

# **Investigating spiritual and meditation-induced crises – historical developments and current state**

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## **Intro (Slide 1)**

Ladies and Gentlemen,

First of all I would like to thank Christine Kupfer, the Global Mental Health Network and EICSP for inviting me to participate in this symposium. I am very pleased to be able to contribute a perspective on a very important topic at this occasion, and I welcome you warmly. Before I start my presentation, I would like to introduce myself: I am a psychologist and work as a research assistant at the Institute for Frontier Areas of Psychology and Mental Health in Freiburg, Germany. One of my main areas of work is the question of the possibilities of integrating the spiritual and religious dimension into psychotherapy and health care. A further focus is on the topic of spiritual development and its possible crises.

## **Spirituality and spiritual crises. Handbook on theory, research and practice (Slide 2)**

In this context, at the end of 2016, together with my colleague Patrizia Heise, I edited a comprehensive German-language anthology entitled "Spirituality and Spiritual Crises. Handbook for Theory, Research and Practice".

## **Focus of the handbook (Slide 3)**

The focus of this handbook is on possible problems and crises which may arise in the context of spiritual development, orientation and practice.

The DSM-IV V-Code "religious or spiritual problem", of which most of you may have heard, also receives special regard, for it constitutes a major interface of the topic to the psychiatric and psychological mainstream.

## **Details & structure of the handbook (Slide 4)**

As concerns the structure of the handbook:

- it has 528 pages which are divided into 7 sections containing 33 chapters;
- altogether 31 authors from different disciplines and fields of application have been involved in this enterprise;
- the volume has been published by a renowned scientific German publishing company, the Schattauer-Verlag.

Let's now proceed and take a look at the backgrounds of this handbook in some more detail— and those are also essentially the backgrounds of this symposium.

## **Backgrounds of the handbook (Slide 5)**

Since some decades, more and more people in the western societies show an interest in experientially oriented, individual and non-institutional forms of spirituality. Respective offerings and guidance do currently enjoy an enormous popularity, so that in the respective expert literature a "Spiritual turn" or a "mega trend spirituality" has been diagnosed.

Such a spiritual orientation and practice can undoubtedly have manifold salutogenic and growth-enhancing effects. However, besides these, a variety of problems and processes of crises may also occur. And due to the aforementioned high interest of the general population in the teachings and practices of the spiritual traditions, it has been predicted, that the frequency of clinically relevant problems of this kind will further increase and that psychotherapeutic practitioners will increasingly be confronted with such issues.

Such unusual and stressful experiences in the context of spiritual development, orientation and practice are however not a completely new phenomenon. Not only have those been taken into account at all times in the spiritual traditions of the world, but the respective phenomena have also been investigated under different focuses and perspectives since the beginning of psychology as an academic discipline.

In the respective specialist literature, experiences and processes of this kind have been discussed under the terms of "spiritual emergencies", "transpersonal disorders", "crises of consciousness development", "spiritual or religious problems", "exceptional experiences" and meanwhile also under the topic of the "negative side-effects of meditation".

The respective scientific investigations have especially been propelled by representatives from the fields of transpersonal and integral psychology, the psychology of religion and by clinical parapsychologists. But also increasingly by

representatives of clinical psychology and psychiatry and more recently also by neuroscientists and meditation researchers.

### **Important representatives and stations of an increasing psychotherapeutic and scientific engagement with the topic (Slide 6)**

Just let me give you a brief sketch of some renowned forerunners and important historical stations, that have contributed to paving the way for this topic in the past:

We can start with one of the founding fathers of psychology, William James and his famous Gifford lectures, in which he discussed “The varieties of religious experience” (1901/02).

Then in the 1930s, the Italian Psychiatrist Roberto Assagioli, one of the main representatives of Transpersonal Psychotherapy in the European field, published his first article on spiritual crises under the title “Self-realization and psychological disturbances”.

Furthermore the Swiss psychiatrist Carl Gustav Jung has to be mentioned as one of the first psychotherapists who regarded spirituality as an important and integral part of the human psyche and who introduced the concept of the collective unconscious as transcending the purely personal-biographical realm of the unconscious mind.

In the late 1980ies then, Stanislav and Christina Grof probably contributed most to putting the topic on the agenda. With their books “Spiritual Emergency. When Personal Transformation Becomes a Crisis” and “The Stormy Search for the Self: A Guide to Personal Growth” they introduced the term "Spiritual Emergency" and described the crises of spiritual awakening in a popular psychological style, thus making the topic accessible to a wide audience of interested specialists and laypeople alike.

In 1994 David Lukoff, together with his colleagues Francis Lu and Robert Turner, succeeded in introducing the topic into the psychiatric and psychological mainstream by establishing a new category of “religious or spiritual problem” in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The inclusion of this new V-code into the DSM thus represents a further significant milestone of an increasing perception, discussion and empirical investigation of clinically relevant spiritual and religious problems within the disciplines of psychiatry and psychology.

And finally, as the latest significant station of an increasing psychotherapeutic and scientific examination of the crises of spiritual awakening and the effects of spiritual practices, the currently booming mindfulness movement has to be

mentioned. I'll go into that in more detail later on.

### **The concept of spiritual emergency according to Grof and Grof (Slide 7)**

But let us first take a closer look at the concept of spiritual emergency. Based on the Grof's publications, their understanding of spiritual emergencies can be summarized as follows:

“Spiritual emergencies are episodes of crisis-type, altered states of consciousness, which particularly revolve around transpersonal and spiritual issues. Following their "holotropic model", the Grofs consider such states to be a healing self-purification process of the psyche, which is directed towards freeing itself from developmentally inhibiting and pathogenic impressions and patterns from the different layers of the unconscious. Furthermore, the spiritual emergency is understood as an expression of a spiritual opening process, as a transformative crisis of growth in the course of human development, which is directed towards more comprehensive wholeness and transpersonal levels of consciousness development.”

These crisis-type conditions require according to the Grofs extended possibilities of diagnostic classification and should not be pathologized. On the other hand, they require alternative approaches of treatment. The basic components of such a treatment approach are above all a fundamental trust in the self-healing mechanisms of the psyche and an accompaniment that does not suppress the symptoms. Given adequate support, such crises can lead to a higher level of overall physical, psychological, psychosocial and spiritual well-being and functioning (Hofmann & Heise, 2017, p. 16).

### **Constitutive basic assumptions of the concept of spiritual emergency (Slide 8)**

The concept of spiritual emergency is based on a number of basic constitutive assumptions:

- a healing potential of specific forms of altered states, the so called “holotropic states of consciousness”, and of transpersonal experiences is asserted;
- there is an emphasis on the need for extended developmental psychological models and extended cartographies of the human psyche;
- views and images of man from different eras and cultures are incorporated into the conceptualization;
- a further increase in the incidence of spiritual crises is prognosed;

- a nosological uniqueness of the spiritual emergency is stated, what means, that spiritual emergencies can be differentiated from conventional psychological disorders;
- the play on words of spiritual emergence and spiritual emergency indicates that there is a continuum of spiritual emergence and spiritual emergency.

### **Differentiating spiritual emergence from spiritual emergency (Slide 9)**

Lukoff and others (1995, p. 477) describe this difference between spiritual emergence and spiritual emergency as follows:

“...in spiritual emergence there is a gradual unfolding of spiritual potential with minimal disruption in psychological/ social/ and occupational functioning”

whereas

“...in spiritual emergencies there is an uncontrolled occurrence of spiritual phenomena with significant disruption in psychological/ social/ and occupational functioning.”

### **Central objectives of the movement (Slide 10)**

The central objectives of the spiritual emergency movement in the 1980ies and 1990ies, and actually until today were:

- to raise the awareness of the spiritual-transpersonal dimension of human experience and development,
- to depathologize specific crisis-type mental states, as well as
- the development and implementation of appropriate approaches to support and treatment.

### **Indicators of a crisis of spiritual opening (Slide 11-13)**

Authors like Grof and Grof (1989, 1999) or Roberto Assagioli (1989, 2008) have described certain general features, as being indicative of a crisis of spiritual opening. These include:

- episodes of altered states of consciousness with experiences that go beyond the previous personally constructed ego-identity;
- an inflow of light and energy, sensations of "energies" flowing through the body;
- a wide range of psycho-somatic-vegetative symptoms;
- mental instability, alternation between extremely positive and negative emotional states;

- a strong activation of the personal and collective layers of the unconscious;
- the confrontation with archetypal energies and mythological themes;
- an innerpsychic confrontation with the theme of death and dying;
- an intensification of inner psychological processes and the withdrawal of attention from the outer world;
- impairments in personal, occupational and psycho-social functioning;
- unusual acoustic and visual perceptions;
- development of sensitive abilities, occurrence of paranormal phenomena;
- increased occurrence of synchronistic events;
- massive shattering of the previous understanding of self and world;
- familiar belief systems break down;
- fear of the unknown, fear of losing control, fear of going crazy.

(Hofmann & Heise, 2017, p. 142)

### **Possible triggers of spiritual crises found in the literature (Slide 14-15)**

Let's now take a look at the possible triggers of processes of spiritual crisis, that have been discussed in the literature (Hofmann & Heise, 2017, p. 144):

The great variety of psycho-spiritual practices and techniques for inducing altered states of consciousness are among the most frequently reported triggering factors of a spiritual crisis. Above all, mediation, as the Via Regia for the development of consciousness, has to be mentioned here.

However, processes following the pattern of a spiritual crisis need not necessarily be induced by spiritual- and consciousness altering practices alone. Different life-world and situational factors have also been discussed as possible triggers, such as emotionally stressful life events, psychological and physical extreme situations, states of physical exhaustion, intense sexual experiences, the birth of a child or the use of drugs.

In summary it can be said that the entire spectrum of physiological, psychopharmacological, psychological and psycho-social inducers of altered states of consciousness have to be taken into account as possible triggers for processes following the pattern of a spiritual crisis.

In some cases no obvious trigger could be identified. For this reason, some authors such as Ken Wilber or Roberto Assagioli have assumed, that there is also the possibility of a "spontaneous spiritual awakening", which is attributed to the fact, that a certain stage of psycho-spiritual maturity has been reached.

Overall, we find a strong heterogeneity of possible triggering situations. For this reason Stanislav Grof (2002, p. 150) concludes, that the common denominator of the triggering situations is that "a radical shift in the balance between conscious and unconscious processes took place". This again he explains in such a way that strong physical or psychological stress or traumatisations can lead to a weakening of the psychological defense functions and a mobilisation of unconscious dynamics, with the consequence that "unconscious (or superconscious) material" penetrates the conscious mind to a greater extent.

### **Current developments (Slide 16)**

Let me now come to our latest station: Currently we see a research-focus on meditation-induced problems and crises. This has its background in the high popularity of mindfulness meditation and mindfulness-based treatment approaches in the Western societies. For quite a long time there was an exclusive focus on the positive effects of such procedures. But gradually an increasing awareness can be observed that mindfulness is not helpful for everyone and under all conditions. This in turn has led to an increasing discussion and empirical investigation of the possible negative and undesirable side effects of meditation. And the empirical studies conducted for this purpose are generally based on more systematic research approaches as well as on more sophisticated and refined research methodologies than has been possible in earlier stages of research.

### **Examples of recent studies and developments (Slide 17)**

A major study to be mentioned here, is the „Varieties of Contemplative Experience“ research project by Willoughby Britton and others, conducted at Brown University, USA. This qualitative research project investigates the range of experiences associated with the practice of meditation with a focus on experiences that are reported as „unexpected, challenging, difficult, distressing, or impairing of functioning“. The interviews were conducted with Buddhist meditation practitioners and Buddhist meditation experts, the latter including both, teachers and clinicians (Lindahl et al., 2017).

Another study in the European field, is that of Michael Tremmel and Ulrich Ott, which is a replication of the Britton-study with German participants. It is located at the Bender Institute of Neuroimaging at the University of Giessen, Germany.

A further multi-cultural online study on “the unwanted effects of meditation” with a bigger sample of 342 participants was conducted by Cebolla and others at the University of Valencia (Cebolla et al., 2017)

As a consequence of the more in-depth investigation and -discussion of the possible undesirable side effects of meditation, more and more experts in the field have come to the conclusion, that especially people with a history of trauma are at risk for problematic courses and even experiences of retraumatisation. David Treleaven has written a highly recommendable book on this topic entitled „Traumasensitive Mindfulness“. Grounded in many years of research and clinical work Treleaven has formulated five principles of traumasensitive mindfulness along with 36 modifications of mindfulness practice to support the stability and safety of traumasurvivors (Treleaven, 2018).

Last not least the growing awareness of the possible risks of meditation practices has meanwhile also resulted in revisions and refinements of the safety procedures within institutions that offer mindfulness training as well as to revisions and continuous improvements of preventive measures in retreat centers.

### **Possible risk-factors (Slide 18)**

As we approach the end of my presentation, let me make some remarks about the possible risk factors in the context of the spiritual path which can contribute to problematic courses or even the triggering of mental disorders.

A classification can be made according to factors that

(a) are situated **in the person** (vulnerability)

(b) are determined by the **specific context** ('setting') of the practice

(c) relate to the specific **characteristics of each method** and the **nature of its application** or

(d) are based on the personality of the teacher or the interaction between teacher and spiritual disciple

(Hofmann & Heise, 2017, p. 141; Scharfetter, 2004).

### **Current key issues (Slide 19-21)**

In our handbook we have addressed a series of key issues. These are basically the questions of the research field in general and possibly also helpful as background for our later discussion:

- How did the topic "crises of spiritual development" and the concept of "spiritual emergency" develop in the history of psychology? Who were the relevant protagonists and what were their positions and motives?



- Of what relevance is the topic for our contemporary society and the health-sciences?
- What types of clinically relevant problems and crisis-prone processes of spiritual development have been described?
- How can such clinically relevant problems be evaluated in terms of diagnosis and differential diagnosis?
- Which individual and contextual factors predispose to problematical courses in the context of spiritual development and practice and which protective factors can be deduced as a consequence of this?
- Which scientific-empirical findings are available concerning the topic? And what are the current research desiderata?
- Which general procedures are indicated when treating people with such problems and which specific clinical strategies have been developed?
- Which institutional resources are available for the understanding of spiritual crises and the support of the people concerned (clinics, counseling and information centers, networks, online resources)?
- In what way is the topic of spiritual crisis reflected in the larger picture of society?

With this series of questions, I would like to close my presentation and to open the space for discussion.

Thank you very much for your kind attention!

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