One of the most important implications of the research into holotropic states of consciousness is the realization that many spontaneous episodes of these states, which are currently diagnosed as psychoses 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 personality transformation, and consciousness evolution (Grof and Grof 1989, 1990).

Episodes of this nature can be found in the life stories of shamans, yogis, mystics, and saints. Mystical literature of the world describes these crises as important landmarks on the spiritual path and confirms their healing and transformative potential. Mainstream psychiatrists are unable to see the difference between psychospiritual crises, or even uncomplicated mystical states, and serious mental illness, because of their narrow conceptual framework. Academic psychiatry has a model of the psyche limited to postnatal biography and a strong biological bias. These are serious obstacles in understanding the nature and content of psychotic states.
The term spiritual emergency which my late wife Christina and I coined for these states alludes to their positive potential. The Latin word “emergere” means “to emerge,” but if a critical situation develops suddenly, it is referred to as "mergency.” This name is thus a play on words suggesting a crisis, but, at the same time, an opportunity to “emerge,” to rise to a higher level of psychological functioning and spiritual awareness. We often refer in this context to the Chinese character for crisis that illustrates the basic idea of spiritual emergency. This ideogram is composed of two images, one of which represents danger and the other opportunity.
Among the benefits that can result from psychospiritual crises which are allowed to run their natural course are better psychosomatic health, increased zest for life, a more rewarding life strategy, and an expanded worldview, which includes spirituality that is universal, non-denominational, and all-inclusive. 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 crises 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,” mind-expanding techniques that can mediate spiritual opening. Among them are various shamanic methods, Oriental meditative practices, psychedelic substances, powerful experiential psychotherapies, and laboratory methods developed by experimental psychiatry. According to public polls, the number of Americans who have had spiritual experiences has significantly increased in the second half of the twentieth century. It seems that this has been accompanied by a parallel increase of spiritual emergencies.

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 denied and 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 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 and transformative potential of these states.

In 1980, my late wife Christina founded the Spiritual Emergency Network (SEN), an organization that connects individuals undergoing psychospiritual crises with professionals who are able and willing to provide assistance based on the new understanding of these states. Filial branches of SEN now exist in many countries of the world.
In the rest of this chapter, we will review the information that is necessary for understanding and effective support of individuals undergoing spiritual emergencies.

**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 insult, 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 spiritual emergency 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 people in whom ongoing spontaneous occurrence of holotropic states was triggered by the practice of Zen or Vipassana Buddhist meditation, Kundalini yoga, Sufi dhikr, monastic contemplation, or Christian prayer. The possibility that this happens increases, if such spiritual practice involves fasting, sleep deprivation, and extended periods of meditation.

The wide range of triggers of spiritual emergency clearly suggests that the individual's readiness for inner transformation plays a 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 a 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 delivery as a trigger of psychospiritual crisis seems to reflect the fact that childbirth combines biological weakening with specific reactivation of the 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.

There seems to be an inverse relationship between outward orientation and pursuit of external material goals and attention given to inner processes and time spent in introspection. Crises in various sectors of one’s life that undermine or destroy positive perspective – death of close relatives and friends, break of marriage or an important relationship, loss of property or a job, and series of failures - tend to turn the attention inward and activate the unconscious. The similarity of the current traumas with previous ones, often an entire series of them, then add the emotional power of the corresponding COEXes to the impact of the recent events. The dismal general situation in the world and loss of perspective (e.g. death of the American Dream) can also have a similar effect.

**Diagnosis of Spiritual Emergency**

When we emphasize the need to recognize the existence of spiritual emergencies, this does not mean an indiscriminate rejection of the theories and practices of mainstream 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 mainstream 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 spiritual emergency want to know the exact criteria by which one can make the “differential diagnosis” between spiritual emergency and psychosis. Unfortunately, it is in principle impossible to make such a differentiation according to the standards used in somatic medicine. Unlike diseases treated by somatic medicine, psychotic states that are not clearly organic in nature, “functional psychoses,” are not medically defined. It is actually highly questionable whether they 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 with its painfully superficial model of the human psyche lacks adequate explanation. Anybody acquainted with the labeling practices in medicine knows that the meaningless attributes “endogenous” or “functional” used for these conditions are 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 Jesus 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?

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. This becomes obvious when we look at the effects of psychoactive substances with known chemical structures and doses in which they are used. The administration of LSD and other psychedelics and entheogens can account for the emergence of deep unconscious material into consciousness, but cannot explain its nature and contents.

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

The experiences that manifest in spiritual emergencies clearly are not artificial products of aberrant pathophysiological processes in the brain, but belong to the psyche as such. 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 earlier in this book, Roberto Assagioli’s psychosynthesis (Assagioli 1976), Ken Wilber's spectrum psychology (Wilber 1977), and C. G. Jung's concept of the psyche as *anima mundi*, or the world soul, 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 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 spiritual emergency 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.

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 the non-ordinary state of consciousness in question. Spiritual emergencies involve a combination of biographical, perinatal, and transpersonal experiences that were described earlier in the discussion of the extended cartography of the psyche. Experiences of this kind can be elicited 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 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 prognostic 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 insight, 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 crisis.

It is also very important to pay attention to the way clients talk about their experiences. The communication style often distinguishes, in and of itself, 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 high dose psychedelic session and intelligently describes what to an uninformed person might appear to be strange and extravagant experiences.

The differences in the attitude toward the inner process and in the communication style, which would make a client a good or a problematic
candidate for being seen and treated as having spiritual emergency, could be illustrated by comparing the following two cases.

The first client comes to a psychiatrist with these complaints: “Since the delivery of my daughter about two weeks ago, I have been having strange experiences. Powerful streams of energy that feel like electric discharges are running up my spine and making my body shake in a way that is difficult to control. I experience waves of strong emotions – anxiety, sadness, anger, or joy - that come unexpectedly and for no reason. Sometimes I see lights that take the shape of deities or demons.

I don’t believe in reincarnation, but sometimes I see flashes of what seem to be memories from other times and countries that I seem to recognize as if I had lived there before. What is happening to me? Am I going crazy?“ This person is clearly bewildered and confused by strange experiences, but sees this situation as an internal process and is willing to accept advice and help. This would qualify this situation as spiritual emergency and promise a good therapeutic outcome.

The second client presents a very different picture. He is not describing his symptoms and asking for psychiatric advice. He tells the story about his enemies: “My neighbor is out to get me; he is trying to destroy me. He pumps toxic gases into my bedroom and gets into my house at night through a tunnel in the cellar and poisons the food in my refrigerator. I have no privacy in my own home; he placed everywhere bugging devices and hidden microcameras.
All the information goes to the Mafia. He is on their payroll; they are paying him large amounts of money to get rid of me, because I have such high moral principles that it is the way of their plans. And the money for this whole thing is coming from the Middle East, mostly petrodollars.” This client clearly lacks fundamental insight that this situation has anything to do with his own psyche. It is unlikely that he would agree on a joint journey of self-exploration and healing and form a good therapeutic relationship.

**Varieties of Spiritual Emergency**

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 done in the Diagnostic and Statistical Manual of Mental Disorders (DSM V-rev) 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 painfully unsuccessful.

There is no general agreement 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 - usually after heated debates and with much dissent - clinicians keep complaining that they have difficulties matching the symptoms of their clients with the official diagnostic categories. Spiritual emergencies are no exception; if anything, assigning people in psychospiritual crises to
well-defined diagnostic pigeon holes is particularly problematic because of the fact that their phenomenology is unusually rich and can draw on all the 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 partitions and boundaries. The elements from postnatal biography and from the Freudian individual unconscious form a continuum with the dynamics of the perinatal domain 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 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, we will see some significant overlaps. I will first present a list of the most important varieties of psychospiritual crises we have observed and then briefly define and describe them.

1. Shamanic crisis
2. Awakening of Kundalini
3. Episodes of unitive consciousness (“peak experiences”)
4. Psychological renewal through return to the center
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 Initiatory Crisis

As we discussed earlier, 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 visionary journey into the underworld, the realm of the dead, where they are attacked by demons and exposed to horrendous tortures and ordeals.

This painful initiation culminates in experiences of death and dismemberment followed by rebirth and ascent 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 these birds 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 bows and 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 free themselves often from emotional, psychosomatic, and even physical diseases. For this reason, anthropologist refer to shamans 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 themselves well as 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 a healer, priest, and visionary artist.

In our workshops and professional training, modern Americans, Europeans, Australians, and Asians have often experienced in their holotropic breathwork sessions episodes 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 invent chants and rituals that were similar to those created 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 create modern versions of shamanic procedures.

The attitude of native cultures toward shamanic crises has often been explained by the lack of elementary psychiatric knowledge 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 that recognize shamans and show them great respect have no difficulty in 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 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. 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 permeates, as well as surrounds, the physical body. This latent energy can become activated by meditation, the intervention of an accomplished
spiritual teacher (*guru*), specific exercises, childbirth, or for unknown reasons.

The activated Kundalini, called *shakti*, rises through the *nādis*, channels or conduits in the subtle body. As it ascends, it clears old traumatic imprints and opens the centers of psychic energy, called *chakras*. 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 are intense sensations of energy and heat streaming up the spine, which can be associated with violent shaking, spasms, and twisting movements. Powerful 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 a variety of internally perceived sounds. Many people involved in this process also have powerful experiences of what seem to be memories from 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
concluded that the awakening of Kundalini was an exclusively Eastern
phenomenon and predicted that it would take at least 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 phenomenon belongs to Californian
psychiatrist and ophtalmologist 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 “self-
realization” - 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 unity and wholeness. We also transcend the ordinary distinction between subject and object and experience 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 contains 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.” This revelation does not involve knowledge of various aspects of the world studied by materialistic science, but the deepest nature of reality and our own nature. In Buddhism a similar type of knowledge is called transcendental wisdom (prajnaparamita); it dispels our ignorance about the most fundamental aspects of existence (avidya).

What we have learned during this experience is ineffable; it cannot be described by words. The vocabulary of our language, which is designed to communicate about objects and events in the material world, seems to be inadequate for this purpose. Yet, the experience can profoundly influence our system of values and strategy of existence. People familiar with Eastern spiritual philosophies often resort to specific terminology developed in countries with many centuries of experience in
the exploration of holotropic states of consciousness - India, Tibet, China, and Japan.

Because of the generally benign nature and great healing and transformative potential of the peak experiences, this is a category of spiritual emergency that should be least problematic. Peak experiences are by their nature transient and self-limited; there is absolutely no reason why they should be seen and treated as manifestations of mental disease. And yet, due to the ignorance of our culture and misconceptions of the psychiatric profession concerning spiritual matters, many people who experience them receive pathological labels, end up hospitalized, and their process is truncated by suppressive 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. But, as we will see, it is this type of psychospiritual crisis that provides the most convincing evidence against the proposition that holotropic states are products of a pathological process afflicting the brain.
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 forces of 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 imaginary archetypal figure, or 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 portraying what Jungian psychology interprets as symbols representing the Self, the transpersonal
center that reflects our deepest and true nature. It is related to, but not
totally identical with, the Hindu concept of Atman-Brahman, the Divine
Within. In visionary states, it can appear in the form of a source of light of
supernatural beauty, radiant spheres, precious stones, exquisite 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, 1998) and in The Stormy Search for the Self, our 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 the inner world and did not necessarily 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.

In all these cultures, such ritual dramas celebrating the advent of the New Year were performed during what Perry called “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 1966). The positive potential of the renewal process and its deep connection with archetypal symbolism, with evolution of consciousness, and specific periods of human history represents a very compelling argument against the theory that these experiences are chaotic pathological products of diseased brains.

**The Crisis of Psychic Opening**

An increase in intuitive abilities and the occurrence of psychic or paranormal phenomena are very common during spiritual emergencies of all kinds. However, in some instances, the influx of information from nonordinary sources, such as 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 seems to detach from the body and witness what is happening in the surroundings of the body 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).

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 drastic treatment procedures. Similarly, accurate precognition of future situations and clairvoyant perception, particularly occurring repeatedly in impressive clusters, can seriously disturb the persons in crisis, as well as those around them, since it undermines their notion 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
spiritual emergency, 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 they govern not only the psyche, but also happenings in the world of consensus reality. I have explored this fascinating topic in my other writings (Grof 2000, 2006) and will return to it in a later chapter of this work.

Jungian synchronicities represent authentic phenomena and cannot be ignored and discounted as accidental coincidences. They also should not be indiscriminately dismissed as pathological distortions of reality - 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 the 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 spiritual emergency, but in crises of psychic opening they are particularly common.

**Past Life Experiences**

Among the most dramatic and colorful transpersonal experiences occurring in holotropic states are what 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 vecu*) at some time in the past. These experiences provide fascinating insights into the belief in karma and reincarnation, which has been independently developed and held by many religious and cultural groups in different parts of the world.

The concept of karma and reincarnation represents the cornerstone of Hinduism, Buddhism, Jainism, Sikhism, Zoroastrianism, the Tibetan Vajrayana Buddhism, and Taoism. Similar ideas occurred in such geographically, historically, and culturally diverse groups as various African tribes, native Americans, pre-Columbian cultures, the Hawaiian kahunas, practitioners of the Brazilian umbanda, the Gauls, and the Druids. In ancient Greece, several major schools of thought subscribed to this concept, including the Pythagoreans, the Orphics, and the Platonists.
The Essenes, the Pharisees, the Karaites, and other Jewish and semi-Jewish groups also adopted the concept of karma and reincarnation, and it formed an important part of the kabbalistic theology of medieval Judaism. Other groups adhered to this belief, including the Neo-Platonists and Gnostics.

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 fully and consciously experienced.

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 activities 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 Western 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 either an atheist or a traditionally raised Christian.

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 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 experiences that seem to challenge their belief system.

**Communication with Spirit Guides and “Channeling”**

Occasionally, one can encounter in a holotropic experience 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. Occasionally, they introduce themselves as extraterrestrials from distant stars, such as Sirius or the Pleiades. 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 has in recent decades received much attention from the public and mass media. A “channeling” person 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 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 and William Thetford (Anonymous 1975).

Experiences of channeling can precipitate a serious psychological and spiritual crisis. One possibility is that 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 influences and can lead to serious philosophical confusion for an atheistic layperson or a scientist with a materialistic worldview.

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* (*Pertem hru*), and their European counterpart, *Ars Moriendi*, (*The Art of Dying*). The Nahuatl (Aztec) Codex Borgia describing the death and rebirth of Quetzalcoatl (Plumed Serpent) and the epic story of the death and rebirth of the Hero Twins Hunahpú and Xbalanqué included in the Mayan *Popol Vuh* are Pre-hispanic examples of eschatological texts (Grof 1994).

In the past, this funeral 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 bestseller *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.

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 easy.

Near-death experiences very frequently lead to spiritual emergencies. 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 diametrically different from their everyday life. A car accident in the middle of rush-hour traffic or a heart attack during 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.

Close Encounters with UFOs and Alien Abduction Experiences

The experiences of encounters with extraterrestrial spacecrafts and their crews and of abduction by alien beings can often precipitate serious emotional and intellectual crises that have much in common with spiritual emergencies. 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 made an attempt to interpret UFO abduction experiences as misinterpretations 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 actual 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 having their roots in the collective unconscious. The alien spacecrafts and cosmic flights depicted by those who were allegedly abducted or invited for a ride also have their parallels 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 various experiments and painful examinations using various exotic instruments. This can involve probing the cavities of the body with special emphasis on the sexual organs. There are frequent references to genetic experiments with the goal of producing hybrid offspring. These interventions are very painful 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 the aboriginal rites of passage.
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 often 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 represent a serious conceptual challenge for Western psychiatry and materialistic science in general and that it is naive and indefensible to see them as manifestations of mental disease or discard them altogether. He concluded
that these experiences qualify for being included in the category of “anomalous phenomena” - observations that seriously challenge current scientific worldview (Mack 1994, 1999). His experiences with this research inspired him to start in 1993 Program for Extraordinary Experience Research (PEER).

Over the years, I have worked with many individuals who had powerful experiences of alien abduction in psychedelic sessions, Holotropic Breathwork, and spiritual emergencies. Almost without exception, these episodes were extremely powerful and experientially convincing; on occasion, they also had definite psychoid features. In view of my observations, I am convinced that these experiences represent phenomena sui generis and deserve to be seriously studied. The position of mainstream psychiatrists who see them as products of an unknown pathological process in the brain is clearly oversimplistic and highly implausible.

The alternative considering the UFOs to be actual visits of aliens from other celestial bodies is equally implausible. An extraterrestrial civilization capable of sending spaceships to our planet would have to have technical means that we can hardly imagine. We have enough information about the planets of the solar system to know that they are unlikely sources of such an expedition. The distance between the solar system and the nearest stars amounts to several light years. Negotiating such distances would require velocities approaching the speed of light or interdimensional travel through hyperspace. A civilization capable of such achievements would very likely have technology that would make it
impossible for us to differentiate between hallucinations and reality. Until more reliable information is available, it seems most plausible to see the UFO experiences as manifestations of archetypal material from the collective unconscious.

**Possession States**

People in 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 outside their own personality and as being hostile and disturbing. It might 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 self-destructive 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, and frantic physical activity, or even temporary loss of control. If sequences of this kind are properly treated, they 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 book When the Impossible Happens (Interview with the Devil: The Case of Flora) (Grof 2006).

Other times, the possessed person is aware of the presence of the “evil entity” 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 the person 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 “spiritual emergency,” in spite of the fact that it involves negative energies and is associated with many objectionable forms of behavior. The demonic archetype is 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 Oriental temples. It hides access to a profound spiritual experience, which often follows after a possession state has been successfully resolved. 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 Spiritual Emergency**

It makes good sense to describe addiction as a form of 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 emergency 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. 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 effort to satiate this craving (Grof 1993). We discussed earlier a certain superficial similarity that exists between mystical states and intoxication by alcohol or hard drugs. Both of these conditions share the sense of dissolution of individual boundaries, disappearance 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). He 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 co-founder 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 pointed out that the correct formula for treating alcoholism is "Spiritus contra spiritum" - only a deep spiritual experience can save people from the ravages of alcohol. James's and Jung's insight
have since been confirmed by clinical research (Pahnke et al 1970, Grof 2001).

**Treatment of Spiritual Emergencies**

Psychotherapeutic strategy for individuals undergoing spiritual crises reflects the principles that we discussed earlier in this book. It 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 has healing and transformative potential. Understanding and appropriate treatment of spiritual emergencies requires a vastly extended model of the psyche that includes the perinatal and transpersonal dimensions.

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 emergency the person in crisis is usually able to cope with the holotropic experiences in the course of everyday life. All that he or she needs is an opportunity to discuss the process with a transpersonally oriented therapist, who provides constructive feedback and helps the client to integrate the experiences into everyday life.

If the process is more active, it might require regular sessions of experiential therapy 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. When the experiences are very intense, all we have
to do is to encourage the client to surrender to the process. If we encounter strong psychological resistance, we might occasionally use faster breathing and 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.

These intense experiential sessions can be complemented with Gestalt practice, Dora Kalff's Jungian sandplay, 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 specifically focusing on the problem of psychospiritual crises or some specific aspect of his or her 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 special problem. There exist practically no facilities offering twenty-four-hour supervision without the use of routine, suppressive psychopharmacological intervention Creation of such alternative centers is a necessary prerequisite for effective therapy of spiritual emergencies in the future.

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, CA,
were short-lived. Although the cost of these programs was about one third of traditional psychiatric treatment, these experimental facilities were not financially sustainable. Since the insurance companies refused to pay for alternative forms of therapy, the costs had to be covered by the patients or their relatives. Occasional financial support from the cities was not sufficient and was too unreliable to save the situation.

In some places, helpers have tried to overcome this deficiency 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 emergency requires some extraordinary measures, whether it occurs in a special facility or in a private home. Extended episodes of this kind can last for days or weeks and can be associated with a lot of physical activity, intense emotions, loss of appetite, and insomnia. This brings a danger of dehydration, vitamin and mineral deficiency, and 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 breaking this circle and 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 forms of spiritual emergency 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 intake of food, liquids, and vitamins.

Sleep deprivation, like fasting, 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 give the client occasionally a minor tranquilizer or a hypnotic to secure sleep. In this context, medication is seen as a purely palliative measure and is not considered therapy, which is the way tranquilizing medication is often presented in mainstream psychiatry. 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 emergency, 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 that of other spiritual emergencies. 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 disorder. 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 a 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
urged 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 book 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 2001). 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 is 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 have the dangerous physical, interpersonal, and social consequences 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 50 percent of chronic alcoholics and one-third of 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 2001). Recovering people in our training and workshops, almost without 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 their beneficial effects, the use of holotropic states in recovering people found 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 recommended in the original description of the Eleventh Step.

It is likely that this extremist attitude has its roots in the history of AA involving Bill Wilson, the co-founder of AA, and his experiences with LSD (Lattin 2012). After twenty years of sobriety Bill W. became interested in LSD and had a series of sessions with Aldous Huxley and Gerald Heard under the supervision of Los Angeles psychedelic pioneers Sidney Cohen and Betty Eisner. Bill W. became very enthusiastic about the effects of this substance; he felt that the sessions helped him significantly with his chronic depression and opened him to a spiritual perception of the world. As he approached his 70th birthday, he developed a plan to have LSD distributed at all AA meetings nationwide.
Bill Wilson’s use of LSD and his proposal caused considerable controversy within AA. Many of his close associates, including Dr. Jack Norris, then Chairman of the AA Board of Trustees, were very concerned about his use of psychedelics and his controversial idea for the future of AA. The plan was eventually quashed by more rational voices and Bill W. was asked to discontinue his experiments with LSD. In 1958 he defended his drug use in a long letter but soon afterwards he removed himself from the AA governing body to be free to do his experiments.

We are confronted with two conflicting perspectives on the relationship between holotropic states of consciousness and addiction. One of them sees any effort to depart from the ordinary state of consciousness to be unacceptable for an addicted person and qualifying as relapse. This attitude demands sobriety at any cost, even if it means “white-nuckling it.” The AA members who represent this attitude do not seem to see any problem in the enormous amount of coffee that is typically consumed in the AA meetings and the number of cigarettes that are usually smoked there. The contrary view is based on the idea that seeking a spiritual state is a legitimate and natural tendency of human nature 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 Programs, the most effective method for treating alcoholism and addiction, with transpersonal psychology that can provide a solid theoretical basis for spiritually grounded therapy. Responsible work with holotropic states of consciousness would be a very logical integral part of such a comprehensive approach.

My late wife Christina and I organized in the 1990s two conferences of the International Transpersonal Association (ITA) in Eugene, Oregon, and in Atlanta, Georgia, entitled Mystical Quest, Attachment, and Addiction. These meetings 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).

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 outpatient basis. At present, the absence of such facilities and lack of support from the insurance companies for unconventional approaches represent the most serious obstacles in effective application of the new therapeutic strategies.

**Literature:**


