TRANSFORMATION AND SUBJECTIVITY IN SPIRITUAL EMERGENCE AND EMERGENCY: A DISCOURSE ANALYTIC STUDY

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ABSTRACT: Discussions of spiritual emergence and spiritual emergency have often revolved around the difficulty of discerning spiritual experience from mental illness. This post-structural approach attempts to move beyond these dualisms to a socio-historically contextualized account of how spiritual emergence and emergency are constructed. A qualitative design was based on in-depth, semi-structured interviews with 12 Australians – seven who identified as having experienced a spiritual emergence or emergency, four therapists who worked with the spiritually emergent, and one who identified as both. Participants constructed spiritual emergence and emergency as part of a transformative, meaningful movement of growth and evolution towards wholeness. The spiritually emergent self was constructed as dual – with a superficial self that could dissolve or shatter; and a true, essential self. An expanded sense of embodiment was associated with a reorientation to a more spiritual form of subjectivity. This study highlights problems with viewing spiritual emergence and emergency as individual conditions, and opens discussions of the multiple and contradictory subjectivities available to the spiritually emergent. Implications for treatment are suggested.

KEYWORDS: spiritual emergence, spiritual emergency, psychosis, spirituality, discourse analysis, subjectivity.

Instances of such confusion are not uncommon among people who become dazzled by contact with truths too great or energies too powerful for their mental capacities to grasp and their personality to assimilate. (Assagioli, 1989, p. 36)

The terms spiritual emergence and spiritual emergency were coined by Christina and Stanislav Grof, probably in or before 1980 (Prevatt & Park, 1989). In a spiritual emergence, spiritual experiences are seen to arise in ways that allow for a gentle integration and a gradual movement into new levels of awareness (Ankrah, 2002; Grof & Grof, 1991), whereas a spiritual emergency is a developmental crisis in which the sense of self is temporarily overcome by intense experiences (Collins, 2007). With appropriate support, a spiritual emergency may bring positive outcomes including increased personal functioning and a change of orientation to more spiritual aspects of self (Grof & Grof, 1991). Spiritual emergencies can be triggered by difficult life events, intense sexual experiences, drugs, spontaneous spiritual experiences or spiritual practice (Bragdon, 2013; Grof & Grof, 1989b) and involve “non-ordinary” states of consciousness with various perceptual, sensory, and emotional changes that often are related to mythical or spiritual themes (Grof & Grof, 1991).
A number of therapist-researchers have proposed similar concepts that describe psychosis-like experiences that are transformative in nature rather than being solely destructive (Boisen, 1962; Lukoff, 2007b; Perry, 1999). Phillips, Lukoff, and Stone (2009) argue that spiritual experiences within psychosis have been ignored in conventional psychiatry but can be important aspects of a healing process if acknowledged, expressed and supported.

Discerning between a spiritual emergency and a mental disorder has been a point of discussion in the literature (Grof & Grof, 1991; Lukoff, 2007b) and has been considered particularly important for reducing the harm caused by inappropriate psychiatric treatment (Phillips et al., 2009). Brett (2010) and Clarke (2010a) question the usefulness of distinguishing between a psychotic breakdown and a transformative crisis (or spiritual emergency) whilst acknowledging the potential dangers of psychosis. Both are seen to contain experiences that are common and core to human experience, can have transformative possibilities as well as potential for bringing about vulnerabilities, and require appropriate treatment (Clarke, 2010a).

The classification of experiences as pathological or not highlights the importance of social, historical and discursive contexts in understanding the “nature” of conditions - an idea central to poststructuralist thought (Foucault, 1972). Poststructuralist explorations of psychosis and other mental health conditions (Blackman, 2001; Malson, 1998; Ussher, 1991) have problematized concepts of normal and abnormal, and the individualizing of conditions, because they rest on realist and essentialist notions of reality and of the subject. Poststructuralism assumes that the relationship between language and human subjectivities, power, and knowledge, is not transparent. Language is a precondition of thought and constitutive of reality (Burr, 1995) and conditions such as spiritual emergence and emergency or psychosis do not exist “out there” but are located within discourse.

A discourse is a group of statements, images, practices, representations, metaphors, stories, and so forth that produces a certain “truth” or version of people or events (Burr, 1995). Symptoms of mental conditions “are not things hiding inside the person which a psychologist can then ‘discover’ but are created by the language that is used to describe them” (Burman & Parker, 1993, p. 1).

One of the criticisms raised regarding constructionist, poststructuralist approaches is that, in some formulations, they have ignored extra-discursive reality and the material effects of discourse, viewing everything as socially constructed (Ussher, 2008). Material-discursive approaches, including concepts of embodiment, have responded to this schism by acknowledging the existence of extra-discursive reality, but see this reality as represented discursively and mediated by social, cultural and political factors (Nightingale & Cromby, 1999; Ussher, 2008). In this vein it is important to note that powerful experiences reached through such things as spiritual practices, psychedelic drugs, sexual experience, or psychosis are not reduced to mere constructions or discursive units, but on the other hand, acknowledge that they are represented within socio-cultural discourses.
In this article I will explore spiritual emergence and spiritual emergency through a poststructuralist lens, acknowledging both material and discursive. I will first briefly review literature on spirituality within Western psy disciplines, including spiritual emergence and emergency, and discuss historical and cultural influences that have produced the spiritually emergent subject. I will then report on the findings of a research study that explores the discursive resources drawn on by people who are going through a spiritual emergence or emergency, and therapists who have accompanied them. My objective is not to provide an exhaustive discursive comparison between psychosis and spiritual emergency, but to explore how spiritual emergence and emergency are produced within discourse, making meanings for embodied, lived subjectivities. The use of a poststructural approach opens up discussions of the multiple and contradictory subjectivities available to people who are experiencing spiritual emergence and emergency, and their therapists. The findings of this study have implications for treatment.

**Spirituality within Western Psy Disciplines**

Cultures tend to favour either the rational or the intuitive with dominant and subjugated ways of knowing (Douglas-Klotz, 2010). In the West, great value has been placed on rational, scientific discourses (Fenwick, 2010) whereas spiritual and religious experiences have historically been pathologized, suppressed or ignored (Clarke, 2010b; Lukoff, Turner, & Lu, 1992; Tart, 1969). In three major psychological fields - psychoanalysis, behaviourism and rational emotive therapy (one of the main early forms of cognitive therapy) - spirituality and religion were seen as illusory or unimportant (Lukoff et al., 1992).

The development of Transpersonal psychology from Humanistic psychology towards the end of the 1960’s took a different stance to the dominant psychological models at the time. It was concerned with the study of human beings’ highest potential in relation to transcendent values, aspirations and experiences (Maslow, 1969) with spirituality viewed as an integral part of an evolutionary movement towards wholeness and realization of one’s potential (Grof & Grof, 1989b). A transpersonal approach can also be seen as responding to the flourishing of experiences of altered states of consciousness related to the hippie era in the 1960’s with the widespread use of hallucinogenic drugs (Fenwick, 2010) as well as the importation of Eastern spiritual practices and concepts into the West. Lukoff (2007b) comments that both of these factors triggered many *Visionary Spiritual Experiences (VSEs)*, an alternative term that he proposes for a form of spiritual emergency. Lukoff (2007b) suggests that the growing participation in spiritual practices and groups that promote spiritual concepts and practices in the West is likely to result in a greater incidence of such crises.

The biomedical model has dominated the conceptualisation and treatment of psychosis with a focus on symptoms, diagnosis, and medication. There has been no or very limited acknowledgement of social, psychodynamic, or spiritual factors (Cornwall, 2002) although spiritual factors are increasingly finding their way into

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1 Psychiatry, psychology, psychotherapy and related disciplines.
treatment approaches (Clarke, 2010b; Lukoff, 2007a). The spiritual content of psychotic experiences has been dismissed as “merely ‘illness’” (Clarke, 2010b, p. 2) rather than being part of a holistic approach that values individuals’ subjective experiences. Despite spiritual experiences being common within the population (Back & Bourque, 1970; Lukoff et al., 1992), those seeking assistance for religious or spiritual issues have often been viewed as displaying signs of mental illness (Lukoff et al., 1992).

The inclusion of spirituality and religion in the lives of people with serious mental illness has been seen as problematic for many mental health practitioners (Fallot, 2001). This stems from ideas that spirituality and religious ideation may exacerbate symptoms of disorganization, trigger self-harm or harm to others, and that the perceived rigidity of religious beliefs may worsen a person’s condition and promote lack of adherence to treatment recommendations (Fallot, 2001). Yet there is now strong evidence that points to the positive role spirituality and personal growth play in the treatment and recovery from mental illness (Jacobson, 2001; Lukoff, 2007a). In narrative studies of people experiencing mental illness, spirituality and religion were seen to help with coping and decision making (Brett, 2010; Sullivan, 1998), providing a sense of wholeness and cohesion (Fallot, 1998; Sullivan, 1998), providing social support and also supportive relationships with helpful higher beings (Fallot, 1998; Sullivan, 1998), bringing deeper meaning and knowing (Brett, 2010) and instilling hope on a difficult spiritual journey (Brett, 2010; Fallot, 1998). Drawing on the language and practices of discourses of spirituality has significant material effects in the ways that participants of these studies live their lives and experience themselves as subjects. This concept of subjectivity or selfhood will be discussed later in more depth.

There has been a growing paradigm shift in which spirituality and its place in mental health is being taken more seriously, although the phenomenological overlap between psychotic and spiritual experiences and recognition of the role of spirituality in psychosis is slower to gain acceptance as it does not fit easily with a traditional illness model (Clarke, 2010b).

**Spiritual Emergency**

The concept of spiritual emergency has been built on and influenced by a number of clinicians who have worked with alternative approaches to psychosis. These approaches have incorporated spirituality as an important and necessary aspect of human nature and also as an important part of the resolution of the crisis. For example, one of the purposes of analysis for Jung (1969) was to bring out experiences of the numinous in the client - experiences endowed with a quality of divinity. His approach to psychosis involved using the subjective experiences of the client to bring about healing (Perry, 1975). Pastoral counselor Anton Boisen (1962) proposed that many psychoses are problem-solving in nature and related to religious experiences. Julian Silverman has been a key influence to the development of alternative approaches to psychosis with cross-cultural research (1967), and alternative treatment approaches. He was involved in a medication free, supportive residential treatment program for those experiencing brief psychosis at...
Agnews State hospital in California. He and colleagues undertook a large double blind study in which it was found that there was a large number of participants who improved without medication and did significantly better in terms of long-term functioning (Rappaport, Hopkins, Hall, Belleza, & Silverman, 1978). In the 1970’s John Weir Perry ran a residential program, “Diabasis,” based on a Jungian model, for young adult clients experiencing their first acute psychotic episode. He recognized rich mythological themes and patterns that were similar to the visionary states of societal leaders. He proposed that, to provide proper treatment, distinctions needed to be made between those who were experiencing a visionary state, those caught in a process of auto-reorganization, and those whose condition would deteriorate into schizophrenia (Perry, 1999). Mosher (1999) started a residential program, “Soteria,” for people undergoing acute psychosis that was supportive of patients’ altered states of consciousness. In addition, R.D Laing founded the first residential treatment centre of its kind in the United Kingdom. He believed that people undergoing a psychotic disturbance were experiencing a type of journey that could lead to increased authenticity, integration and alignment with divine principles through dissolution of a dysfunctional, superficial self (Laing, 1989).

In the mid 1980’s a transpersonal approach emerged to psychosis-like experiences (Phillips et al., 2009) with Stanislav and Christina Grof (1989b) using the term “spiritual emergency” to denote a profound crisis point in a spiritual emergence. They defined ten types of spiritual emergency that are now broadly accepted (Bronn & McIlwain, 2015) including shamanic crises, kundalini awakenings, unitive or peak experiences, psychological renewal through return to the centre, psychic opening, past-life memories, communication with spirit guides and channelling, near-death experiences, UFO encounters, and possession states (Grof & Grof, 1989b, 1991). Around the same time Lukoff published his initial proposal for a category in the DSM: the diagnosis of mystical experience with psychotic features (1985). It examined the overlap between mystical experiences, similar to those noted in spiritual texts and non-Western cultural contexts; and psychotic episodes; and called for recognition of the growth potential of some psychoses with suggestions for differential diagnosis.

The Grofs’ initial diagnostic criteria to discern a spiritual emergency from a mental disorder included good pre-episode functioning; perceptual alterations; themes related to mythology, birth and death, usually with a noticeable progression; experiences being viewed positively as spiritual or healing; the ability to relate to others, trust and maintain a therapeutic relationship; awareness of the interior nature of the experiences and ability to keep the experiences internalised (Grof & Grof, 1991). Lukoff’s criteria for a Visionary Spiritual Experience (VSE) added ecstatic mood as a usual feature (2007b). In addition to good pre-episode functioning, and a positive and exploratory attitude towards experiences; acute onset with symptoms appearing over 3 months or less, with no risk of suicide or harm to others distinguishes a VSE from “ordinary” psychosis (Lukoff, 2007b). A strong relationship between psychosis and spiritual emergency was identified by Goretzki, Thalbourne and Storm (2014; 2009, 2013) who suggested that there may be no difference between the two; however, Bronn and McIlwain (2015) have recently shown that spiritual emergency is a distinct construct, crossing over with
positive aspects of psychosis but distinguished from the negative aspects by the absence of alogia.

Misdiagnosis of a spiritual emergency can be harmful due to inappropriate treatments being administered and a lack of helpful context (Bragdon, 2013; Grof & Grof, 1991; Phillips et al., 2009). Concerns from transpersonal clinicians about mental health professionals pathologizing distress related to spiritual experiences and practices became the impulse for proposals for inclusion of a category in the DSM-IV (Lukoff, Lu, & Turner, 1998). The acceptance of Religious or Spiritual Problem (V62.89) as a focus for clinical attention, rather than a disorder, underlined the non-pathological nature of the category. The proposal was based on the large number of spiritual and religious issues that people reported in therapy rather being specific to spiritual emergency. Inclusion in the DSM was a leap forward in the recognition of cultural and spiritual factors in psychological distress, a doorway for the recognition of spiritual emergencies, and a shift in perspective towards religion and spirituality (Lukoff et al., 1998).

Spiritual emergency literature draws on cross-cultural studies that describe how cultural and historical context has been shown to provide vastly different interpretations of whether an experience is deemed pathological or not (Phillips et al., 2009; Prince, 1992; Silverman, 1967). Experiences of people going through similar crises in non-pathologizing contexts have been cited to support the concept of spiritual emergency (Grof & Grof, 1991; Kalweit, 1989; Lukoff, 1985, 2007b). These studies have pointed to the recognition that psychiatric diagnosis is not an objective or value free activity, but is laden with cultural beliefs and impacted by the clinician’s knowledge and assumptions (Fukuyama & Sevig, 1999; Johnson & Friedman, 2008). This has also been discussed by poststructuralist authors examining the construction of psychiatric illness (Foucault, 2001; Rose, 1979). Spiritual, religious, and transpersonal problems have been a particularly difficult area for differential diagnosis due to clinician’s lack of cultural awareness or belief in these factors (Johnson & Friedman, 2008; Lukoff, Provenzano, Lu, & Turner, 1999). Therapists with a humanistic or transpersonal perspective tend to recognize these experiences more readily (Johnson & Friedman, 2008).

Context and cultural knowledge is not only important in diagnosis, a spiritual emergence is more likely to become an emergency when a) a person lacks a helpful context for the experience that assists them to understand and accept the experiences they are having, b) there is a lack of physical and psychological flexibility to allow the person to integrate the experiences into their life, and c) symptoms are viewed and treated as negative, psychopathological, and without growth potential by friends, family and professionals helping the person (Bragdon, 2006).

Appropriate treatments for a spiritual emergency should be supportive, involve grounding activities and diet, occur in a protected and calm environment, include expressive activities such as movement or art, may or may not involve medication, and would ideally involve engaging with the experiences supported by a transpersonally trained therapist (Grof & Grof, 1989a, 1991; Lukoff, 2007b).
The Spiritually Emergent Subject

The word *subject* has been used in poststructuralist writings to speak of experiences of self. Subjects are not seen as fixed or singular entities but are always located within discourses and discursive practices and produced by these (Henriques, Hollway, Urwin, Venn, & Walkerdine, 1998). In contrast, spiritual emergence and emergency literature tends to adhere to widespread notions of the subject that can also be seen operating throughout the psy sciences. This particular formation of the individual has been described as unitary, rational, self-regulating and autonomous, that is, divided from the social, cultural and historical norms that define it (Blackman & Walkerdine, 2001; Henriques et al., 1998; Rose, 1979).

Poststructuralist notions of subjectivity challenge the idea that individuals exist separate to discourse and society. Essentialist ideas of a hidden psychological truth within, divisions between internal and external phenomena, and ideas of surface and depth, are all seen as discursively constructed (Malson, 1998). Instead there is a conception of subjectivity as multiple, shifting and always constituted in discourse. In this way, the truth of spiritual emergence and the spiritually emergent subject must be seen as embedded in and in relation to certain cultural norms.

In an analysis of the DSM and the ICD, Parker, Georgaca, Harper, McLaughlin, and Stowell-Smith (1995), explore how these texts produce various pictures of the individual as “abnormal.” They describe the diagnostic categories as discursive complexes which powerfully define what is considered abnormal and normal in society. The complexes are created by professional organizations, serve a variety of interests, and have an historical and cultural context.

In order to discern a spiritual emergency from a mental disorder, clinicians draw on psychiatric and psychological discourses. Blackman (2001) describes the process of determining a “real” hallucination from a “pseudo” one, using what she calls the “conceptual armory” (p. 20) of psychiatric discourse. She refers to a constellation of concepts measured against social functioning and a person’s ability to recognize the interior nature of their symptoms that signal whether someone who is having auditory hallucinations is experiencing disease. Her key point being that these experiences do not “speak for themselves” (Blackman, 2001, p.28) but are embedded in cultural systems of meaning. She refutes the idea of an ahistorical and asocial, “timeless mind” (Blackman, 2001, p. 27) saying that psychiatry has always incorporated notions about normality and abnormality in reference to social functioning and social norms. Rather than being intrinsic to the mind itself - an essentialist view - these notions have been sourced by historians (Foucault, 2001; Rose, 1979).

Commonplace notions held in spiritual emergence and emergency literature such as transformation, spiritual evolution, change of identity, spiritual experience and the self are called into question as they are located socio-historically within discourse. Ideas of liberation, transformation and evolution are defining factors of spiritual emergence and emergency and are seen as an innate capacity in all of us (Bragdon, 2013; Grof & Grof, 1989b). Grof and Grof note that “spiritual development . . . is a movement towards wholeness, the discovery of one’s true potential” (1991, p. 1).
When located within discourse, transformation becomes a set of characteristics that is specific to particular social, historical and political environments.

Concepts of transformation in the psy sciences as mapped out in poststructuralist critiques are founded on two principal factors. The first revolves around ideas of the individual subject based on 19th century notions of the *enfeebled* personality elucidated by Rose (1979). He posits that with the development of concepts of intelligence and resultant mental testing, the individual was defined in terms of invisible psychological problems “inside” (which only experts and tests could discover) that were then linked to notions of biological lack. Individual psychology became a way of monitoring and classifying those who were socially problematic such as the unemployable or those that could not be schooled. Blackman (2001) sees the concept of *feeblemindedness* as still prevalent in psy discourse today. Venn (1998) and Ussher (1991) also see this as the basis for more liberationary forms of psychology such as Humanistic psychology (and Transpersonal psychology), with its emphasis on self-actualization or self-transcendence, that in other ways subvert dominant psychological paradigms.

Blackman (2001) discusses how the personality became a site of possible breakdown and transformation in shell shock cases in the First World War, demonstrating how psychopathology could occur independently of brain damage. She says that notions of a “healthy ego” became important to tell the difference between “inner” and “outer” reality and an individual’s essential genetically-determined vulnerability to environmental stressors became an important factor in possible breakdown. Post war and in the 1950’s and 60’s, there was a growth of psychological methods for working on the “normal mind” (Blackman, 2001, p. 160) and a shift to the construct of the personality. Humanistic ideas of inborn potential abounded whilst an inborn vulnerability indicated the reasons for breakdown or malfunctioning. However, as Blackman (2001) posits, the type of individual understood to be a prevalent ideal in Western society, that is the rational, unitary, autonomous self, may actually be the cause of breakdown, as well as the incitement to transform. Secondly, notions of self-actualization and transcendence (usually seen as being separate to societal mores) are seen as the illusory goals of selfhood (Blackman, 2001; Henriques et al., 1998).

Spirituality is seen as something that can help a person evolve towards a complete self, a self that is “good, true, rational, authentic and unified” (Coombes & Morgan, 2001, p. 12) with an essence that is seen as beyond culture, gender and history. Enlightenment, the peak of spiritual life, is viewed as a humanizing and evolutionary process focusing on the subject’s ability to separate him or herself from the influence of the external world (Blackman, 2001). Ideas of the subject as separate to society, and thus discourse, have been shown to be untenable in the light of poststructuralist discursive approaches. However it is this idea, naturalized as “normality” in psy discourses, that is so formational in creating subjects (Henriques et al., 1998).

Michel Foucault sought to deconstruct ideas of the transcendental subject both in psychology and in Christian theology as well as the unities (in this case God and the transcendent ideal of psychology) that he saw as restricting and regulating...
humanity (Carette, 2000). Foucault’s approach to unity was to show how knowledge was obtained only in relation to cultural forms. Constructs of unity, wholeness and self-realization are widespread and can also be seen in various religious and spiritual texts, often with different (and discourse specific) ideas of what it means to be a person than those already discussed.

Method

This study used a qualitative design based on in-depth, semi-structured interviews with people who identify themselves as experiencing a spiritual emergence or emergency and therapists. A discourse analysis was applied to interview transcriptions. The research project was undertaken as part of a Postgraduate Diploma of Psychology at Western Sydney University in Australia. Interview questions were designed by Catherine Sinclair and Danielle Bagoien and six interviews were conducted by each researcher. Analysis of interviews and research papers were written up separately.

Participants and Recruitment

Twelve participants were interviewed, seven with people who described themselves as going through an experience of spiritual emergence or emergency (four women and three men) and four therapists (two men and two women) who described part of their role as working with people undergoing such experiences. One additional interview was with a man who was questioned both in his role as therapist and as someone who identified as having been through a spiritual emergence and emergency (defined in interview excerpts as “therapist and SE”). Both therapists and the spiritual emergent were interviewed as it was deemed important to see how both parties utilized language and contributed to the discursive production of spiritual emergence or emergency.

Participants were aged between 26 and 51 years. They were not selected in line with any diagnostic criteria suggested in spiritual emergency literature but designated themselves as spiritually emergent. The reasoning behind this was to explore the contradictions and ambiguities that arose with people who identified with the concept of spiritual emergence in its social setting, rather impose our own ideas of the “real” nature of spiritual emergence and emergency.

After ethics approval was received, spiritual emergence and emergency participants were contacted through a variety of sources: at a conference on spirituality and mental illness (posters that detailed the study and asked for volunteers were placed on noticeboards), by making themselves known to the researchers when spiritual emergency was mentioned in conversation, or were personally known to the researchers through prior contact. Therapists who were known to work with people who were spiritually emergent were contacted personally. Both groups were given information about the study, and if they expressed interest, were given consent forms to agree to take part.
Procedure

In-depth, semi-structured interviews of approximately 45 minutes each were undertaken. Spiritual emergence participants were asked about their experiences of spiritual emergence or emergency and their sense of identity. Therapists were asked about their experiences of working with people undergoing spiritual emergence or emergency, their methods of working with them, how they helped them to come to a sense of their identity in such an experience and how they perceived differences between mental illness and spiritual emergency. Interviews were recorded and transcribed by the researchers verbatim however importance was placed on the readability of transcripts rather than exact details of speech features (as per Marshall & Wetherell, 1989). All names and personal details were changed to protect the confidentiality of participants. After transcribing, interviews were coded for dominant discourses or constructions and the most common were selected for analysis. As analysis consisted of exploring the discourses, constructs and discursive resources drawn on by participants, specific features of speech were not focused upon.

Rather than an attempt to ascertain “facts” about spiritual emergence or emergency or about the people interviewed, the aim was to elicit discourses and discursive constructions used by participants.

While methodologically the focus was on discursive constructions, this is not simply seen in terms of language. Taking an identity as spiritually emergent has embodied effects in the way participants see and live their lives, experience their bodies, position themselves within discourses and in the world and give meaning to their experiences. Embodied experience cannot be separated from the ways in which it is understood and acted upon (Blackman, 2001; Ussher, 1997).

Results

The Discursive Production of Transformation in Spiritual Emergence

As mentioned above, ideas of transformation feature prominently in spiritual emergence/emergency literature as well as in psy discourses and discourses related to spirituality and religion. Participants used language that described spiritual emergence and emergency as part of a transformational and evolutionary movement. Across participant accounts this concept of linear evolution was key in where people envisaged they or their clients had come from and were moving towards.

For example, Anthony, who described himself as a Transpersonal therapist, and Daniel, who described himself as a psychodynamically trained therapist, convey that true spiritual growth and this movement along an evolutionary path is what helps define a “real” spiritual emergence/emergency:

Anthony (therapist): So I think the number of cases of genuine and pure, clear spiritual emergency where the client is moving into a definite further state of
development that um, [is] much beyond what they’ve been experiencing is quite, quite rare.

Daniel (therapist and SE): So of recent times, one person I have been supporting did seem to have an experience which could lead into real spiritual growth. He is still going through the processes but um, whereas others I’ve met, there is no progress at all.

In these accounts progress and movement are seen to be important defining factors that place experiences in the category of spiritual emergency rather than the pathological. Those people who are progressing along the path are seen by therapists as a rare class who are undergoing a “real” spiritual emergency. This construction contrasts with studies of alternative approaches to psychosis that indicate many people can recover from psychosis without going into a traditional hospital setting or taking anti-psychotic medication. For example, psychotic clients of Diabasis, a Jungian based residential program, became coherent within two to six days without medication (Perry, 1999). The Soteria study found that 67% of patients recovered within six weeks from severe psychosis without medication in a supportive, residential program, and were living more independently than the medicated hospitalized control group after two years (Mosher, Vallone, & Menn, 1995). Rappaport et al. (1978) had similar results for un-medicated hospital inpatients.

People undergoing experiences that form part of their spiritual emergence often construct their experiences in terms of known higher states of union (for example samadhi) or new psychic capacities, indicating some movement towards higher states or levels of psychic achievement as in the cases of Jill, a 37 year old social worker who described her spiritual emergence as taking place due to meditation practices and signalling the end of a struggle with an eating disorder, and Gina, a 32 year old artist:

Jill: and for a while I guess I was sort of thinking [laughter] I had this thought for a while maybe that was samadhi, maybe that was that level of consciousness to which all yogis aspire to arrive at.

Gina: So they believed that if I didn’t go to the hospital and get on medication that my mind would just simply burn out from the stress of living like that. Um. That didn’t concern me at all. You know I actually could have gone quite well doing that, I would have, I believed that it was like a new psychic gift that was happening for me.

Notably, Gina’s perception of her “gift” was seen quite differently by hospital staff whose construction of her problem rests on biomedical discourse. After a series of hospital visits Gina was given a diagnosis of schizophrenia. What is not visible in the excerpt above is the loss and distress that Gina expressed with her gift being diagnosed as a mental illness, because Gina saw her gift not as a problem but as a boon.
Therapists constructed spiritual emergence as an evolution towards wholeness and an awareness of the interconnectedness of everything. These ideas are popular in new age literature and in established Eastern religions such as Hinduism, and are contradictory to a Western biomedical reductionist approach dominant in modern psychiatry (Cohen, 1993). Brett (2010) comments on similar themes in her research on transformative crises. Changes in the sense of self associated with a positive outcome to psychotic-like experiences included increased awareness of connectedness of self with other people and the world, and erosion of a sense of separation between self and world (Brett, 2010).

Ben described himself as a coach, spiritually oriented therapist, and yoga teacher, and Amanda described herself as a Jungian psychotherapist:

**Ben:** But when someone develops beyond that they experience the inherent unity of everything, so the love and beloved are recognized to be one, everything is experienced as one. And this, for me this is the pinnacle of human evolution that’s it there’s nothing more. There are stages in that emergence too.

**Amanda:** it leads to people moving onto a, what you would call an expanded or higher consciousness where they sense the oneness of everything and the interconnectedness of everything. And the realization that we are all one soul, not individual souls.

In these accounts a movement towards unity and higher levels of attainment is envisioned not only in terms of moving beyond duality but also in terms of increasing fulfilment in life and better functioning, that are seen as a goal for therapists’ clients.

**Ben:** And spiritual emergence starts but it’s not complete until life is totally fulfilled, it’s expressed itself fully, so that’s the summit of the mountain in that metaphor, and that is unity consciousness.

**Anthony:** somebody else has undertaken a journey and they’re okay, not only are they okay but they’re actually operating at a higher level of functioning than those who are their aspirants or their clients or their students and this kind of attraction to moving and evolving is probably one of the greatest sources of solace, compassion and comfort to um somebody who’s in an extraordinary state, an extreme state or a traumatized state that has a spiritual component.

As part of a discourse of transformation these constructions can also be seen in the light of poststructuralist commentaries on the ideal of autonomous selfhood (Blackman, 2001; Henriques et al., 1998).

For Melanie, a 44 year researcher, her experience of spiritual emergence has led her to an understanding of connectedness in her world. Her reference to the mundane material universe could be viewed as resisting Western science’s construction of a purely “physical” or “rational” world. Instead her world has meaning. Connectedness is constructed as being meaningful in her account:

*Subjectivity in Spiritual Emergence and Emergency*
I think that how I’m understanding it is that everything is meaningful that I don’t live in a mundane material universe, that everything has, um, everything is connected and meaningful.

Constructions of transformational “ideals” were common in the participant accounts. These ideals were principally about a search for a “real” or “true” self as in Geoff’s (a 39 year old disability care worker) and Caroline’s constructions:

Geoff: for me it’s been a process of finding who I’m not really and who I am, blossoms from a core that is revealed by pulling off layers that are not ‘me’. It’s a gradual process that during intensives, that um, falling off of layers becomes easier and works to a deeper degree.

Caroline: I think for people there is a stripping away of, I suppose of trying to impress anyone, and there is a great longing for truth and honesty about themselves.

Nathan a 26 year old writer, also sees his spiritual journey as a journey to find himself, although the real him seems elusive:

Who I am I do not know. How I express myself is what people think I am, and what I used to think I was, and the journey to who I am is one of the greatest blessings I have ever received.

This construction of the duality of self can be seen in spiritually orientated literature. Freeman (1993) describes Saint Augustine’s distinction between the real and good self that wished to follow a spiritual path and the unreal self that preferred material gratification. The construction of an ideal self is also evident in psychological discourse exemplified by such theories as Maslow’s hierarchy of needs (Henriques et al., 1998) with the peak being self-actualization (Maslow, 1943) and self-transcendence (Maslow, 1969) in his later work. Poststructuralist writers have seen this as the fiction of the sovereign self that functions as a widely held and embodied ideal in Western culture (Blackman, 2001; Carette, 2000; Henriques et al., 1998). In both discursive contexts, this “actualized” or “transcendent” self is held as an ideal and is always slightly elusive.

Participants commonly constructed transformation as a reorientation that occurred as part of spiritual experiences. This was sometimes talked about as being due to a singular anomalous experience, other times as due to a process. The participants also subsequently identified themselves as “spiritual” people and thus spiritually emergent. That is, having a changing identity was one where participants talked about being able to integrate their new reality. For example,

Daniel (therapist and SE): Well, it was like a complete turnaround really. I went from someone who never thought about God or spirit and if he did, tended to be argumentative […]so it was like integrating a whole new reality into my life. So it meant that for me as a person, I was completely reoriented.

Constructions of identity were linked with a different sense of embodiment. Bodily perceptions in the participant accounts are seen as extending beyond the bounds of
their bodies or realizing that they were not their body. Transformation is constructed as moving beyond the body bound self to a self that is not equated with the body. These are in contradiction with Western scientific and psychiatric models that see the person as bounded by their skin (Blackman, 2001).

*Jill:* So a very different experience of my identity and who I am. And not just a sort of person who is contained in a large sack of skin and sort of ends sort of here or maybe there/ CS: mm/ it was really different, yeah.

*Caroline:* And so that was a kind of pivotal event (a near death experience), which I would have to classify as a fairly spiritual experience, um, and that has changed a lot of my sense of myself because I had *full proof* within my personal life experience, that I wasn’t my physical body.

Caroline also sees that a change in identity is the result of “becoming naked” – a shedding of the usual self. The more this happens, the more belief systems and one’s sense of identity changes:

the process is a lot about [. . .] undressing and taking off things that I have kind of put around myself, and when you take them all off and walk around naked, for a little while you put something back on but whether it is the same as it was before I don’t think it is exactly and I think the more you take off things, and feel this nakedness, um, the more when something comes back on that you rest on, it feels like it’s more conscious. If you do that a number of times sort of moving in and out of these things, your belief system of this kind of caricature of what we think we are changes.

From a poststructuralist perspective, there is no essential experience of transformation. When people construct experiences as transformative they draw from a wide range of discursive resources. Locating experiences within a discourse of transformation demonstrates how the discourse regulates the human subject as well as produces these embodied experiences. A construct of transformation can determine whether an experience is pathological or not and it gives transformational meanings to experiences. It can be seen as a process of evolution, a journey, a movement towards something and as progress. These are not to be seen as individual ideals or a single truth but as reflecting a socio-historically located discourse. The subject of transformational discourse construes the self as a process while at the same time, perhaps paradoxically, aspires to an elusive ideal of wholeness or fulfilment or better functioning – an ideal human. Within this context participants also draw on the notion of the essential self, that can be found by looking always inwards and peeling off the outer layers. A reorientation or a change of identity occurs when experiences and ways of seeing the world do not fit with a person’s current paradigm. Transformative experiences provide a sense of embodiment in which the self is not equated with body.

Brett’s (2010) study of “transformative crises,” that involves interviews with people who have experienced “psychotic-like” (p. 156) episodes, explores factors that participants identify as transformative. Like those interviewed in this study, most participants viewed their experiences as a process of growth, evolution, or
learning. They also reported that this view helped them to cope with their experiences; shifted their worldview and their perception of themselves from a physical and psychological being to a spiritual being; and opened them up to deeper meaning and knowing (Brett, 2010). Interestingly, participants who had received a psychiatric diagnosis of psychosis commonly reported loss of a positive sense of self, isolation, confusion, helplessness, and a perception of themselves as abnormal. A transformational journey places experiences within a meaningful context and for subjects who position themselves or who are positioned within the discourse, this has implications for lived experience. In this way the subject, always created by and creating discourse, is a shifting site of meaning and these multiple meanings have material effects.

Constructions of Self in Spiritual Emergence

A dominant construction to emerge from interviews was the idea of another “level of reality” or of the self that was part of a spiritual emergence. For example, the following participants said:

*Jill:* And there was something like this, oh it allowed something else to spontaneously spring to life, umm, and it was just an amazing space to be in terms of just beyond, just a very different level of being.

*Daniel (therapist and SE):* It seems so enormously significant [...] I see my experience as a spiritual emergence caught up in the health care system and labeled psychotic. There was no doubt that there were psychotic symptoms and elements to it but underneath it there seemed to be this other level.

In the above quotes, the extra level that is alluded to is beyond ordinary, everyday existence and is seen as having a gravity of meaning that the ordinary self lacks. This position can be seen in religious and spiritual discourses. It is also seen as separate from the ordinary self but paradoxically interacts with it. Interestingly, the quote from Daniel also positions this level of the self as something that is beyond the psychotic symptoms that are attributed. “Psychosis” is seen as a label that is separate from the real meaning of events and the true self also apparent in narratives explored by Jacobson (2001). This positions the interviewees in resistance to psychiatric labeling – rejecting the identity that a label of “psychotic” gives them, while at the same time, maintaining ideas of a true, essential and transcendent self, beyond culture, society and language that is apparent both in psy (Henriques et al., 1998) and religious discourses (Carette, 2000; Freeman, 1993).

The idea of another level of the self is also demonstrated when participants speak of experiences of a cracking, dissolving or shattering of the usual self to allow for a different experience of self:

*Jill:* One of my ways of understanding was that it was as if I had been living as a very small person encased in some sort of shell or kernel or seed. And it was as if that being had been encased in that for all of my life and suddenly the casing had dissolved.
Caroline: I was working with a friend who was using kind of a regression technique, and really cracking the facade of who I thought I was. It was very shattering, incredibly shattering. I walked around for three days in a state of um, nakedness and it took at least three days to put something back around myself that kind of felt more comfortable.

Jacobson (2001) used dimensional analysis to examine recovery narratives and identified similar ways that participants described their recovery. She found that those who explained their experience with reference to a spiritual or philosophical model identified a crisis in which “the self is destroyed and then recreated in light of a newly realized truth” (Jacobson, 2001, p. 252).

Therapists in the following excerpts speak of a need to develop and reinforce the “ordinary” self, constructing it as a holding mechanism that, when strengthened, can prevent further problems and allow the person to be a vessel for transpersonal experience.

Anthony (therapist): So it can tend to be used by a lot of clients as a means of escaping the fact that they actually have substantial work to do at a personal and egoic level in order to move beyond what Wilber calls the “pre-trans fallacy,” that is that people have to go through ego maturation before they can genuinely move in to holding transpersonal experience as a pivotal core place of being in their own psyche in an ongoing way.

Daniel (therapist and SE): So when people are talking very openly and honestly to us about strange experiences if we can make responses that help the person to incorporate that with a meaning that is going to strengthen their sense of self, even if it is on the edge, well that in the end, in my opinion, is going to be much more helpful to them than making responses that is giving them negative interpretations of their experience and pathologizing their experience.

Gina indicates that there is a point in her experiences when a complete cracking of the self is a loss of self with a descent into psychosis and illness.

it was like you know the thing that absolutely cracked me (inaudible) because so many friends had died and I’d experienced it so many times. I went into absolute psychosis, it was disgusting I don’t even want to talk about it but you know got really sick and um, . . .went absolutely mad.

While ideas of “self” differ slightly in these accounts from a facade, to a shell, to the conscious personality, to a self that needs to be reinforced if higher states are to be attained, these accounts give a picture of a surface self and a “true self,” beyond the outer shell that is removed from discourse. In constructing spiritual emergence, a movement is required from superficial levels to an existence based on this more integral self. At the same time, if the superficial self is not developed enough, or cracks too much, this is seen to indicate illness.

Although constructions here appear slightly differently, ideas of conscious and unconscious aspects of the self can be found in psychoanalysis that, according to
Parker (1997), is widespread and influential as an account of subjectivity in Western culture. Rather than viewing these constructions of self as the reality of self, poststructuralism seeks to understand them discursively. In this way self is not so much a surface structure with the real person underneath, but can be located within discourses that produce selves as surface structures and essences. Young-Eisendrath (1996) notes that the difficulty we have in transforming is that notions of a solid, skin-bounded and separate self are so prevalent in Western cultures. Constituted in discourse as natural, this self is seen as superficial. However, other ways of experiencing the self are possible, as indicated in the following section.

**Embodiment and Constructions of Force, Power, Light, Energy, Presence**

In describing the experiences that are part of their process of spiritual emergence, participants align their experiences with discourses of spirituality and religion while at the same time producing their experiences as spiritual ones. Notably, some of the speakers in these extracts use dramatic and colorful language in their accounts, reminiscent of Biblical scenes or Buddhist texts.

Subjectivity as constructed here cannot be seen as purely discursive but as having material embodied effects. Themes of presence and non-physical beings, power, force, light and energy have a powerful action on the person, moving them in space, creating a tangible atmosphere in their physical environment, changing beliefs and giving undeniable proof of the existence of something “other.”

Tobert refers to Csordas’ (1994) depiction of Western conceptions of the body as a “‘bounded entity’ with the surface of the skin serving as the boundary between the individual inside and the world outside” (Tobert, 2010, p. 43). For the spiritually emergent, the body no longer provides limits between the “inner” and “outer” worlds.

Daniel (therapist and SE): I went up to my room and drank my tea and then, then I felt aware of this very uncanny sense of silence, and then a dog howled and then I cried out “God!” at the top of my voice, and there was this, well I think it was a sound of rushing wind when there is no wind and um, it hurled me across, literally it was like a force zapping - hitting me, and it hurled me across the floor, ended up on the floor part out of bed vomiting. I vomited at the same time. Sort of lying there sighing “there is a God, there is a God!” So that was the start and when I pulled myself up it was as if my whole body was charged with energy and I felt I could do anything.

Jill: I experienced this amazing light and warmth that was golden that traveled all the way up from my body and enveloped my whole being so it was like I was this glowing gold warm ray, not ray but . . . umm.. being made of light. . . umm. . . and I remember . . . being aware of this smile on my face that I’d never ever had this smile before and it was like the smile that you see on the statues of the Buddha.
Caroline: and then I recall a beautiful space a space with enormous light and presences, and I call them presences because the people and, they were people that I felt very familiar with.

Daniel (therapist and SE): I felt this great whoosh of peace fall on me and it was like umm, again, it wasn’t the same sort of tingling in the flesh, it was more a peace that was running up and down my spine and my head, and in a way that has never left me. It’s like that peace, that sense of peace has become a benchmark if you like about my state of wellbeing. When I feel that sense of presence and peace umm, I feel centered. I lose that ratty and stressed [feeling].

Robert: The whole cell filled with power again and I knew it was in every single spot, it said, “how do you know it is all shit, do you understand it?” I was dumbfounded. I realized I was saying something [that] was all wrong and I never had a clue what it was about. I said, “no.” Then the power said, “if you don’t understand then say I don’t understand and an understanding will be given to you.” The power left but there was a different feeling in the room. I started to read again and I was just about to say, “this is all shit,” when I said “I don’t understand.” The most amazing thing happened, it was like I could see. I just kept saying, “this God is for real.”

While these excerpts can be viewed purely discursively, if they are seen to have a material effect, “material” as we know it in terms of the physical body and physical movements in space and time must be extended. The experiences are often described as “non-physical” – experiences of light, presence, energy and power that seem to come from some other realm. The embodied experiences of these people go beyond what is often described as material in scientific or psy discourses. In discourses of spirituality such “non-material realms,” disembodied beings, powers and energies appear regularly. The self in these experiences is seen as something that is acted on by these powers, whether they are described as separate beings or as imbuing the person experiencing them with their qualities. These qualities give the person a different sense of self through the experience of a sensation such as the peace in the spine that Daniel finds centering. People’s relation to these experiences is important as Blackman (2001) notes. She has demonstrated in her study of voice hearers in the Hearing Voices Network that changing one’s relationship to such phenomena can expand a person’s sense of embodied subjectivity. It is clear from the interviews in this study that subjects who position themselves as spiritually emergent also experience an expanded sense of embodiment and usually a more positive, meaningful relationship to their condition. In addition, as participants are acted upon or supported by outside forces or allow those forces to pass through them, they see themselves in relation to them rather than an autonomous individual needing to maintain “ego control” that typically defines the psy subject (Blackman, 2001; Tobert, 2010). These constructions bear a similarity to narratives of 12 step approaches to recovery and the experience of serenity (Fallot, 1998).

Conclusion

Spiritual experience has traditionally been pathologized and ignored within psy and biomedical discourses but is increasingly being integrated resulting in more
positive lived experiences. Alternative views of psychotic-like experiences, including the transpersonal viewpoint on spiritual emergence and emergency, give place to spiritual experiences within mental health issues. Constructions of spiritual emergence and emergency draw from discursive resources commonly used within psy and spiritual discourses and can be sourced historically.

While there are many discourses and discursive constructions that intersect when talking about spiritual emergence and spiritual emergency, this article focused on exploring the discourse of transformation; constructions of self as superficial and essential; and constructions of force, power, light, energy and presence in providing an expanded sense of embodiment.

An analysis of the discourse of transformation revealed that ideas of progress and evolution are key in assisting therapists to discern whether experiences are pathological or not. Experiences and phenomena are given transformational meanings and subjectivity is derived through seeing experiences as meaningful in a life process of evolution. Halting the process could be damaging. Transformation indicates striving towards an ideal, in this case, either wholeness and connectedness, or one’s real self. A change of identity is constructed both as being the result of a one-off spiritual experience or as the result of a process (a process of evolution). It was seen to be the result of a change of framework promoted by having unusual experiences. The transformational discourse signifies a form of subjectivity that has meaning in striving towards a goal. Moving beyond the body as a skin bounded self is seen as transformational in contrast with Western biomedical constructions of the body.

Constructions of self revealed a rift between ideas of a superficial self that could crack as the result of unusual experiences and another more integral, essential and truthful self that was on another level. This self was seen to be the real self. Paradoxically, therapists saw the superficial or conscious self as needing reinforcement before true spiritual states could be held. The cracking of this self could also lead to a degeneration into illness. Subjectivity was derived from the notion of the essential and more spiritual self as the person’s Truth.

Experiences of light, presence, energy, power and force were construed as spiritual experiences and had a marked effect on the person’s sense of their subjectivity. They began to see themselves in relation to these phenomena and this demarked their understanding of themselves as a spiritual person. They experienced a sense of expanded embodiment in relation to spiritual forces, and a different relationship to materiality.

This article demonstrates the need to explore the many meanings and subjectivities in spiritual emergence and spiritual emergency. By looking at the embodied effects of discourse, it also illustrates how subjectivity can shift and change in material, embodied ways.

In terms of consequences for clinical intervention, there are problems inherent with viewing spiritual emergence and spiritual emergency as individual conditions. It is noted that perhaps the very self or form of individual subjectivity widespread in
Western psy discourses, because of its bounded nature, may indeed be responsible for such psychotic-like crises (Blackman, 2001). Arguments over the supposed spiritual or pathological nature of these experiences are problematic. These issues are seen instead as part of discursively produced knowledges in Western society. However, while taking a holistic view by fixing society would be ideal, this is untenable in the short term (particularly when dealing with a person in crisis). Interventions that subscribe to a personal growth model and expand a client’s sense of embodied subjectivity through discursive forms that recognize experiences of “non-material” realms (rather than limiting it by drawing on discursive resources “close to the skin”) are suggested.

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