Another kind of complication occurs when a particularly strong karmic experience starts emerging into consciousness in the middle of everyday life and interferes with normal functioning.

One might also feel compelled to act out some of the elements of the karmic pattern before it is fully experienced and understood or completed. For instance, it might suddenly seem that a certain person in one's present life played an important role in a previous incarnation, the memory of which is emerging into consciousness. When this happens, one may seek emotional contact with a person who now appears to be a "soul mate" from one's karmic past or, conversely, confrontation and showdown with an adversary from another lifetime. This kind of activity can lead to unpleasant complications, since the alleged karmic partners usually have no basis in their own experiences for understanding this behavior.

Even if one manages to avoid the danger of embarrassing acting-out, the problems are not necessarily over. After a past-life memory has fully emerged into consciousness and its content and implications have been revealed to the experiencer, there remains one more challenge. One has to reconcile this experience with the traditional beliefs and values of the industrial civilization. Denial of the possibility of reincarnation represents a rare instance of complete agreement between the Christian Church and materialistic science. Therefore, in Western culture, acceptance and intellectual integration of a past-life memory is a difficult task for an atheist as well as a traditionally religious person.

Assimilation of past-life experiences into one's belief system can be a relatively easy task for someone who does not have a strong commitment to Christianity or the materialistic scientific worldview. The experiences are usually so convincing that one simply accepts their message and might even feel excited about this new discovery. However, fundamentalist Christians and those who have a strong investment in rationality and the traditional scientific perspective can be catapulted into a period of confusion when they are confronted with convincing personal past life experiences that seriously challenge their belief system.

Communication with Spirit Guides and "Channeling"

Occasionally, one can encounter in a holotropic state of consciousness a being, who seems to show interest in a personal relationship and assumes the position of a teacher, guide, protector, or simply a convenient source of information. Such beings are usually perceived as discarnate humans, suprahuman entities, or deities existing on higher planes of consciousness and endowed with extraordinary wisdom. Sometimes they take on the form of a person; at other times they appear as radiant sources of light, or simply let their presence be sensed. Their messages

are usually received in the form of direct thought transfer or through other extrasensory means. In some instances, communication can take the form of verbal messages.

A particularly interesting phenomenon in this category is channeling, which in several past decades received much attention from the public and mass media. A person who is "channeling" transmits to others messages received from a source that appears to be external to his or her consciousness. It occurs through speaking in a trance, using automatic writing, or recording of telepathically received thoughts. Channeling has played an important role in the history of humanity. Among the channeled spiritual teachings are many scriptures of enormous cultural influence, such as the ancient Indian Vedas, the Qur'an, and the Book of Mormon. A remarkable modern example of a channeled text is *A Course in Miracles*, recorded by psychologist Helen Schucman (Anonymous 1975, Grof 2006).

Experiences of channeling can precipitate a serious psychological and spiritual crisis. The individual involved can interpret the experience as an indication of beginning insanity. This is particularly likely if the channeling involves hearing voices, a well-known symptom of paranoid schizophrenia. The quality of the channeled material varies from trivial and questionable chatter to extraordinary information. On occasion, channeling can provide consistently accurate data about subjects to which the recipient was never exposed. This fact can then appear to be a particularly convincing proof of the involvement of supernatural realities and can lead to serious philosophical confusion for an atheistic layperson or a scientist with a materialistic worldview. Readers interested in this phenomenon will find much valuable information in special studies by Arthur Hastings and Ion Klimo (Hastings 1991, Klimo 1998).

Spirit guides are usually perceived as advanced spiritual beings on a high level of consciousness evolution, who are endowed with superior intelligence and extraordinary moral integrity. This can lead to highly problematic ego inflation in the channeler, who might feel chosen for a special mission and see it as a proof of his or her own superiority.

Near-Death Experiences (NDEs)

World mythology, folklore, and spiritual literature abound in vivid accounts of the experiences associated with death and dying. Special sacred texts have been dedicated exclusively to descriptions and discussions of the posthumous journey of the soul, such as the *Tibetan Book of the Dead* (Bardo Thödol), the *Egyptian Book of the Dead* (Pert Em Hru), the *Aztec Codex Borgia*, the *Mayan Book of the Dead*, and their European counterpart, *Ars Moriendi* (The Art of Dying) (Grof 1994, 2006b).

In the past, this eschatological mythology was discounted by Western scholars as a product of fantasy and wishful thinking of primitive people who were unable to face the fact of impermanence and their own mortality. This situation changed dramatically after the

publication of Raymond Moody's international best-seller *Life After Life*, which brought scientific confirmation of these accounts and showed that an encounter with death can be a fantastic adventure in consciousness. Moody's book was based on reports of 150 people who had experienced a close confrontation with death, or were actually pronounced clinically dead, but regained consciousness and lived to tell their stories (Moody 1975).

Moody reported that people who had near-death experiences (NDEs) frequently witnessed a review of their entire lives in the form of a colorful, incredibly condensed replay occurring within only seconds of clock time. Consciousness often detached from the body and floated freely above the scene, observing it with curiosity and detached amusement, or traveled to distant locations. Many people described passing through a dark tunnel or funnel toward a divine light of supernatural brilliance and beauty.

This light was not physical in nature, but had distinctly personal characteristics. It was a Being of Light, radiating infinite, all-embracing love, forgiveness, and acceptance. In a personal exchange, often perceived as an audience with God, these individuals received lessons regarding existence and universal laws and had the opportunity to evaluate their past by these new standards. Then they chose to return to ordinary reality and live their lives in a new way congruent with the principles they had learned.

Since their publication, Moody's findings have been repeatedly confirmed by other researchers (Ring 1982, Ring 1985, Sabom 1982, Greyson and Flynn 1984).

Most survivors emerge from their near-death experiences profoundly changed. They have a universal and all-encompassing spiritual vision of reality, a new system of values, and a radically different general strategy of life. They have deep appreciation for being alive and feel kinship with all living beings and concern for the future of humanity and the planet.

However, the fact that the encounter with death has a great positive potential does not mean that this transformation is always easy. Near-death experiences very frequently lead to psychospiritual crises. A powerful NDE can radically undermine the worldview of the people involved, because it catapults them abruptly and without warning into a reality that is radically different. A car accident in the middle of rush-hour traffic or a heart attack during morning jogging can launch someone within a matter of seconds into a fantastic visionary adventure that tears his or her ordinary reality asunder. Following an NDE, people might need special counseling and support to be able to integrate these extraordinary experiences into their everyday life.

Unfortunately, the approach of the personnel in most medical facilities to NDE survivors leaves much to be desired, in spite of the fact that in the last few decades this phenomenon has received much attention in the professional literature, as well as in the mass media. Few survivors of NDEs receive professional counseling that most of them sorely need. It is also not yet mandatory to

include the reports of the patients' NDEs in the medical folders, although it is well known that these experiences can have profound impact on their emotional and psychosomatic condition. A comprehensive discussion of the problems related to NDEs can be found in my book *The Ultimate Journey: Consciousness and the Mystery of Death* (Grof 2006 b).

Close Encounters with UFOs and Alien Abduction Experiences

The experiences of encounters with extraterrestrial spacecrafts and of abduction by alien beings can often precipitate serious emotional and intellectual crises that have much in common with psychospiritual crises. This fact requires an explanation, since most people consider UFOs simply in terms of four alternatives: actual visitation of the earth by alien spacecraft, hoax, misperception of natural events and devices of terrestrial origin, and psychotic hallucinations. Alvin Lawson has also made an attempt to interpret UFO abduction experiences as misinterpretations of the memory of the trauma of birth, using my own clinical material (Lawson 1984).

Descriptions of UFO sightings typically refer to lights that have an uncanny, supernatural quality. These lights resemble those mentioned in many reports of visionary states. C. G. Jung, who dedicated a special study to the problem of "flying saucers," suggested that these phenomena might be archetypal visions originating in the collective unconscious of humanity, rather than psychotic hallucinations or visits by extraterrestrials from distant civilizations (Jung 1964). He supported his thesis by careful analysis of legends about flying discs that have been told throughout history and reports about various similar apparitions that have occasionally caused crises and mass panic.

It has also been pointed out that the extraterrestrial beings involved in these encounters have important parallels in world mythology and religion, systems that have their roots in the collective unconscious. The alien spacecrafts and cosmic flights depicted by those who were allegedly abducted or invited for a ride resemble certain phenomena described in spiritual literature, such as the chariot of the Vedic god Indra or Ezekiel's flaming machine described in the Bible. The fabulous landscapes and cities visited during these journeys resemble the visionary experiences of paradise, celestial realms, and cities of light.

The abductees often report that the aliens took them into a special laboratory and subjected them to painful examinations and frightening experiments using various exotic instruments. This involved probing the cavities of the body, examination of the sexual organs, and taking samples of sperm and ova. There are frequent references to genetic experiments with the goal of producing hybrid offspring. These interventions are typically very unpleasant and occasionally border on torture. This brings the experiences of the abductees close to the initiatory crises of the shamans and to the ordeals of the neophytes in aboriginal rites of passage, such as circumcision and subincision of the penis.

There is an additional reason why a UFO experience can precipitate a spiritual crisis. It is similar to the problem we have discussed earlier in relation to spirit guides and channeling. The alien visitors are usually seen as representatives of civilizations that are incomparably more advanced than ours, not only technologically but also intellectually, morally, and spiritually. Such contact often has very powerful mystical undertones and is associated with insights of cosmic relevance. It is thus easy for the recipients of such special attention to interpret it as an indication of their own uniqueness.

Abductees might feel that they have attracted the interest of superior beings from an advanced civilization because they themselves are in some way exceptional and particularly suited for a special purpose. In Jungian psychology, a situation in which the individual claims the luster of the archetypal world for his or her own person is referred to as "ego inflation."

For all these reasons, experiences of "close encounters" can lead to serious transpersonal crises. People who have experienced the strange world of UFO experiences and alien abduction, need professional help from someone who has general knowledge of archetypal psychology and who is also familiar with the specific characteristics of the UFO phenomenon. Experienced researchers, such as Harvard psychiatrist John Mack, have brought ample evidence that the alien abduction experiences are phenomena sui generis, that represent a serious conceptual challenge for Western psychiatry and materialistic science in general.

An aspect of the UFO phenomena that is particularly baffling is that they occasionally have definite psychoid features. This means that they are synchronistically linked with events in the material world. It has become clear that it is naive and indefensible to see them as manifestations of mental disease or dismiss all of them as misperceptions and misinterpretations of ordinary phenomena (Mack 1994, 1999).

Over the years, I have worked with many individuals who had experiences of alien abduction in their psychedelic or holotropic breathwork sessions and during spiritual emergencies. Almost without exception, these episodes were extremely intense and experientially convincing. In view of my observations, I share the opinion of many serious UFO researchers that these experiences represent fascinating and authentic phenomena that deserve to be seriously studied.

The position of traditional psychiatrists who see them as products of an unknown pathological process in the brain is clearly oversimplistic and highly implausible. It is equally improbable that we are dealing with actual visits of extraterrestrial beings. A civilization capable of sending spaceships to our planet would have to have technical means that we cannot even imagine. We have enough information about the planets of the solar system to know that they are unlikely sources of such an alien expedition. The distance of the earth from the nearest celestial bodies outside of the solar system amounts to many light years. Negotiating such distances would require velocities equaling or surpassing the speed of light or interdimensional travel through hyperspace.

A civilization capable of such formidable achievements would very likely have technology that would make it impossible for us to differentiate between hallucinations and reality. Until more reliable

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information is available, it seems therefore most plausible to see the UFO experiences as manifestations of archetypal elements from the collective unconscious.

Possession States

People experiencing this type of transpersonal crisis have a distinct feeling that their psyche and body have been invaded and that they are being controlled by an evil entity or energy with personal characteristics. They perceive it as coming from the outside of their own personality and as being hostile and disturbing. It can appear to be a confused discarnate entity, a demonic being, or the consciousness of a wicked person invading them by means of black magic and hexing procedures. There are many different types and degrees of such conditions. In some instances, the true nature of this disorder remains hidden. The problem manifests as serious psychopathology, such as antisocial or even criminal behavior, suicidal depression, murderous aggression or selfdestructive behavior, promiscuous and deviant sexual impulses and acting out, or excessive use of alcohol and drugs. It is often not until such a person starts experiential psychotherapy that "possession" is identified as a condition underlying these problems.

In the middle of an experiential session, the face of a possessed person can become cramped and take the form of a "mask of evil," and the eyes can assume a wild expression. The hands and body might develop strange contortions, and the voice may become altered and take on an otherworldly quality. When this situation is allowed to develop, the session can bear a striking resemblance to exorcisms in the Catholic Church, or exorcist rituals in various aboriginal cultures.

The resolution often comes after dramatic episodes of choking, projectile vomiting, screaming, and frantic physical activity, or even temporary loss of control. Sequences of this kind can be unusually healing and transformative and often result in a deep spiritual conversion of the person involved. A detailed description of the most dramatic episode of this kind I have observed during my entire professional career can be found in my account of the case of Flora (Grof 2006 a).

Other times, the possessed person is aware of the presence of the "evil entity" in his or her body and spends much effort trying to fight it and control its influence. In the extreme version of the possession state, the problematic energy can spontaneously manifest and take over in the middle of everyday life. This situation resembles the one described earlier for experiential sessions, but the individual here lacks the support and protection provided by the therapeutic context. Under such circumstances, he or she can feel extremely frightened and desperately alone. Relatives, friends, and often even therapists tend to withdraw from the "possessed" individual and respond with a strange mixture of metaphysical fear and moral rejection. They often label the person as evil and refuse further contact.

This condition clearly belongs in the category of psychospiritual crises, in spite of the fact that it involves negative energies and is associated with many objectionable forms of behavior. The demonic archetype is

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by its very nature transpersonal, since it represents the negative mirror image of the divine. It also often appears to be a "gateway phenomenon," comparable to the terrifying guardians flanking the doors of Buddhist temples leading to radiant images of the Buddha. Encounter with an entity of this kind often immediately precedes a profound spiritual experience. With the help of somebody who is not afraid of its uncanny nature and is able to encourage its full conscious manifestation, this energy can be dissipated, and remarkable healing occurs.

Alcoholism and Drug Addiction as Psychospiritual Crisis

It makes good sense to describe addiction as a form of transpersonal crisis ("spiritual emergency"), in spite of the fact that it differs in its external manifestations from more obvious types of psychospiritual crises. In addiction, like in the possession states, the spiritual dimension is obscured by the destructive and self-destructive nature of the disorder. While in other forms of spiritual crises people encounter problems because of their difficulty to cope with mystical experiences, in addiction the source of the problem is strong spiritual longing and the fact that the contact with the mystical dimension has not been made.

There exists ample evidence that behind the craving for drugs or alcohol is unrecognized craving for transcendence or wholeness (Grof 1987). Many recovering people talk about their restless search for some unknown missing element or dimension in their lives and describe their unfulfilling and frustrating pursuit of substances, foods, relationships, possessions, or power that reflects an unrelenting but vain effort to satiate this craving (Grof 1993).

The key to the understanding of addiction seems to be the fact that there exists a certain superficial similarity between mystical states and intoxication by alcohol or hard drugs. Both of these conditions share the feeling of dissolution of individual boundaries, dissipation of disturbing emotions, and transcendence of mundane problems. Although the intoxication with alcohol or drugs lacks many important characteristics of the mystical state, such as serenity, numinosity, and richness of philosophical insights, the experiential overlap is sufficient to seduce alcoholics and addicts into abuse.

William James was aware of this connection and wrote about it in *Varieties of Religious Experience*: "The sway of alcohol over mankind is unquestionably due to its power to stimulate the mystical faculties of human nature, usually crushed to earth by the cold facts and criticisms of the sober hour. Sobriety diminishes, discriminates, and says no; drunkenness expands, unites and says yes" (James 1961). James also saw the implications of this fact for therapy, which he expressed very succinctly in his famous statement: "The best treatment for dipsomania (an archaic term for alcoholism) is religiomania."

C. G. Jung's independent insight in this regard was instrumental in the development of the worldwide network of Twelve Step Programs. It is not generally known that Jung played a very important role in the

history of Alcoholics Anonymous (AA). The information about this little-known aspect of Jung's work can be found in a letter that Bill Wilson, the cofounder of AA, wrote to Jung in 1961 (Wilson and Jung 1963). Jung had a patient, Roland H., who came to him after having exhausted other means of recovery from alcoholism. Following a temporary improvement after a year's treatment with Jung, he suffered a relapse. Jung told him that his case was hopeless and suggested that his only chance was to join a religious community and hope for a profound spiritual experience. Roland H. joined the Oxford Group, an evangelical movement emphasizing self-survey, confession, and service. There he experienced a religious conversion that freed him from alcoholism. He then returned to New York City and became very active in the Oxford Group there. He was able to help Bill Wilson's friend, Edwin T., who in turn helped Bill Wilson in his personal crisis. In his powerful spiritual experience, Bill Wilson had a vision of a worldwide chain-style fellowship of alcoholics helping each other.

Years later, Wilson wrote Jung a letter, in which he brought to his attention the important role that Jung played in the history of AA. In his answer, Jung wrote in reference to his patient: "His craving for alcohol was the equivalent, on a low level, of the spiritual thirst of our being for wholeness, expressed in medieval language: the union with God." Jung pointed out that in Latin, the term spiritus covers both meanings -- alcohol and spirit. He then expressed very succinctly his belief that only a deep spiritual experience can save people from the ravages of alcohol. He suggested that the formula for treatment of alcoholism is "Spiritus contra spiritum," James's and Jung's insights have since been confirmed by the experiences of the Twelve Step Program and by clinical research with psychedelics (Grof 1980).

Treatment of Psychospiritual Crises

Psychotherapeutic strategy for individuals undergoing spiritual crises is based on the realization that these states are not manifestations of an unknown pathological process, but results of a spontaneous movement in the psyche that engages deep dynamics of the unconscious and has healing and transformative potential. Understanding and appropriate treatment of spiritual crises requires a vastly extended cartography of the psyche that includes the perinatal and transpersonal region. This new model has been described at some length elsewhere (Grof 1975, 2001, 2007 a). The nature and degree of the therapeutic assistance that is necessary depends on the intensity of the psychospiritual process involved. In mild forms of spiritual crisis, the individual is usually able to function in everyday life and cope with the holotropic experiences as they emerge into consciousness. All that he or she needs is an opportunity to discuss the process with a transpersonally oriented therapist, who provides constructive supportive feedback, helps the client to integrate the experiences into everyday life, and suggests literature that contains useful information.

If the process is more active, it might require regular sessions of experiential therapy during which we use faster breathing, music, and bodywork to facilitate emergence of the unconscious material and full expression of emotions and blocked physical energies. The general strategy of this approach is identical with that used in holotropic breathwork sessions (Grof 2001, 2007 b). Allowing full expression of the

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emerging unconscious material in the sessions specifically designated and scheduled for this purpose reduces the possibility that it will surface and interfere with the client's life in the interim periods. When the experiences are very intense, all we have to do during the work with the clients is to encourage them to close their eyes, surrender to the process, observe what is happening, and find expression for the emerging emotions and physical feelings.

If we encounter psychological resistance, we might occasionally use releasing bodywork like in the termination periods of breathwork sessions. Holotropic breathwork as such is indicated only if the natural unfolding of the process reaches an impasse. Therapeutic work with this category of clients has to be conducted in a residential facility where supervision is available twenty-four hours a day. These intense experiential sessions can be complemented with Fritz Perls' Gestalt practice (Perls 1973), Dora Kalff's Jungian sandplay (Kalff 180 2004), Francine Shapiro's Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro 2001), or bodywork with a psychologically experienced practitioner. A variety of auxiliary techniques can also prove extremely useful under these circumstances. Among them are writing of a log, painting of mandalas, expressive dancing, and jogging, swimming, or other sport activities. If the client is able to concentrate on reading, transpersonally oriented books, particularly those focusing on the problem of psychospiritual crises or on some specific aspect of the client's inner experiences, can be extremely helpful.

People whose experiences are so intense and dramatic that they cannot be handled on an out-patient basis represent a serious problem. There exist practically no facilities offering supervision twenty-four hours a day without the use of routine suppressive psychopharmacological intervention. Several experimental facilities of this kind that existed in the past in California, such as John Perry's Diabasis in San Francisco and Chrysalis in San Diego, or Barbara Findeisen's Pocket Ranch in Geyserville, were short-lived. The main reason for it was the fact that the insurance companies refused to pay for alternative therapy that was not officially approved. Solving the problem of such alternative centers is a necessary prerequisite for effective therapy of intense spiritual crises in the future.

In some places, helpers have tried to overcome this shortcoming by creating teams of trained assistants who took shifts in the client's home for the time of the duration of the episode. Management of intense acute forms of spiritual crises requires some extraordinary measures, whether it is conducted in a special facility or in a private home. Extended episodes of this kind can last days or weeks and can be associated with a lot of physical activity, intense emotions, loss of appetite, and insomnia. There is a danger of dehydration, vitamin and mineral deficiency, and physical exhaustion. Insufficient supply of food can lead to hypoglycemia that is known to weaken psychological defenses and bring additional material from the unconscious. This can lead to a vicious circle that perpetuates the acute condition. Tea with honey, bananas, or another form of food containing glucose can be of great help in grounding the process.

A person in intense psychospiritual crisis is usually so deeply involved in his or her experience that they forget about food, drink, and elementary hygiene. It is thus up to the helpers to take care of the client's basic needs. Since the care for people undergoing the most acute

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forms of spiritual crises is unusually demanding, the helpers have to take shifts of reasonable duration to protect their own mental and physical health. To guarantee comprehensive and integrated care under these circumstances, it is necessary to keep a log and carefully record the client's intake of food, liquids, and vitamins. Sleep deprivation has similar effects as fasting; it tends to weaken the defenses and facilitate the influx of unconscious material into consciousness. This can also lead to a vicious circle that needs to be interrupted. It might, therefore, be necessary to occasionally administer a minor tranquilizer or a hypnotic. In this context, tranquilizing medication is not considered therapy, as it is the case in traditional psychiatric facilities. It is given solely for the purpose of securing the client's sleep. The administration of minor tranquilizers or hypnotics interrupts the vicious circle and gives the client the necessary rest and the energy to continue the following day with the uncovering process.

In later stages of spiritual crises, when the intensity of the process subsides, the person no longer requires constant supervision. He or she gradually returns to everyday activities and resumes the responsibility concerning basic care. The overall duration of the stay in a protected environment depends on the rate of stabilization and integration of the process. If necessary, we might schedule occasional experiential sessions and recommend the use of selected complementary and auxiliary techniques described earlier. Regular discussions about the experiences and insights from the time of the episode can be of great help in integrating the episode.

The treatment of alcoholism and drug addiction presents some specific problems and has to be discussed separately from therapy of other psychospiritual crises. It is particularly the element of physiological addiction and the progressive nature of the disorder that requires special measures. Before dealing with the psychological problems underlying addiction, it is imperative to break the chemical cycle that perpetuates the use of substances. The individual has to go through a period of withdrawal and detoxification in a special residential facility.

Once this is accomplished, the focus can turn to the psychospiritual roots of the problem. As we have seen, alcoholism and drug addiction represent a misguided search for transcendence. For this reason, to be successful, the therapeutic program has to include as an integral part strong emphasis on the spiritual dimension of the problem. Historically, most successful in combating addiction have been the programs of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), fellowships offering a comprehensive approach based on the Twelve Step philosophy outlined by Bill Wilson.

Following the program step by step, the alcoholic or addict recognizes and admits that they have lost control over their lives and have become powerless. They are encouraged to surrender and let a higher power of their own definition take over. A painful review of their personal history produces an inventory of their wrongdoings. This provides the basis for making amends to all the people whom they have hurt by their addiction. Those who have reached sobriety and are in recovery are then asked to carry the message to other addicts and to help them to overcome their habit.

The Twelve Step Programs are invaluable in providing support and guidance for alcoholics and addicts from the beginning of treatment throughout the years of sobriety and recovery. Since the focus of this collection of essays is the healing potential of holotropic states, we will now explore whether and in what way these states can be useful in the treatment of addiction. This question is closely related to the Eleventh Step that emphasizes the need "to improve through prayer and meditation our conscious contact with God as we understand God." Since holotropic states can facilitate mystical experiences, they clearly fit into this category.

Over the years, I have had extensive experience with the use of holotropic states in the treatment of alcoholics and addicts and also in the work with recovering people who used them to improve the quality of their sobriety. I participated in a team at the Maryland Psychiatric Research Center in Baltimore that conducted large, controlled studies of psychedelic therapy in alcoholics and hard drug addicts (Grof 1980). I have also had the opportunity to witness the effect of serial holotropic breathwork sessions on many recovering people in the context of our training. I will first share my own observations and experiences from this work and then discuss the problems involved in the larger context of the Twelve Step movement.

In my experience, it is highly unlikely that either holotropic breathwork or psychedelic therapy can help alcoholics and addicts at the time when they are actively using. Even deep and meaningful experiences do not seem to have the power to break the chemical cycle involved. Therapeutic work with holotropic states should be introduced only after alcoholics and addicts have undergone detoxification, overcome the withdrawal symptoms, and reached sobriety. Only then can they benefit from holotropic experiences and do some deep work on the psychological problems underlying their addiction. At this point, holotropic states can be extremely useful in helping them to confront traumatic memories, process difficult emotions associated with them, and obtain valuable insights into the psychological roots of their abuse.

Holotropic experiences can also mediate the process of psychospiritual death and rebirth that is known as "hitting bottom" and represents a critical turning point in the life of many alcoholics and addicts. The experience of ego death happens here in a protected situation where it does not involve the physical, psychological, interpersonal, and social risks it would have if it happened spontaneously in the client's natural surroundings. And finally, holotropic states can mediate experiential access to profound spiritual experiences, the true object of the alcoholic's or addict's craving, and make it thus less likely that they will seek unfortunate surrogates in alcohol or narcotics.

The programs of psychedelic therapy for alcoholics and addicts conducted at the Maryland Psychiatric Research Center were very successful, in spite of the fact that the protocol limited the number of psychedelic sessions to a maximum of three. At a six-month follow-up, over one half of chronic alcoholics and one-third of hard-core narcotic drug addicts participating in these programs were still sober and were considered "essentially rehabilitated" by an independent evaluation team (Pahnke et al. 1970, Savage and McCabe 1971, Grof 1980). Recovering people in our training and workshops, almost without

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exception, see holotropic breathwork as a way of improving the quality of their sobriety and facilitating their psychospiritual growth.

In spite of the evidence of its beneficial effects, the use of holotropic states in recovering people meets strong opposition among some conservative members of the Twelve Step movement. These people assert that alcoholics and addicts seeking any form of a "high" are experiencing a "relapse." They pass this judgment not only when the holotropic state involves the use of psychedelic substances, but extend it also to experiential forms of psychotherapy and even to meditation, an approach explicitly mentioned in the description of the Eleventh Step. It is likely that this extremist attitude has its roots in the history of Alcoholics Anonymous. Shortly before the second international AA convention Bill Wilson, the co-founder of AA, discovered after twenty years of sobriety the psychedelic LSD. He took it for the first time in 1956 and continued experimenting with it with a coterie of friends and acquaintances, including clergymen and psychiatrists. He was quite enthusiastic about it and believed that this substance had the ability to remove barriers, which keep us from directly experiencing God.

The AA board was shocked by his suggestion that LSD sessions should be introduced into AA program. This caused a major turmoil in the movement and was eventually rejected.

We are confronted here with two conflicting perspectives on the relationship between holotropic states and addiction. One of them sees any effort to depart from the ordinary state of consciousness as unacceptable for an addicted person and considers it a relapse. The contrary view is based on the idea that seeking a spiritual experience is a legitimate and natural tendency of every human being and that striving for transcendence is the most powerful motivating force in the psyche (Weil 1972). Addiction then is a misguided and distorted form of this effort and the most effective remedy for it is facilitating access to a genuine spiritual experience.

The future will decide which of these two approaches will be adopted by professionals and by the recovering community.

In my opinion, the most promising development in the treatment of alcoholism and drug abuse would be a marriage of the Twelve Step Program, the most effective strategy for treating alcoholism and addiction, with transpersonal psychology that can provide a solid theoretical background for spiritually grounded therapy. Responsible use of holotropic therapy would be a very logical integral part of such a comprehensive treatment.

My wife and I organized in the 1980s two meetings of the International Transpersonal Association (ITA) in Eugene, Oregon, and Atlanta, Georgia, that demonstrated the feasibility and usefulness of bringing together the Twelve Step Programs and transpersonal psychology. The empirical and theoretical justification for such merging was discussed in several publications (Grof 1987, Grof 1993, Sparks 1993).

The concept of "spiritual emergency" is new and will undoubtedly be complemented and refined in the future. However, we have repeatedly seen that even in its present form, as defined by Christina and myself, it has been of great help to many individuals in crises of transformation. We have observed that when these conditions are treated with respect and receive appropriate support, they can result in remarkable healing, deep positive transformation, and a higher level of functioning in everyday life. This has often happened in spite of the fact that, in the present situation, the conditions for treating people in psychospiritual crises are far from ideal.

In the future, the success of this endeavor could increase considerably, if people capable of assisting individuals in spiritual emergencies could have at their disposal a network of twenty-four-hour centers for those whose experiences are so intense that they cannot be treated on an out-patient basis. At present, the absence of such facilities and lack of support from the insurance companies for unconventional approaches to treatment represent the most serious obstacles in effective application of the new therapeutic strategies.

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