



STAR Center

Support, Technical Assistance and Resources Center



Multicultural Competence, Intense Spiritual Experiences, and Mental Health: Guidelines for Mental Health Consumers & Their Supporters

**A Report from the NAMI STAR Center's Workshop
on Multicultural Competence, Intense Spiritual
Experiences and Mental Health**

Written by: Rev. Laura L. Mancuso, M.S., C.R.C.

REPORT



National Alliance on Mental Illness

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The NAMI STAR Center is a SAMHSA-funded technical assistance center dedicated to promoting and enhancing recovery, mental health, and wellness through information, training, and resources on effective self-help and multicultural competence and social inclusion approaches with a special focus on working with underserved communities.

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The STAR Center gratefully acknowledges SAMHSA as the funding source for the STAR Center's work and activities.

Please visit SAMHSA/CMHS at www.samhsa.gov for many helpful resources, self-help tools, guides and links.

The views and opinions presented in this document do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services and should not be construed as such.

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Executive Summary

This report documents findings from the November 2009 workshop sponsored by the STAR Center regarding Multicultural Competence, Intense Spiritual Experiences and Mental Health. It presents the recommendations developed by sixteen people from diverse backgrounds over two days using a professionally facilitated Consensus Workshop process.

Intense spiritual experiences are powerful encounters or awakenings in the spiritual dimension that tend to quickly shift routine ways of being, thinking and/or functioning. These experiences have been called “spiritual emergencies” in the professional literature spanning 30 years. They may include exposure to positive and/or negative energies. Sometimes these experiences generate feelings of elation and empowerment. They can also lead a person to feel significantly isolated or even terrified.

One of the foundational principles of the workshop was the assumption that intense spiritual experiences can co-occur with altered states. However, workshop participants reported that spiritual experiences may be attributed to psychotic episodes and devalued by service providers. Further, people moving through intense spiritual experiences are often exquisitely sensitive to sensory input and can be traumatized by interventions, particularly if force is used. Some reported feeling extremely “open,” “raw” or “as though I have no skin.” Best practices concerning recovery-oriented crisis intervention, trauma-informed care and cultural sensitivity should be followed carefully.

The report provides guidance for individuals moving through intense spiritual experiences to help them recognize the value and dignity of their experiences and offer hope that the process is natural and beneficial. They are encouraged to hold themselves with gentleness and compassion and to attend to their basic needs for water, food, sleep and safety (or enlist trusted helpers to do so) in order to enable the process to continue for as long as needed. Creative expression and techniques for “grounding” are suggested.

Specific guidelines are offered for supporters about how best to accompany an individual having an intense spiritual experience. Supporters are asked to maintain

a calm presence, to avoid assumptions about what is helpful, to allow the individual to be self-directed as much as possible, to carefully analyze safety concerns before acting on them and to offer to make connections with culturally appropriate spiritual leaders or indigenous healers. Supporters are advised to take care of their own needs for food, sleep and breaks and to willingly ask for help if they feel overwhelmed or anxious.

The report concludes with an extensive list of video, print and Internet-based resources for further information.

Spiritual Experiences Can Occur During Altered States

“Some people experience altered states with a spiritual component that can support the journey toward wellness and recovery.

For some, this can be a life-changing event.

Too often, this spiritual component has been ignored, labeled, or confused with delusions or other symptoms.

Providers should respond respectfully and appropriately when clients ask for assistance with these experiences.”

—Excerpt from the *Values Statement of the California Mental Health and Spirituality Initiative*, www.mhspirit.org



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Foreward

“There’s so much that converges when a group like this is assembled. It’s like a ripple effect. All of us are pebbles dropped in the water, and all of our rings are overlapping. And that’s a good thing, because it’s important for us to share.”

It is a wonder that I am alive, that all of us are alive, and it is likewise a wonder that we are able to be here together today to explore topics of such critical import to each of us and to our very survival. I am honored to be here.”

—Dave Kennedy

At no other time in human history have so many individuals, groups, societies, cultures and geographies been introduced to each other through instantaneous communication, from cell phone videos to emails to blog pages to text messages.

Along with these seemingly simple introductions to each other come some very daunting issues and questions, such as:

“With so many differing points of view, belief systems, practices and system-models-put-to-practice, how is it determined what is ‘real’ or ‘who is right?’ about any significant issue, challenge or possibility?”

“Who says?” “And from what basis, locus of authority, system, unexamined socially conditioned assumptions, historical and culturally-based understanding or perspective?”

“How can one thing be real for one person or many in one part of the world or according to a particular way of valuing everyday life with certain words and ideas and be a very different kind of reality for another person or group of people somewhere else in the world or at a different time?”

“Is there any community wisdom on similar experiences from humanity’s rich global history, culture and practices to draw from so that current ways can be enlightened, changed or transformed for the benefit of all who are involved?”

“What is spirituality?”

“How is spirituality an aspect, foundation or experiential strength for people in their recovery and wellness?”

“What do we make of spirituality when things get really, really difficult, out of control, traumatic and difficult to understand or when I or someone else has an ‘intense spiritual experience’?”

In November 2009, the STAR Center convened sixteen individuals to embark on a journey together to explore some of these questions. This report, from which the accompanying tool was developed, documents their discussion, insights and experiences during the two-day workshop on Multicultural Competence, Intense Spiritual Experiences and Mental Health.

Our goal was to generate and provide insight, comments and guidance that could later be used to inform the creation of tools and guidelines for consumers (of mental health services or individuals with experience with emotional, mental and behavioral challenges) and consumer supporters, so that the resulting materials would honor the spiritually transformative experiences that can occur alongside, through, after or as an integral part of, altered states of awareness and experience.

With so many differing ways of experiencing the world and the diverse ways of putting words and names to things based on differing assumptions and world views, there will be conflicts, misunderstandings and clashes. Controversy and clashes are normal, especially when talking about issues that are as personal, meaningful and important as those discussed here.

The conversation, however, is very important.

Some might call it necessary. Some might call it useful. Some might see it as long overdue.

Special acknowledgment and thanks go to the Center for Mental Health Services, Substance Abuse Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services for grant funding for this workshop and all STAR Center work. SAMHSA grant funding makes it possible for the STAR Center to assist peer/consumer-operated and consumer-supporter programs to expand and deepen multicultural competence, effective self-help, inclusion, recovery and wellness approaches and practices. Sincere thanks go to Risa Fox at SAMHSA for her insights and significant wisdom that emphasize respectful collaboration, accountable goal-setting and problem-solving, evidence-based and effective practices and approaches, service and systems transformation, and a never-ending focus on creating positive impact-results with and for individuals, families, networks, organizations, and diverse communities.

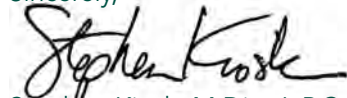
Additional thanks are extended as well to others who have been instrumental for these materials:

- To Rev. Laura Mancuso for her easy collaboration, excellent content synthesis and masterful writing to create such a powerful tool and report
- To Michael Fitzpatrick and Lynn Borton at NAMI for their visionary leadership and collaboration in encouraging the exploration of potentially sensitive and complex issues involving recovery and mental health issues, wellness, education and advocacy
- To Steven Bucholz and Jaleah Winn for their excellent workshop facilitation and to the workshop participants for their contributions and wisdom from which the tool and report was created
- To NAMI's Carmen Argueta, who was instrumental in helping make the workshop, accompanying report, and tool come about
- To graphic designer, Cindy Stone, and NAMI colleagues Courtney Reyers and Katrina Gay for, respectively, the beautiful design, editing, and process collaboration
- To STAR colleague, Philip Qualo, for his wisdom and valued support for the final preparation stages of the tool and the accompanying report. Working on this material evoked many STAR discussions on big questions of meaning, purpose, and explorations about what is possible for recovery and human potential in light of cultural beliefs and scientific research

It is my hope that including spirituality in discussions of recovery and wellness will enhance cultural competence and effective person-centered approaches, programs and practices.

Healing and transformation among individuals, networks, families, providers, programs, systems, cultures and communities **is possible** and you are invited to take part in this important work.

Sincerely,



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"It's been an incredible honor for me to be here. Because anyone who chooses not to assimilate has been labeled as "crazy," anyone who chooses not to assimilate. And you are the ones, when they get to that point where their little charade isn't gonna work anymore, they're gonna go, "Oh! Maybe these cats know something!" And you're gonna say, "Yes, thank you for asking," in the most loving way possible...so that all the peoples might live."

– Jane DeCuir

Acknowledgements

“The most important objectives of this meeting for me are, can there be spiritual components to altered states, such as those that would be labeled as ‘psychotic episodes?’ And how can I tell if the experience I’m having is a spiritual emergency or a ‘psychotic episode’ or both? This is why this meeting is so important to me.”

–Jay Mahler

It was a tremendous privilege to be in conversation for two days in November 2009 with a group of insightful, articulate and courageous people regarding the intersection of multicultural competence, intense spiritual experiences and mental health.

This work would not have been possible without the visionary leadership of Steve Kiosk, director of the STAR Center, who has an impressive gift for wading into complex terrain and embracing it fully, while also grasping and articulating core truths; the gentle guidance and strong support of NAMI, the STAR Center’s host agency; and the financial resources and unequivocal encouragement of SAMHSA/CMHS for focusing in on an aspect of recovery that has remained unaddressed for too long. I am especially grateful to Risa Fox for introducing me to Steve Kiosk, which led to a dialogue about spirituality from which the concept for this workshop and report emerged.

Our group had the sense that we were standing on the shoulders of giants. Generations of advocates who launched and advanced the consumer/survivor movement and developed a recovery vision are the ones who laid a foundation for us to do our work. We were also tremendously aided and relied upon, the principles of trauma-informed care, as well as the literature about spiritual emergence and spiritual emergencies. Further, the growing awareness within the mental health field of the centrality of culture to concepts of wellness, illness, recovery and healing was a significant precursor to our being able to address the topic of spirituality and intense spiritual experiences so directly. We repeatedly acknowledged that experiences viewed as psychiatric symptoms in some contexts would be considered shamanic gifts in different places/times/communities.

The two-day meeting was co-facilitated by Jaleah Winn and Steven Bucholtz of Oakland, Calif. Their application of the Technology of Participation Model developed by the Institute for Cultural Affairs in Chicago (see www.ica-usa.org) was an excellent fit for producing concrete results from the discussion of such a far-ranging topic.

The participants in the STAR Center Workshop felt the presence of the future readers of this report and set out to produce a document that was informative, accessible and practical. It is my hope that what you read here will affirm your experiences, encourage you to acknowledge your inner wisdom, inspire you to support others who are going through intense spiritual experiences and motivate you to contribute your insights and learnings to the mental health field.



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Following are the names, affiliations of participants at the time of the workshop.

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Mertice "Gitane" Williams, Vocational Wellness Educator, Crestwood Behavioral Health Inc., Sacramento

Jaleah Winn, B.A., Wellness Educator, Wellness Recovery Resiliency Hub, Alameda County Behavioral Health Care Services and Member, Pool of Consumer Champions, Oakland, Calif.

"I have seen miracles in my life. There were days that I didn't know where my next meal would come from. And then the next minute, someone would call up and say, 'Hey, let's go to lunch!'"

—Carmen Argueta



CHAPTER ONE

Introduction to the STAR Center Workshop on Multicultural Competence, Intense Spiritual Experiences and Mental Health

“Like many here, I’m a survivor of pretty pervasive and continual trauma growing up and then, later as an adult, through the system. But through that came a lot of gifts. And one of them was the gift of grace, noticing that, if things get that bad, and you see a shift, and it’s pronounced, that’s what I call grace, and being able to step into the grace and do something differently.

When I look at the crisis that brought me into the mental health system earlier, and then much later, it was basically a crisis of faith, a crisis of identity, not being around the right people at the right time, and just not knowing what to do. Where the grace came in, through that was that I grew this inner strength inside of me. I stopped seeing people as colors, as objects, as race, and there was more of a spirit-connect there.

I went into a two-year Seva practice and through that I had an opening, I was able to get grounded. One of the reasons why it resonated with me is that it was the first time I could shut my brain off. I no longer had the PTSD. I could be on one channel, I could be calm—it did something the meds were never able to do.”

—John Aldam

Intense spiritual experiences can happen to anyone. For some, it is the result of focused attention with a spiritual practice, such as extended meditation or wilderness experiences. For others, it is an uninvited intrusion into an otherwise ordinary day. The future course of the person’s life is greatly impacted by the way in which the experience is viewed and the way it is responded to.

There is an established literature, spanning at least 30 years, about spiritual emergence and spiritual emergencies. However, once a person has been identified as having a serious mental illness, these occurrences have too often been discounted or presumed to be indicative of psychiatric symptoms rather than authentic spiritual experiences.

One of the foundational principles of the STAR Center workshop was the assumption that intense spiritual experiences can co-occur with altered states, commonly referred to in the mental health field as psychotic episodes. Let’s examine that statement in more detail... Genuine mystical experiences **can** co-occur with altered states or “psychosis.” This is not to imply that they always do. Of course, sometimes altered states occur without any spiritual dimension. And mystical experiences can occur apart from any mental health issues.

The important point here is that just because an intense spiritual experience takes place during an altered state does not mean it is “crazy” or meaningless. In fact, for many people, making meaning of the altered state can be a key to recovery & wellness.

This is why the dialogue that occurred in November 2009 and is documented in this report, is so important: intense spiritual experiences can be life altering, for better or worse. They can cause powerful shifts in consciousness, health status, identity and social roles. The response of people surrounding an individual while s/he moves through an intense spiritual experience can greatly affect the outcome. People who have been psychiatrically labeled are at increased risk for having their experiences discounted or halted abruptly. Some cultural expressions of spirituality have been misdiagnosed as delusions or psychosis. The aim of the STAR Center Workshop was to elicit and document the spiritual wisdom of people who have moved through intense spiritual experiences about what helps, what hinders and how to increase the likelihood of benefit. Our purpose was to develop a written guide for mental health consumers and recommendations for consumer supporters, regarding the deceptively simple question, **“What is most important in helping people with intense spiritual experiences?”**

It is not a simple question because each human being is so unique and the concept of spirituality is so vast.

The word “spirituality” itself means different things to different people, even among those who identify themselves as belonging to the same cultural group or

organized religion. Its meaning is further diffused across different places, lands and times. For some, spirituality may reference an eternal and absolute being, truth, belief, dogma or doctrine. Others have powerful spiritual experiences apart from any of these constructs, while some view spirituality and religion as a distraction from the tangible here and now.

Yet through time and across all cultures, continents and worldviews, there is an undeniable drive in human beings to explore the spiritual realm. With these complexities in mind, how did we define the term spirituality for purposes of the STAR Center Workshop?

The short answer is, as broadly as possible! First, we viewed spirituality as including, but not limited to, religion. Some people's spiritual lives are deeply nourished by their connection to organized religion. However, a growing percentage of people in the U.S. describe themselves as "spiritual but not religious."

Further, we offered the following definition as established by the California Mental Health and Spirituality Initiative (www.mhspirit.org):

"Spirituality is an individual's internal sense of meaning, purpose and connection to something beyond oneself (which could be, for example, nature, humanity as a whole or a higher power)."

Finally, we encouraged each workshop participant to define spirituality for themselves, on their own terms. For example, my current working definition of spirituality – which will undoubtedly change and evolve as I continue on my own spiritual path – is the following:

"Spirituality is the experience of resonance between my deepest inner self and something infinite (oneness with all life, universal energy, The Creator, God, the natural environment, etc.)."

What's **your** definition of spirituality? I encourage you to articulate it based on your own life experience, cultural frame of reference and inner wisdom.

The powerful influence of the cultural context of spirituality and religious experience comes into sharp focus when discussing extreme states and non-ordinary experiences. An individual's social status may be elevated or damaged by having an intense spiritual experience, depending on where and when they live.

One of the explicit objectives of the STAR Center's work is to expand the multicultural framework for mental health services in the United States. It does this by valuing the lived experience of individuals regarding difficult mental health and behavioral challenges, those who might identify themselves as mental health consumers as well as supporters. The STAR Center seeks to amplify voices that have too long been disregarded or marginalized, sometimes unknowingly and sometimes subtly with serious impact.

"I am greatly honored to be a part of this process because spirituality is at my core, it's the core of who I am. If it had not been for my spirituality, I don't think I would have been able to make it through my mental health crises. I must attribute my courage—because I think it takes courage to tell your story—the courage in me to tell the story of having that intense spiritual experience comes from a greater source outside myself. I could not do it of myself. So I'm very grateful to have a spiritual path.

I remember when I went through one of my crises, my mother said to me, "One day you're gonna have a great testimony!" And I think that has helped me today. It assures me that me telling my story of my crises and dealing with them and the process of recovery that I'm still going through, that I'm empowering myself and I'm empowering other people that hear from me. I want to celebrate the fact, and honor the fact, that we're here sharing out stories."

—Jaleah Winn

In convening this workshop on Multicultural Competence, Intense Spiritual Experiences and Mental Health, it was a priority to invite people from diverse backgrounds, while also keeping the size of the group small enough to enable the kind of intimate sharing to leads to productive and important conversation.

The individuals assembled for this two-day meeting were from diverse backgrounds. Among the sixteen of us, four described their race/ethnicity as American Indian, Canadian Indian or Alaskan Native; three as Hispanic/Latino; two as black or African American; one as Vietnamese; one as Polish American; one as Mixed blood; and eight as white or Caucasian. One-half were male, half female. Ten identified their sexual orientation as heterosexual; two as bisexual/pansexual; three as gay or lesbian and another as Two Spirit (2 spirit). We brought a wide range of religious and spiritual identities to the table: ten identified themselves as Christian (Catholic or Protestant); eight identified with Native American spirituality; five with Buddhism; three with Hinduism; three with shamanism; three with Pagan/Earth-Based Religion; two as "Nothing in particular"; and one each with Islam, Judaism, Sikhism, Agnostic, Atheist, Quakerism, Sufism, Gnosticism, Alchemy, Metaphysical/New Thought/like Science of Mind or Unity Church. One said s/he was "Christian in the sense of appreciating the teaching of Jesus."

The participants employed a wide range of spiritual practices for their personal wellbeing. At least half said, in a written survey, that they following practices had been helpful to their mental health:

Spiritual practice	Percentage
Prayer	94%
Spending time in nature	88%
Reading sacred texts or self-help books	81%
Volunteering to serve the community	75%
Participating in ritual ceremonies	75%
Meditation	69%
Participating in spiritual community social events	56%
Journal writing	56%
Dancing	56%
Chanting	56%
Receiving healing/advice from a medicine man (curandero) or medicine woman (curandera)	50%
Attending religious services	50%

Over the two days of the workshop, we discussed mental and physical health challenges, spiritual paths, traumas, ancestry, cultural heritage, "insight moments" of piercing understanding, frightening moments of isolation or confusion and the role that own spiritual strength, religious organizations and supporters (including family, friends, spiritual leaders and service providers) have played in our lives.

There was a sense of urgency about finally having the opportunity to speak of topics and experiences long suppressed. Participants dug deep into the recesses



of their memories, recovery stories and senses of humor to document their clearest recommendations for others undergoing intense spiritual experiences. More than one person said, “I would not be alive today if not for my spirituality.”

This report documents the findings of the STAR Center Workshop and provides a starting point for the reader to explore further the topics of multicultural competence, intense spiritual experiences and mental health. We were fortunate to receive a briefing on the research literature about visionary spiritual experiences by David Lukoff, PhD. A written summary of his presentation follows this Introduction.

Chapter Two provides Guidance For Individuals Moving Through Intense Spiritual Experiences – whether past or present. Our primary aim here was to help others to realize that they are not alone, that their experiences have meaning and that they can ask for the supports that suit their unique nature. This chapter is augmented by two pieces: a personal contribution by Debbie Whittle exploring the powerful shift that occurs when one’s most vulnerable moments are received with affirming love and grace rather than judgment, entitled, “How Might Your Life Have Been Different?” and an “Open Letter to Individuals Having Intense Spiritual Experiences” that was written as part of a small group exercise during the workshop.

Chapter Three offers specific Guidelines for Supporters on how to be a supportive presence. There are twenty principles developed in response to the question, “What is most important in helping people with intense spiritual experiences?” as well as a list of “Do’s & Don’ts When Accompanying A Person Having An Intense Spiritual Experience.” This chapter features original writing by workshop participant Jimi Kelley on dealing with intense negative internal feelings or contact with dark outside entities.

The report concludes with an extensive resource list of articles, websites, videos, books and journal articles regarding multicultural competence, intense spiritual experiences, mental health & recovery, trauma healing, mental health needs of veterans, advance planning, graduate study programs incorporating spirituality and complementary and alternative mental health. This listing is inevitably incomplete and new items will become available soon after its publication. However, it is our hope that this eclectic collection of resources will help readers to connect with people, organizations, insights and information that will be of value to them.

We are also delighted to present videos of first-person narratives by workshop participants about their spiritual lives and intense spiritual experiences. To view the videos, please visit www.consumerstar.org.

Spirituality is a highly personal phenomenon. And yet we can be aided on our spiritual journeys by interacting with and learning from others who have gone before us. The sixteen participants in the STAR Center workshop have offered their own experiences and insights with the intention of aiding others who are moving through intense spiritual experiences and guiding those who would support them. We hope and trust that you, the reader, will find something here of value to your own path.

“I had a great sense of loss about what happened to my people in Vietnam, a lot of pain. I don’t remember much about the war, it was blocked out. We left in a boat for Malaysia. The first time, the boat took on water. The second time, we made it. I suffered a lot from discrimination in the United States, although I didn’t realize it at the time. When I got depression, I went on tons of medications, thinking I was chemically imbalanced, not realizing about the losses that had happened to me. But the sadness inside me, it’s always been there. When I first had depression, I didn’t realize that I was a trauma survivor. That came out in therapy. I took the meds that were prescribed to me, but I also knew that something else was wrong. Now I realize that suffering is there to give me compassion. Now I see that the things that happened in my life were lessons. The pain I feel has a deeper meaning. My crying spells don’t have to be medicated away, it’s OK to cry sometimes. Now I know that it’s not just a chemical imbalance, not just the biological body, it’s the spiritual component. To connect to the whole person, not just a label or medical diagnosis. I realize now that we are all energetic beings. It’s part of my Asian values. Just like when you cut yourself, you can heal yourself naturally. I just feel blessed that I am open to energy healing and that I can share it with others.”

– Can Truong

Visionary Spiritual Experiences

by David Lukoff, Ph.D.

“My most intense spiritual experiences have typically had to do with me thinking I have a direction for my life, and Spirit having other plans, and the process of that becoming known to me. And the more that I resist the other plans, the louder the call gets, until it can get quite uncomfortable, physically and mentally and emotionally and spiritually.

I will say, it's a little unnerving to live in a way that I don't know when the next direction is gonna come, or the next calling, or you know, I think I'm going this way, but maybe I've got it wrong; and if I've got it wrong, Spirit will let me know; and if I don't pay attention, Spirit will get LOUDER, until it can actually become quite painful, which I'm not signing up for again voluntarily!”

—Laura Mancuso

David Lukoff is a professor of psychology at the Institute of Transpersonal Psychology in Palo Alto, Calif. He maintains the Spiritual Competency Resource Center at www.spiritualcompetency.com.

Even though psychotic episodes can have debilitating effects, many clinicians and researchers have observed that some psychotic episodes result in improvements in an individual's functioning. Karl Menninger, often recognized as a founder of American psychiatry, noted:

Some patients have a mental illness and then get well and then they get better! I mean they get better than they ever were.... This is an extraordinary and little-realized truth (Silverman, 1967).

Jungian analyst John Perry (1974) pointed out that below the surface level of specific identities and beliefs are thematic similarities in the accounts of patients whose psychotic episodes have good outcomes:

There appears to be one kind of episode which can be characterized by its content, by its imagery, enough to merit its recognition as a syndrome. In it there is a clustering of symbolic contents into a number of major themes strangely alike from one case to another.

The term visionary spiritual experience (VSE) will be used here to encompass such experiences. The term visionary is used in the anthropological and religious literature to refer to a mental condition that leads an individual to propose changes for the entire culture. However, in most cases, a VSE does not transform the culture, but adds a new dimension to the individual's spiritual life. Spirituality is used to refer to an inner experience of connection to something greater than oneself, a personal sense of the sacred and meaningful. People in the midst of a VSE often traverse the range of the world's religions and cultural history in the form of religious content and experiences that are similar to hallucinations and delusions. When they return, they often view the episode as a part of their spiritual awakening and an initiation for their spiritual journey. Perry (1998) noted that after a VSE:

What remains...is an ideal model and a sense of direction which one can use to complete the transformation through his own purposeful methods.

To differentiate such episodes from psychotic disorders Stanislav and Christina Grof (1989) coined the term spiritual emergency, described as:

Critical and experientially difficult stages of a profound psychological transformation that involves one's entire being. They take the form of nonordinary states of consciousness and involve intense emotions, visions and other sensory changes and unusual thoughts, as well as various physical manifestations. These episodes often revolve around spiritual themes; they include sequences of psychological death and rebirth, experiences that seem to be memories from previous life times, feelings

of oneness with the universe, encounters with various mythological beings and other similar motifs.

But the symptoms will resolve spontaneously with appropriate support and can lead to improvements in wellbeing, psychological health and awareness of the spiritual dimension in life. There are scores of self-reports and case studies documenting such outcomes (Chapman & Lukoff, 1996; Dorman, 2004; Lukoff & Everest, 1985). Research conducted by randomly assigning first episode patients to a medication or non medication oriented treatment program suggests that 10 to 40 percent of people with symptoms of psychosis can self heal without medication (Bola & Mosher, 2003).

Cross-Cultural and Historical Perspectives on VSEs

Based on a cross-cultural survey, anthropologist Prince (1992) concluded that:

Highly similar mental and behavioral states may be designated psychiatric disorders in some cultural settings and religious experiences in others... Within cultures that invest these unusual states with meaning and provide the individual experiencing them with institutional support, at least a proportion of them may be contained and channeled into socially valuable roles.

For example, anthropological accounts show that babbling confused words, displaying curious eating habits, singing continuously, dancing wildly and being "tormented by spirits" are common elements in shamanic initiatory crises. In shamanic cultures, such crises are interpreted as an indication of an individual's destiny to become a shaman, rather than a sign of mental illness (Halifax, 1979).

In Asian cultures, problems associated with spiritual practices are recognized and are distinguished from psychopathology. For example, a well-known pitfall of meditation practice is "false enlightenment," associated with delightful or terrifying visions, especially of light (Epstein & Topgay, 1982). Beginning in the 1960s, interest in Asian spiritual practices such as meditation, yoga and tai chi, as well as experimentation with psychedelic drugs, triggered many VSEs, some of which were problematic for their practitioners.

The similarity between psychotic symptoms and mystical experiences has received acknowledgment and discussion in the mental health field (Arieti, 1976; Boisen, 1962; Buckley, 1981; James, 1958). Both involve escaping the limiting boundaries of the self, which leads to an immense elation and freedom as the outlines of the confining selfhood melt down. The need to transcend the limiting boundaries of the self has been postulated to be a basic neurobiological need of all living things (Newberg, D'Aquili, & Rause, 2001). However, during psychotic episodes, if "the sense of embodied self is transcended before it has been firmly established...disintegration and further fragmentation are the likely results" (Mills, 2001, p. 214).

The great prophets and saints reported visions, which later were passed on to the rest of humanity as symbols of faith. People who have undergone VSEs have, in ancient western, as well as traditional cultures, been esteemed and enjoyed privileged status as shamans, prophets or saints. Socrates declared, "Our greatest blessings come to us by way of madness, provided the madness is given us by divine gift" (Dodds, 1951).

"My father and I had never really gotten along all that well. At one point, we went on a pilgrimage to Bosnia, to a place called Medgegoria where The Blessed Mother had appeared for years. We were walking back from a service when he said, "I just want to let you know that I see you." I said, "What do you mean?" He continued, "I see how difficult your life has been. All of the challenges you have faced. And I want to tell you how proud I am of you that you turned out to be such a wonderful person, that you care about other people." That was the one thing I had always wanted in my life, was to have my father see me. Years later when I entered a religious community, he gave me a little picture of The Blessed Mother and on the back of it he wrote, "This is in remembrance of when we met."

– Steven Bucholtz

"I live here, but my spirit is bigger than my mind and my body and my culture and my relationships. Because I found a way to connect to something, someone that gave me information where nobody else on this plane could. And so, for me, I would say my spiritual emergence is simply about being through a soul level version of interpreting, and that I have to disseminate the information on this planet. Whether it's a bird, whether it's a tree...I get information through my senses v. getting information through my intellect. When I meditate, I line all of those things up together, and on a psychic geometry level I am one, I am one with all there is. I tap into that world or that place by bypassing all the intellectual parts of it into my heart. And so I receive information on a clairsentient level. And then it processes through my intellect. And when it gets overwhelming, I go down to my heart and my heart tells me, "This is love, this is not love." So for me, I use this system of recreating that communication through that innocence of the age of five, knowing that I am in this world but I am not of it. And that way, I am able to get information that supports my wellness."

– Gitane Williams

In contemporary Western society, experiences such as seeing visions and hearing voices, experiencing oneself communicating with or being a religious figure, are viewed as delusions and hallucinations, symptoms of a psychotic disorder. People in the midst of VSEs have difficulty obtaining support from either the health care system or religious institutions. "If a member of a typical congregation were to have a profound religious experience, its minister would very likely send him or her to a psychiatrist for medical treatment" (Grof, 1986).

If cases of VSE could be differentiated from cases of serious psychotic disorders, the prognosis for such individuals could be improved by providing appropriate treatment consistent with their need to express and integrate the experience in a safe environment.

Differential Diagnosis Between Psychotic Disorders and VSEs

Over the past 30 years, there has developed a body of literature on approaches to distinguishing VSEs, particularly mystical experiences and spiritual emergencies, from psychotic disorders. Iatrogenic (meaning being induced inadvertently by medical treatment or procedures) or activity problems may occur if VSEs are misdiagnosed and mistreated, possibly contributing to poorer outcomes in industrial societies where the rate of full recovery is lower and level of impairment of persons with psychotic disorders is considerably higher than in non industrial societies (Kirkness, 1997). In an interview study, "the most subjectively frightening aspect of their experience was psychiatric hospitalization itself" (Jackson, 2001, p. 189). The diagnosis of a mental disorder is still stigmatizing in contemporary American culture. The clinician's initial assessment can significantly influence whether the experience is integrated and used as a stimulus for personal growth or repressed as a sign of mental disorder, thereby intensifying an individual's sense of isolation and blocking his or her efforts to understand and assimilate the experience.

The *DSM-IV* category Religious or Spiritual Problem (V62.89) is not a mental disorder, but is listed in the section for Other Conditions That May Be the Focus of Clinical Attention. The proposal for this diagnostic category had its roots in concerns about the misdiagnosis and treatment of spiritual emergencies (Lukoff, Lu & Turner, 1992, 1998). The inclusion of this new diagnostic category in 1994 marked the acknowledgment that distressing religious and spiritual experiences occur as nonpathological problems:

Religious or Spiritual Problem (V62.89). This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith or questioning of other spiritual values, which may not necessarily be related to an organized church or religious institution. (American Psychiatric Association, 1994, p. 685)

VSEs warrant the *DSM-IV* diagnosis of Religious or Spiritual Problem even when there may be symptoms present that are usually considered psychotic, including hallucinations and delusions. In this regard, the category Religious or Spiritual Problem is comparable to the V-Code category Bereavement. The *DSM-IV* notes that even when a person's reaction to a death meets the diagnostic criteria for Major Depressive Episode, the diagnosis of a mental disorder is not given

because the symptoms result from a normal reaction to the death of a loved one. Similarly, in VSEs, transient hallucinations, delusions, bizarre behavior and interpersonal difficulties occur so frequently that they should be considered normal and expectable features (Lukoff, 1985).

There is considerable overlap among all the proposed criteria. The following four criteria are based on published research on prognostic factors that predict positive outcomes from psychosis as well as the extensive case study literature on VSEs:

- 1) Absence of medical illness
- 2) Phenomenological (meaning, referring to a philosophy or method of inquiry based on the premise that reality consists of objects and events as they are perceived or understood in human consciousness and not of anything independent of human consciousness) overlap with one type of VSE
- 3) Prognostic signs indicative of a positive outcome
- 4) No significant risk for homicidal or suicidal behavior

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"Until I lost everything—my ability for my mind to tell my brain what to do, my ability to make a living, my ability to be comfortable and to be in pain every day...all of that actually allowed me to come back and do the work of recovery. Sometimes you don't like these lessons at all. It's very much a stripping away. Then you find out, I'm not the only person who goes through this. Jesus went through it this way, Buddha went through it that way. A few minor people like that! They also had this experience of this stripping away. The more you talk to people, the more you find out, your ego gets busted until you want let go of it, and learn to just be who you are going to be. So I'm working on this, integrating this."

— Priscilla Ridgway



CHAPTER TWO

Guidance for Individuals Moving Through Intense Spiritual Experiences

“I try to live each moment as an intense spiritual experience. I don’t believe there is a God who sits on high, hoping we do good for the sake of some metaphysical warm cookies and milk. In fact, I think that God is love, love that is free of discrimination. Love that is beyond merely being the opposite of hate. And that this love born of equanimity would want us to do good for one another for the sake of one another and ourselves as equals, as one and the same entity. If we as providers of health care, or pastoral care, or peer support continue to establish and reinforce hierarchical relationships or encourage ranked structures, and warped values, then we merely reinforce the differential and diminish our own ability to recognize the divine within ourselves. In this scenario, there is always that person who is being helped by the one who is giving help to the other one and, frankly, it is not of much help! If instead I strive to break down my perception of difference between you and me, if I see you and me as equally valuable, then from that equality, all good things can arise, and love can be present there. If we see that person to our left and right as our true brother and sister, no matter what, then the thought would never occur to us to help or not to help. And in that space, love can be present.”

– Dave Kennedy

If you are having an intense spiritual experience right now, you may feel very alone. You may feel lost, as though you are wandering in a desert. You may feel convinced that no one else could ever understand what you are going through. You may be experiencing beauty, peace, terror, uncertainty and/or wonder.

This process is not for the faint of heart. You may feel frightened or overwhelmed at times. Trust that there is meaning and purpose in what you are going through.

Whatever you are experiencing, please honor it. It is as important and unique as any other aspect of your life, only more so.

You will get through this. There is “the other side” to this, but you must go through it to get there. Many other people have gone through intense spiritual experiences and come out the other side. They are usually changed, sometimes significantly. They are more wise, more seasoned and more aware of things that others may miss. You may be entering into a phase of your life in which you will have a higher level of wellness and empowerment than you have ever had before.

You may be plagued by questions about WHY this is happening right now in your life. Notice what was going on for you just before this experience began. However, keep in mind that the question of WHY may never be answered and it doesn’t need to be. You are not being punished; you are being presented with experiences from which you can learn a great deal. You are becoming wiser. You WILL get through this. And most likely you will be MORE you, more aware, more sensitive and more attuned than ever before.

For now, focus on what you need:

- What is attractive to you?
- Where do you feel safe?
- Are you drawn to being outdoors in nature or are you inclined to stay indoors?
- What makes you feel more grounded, connected to the earth and fully present in your body? Experiment with touching the earth or, if you are in an urban area, a tree or plant or other living thing.

Pay attention to what feels good to you in this moment.

Do not hesitate to ask people you trust to help keep you safe. Keep in mind that you may be so focused on what is going on in other realms that you may not be attending fully to your own safety and health. Invite them to help you create a safe and non-threatening (by your own definition of what is “non-threatening”) environment for you to take your time in moving through this experience. It’s helpful if you can get support from someone familiar with the territory of extreme spiritual experiences, but the most important thing is that they care about you and are willing to support you to find what works best for you as an individual.

When was the last time you ate a wholesome meal of nutritious food and drink? Are you eating at least three times per day? Make it a priority to feed your body

and take good care of it, even if your attention is drawn to a different level or you feel too weak or diminished to eat. This is especially important if voices or feelings are telling you that you deserve to starve, that eating is not important or that it won't do you any good to eat or drink. You must protect yourself during those feelings and you must take care of your body. You are important and this will get better!

How much are you sleeping? Is your body getting weary from lack of sleep? If so, consider taking steps to help yourself get a solid block of sleep. That might include a warm bath, some light movement or exercise, gentle natural remedies (such as homeopathic sleep aids) or medication. (The use of medication in this context is not meant to stop the process, but rather to allow and enable the physical rest and support you may need so that you can continue to move through to its natural conclusion).

Are there things inside of you begging for expression? Indulge your desire to move, to draw, to drum or make music, to write poetry or fill the pages of your journal. Don't worry about whether you are good at dancing, making art or music, etc.; rather, use these activities as a form of release. This will keep the energy flowing and support the birth of this budding wisdom inside of you. As you express yourself, the feelings within you may temporarily feel more intense, but if you keep going, they will subside.

If you are faced with frightening voices, spirits, communications, consider this advice from workshop participant, Jimi Kelley:

"Remember that good spirits will not tell you to hurt yourself or others. Hurting yourself or others is never an act of your Higher Self/Creator/God/Higher Power. We respond to negative or harmful things with love, light and mercy. We do not kill people that we feel are evil. We do not kill or harm ourselves for the good of others. If someone or something is telling us to kill or harm ourselves, it is because they see the Good power and Spirit in us and they want to stop it. Focus on happy thoughts, memories and feelings. Pray for focus on Spirit/God/Creator/Higher Self.

If we ask good spirits to be with us, if we protect ourselves with vigilance, harmful or evil people will eventually cease to be a threat. You will eventually return to a good, positive place in yourself and the evil will leave you."

Know that your psyche and your soul have very deep wisdom. Trust that wisdom to guide you. Pay attention to what your inner self is telling you and honor it as a welcome guest. Change your mind as many times as you like. Go with the flow.

Your soul knows how much courage this kind of experience takes. If this is happening to you, on some deep level your internal wisdom knows you can handle it. There may be important information here for you.

In some cultures, these kinds of experiences are a form of initiation for a shaman or medicine person. You may wish to seek help from a traditional healer/shaman/medicine man or woman. This is especially important if there is some "dark energy" associated with this experience.

"One of the things that made a lot sense to me later in life after family tragedy and death due to severe mental health issues was the realization that there are many different kinds of 'medicine.'

I sometimes chuckle to myself now when I look at my I Ching beads in a medicine bottle, realizing that we live in a land mine field, metaphorically speaking, of different vested belief systems, products, world views and models having to do with illness and health.

It's so clear to me now how important it is that self-determination, cultural differences, shared-decision-making and informed choice regarding different roles and authority levels be taken seriously and integrated into recovery and wellness. There is no "one size fits all" here. Recovery, health, and wellness, while there can be common components, are uniquely tailored to each life as are the infinite designs to flakes of snow."

– Steve Kiosk



Photo by Rev. Laura L. Mancuso. Used with permission.

Remember to be very gentle and compassionate with yourself. Ask for what you need: rest, quiet, supportive people, nature, food. Drink plenty of water.

When you start to feel like the process is winding down and you are naturally becoming re-oriented to the reality or plane that others share, you may feel exhausted. Allow yourself to rest. Continue to drink plenty of water, eat nutritious foods and sleep as much as your body wants to. Engage in mundane activities like bathing, preparing meals, doing laundry, housecleaning and especially gardening. Make contact with the earth, the trees or other natural elements. Find someone to talk with who knows about intense spiritual experiences, for example, through the Spiritual Emergence Network (see the Appendix on page 44 for their website and phone number), culturally specific healers, peer support providers with a special interest in spirituality, chaplains, transpersonal practitioners, energy healers or other spiritual leaders. This will help you to integrate the experience and derive the most meaning from it.

When the intensity subsides, you feel drained or disoriented. Many people find that contact with nature, such as laying on the earth (not pavement), helps them to get grounded again. Doing simple chores like housecleaning, laundry and cooking may feel therapeutic.

Be patient with yourself, as it may take weeks, months or even years to fully integrate the experience into your life. Continue to write in your journal, express yourself through art/music/drumming, etc. Find people you trust and who are familiar with these types of experiences to continue to support you as you make meaning of it. You may feel estranged from yourself, as though you have a new life, a new purpose or a new identity that is unfamiliar. In time, this will lessen and become more familiar.

You may need to forgive yourself for things you said or did in an altered state. You may have lost control; this is the nature of intense spiritual experiences. Be compassionate toward yourself as you recall and recount what happened.

You may need to forgive others who tried to help, but actually made things worse. Try to look for and focus on their loving intentions. Tell them simply which behaviors on their parts were helpful or not helpful and guide them on how to be more supportive of you in the future if you the situation occurs again, without blame. Don't be surprised if your recollection and theirs do not match; they don't have to be fully reconciled. Your experience is your experience.

Express gratitude for the things that did go well and for the people who showed up to support you.

Most importantly, remember that this experience is a gift, not a mistake. It is part of your path, your personal spiritual journey. In time, you may be called to share your newfound wisdom with others as a healer, speaker or author.

How Might Your Life Have Been Different?

By Debbie Whittle

This original work by Deb Whittle describes the gentleness, loving-kindness, affirmation and compassion with which it is possible to receive intense spiritual experiences. Strive to accept your own experiences in this way and to seek out others who will similarly support you.

How might your life have been different, if the first time you reached out for help when you felt emotional suffering and psycho-spiritual overwhelm you were met by people who were experienced in being with their own deep suffering, who had an understanding of the territory? And what if you were met with

Awareness, Compassion, Dignity and Respect?

How might your life have been different if when you felt the need for safety and support you were taken to a sanctuary; a place of

Beauty, Peace and Serenity

How might your life have been different if rather than being told there was something abnormally wrong with you, that you have a disorder, disease or a disability, you were told that what you were experiencing was in fact a sign of something right with you? What if you were told that you were engaging in a sacred alchemical process that had meaning and purpose, with a possibility of

Releasing, Reassessing, Reordering and Restructuring?

How might your life have been different if you looked into the mirror of someone else's eyes of

Acceptance, Understanding, Reverence?

And how might your life have been different if you were told someone was willing to Be With you in the scary moments of this sacred process, not to label your process or stop it or fix it, but to hold witness, with no agenda except holding sacred space and honoring

Your Innate Wisdom, Your Perfection, Your Divinity and Your Wholeness?

Deborah Louise Trueheart (formerly Deborah Whittle) is an independent consultant, coach, motivational speaker, writer, and change agent. She is the author of the Living into Wholeness curriculum and former Director of the Technical Assistance Center at the National Empowerment Center, where she now serves as a Consultant (www.power2u.org/who.html).

“When I was young, I was diagnosed with bipolar. I didn’t really think about it. I just sort of took the medicines and did what they told me to do. But like a lot of people, I struggled with what were the negative things that medication managed, and what were the positive things that medication made you let go of. Because there are a lot of talents and gifts that go along with it.

People with these gifts that they call mental illness are open and able to receive messages from outside. And if that’s not filtered, the wrong stuff can come in. What we’re really lacking in our culture, what was there traditionally, is that when children or people were identified as having these qualities, they were trained in how to let the good ones in and keep the bad ones out. We don’t have that filter or that training nowadays. So, a lot of what we see as symptoms is due to that lack of filtering. People are getting beat up by outside sources and have not been trained appropriately on how to moderate that.

So I’ve kind of taken that on as my focus with respect to mental illness, trying to address that aspect without going back to the Dark Ages where it’s all viewed as demon possession. Because that’s not at all what I’m saying. That’s where we have to be careful.”

–Jimi Kelley

An Open Letter to Individuals Having Intense Spiritual Experiences

“Until I lost everything -- my ability for my mind to tell my brain what to do, my ability to make a living, my ability to be comfortable and to be in pain every day...all of that actually allowed me to come back and do the work of recovery.

Sometimes you don't like these lessons at all. It's very much a stripping away. Then you find out, I'm not the only person who goes through this. Jesus went through it this way, Buddha went through it that way. A few minor people like that! They also had this experience of this stripping away.

The more you talk to people, the more you find out, your ego gets busted until you want let go of it, and learn to just be who you are going to be. So I'm working on this, integrating this.”

– Priscilla Ridgway

What's going on? What is this? I'm scared and don't know what to do.

Be aware this is a process. Trust the process. It is a chance to let go of some things you no longer need and to explore and find new parts of yourself. You can make meaning from this experience.

Find spiritually sensitive people to talk to. Find someone safe who will respect your experience. If someone treats you like you are “crazy” or “mentally ill,” seek another person who is willing to be with you. There are people who are experienced in this and who understand this territory. It is important to find someone who will provide acceptance, understanding and reverence for your process. Someone who will not label your process, or stop it or “fix” it, but will hold witness without any agenda other than to hold sacred space and honor your innate wisdom and wholeness.

Even though your experience is powerful and special, be sure to take care of yourself—sleep, eat nutritious food, breathe, use centering practices, walk in nature. Be respectful of your body even if you feel good. Find a place of beauty and serenity to be in.

Find a way to express what is going on with you: painting, journaling, writing poetry, movement/dance/music, etc. Find a way to express yourself that feels authentic to you.

Consider finding a culturally appropriate healing model that uses ceremony, ritual, or traditional counseling that feels authentic to you.

Trust your intuition to find the right help if you encounter any dark or negative energies, spirits or fears.

This letter was written by people who have lived through these experiences. We were called together for a reason: to create information that will help others through these experiences. Your healing and support has already begun!

CHAPTER THREE

Guidelines for Supporters

You have the privilege of accompanying a person on a sacred journey: an intense spiritual experience. Approach this opportunity with humility, with the assumption that the person moving through the intense spiritual experience possesses deep wisdom and with the expectation that you will learn something important.

You may feel the urge to DO a lot of things. You may want to be busy. And yet the most important contribution you make just might be your calm presence. Thich Nhat Hanh wrote, in his book, *Love in Action*:

“Without doing anything,
things can sometimes go more smoothly
just because of our peaceful presence.
In a small boat when a storm comes,
if one person remains solid and calm,
others will not panic
and the boat is more likely to stay afloat.”

One of the most important principles about intense spiritual experiences is that “the way to the other side is through it.” Halting the process prematurely can be harmful. Your purpose is to support the individual to move through the experience at his or her own pace, in the most self-directed way possible, while also being aware and protective of his or her safety.

One of the best ways to remain calm is to remember that just because behavior is different, doesn't mean it is unsafe. You may witness the person acting in ways that you have not seen before and do not understand. It is natural that you would not understand, because you are not yourself going through an intense spiritual experience. Ask yourself, is this truly harmful or just different? If it is unsafe, can the environment be modified to make it safe for the individual to continue expressing himself or herself in this way?

If the behavior is truly unsafe to the individual or others and the environment cannot be modified to make it less so, you should intervene just enough to provide safety. Do so as gently as possible, for the minimum time necessary. Keep in mind that the individual going through the intense spiritual experience is probably highly sensitized, is feeling everything very deeply and could be severely traumatized by the use of force. Remember that the majority of people with mental health diagnoses have experienced trauma. Incorporate all of the principles of recovery-oriented crisis intervention and trauma-informed care (see the Resource List in the Appendix to this report), which promotes the healing and integration of these experiences, rather than further wounding and splintering of the psyche. If you must take over decision-making, do not assume it will be necessary to do so for any particular period of time; rather, look constantly for signs that the individual is again ready to assume partial or complete personal responsibility.

“When I was young, I realized already that I was attracted to women. Because we were practicing Catholicism with traditional Native ways, I was very mixed up about where I fit in. I felt there was something wrong with being attracted to the same sex. It wasn't until later on that I realized that traditionally, Native people had many many terms for gender, we were valued in our culture. We were judged by our roles in society, not by our sexuality. Part of my path has been to reintroduce that to all people.”

– Ruth Villaseñor

“Most Latino women grow up Catholic. My parents had been Mormon, Catholic, Pentecostal. But it was never at a place where I felt comfortable, felt like this is what I should really be doing. God has been a real part of my life. I’ve learned that I don’t have to belong to a church. I don’t have to go somewhere or be of a particular denomination in order to believe in God. He is a part of me, and I think He’s given me that option to praise Him as I feel free to do so.”

– Carmen Argueta

Assumptions can be harmful. Ask again and again, “What would be most helpful to you right now? How can I best accompany you?” As much as possible, strive to view the experience through the individual’s cultural lens, rather than your own.

Affirm the person’s inner strength and wisdom. Read Debbie Whittle’s writing on page 17 and seek to model the kindness, calmness, support and compassion that is conveyed there.

The individual’s stamina may seem boundless. Do not extend yourself to the point of exhaustion. Be sure to take care of your own needs for breaks, water, nutritious meals and sleep while also attending to the needs of others.

Don’t hesitate to ask for help. If you feel yourself going into a panic or starting to become ungrounded yourself, you will not be of use to the individual moving through the intense spiritual experience.

One of the most important things you can do is to set a tone of respect for the individual and reverence for the process that is occurring. Read the previous chapter in this report on Guidance for Individuals Moving Through Intense Spiritual Experiences. Then ask yourself the following questions:

- When an intense spiritual experience happens, do I view it as an opportunity for sacred transformation or as something that must be stopped as quickly as possible? Am I open to being changed myself by what I learn and witness?
- What do I know about the cultural frame of the individual going through the intense spiritual experience? Does the individual want support or assistance from a spiritual leader or indigenous healer? How can I facilitate that?
- Do I view the experience solely as a medical/emotional/ psychological crisis or as an emotional event and physiological process that can be the source for expanded self-understanding, connections to others, skill in living and relating and wisdom for all involved?
- In accompanying someone moving through an intense spiritual experience, do my interventions in the name of safety take into account the long-term health and well-being of the individual? Do I intervene in a way that stops the process or in a way that allows the individual to go more deeply into the experience?
- Are supporters screened in or out based on their ability to themselves be grounded, centered, culturally sensitive and fully present?

- Is the individual supported and understood to be self-directed to the extent possible, so that his or her expressed wishes and advance planning for events such as these are asked about and included? Or do supporters allow themselves to be hurried and say things like, “We don’t have time to go into stuff like that.”
- Do supporters ask, rather than assume, what will be most helpful, bringing a high level of sensitivity to the individual’s culture, beliefs and values?
- Am I really the best person to accompany the individual through this experience? Who else would s/he like to have present right now and what can I do to make that happen?

Refer to the following pages on “Principles for Honoring Spiritual Experiences” and “Do’s and Don’ts.” Share this material with others who will come into contact with the individual moving through an intense spiritual experience. These principles were developed over two days through a professionally facilitated process called a “Consensus Workshop.” Each of the sixteen workshop participants responded to the request, “We invite you to share about an intense spiritual experience and how you moved through it.” Having shared these personal stories, we then began brainstorming recommendations in response to the question, “What is most important in helping people with intense spiritual experiences?” The resulting material was organized collaboratively into categories or themes, followed by individual and group reviews of the resulting material.

Intense spiritual experiences sometimes generate feelings of elation and empowerment, but they can also include exposure to negative energies. The final component of this chapter is a piece of original writing by Jimi Kelley, a Native American leader who worked in Multicultural Outreach at NAMI Tennessee, about “Dark Experiences.” He describes how to recognize and respond to some of the more frightening or disorienting aspects that may occur as part of intense spiritual experiences.

Remember that your most important action may be no action at all, but simply a calm presence. Bring an open heart, defer to the individual’s inner wisdom, be clear on your role as a supporter and ask for help as needed. When the experience has come to a natural conclusion and your assistance is no longer needed, you may also wish to engage in creative expression and consult with a member of the Spiritual Emergence Network to help integrate what you have learned.



“I find it interesting that many of the world’s great leaders have had spiritual crises that would be viewed today as mental illness. When I joined the Presbyterian Church, the pastor told me about Handel writing The Messiah in twenty-one days. Handel himself, in recounting the experience, felt he had been visited by God. Others include George Fox (founder of the Quaker movement), and St Francis of Assisi.”

– Jay Mahler

Principles for Honoring Intense Spiritual Experiences

1. **Authentic spiritual experiences can occur during altered states.** For some people living with mental health issues, these two things sometimes (or always) go together. Unfortunately, many mental health providers are not open to, or respectful of, this possibility. An intense spiritual experience may look, from the outside, like psychosis; it may also co-occur with psychotic symptoms. If the individual is supported to move through the intense spiritual experience and validated in making meaning of it, it may constitute progress in his or her personal journey toward wellness.
2. **Trust the process.** Understand that it is a process. It’s okay not to know what will happen next; don’t try to control the process. Make space for what is moving and shifting emotionally, intellectually, physically and spiritually.
3. When you trust the process, then it naturally follows that you do not need to rush it. **Don’t try to hurry it.** It can be damaging when someone else tries to **halt or hurry another’s intense spiritual experience. The way through it is to go more deeply into the process,** not to back away from it. Slow down and be flexible.
4. **The experience may include intense feelings and bodily sensations. Encourage the person to bring a stance of awareness, rather than judgment, to these aspects of the experience.** Prompt him or her to query the feeling or sensation to see what wisdom it may hold, treating it like a visitor that is passing through. What can be learned from this particular encounter before it’s gone? **Respect the individual’s innate sense** of what’s going on with his or her own physical, mental, emotional and spiritual self.
5. Spirituality, religion and processes of personal transformation are closely tied to culture. **To assist someone going through an intense spiritual experience, it is vital to become familiar with his or her worldview and cultural frame of reference.** Expand your knowledge of cultures different from your own and be open to continuous learning in this regard. Consider the individual’s culture as you observe and receive his or her words, body language, symbols, humor, expressions, requests, etc. Be aware of and sensitive to the clashing of cultures that may occur when someone is having an intense spiritual experience (e.g., between the dominant culture of program staff and the culture of the individual having an intense spiritual experience; between the culture of a forensic or law enforcement setting where an intense experience may begin and the safe/nurturing/sacred environment the person needs to move through it and come out more whole).
6. **Client choice with respect to spirituality and religion is paramount. Do not push your own religious or nonreligious views on another human being,** especially when he or she is in a vulnerable state, such as the disorientation of an intense spiritual experience. This is a time to hear and affirm the individual’s belief system, not try to change it to match yours, regardless of how helpful your belief system is to you. Do your best to understand the

individual's own belief system. If they speak of "God," "Allah," "The Great Spirit," "The Oneness" or a "Higher Power," adopt their preferred language in referring to the divine. If the person is secular, don't introduce spiritual or religious concepts or language that conflict with his/her own beliefs or culture.

7. **Some people report encountering negative energies (what some might label as "evil forces") during intense spiritual experiences.** When this happens, it can be very frightening and disorienting. Individuals may choose to use specific spiritual or religious rituals that have meaning in their own cultures to overcome the influence of these negative energies. Demonstrate respect and compassion for their experiences and approaches, even if they differ from your own.
8. **Recognize the danger and the opportunity in crisis.** Behavior that falls outside societal norms is not necessarily dangerous. If you as an observer feel scared, ask yourself, "why?" Is it simply because you are being exposed to behavior that you are not familiar with or do not understand? Are there truly risks to the safety of the individual, others or the environment? If so, what safety responses are currently in place or need to be put in place?

Mental health programs should educate staff about intense spiritual experiences, how best to support a person having one and **how to distinguish between an intense spiritual experience that they can safely accompany someone through as opposed to one that requires intervention** or even hospitalization.

Sometimes people are so focused on their inner state that they may temporarily not be fully aware of the implications of their actions. Supporters can play an important role in providing for a person's safety during an intense spiritual experience. Be constantly looking for when a person has moved through the experience sufficiently to begin to take back responsibility for his or her actions again as soon as possible.

An individual may report that he or she hears God's voice instructing him or her to do something dangerous; this is one sign of an emergency that requires immediate attention. However, just because people report hearing God's voice speaking to them does not automatically mean they are dangerous. It helps to designate staff with special interest, expertise or experience with intense spiritual experiences. Supporters should never be afraid to ask for help or to involve other team members as needed.

9. **There is an inherent tension between controlling and facilitating.** When one is overly focused on safety and risk management, it tends to become a priority to stop the intense experience as quickly as possible, which may be damaging to the individual's mental, emotional and/or spiritual well-being in the long term. When talking about "safety," be sure to distinguish whether you are referring to safety as defined by the individual moving through the intense spiritual experience, the safety of his/her surroundings or of other people, and address the needs and precautionary measures and/or actions concerning all areas.

"Spirituality has been an important part of my journey, especially my journey through mental health, so having the opportunity to cofacilitate this conversation is really a pleasure and an honor."

– Steven Bucholtz



10. As with any aspect of health care, the individual should be in control of his or her own life and supports as much as possible. This is of particular importance when things feel “out of control.” **Let the person having the experience be in control as much as possible.** For example, asking how you can help rather than assuming you know what’s best, or telling a person what you think he or she needs.
11. Recognize that **the locus of control may shift over time.** There may be moments when the individual is out of control, overwhelmed by the process and needs help to remain safe. Do not violate the trust it requires for him or her to rely on you to offer assistance through the intense spiritual experience. Always be looking to return that control to the individual as soon as possible. Control may shift back and forth many times.
12. **The individual may have an increased level of sensitivity to sensory stimuli. For this reason, qualities of the physical environment may have a significant impact** on the process of moving through an intense spiritual experience. Ask the person what is safe, sacred and nurturing to him or her in this moment. A few considerations might be:
 - **Lighting.** Fluorescent lighting is harsh; low lighting or gel-covered lights are softer.
 - **Indoors vs. outdoors.** Some people will prefer being indoors; others will be better supported if they can make contact with the earth, trees, sunlight, etc.
 - **Noise.** Some people may experience heightened sensitivity to noise and request silence; others may want to be surrounded by sounds of nature or soothing music.
 - **Isolation vs. contact.** Some people may want to be alone, yet know that a support person is nearby if needed. Others may want to be accompanied by a respectful supporter at all times.
 - **Physical contact.** As with noise, people may have a heightened sensitivity to touch. Give people the space to have their experience. Do not rush in to stop him or her from crying or expressing frustration. Always ask permission before touching. Respect the person’s boundaries and cultural background in this regard. One person may be tremendously comforted by being hugged, held or even swaddled while another may find it suffocating. They will let you know if they want to be touched. Ask first.
13. The person may, at times, be so absorbed by the intense spiritual experience that he or she is not attending to **basic needs for food, water, sleep, clothing or physical safety.** Offer assistance in this regard. Appropriate medication to enable sleep might be helpful. People may request from their service providers mild tranquilizers to help with anxiety or agitation. **Do not medicate with the goal of halting the process unless there is an imminent risk of harm to the individual or others.**
14. Others can help by maintaining a calm and nonjudgmental presence. Employ your own spiritual practices to keep yourself grounded. **Offer opportunities for yourself and the individual having the experience to get more grounded,** such as breathing, yoga, meditation, prayer, energy healing, silence, contact with nature, etc.

15. Creative expression can be very healing while moving through an intense spiritual experience. **Provide the tools for the individual to express him or herself through a variety of modalities**, such as art, drumming, music, dance, writing, prayer, etc. Be open to exaggerated expression as a means to release emotions, thoughts or memories.
16. If a person in crisis loses control in a way that is deemed unsafe, this may trigger the involvement of law enforcement and the potential use of force, including involuntary hospitalization or confinement in jail. Given their heightened state of consciousness and sensitivity, people in intense spiritual states will be acutely and deeply harmed by the use of force, so it should be avoided if at all possible and used only as a last resort, not as a primary intervention. **In addition to the consequences of the spiritual/psychiatric experience itself, the use of force may cause traumatization or retraumatization that needs to be acknowledged and healed** in order for the person to return to his or her regular living, learning, working or social environments.
17. Relationships can be strained when a person goes into an altered state and may require repair after the crisis has subsided. People having intense spiritual experiences may be temporarily unable to fulfill expected obligations and roles and may say and do unexpected things. When undertaken as part of a conscious process of integrating and moving beyond traumatic experiences, **forgiveness should be evaluated as one possible option that can free up mental and emotional energy for moving forward in life.** Loved ones may need to forgive the person for actions or words that occurred in an altered state and get past feelings of blame toward the person for “doing this to them” or “throwing their lives away.” The individual who was harmed may choose to forgive those who made decisions during the crisis, even damaging ones. The person who had the intense spiritual experience may need to make peace with their Higher Self/Higher Power/The Divine/The Creator/God for a sense of alienation or abandonment that occurred during the crisis. We may need to forgive ourselves and we may need to ask others to forgive us.
18. A recovery orientation is a hallmark of high quality mental health services. Service recipients should be assumed to be capable of determining the course of their own lives, including handling crises. **Peers and programs can assist individuals to develop personal skills and crisis plans to prepare for intense spiritual experiences that may occur in the future.** For example, as part of the Wellness Recovery and Action Plans developed by Mary Ellen Copeland (see www.mentalhealthrecovery.com), individuals can specify who, what, when, where and how they would like to be supported in the event of a spiritual crisis, including creating a network of support. Supporters can help by prompting an individual who has had an intense spiritual experience to reflect on what sorts of supports would be ideal in the future and to support him or her in putting those plans in place. Empower them to develop their own coping skills for going through an intense spiritual experience; the long-term goal is for the individual to be able to contend with these experiences on their own as much as possible.

“My most intense spiritual experience took place in 1971 ... I thought I was the reincarnation of The Buddha, of Jesus Christ... The Buddha had created a religion for the East, and Christ for the West, and I was going to create a new global religion. I was hearing voices in my head – not only from Buddha and Christ, but from people like Plato, and the anthropologist Margaret Mead, and Freud, and Jung. And also Bob Dylan, and Cat Stevens. I was very lucky. I had some friends who let me just stay with them during this whole time. They took care of me, fed me, basically provided the kind of environment that Diabysis and Soteria House created. I was able to go through this entire experience without hospitalization, without medication. Since then I’ve met lots of people who have had very similar experiences who didn’t have that kind of support and had a very different outcome.... I saw a Jungian therapist who said, “Well, it doesn’t sound like you were crazy; it sounds like something important was happening in your life.” It was a total reframe that set me re-thinking this whole thing. The Native American medicine man named Wallace Black Elk shared with me that he had visions in his early 20s that had landed him in a psychiatric hospital, and he viewed them as his calling. ...It’s my mission now to work within the mental health system to try to get more acknowledgement that these kinds of experiences can be important change points for a person, rather than just psychopathology.”

– David Lukoff

"I remember sitting on the floor and just crying and crying and saying, "Why, why, why are you letting me feel all of this!" And immediately I heard, "My dear sweet child..." That's when you know it's not your voice! Because it was way more compassionate than I could ever be toward myself. And very often the voice would come, "My dear sweet child..." Because the wounds were so deep that you wouldn't let anyone in, you wouldn't let me in. And I had to find whomever I could, and I'll use anybody who can open that door to your soul. So my therapist at the time became a door opener for me to my own soul... My process was never pathologized. However I showed up, the therapists' response was, "How natural. How natural that you would feel that way. How natural that you would want that. How natural that you would respond that way." That perspective continues to inform me.

It was an important painful process. I felt completely split open, to my deepest core, and not only did it feel like my guts were falling out, so too were my gifts and talents and abilities I never knew I had. And my heart began to melt and open up as I learned to have compassion for myself. My therapist held a mirror up of my beauty and ability and creativity and wholeness and divinity and invited me to step

Continued on next page

Keep in mind that it may take many months or even years for an individual to fully "process" an intense spiritual experience. The full meaning of the experience in the person's life may emerge slowly. Be as patient in the aftermath as you were during the peak of the intensity. Do not withdraw supports too abruptly when it appears that the crisis is over. Continue to offer support and affirmation.

19. Given the high percentage of mental health clients with histories of trauma, **high quality mental health services will utilize and incorporate the principles of trauma-informed care.** For example, Roger Fallot and Maxine Harris of Community Connections in Washington, DC have identified domains* for evaluating the extent to which programs comply with these principles. The following are some sample criteria:

To what extent do the program's activities and settings ensure the physical and emotional safety of consumers?

- Are the reception, waiting areas and interview rooms comfortable and inviting?
- Are the first contacts with consumers welcoming, respectful and engaging?
- Are security personnel present? What impact does their presence have?
- Are staff attentive to signs of consumer discomfort or unease? Do they understand these signs in a trauma-informed way?
- In making contact with consumers, is there sensitivity to potentially unsafe situations (e.g. domestic violence)?

To what extent do the program's activities and settings maximize trustworthiness by making the tasks involved in service delivery clear, by ensuring consistency in practice and by maintaining boundaries that are appropriate to the program? How can the program maximize honesty and transparency?

To what extent do the program's activities and settings maximize experiences of choice and control?

- How much choice does the individual have over what services he or she receives; when, where and by whom the service is provided (e.g. time of day or week, office vs. home vs. other locale, gender of providers, etc.)?
- Do individuals understand that they have to "prove" themselves in order to "earn" the right to participate in other services?
- Are there negative consequences for exercising particular choices?

To what extent do the program's activities and settings maximize collaboration and sharing of power between staff and consumers?

These same principles will be useful in supporting individuals having intense spiritual experiences.

* See the model "Creating Cultures of Trauma-Informed Care" developed by Community Connections (www.communityconnectionsdc.org) and based on the book, *Using Trauma Theory to Design Service Systems*, (2001), edited by Maxine Harris, Ph.D., and Roger Fallot, Ph.D.

20. Finally, **spirituality can be part of a holistic approach to mental health.** Spirituality takes different forms for different people. For some, it may be most relevant during acute episodes; for others, it may be a foundation of beliefs and practices that support their long-term recovery. While being careful not to impose any aspect of spirituality or religious beliefs, **programs should strive to promote balance of body, mind and spirit** among service recipients, staff and the community.

Do's & Don'ts When Accompanying A Person Having An Intense Spiritual Experience

When supporting someone who is going through an intense spiritual experience, keep in mind which actions that are likely to be helpful or not helpful. Here is a quick reference list.

- DO** bring a genuine attitude of empathy, compassion, openness and respect.
- DO** meet the person where he or she is at. Offer unconditional support as in, "I will 'hold' you in whatever loving way you want me to," or "I will be here with you and support you as much as I possibly can."
- DO** inquire about any life events that may have precipitated the crisis.
- DO** listen deeply. Demonstrate that you've listened by reflecting back (paraphrasing) what was said, which also gives him or her the opportunity to correct any misunderstandings on your part.
- DO** be open to the unknown.
- DO** be open to something good resulting from an arduous transformative process, even if not obvious just yet. For example, you might say, "I have confidence that you will be able to make sense of all this in time. For now, simply experience it."
- DO** be sensitive to the person's cultural frame of reference. Strive to be a nonjudgmental, spiritually and culturally sensitive guide.
- DO** acknowledge the person's strengths in the face of challenges. (Think of "the hero's journey.")
- DO** allow exaggerated expression. Say, "It's okay, let it out!"
- DO** provide the tools for creative expression of intense emotions (e.g. art supplies, paper and pen for journal writing, space for dancing, playing drums, etc.).
- DO** monitor your own level of discomfort so that you can be more fully present.

toward that vision of myself and live in it. So I saw that how someone responds to people in this state is vitally important as to whether they view themselves as crazy or beautiful.

When I began working in the mental health field, and people would tell me their stories, I realized it was my story. The only difference between us was that I was never told I was mentally ill. And that person was. And that informs every fiber of my being.

Because I know it's only by grace. If I had walked into a public mental health center when I couldn't stop crying, that story would have never unfolded in the same way. And the process would have been shut down at the point where I couldn't stop crying. I never would have gotten to the point where I was split open to my soul.

Now I get most of my information in between the worlds, as I call it, in between the worlds – as I'm going to sleep and as I'm waking up in the morning. And it's been very difficult to be in the world in the way that the world wants me to be. I need to take time to just be. I need to be in stillness."

– Debbie Whittle

DO assist the person in creating a space in which they're comfortable. Check in with the individual about features of the environment that will be most supportive (e.g., his or her preferences for lighting, sound, being indoors or outdoors, alone or accompanied, etc.).

DO ask if the person wants contact with friends, family members, counselors, religious leaders, indigenous healers or other members of his/her community or clan.

DO support the individual to develop his/her own coping skills for going through intense spiritual experiences.

DO assist the individual to create a crisis plan for optimal support in the event that another intense spiritual experience occurs.

DON'T judge or interpret, simply accompany.

DON'T set a time limit. Instead, say, "Take as much time as you need."

DON'T be too quick to diagnose. Rather than "pathologizing" the experience (or seeing it in terms of something bad or defective to be fixed), affirm its value by saying, "This is a natural and powerful process."

DON'T be too quick to use medications right away and **DON'T** ever overmedicate. Powerful medications can be tremendously helpful, but they can also be used too quickly or used in ways that may overlook other important and meaningful issues and processes.

DON'T attempt to "fix" the "problem" right away; just go with it. Say, "I'm here." Examine and release your own need to "help" by feeling a need to be in control of the process.

DON'T approach the person with a limited agenda. Rather ask, "How can I be most helpful in this moment?" While your role and purpose is important, how can you expand your sensitivity to process-oriented issues?

DON'T hesitate to ask for help if you feel overwhelmed, fearful for the safety of yourself, the individual, others or the environment.

What "experiencers" want you to hear and take to heart:

- Your role is to honor, respect and validate. Conceive of your role as one of *witnessing* my journey. It is helpful to hear you say things like, "I'm honored to be by your side right now."
- You may not be able to predict my path (no one can), but you can help me create a safe space—whatever "safe" means for me—as I move through it.

- You can help by holding a space for what is happening. Your mind doesn't need to understand it.
- You have a right to attend to your own needs. Don't sacrifice yourself for me. Be there to the extent that you are able. Take a break. Ask for help when needed.
- Strive to create a space that is safe, sacred and nurturing--as I define safe, sacred and nurturing in this moment. Ask me, "what do you need to feel safe right now?"
- Keep in mind that you may learn something from witnessing my process.

On Dark Experiences

By Jimi Kelley

Almost universally, people experiencing intense negative internal feelings or contact with dark outside entities, express the need for a source of physical light. This may be a lamp, a window with a direct view of the sun or a candle. The emphasis is on being able to see the light source or sometimes simply being "in" the light somehow. Certain religious items can offer additional support and reassurance, other requests may be specific to the individual. **It is extremely important during these experiences that supporters/providers be at the height of their patience, and careful about physical distance, tone of voice, and body language**, allowing the consumer to direct much of the environment. Any circumstance that makes a person feel threatened also makes them feel suspicious. It is imperative that the consumer be given space to think and feel about their environment, as they will most often times analyze the persons around them to determine if they are associated with the threat and the environment to determine if it is under the control of the threatening source.

It is during these times that a consumer will often demonstrate thoughts, emotions and actions associated with paranoia and sometimes severely (assaulting other people, destroying things in their environment, etc.). Supporters, if able, should help the consumer to determine what is threatening about another person or object or environment, but **DO NOT TRY TO CONVINC THEM OTHERWISE**. Instead, help them to achieve a zone of safety (it's okay to remind them that "climbing on the roof" is not a safe zone). But, if they need to change environment, have certain objects removed from their environment or have certain persons leave the environment (when possible) it is conducive to the most timely re-stabilization.

Do not take comments personally. People who have been contacted by dark outside entities become highly sensitive to those qualities in the



Photo by Rev. Laura L. Mancuso. Used with permission.

“How incredible is this exchange! How many times have you gone to a meeting where it’s crickets in the room? How much energy and time have we spent trying to whip up passion at other meetings? So, as difficult as this process is, we should appreciate that it’s because people are passionate about what they have to say! This a conversation I’ve never been able to have with anybody, for the most part, literally! So for me there’s a certain amount of enthusiasm about this and the potential impact of where it’s all going.”

– John Aldam

people and things around them. For example, when others witness something the consumer is doing that does not seem rational, they may react with fear, concern and the feeling of the need to assert aggressive control of the consumer and the situation. Those feelings presented in the facial expressions, eye-contact and body language to the consumer experiencing a heightened sensitivity to evil (fear, aggression, agitation, mistrust, anger/loss of patience with the consumer) translate very quickly as evil and associated with the dark outside entities who are causing the crisis. Often times this is why “consumers” in this experience will assess those around them with statements like “you’re in, you’re out...” and so on. They are in essence determining which spiritual influences the persons around them are associated with the most at that moment.

Do not presume that the person having the experience is possessed by demons or is being punished. Prophets of all traditions have described living through the same types of experiences. Asking them point-blank “What do you need to help you right now?” is the essential place to start, which must in turn be honored in action as much as possible. Assuring the consumer that he or she is believed (or what is said is believed and heard) is essential, even if it may be a struggle for the supporter/provider to follow or understand what they’re saying. Providing a way for the consumer to speak with someone they trust. All of these things will help to reduce stress and allow the person who is having the experience to determine what they need to re-establish peace and harmony.

Jimi Kelley’s family is Quapaw and Cherokee. He previously worked at NAMI Tennessee in MultiCultural Outreach, and on NAMI’s State Committee for MultiCultural Outreach and National Committee for American Indian/Alaska Native Issues. Jimi now serves as an independent consultant, supporting Native families and Tribes to determine which mental health resources best serve their communities. He is a member of the First Nations Behavioral Health Association.

Jimi’s contributions to this report draw on the curriculum of the Sunrise program which was developed at NAMI Tennessee.

CHAPTER FOUR

Conclusion

While little has been written previously about intense spiritual experiences that co-occur with mental health issues, we are not starting anew. Decades of writings on spiritual emergence and spiritual emergency provided a foundation. The core principles of the recovery vision, trauma-informed care and multicultural competence are all relevant and helpful. Recent developments in the area of mental health & spirituality laid the groundwork and prepared the way for this guide.

This report has documented the experiences and wisdom of the sixteen people who gathered in Walnut Creek, California in November 2009 as part of the STAR Center Workshop. It provided reassuring guidance for individuals moving through intense spiritual experiences, so that they will not feel so alone. It offered specific recommendations on how to support others in these most vulnerable and powerful moments. And it offered hope that all involved may come through the process with more personal insight, greater consciousness and stronger health and well-being than ever before – experiencers and supporters alike.

Together, we have called for a significant transformation in the way intense spiritual experiences are handled in private and public settings. The core values of respect, cultural sensitivity, empathy, hope, openness, patience and resiliency resonate loudly from these pages. Supporters are asked to accompany, not to control. Consumers are encouraged to have faith in themselves and their personal spiritual practices, to seek help from trustworthy companions and to never forget that their most intense experiences have meaning.

May it be so.

Appendix: Resources on Multicultural Competence, Intense Spiritual Experiences and Mental Health

The following resources may be of use to people having intense spiritual experiences or looking for more information on the intersection of mental health & spirituality. It is not a complete list but rather a starting point for exploration. We hope that you will visit www.consumerstar.org to help us improve it over time and contribute resources that have been helpful to you.

Intense Spiritual Experiences

Spiritual Emergence Networks – resource materials and referrals to licensed therapists who are trained in psychospiritual issues

United States: www.spiritualemergence.info or phone (415) 453-1106

Canada: <http://spiritualemergence.net>

Australia: www.spiritualemergence.org.au

U.K.: www.SpiritualCrisisNetwork.org.uk

Spiritual Competency Resource Center by David Lukoff, Ph.D.

www.spiritualcompetency.com

American Center for the Integration of Spiritually Transformative Experiences

www.aciste.org

Association for Transpersonal Psychology

www.atpweb.org

Article by Paul Levy on Spiritual Emergence/Emergency

www.alternativesmagazine.com/08/levy1.html

Article by Tom Adams on Spiritual Emergency or Emergence

<http://easternhealingarts.com/Articles/SpiritualEmergency.html>

Article on Kundalini Symptoms by the Spiritual Emergency Network of Australia

www.spiritualemergence.org.au/pages/forms-kundalini2.html

Article by Lynne Namka, EdD, on Spiritual Emergence & The Awakening Process

www.omplace.com/articles/PathConstruct.html

Article by El Collie on Kundalini Awakening

www.kundalini-gateway.org/ksigns.html

Personal Accounts of Spiritual Emergency and Recovery by Blogger "Spiritual Emergency"

www.spiritualemergency.blogspot.com/

<http://voices-of-recovery-schizophrenia.blogspot.com/>

<http://spiritualrecoveries.blogspot.com/>

Blog and Videos by Sean Blackwell – "Bipolar or Waking Up?"

<http://bipolar-or-wakingup.blogspot.com/>

www.youtube.com/bipolarorwakingup

Grof, Christina and Stanislav Grof. ***The Stormy Search for the Self: Understanding and Living with Spiritual Emergency*** (Classics of Personal Development). New York: HarperCollins Publishers Ltd, 1990.

Grof, Stanislav and Christina Grof, Editors. ***Spiritual Emergency: When Personal Transformation Becomes a Crisis*** (New Consciousness Reader). New York: Tarcher, 1989.

Augustine, Saint. ***Saint Augustine Confessions***. New York: Classic Books America, 2009.

Knight, Tamasin. ***Beyond Belief: Alternative Ways of Working With Delusions, Obsessions and Unusual Experiences***. Berlin: Peter Lehmann Publishing, 2009. Full text available for free at: <http://www.peter-lehmann-publishing.com/books/beyond-belief.pdf>

Lucas, Catherine G. ***In Case of Spiritual Emergency: Moving Successfully Through Your Awakening***. Scotland: Findhorn Press, 2011.

Perry, John Weir. ***The Far Side of Madness***. Irving, Texas: Spring Publications, 2005.

Sannella, Lee. ***The Kundalini Experience: Psychosis or Transcendence***. Integral Publishing, 1987.

Diverse Cultural Perspectives On Spirituality, Community, Healing & Wellness

Al Fathia – Toward An Integral Psychology of Islam – by Jalaledin Ebrahim
<http://jaleledin.blogspot.com/>

Bay Area Jewish Healing Center – San Francisco, California – Mental Illness Outreach & Education
<http://www.jewishhealingcenter.org/mentalhealth.htm>

Attitudinal Healing Connection – Kokomon & Aeshah Clottey
www.ahc-oakland.org

Flowering Mountain – Martín Prechtel
www.floweringmountain.com

White Bison – Center for the Wellbriety Movement
www.whitebison.org

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www.patdeegan.com/blog/archives/000011.php

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Trauma Healing

National Center for Trauma Informed Care (NCTIC)
<http://mentalhealth.samhsa.gov/nctic>

Capacitar International, Inc.
www.capacitar.org

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Mental Health Recovery

National Technical Assistance Centers

NAMI STAR Center

www.consumerstar.org
(866) 537-7827

The STAR Center provides Support, Technical Assistance and Resources to assist consumer-operated and consumer-helper programs in meeting the needs of under-served populations. In pursuit of this mission, the Center offers a broad array of technical assistance to consumer operated and peer run programs, leadership trainings, national teleconferences and consumer scholarships for attendance to the annual Alternatives Conference. The STAR Center is funded by SAMHSA and based at NAMI (The National Alliance on Mental Illness).

National Empowerment Center, Inc. (NEC)

www.power2u.org
800-POWER2U (800-769-3728)

The National Empowerment Center (NEC) is a consumer/survivor/expatient-run organization that carries a message of recovery, empowerment, hope and healing to people who have been labeled with mental illness. NEC operates a toll-free information and referral line (English and Spanish) and provides information about advance directives, shock treatment, schizophrenia, self-help groups in your area, legal services in your area, meditation and self-help techniques, coping with depression, etc.; promotes networking among consumer-run organizations and advocacy groups; provides lectures, workshops, conferences and consultations; influences policy-makers; conducts qualitative research; and develops educational and self-help resources. NEC is funded, in part, by SAMHSA.

National Mental Health Consumers' Self-Help Clearinghouse

www.mhselfhelp.org
(800) 553-4539

The National Mental Health Consumers' Self-Help Clearinghouse works to foster consumer empowerment through a website, up-to-date news and information announcements, a directory of consumer-driven services, electronic and printed publications, training packages and individual and onsite consultation. The Clearinghouse helps consumers organize coalitions, establish self-help groups and other consumer-driven services, advocate for mental health reform and fight the stigma and discrimination associated with mental illnesses. The Clearinghouse also strives to help the consumer movement grow by supporting consumer involvement in planning and evaluating mental health services and encouraging traditional providers and other societal groups to accept people with psychiatric disabilities as equals and full partners in treatment and in society.

Government Agencies

Center for Mental Health Services (CMHS)

mentalhealth.samhsa.gov/cmhs

The Center for Mental Health Services (CMHS) is the Federal agency within the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) that leads national efforts to improve prevention and mental health treatment services for all Americans. CMHS pursues its mission by helping States improve and increase the quality and range of treatment, rehabilitation and support services for people with mental health problems, their families and communities.

SAMHSA's National Mental Health Information Center

www.mentalhealth.org

The National Mental Health Information Center provides information about mental health via a toll-free telephone number (800-789-2647), the Internet and more than 600 publications. The Center was developed for users of mental health services and their families, the general public, policy makers, providers and the media. Information Center staff members are skilled at listening and responding to questions from the public and professionals. The staff quickly directs callers to Federal, State and local organizations dedicated to treating and preventing mental illness. The Information Center also has information on Federal grants, conferences and other events.

Additional Recovery Resources

Pathways to Recovery: A Strengths Recovery Self-Help Workbook by Priscilla Ridgway, Diane McDiarmid, Lori Davidson, Julie Bayes and Sarah Ratzlaff

www.socwel.ku.edu/projects/SEG/pathways.html

Copeland Center for Wellness and Recovery – Mary Ellen Copeland

www.copelandcenter.com

The Transformation Center

www.transformation-center.org

Western Massachusetts Recovery Learning Center

www.westernmassrlc.org
<http://vimeo.com/5272807>

“The Wounded Healer” video – Humanity Healing Network

<http://youtu.be/TDLUR15Z9o8>

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Mental Health Recovery: What Helps and What Hinders? A National Research Project for the Development of Recovery Facilitating System Performance Indicators. By Onken, Steven J., Jeanne M. Dumont, Priscilla Ridgway, Douglas H. Dornan and Ruth O. Ralph. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors, 2002. www.nasmhpd.org/general_files/publications/ntac_pubs/reports/MHSIPReport.pdf

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Practice Guidelines: Core Elements for Responding to Mental Health Crises. HHS Pub. No. SMA-09-4427. Rockville, MD: Center for Mental Health Services, Substance Abuse & Mental Health Services Administration, 2009. 26 pages. <http://download.ncadi.samhsa.gov/ken/pdf/SMA09-4427.pdf>

Mental Health Needs Of Veterans

“Meeting the Mental Health and Substance Use Needs of Veterans Returning From Operation Iraqi Freedom and Operation Enduring Freedom and Their Families” by Bruce D. Emery, National Council for Community Behavioral Health care <https://store.thenationalcouncil.org/catalog/show/53>

NAMI Veterans Resource Center www.nami.org/veterans/

National Center for PTSD, United States Department of Veterans Affairs <http://www.ptsd.va.gov>

National Council for Community Behavioral Healthcare - Behavioral Health Certificate in Serving Our Veterans www.thenationalcouncil.org/cs/veterans

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SAMHSA Webpage on Military Families Strategic Initiative (links to programs, data, publications, and resources) www.samhsa.gov/militaryfamilies/

Advance Planning

Advance Psychiatric Directives from Bazelon Center for Mental Health Law www.bazelon.org/issues/advancedirectives

National Resource Center on Psychiatric Advance Directives www.nrc-pad.org

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Graduate Study Programs Incorporating Spirituality

Institute of Transpersonal Psychology
<http://www.itp.edu>

California Institute of Integral Studies
www.ciis.edu

Pacifica Graduate Institute
<http://www.pacifica.edu>

Complimentary & Alternative Mental Health

Networking

Radical Psychology Network
www.radpsynet.org

Mind Freedom International
www.mindfreedom.com

Madness Radio Network
www.madnessradio.net

Alternative Mental Health by Safe Harbor
www.alternativementalhealth.com

The Icarus Project: Navigating The Space Between Brilliance and Madness
<http://theicarusproject.net>

Services

Windhorse Community Services – holistic recovery programs integrating Buddhism and Western psychology
www.windhorsecommunityservices.com

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Quotations Referenced During Workshop

From the website of The Spiritual Emergence Network of Australia,
<http://www2.nor.com.au/community/spiritualemergence/page2.html>:

The terms spiritual emergence and spiritual emergency were coined by Dr. Stanislav Grof (psychiatrist) and his wife Christina Grof who have worked for many years as therapists and researchers in the field of non-ordinary awareness and personal transformation.

This has also been called transpersonal crisis, acute psychosis with a positive outcome, positive disintegration and an extreme state. There is no sharp division between emergence and emergency.

A spiritual emergency could also be defined as a critical and experientially difficult stage of a profound psychological transformation that involves one's entire being. This is a crisis point within the transformational process of spiritual emergence. It may take the form of non-ordinary states of consciousness and may involve unusual thoughts, intense emotions, visions and other sensory changes, as well as various physical manifestations. These episodes can often revolve around spiritual themes.

Quotes from *The Stormy Search For the Self: A Guide to Personal Growth through Transformational Crisis* by Christina Grof and Stanislav Grof, MD:

*"In the most general terms, spiritual emergence can be defined as the movement of an individual to a more expanded way of being that involves enhanced emotional and psychosomatic health, greater freedom of personal choices, and a sense of deeper connection with other people, nature, and the cosmos. An important part of this development is an increasing awareness of the spiritual dimension in one's life and in the universal scheme of things."
(Grof & Grof, 1990, p. 34)*

When spiritual emergence is very rapid and dramatic, however, this natural process can become a crisis, and spiritual emergence becomes spiritual emergency. (p. 35)

"Healing is not the absence of pain; it is the ability to meet pain with mercy instead of loathing."

– contributed by Deb Whittle

"It is a paradox in the contemporary world that in our desire for peace we must willingly give ourselves to struggle."

– Linda Hogan, Chicasaw
(contributed by Ruth Villaseñor)

*Much Madness is divinest Sense—
To a discerning Eye—
Much Sense—the starkest Madness—
'Tis the Majority
In this, as All, prevail—
Assent—and you are sane—
Demur—you're straightway dangerous—
And handled with a Chain—*

– Emily Dickinson
(contributed by David Lukoff)

"God, I offer myself to you - to build me and do with me as you will. Relieve me of the bondage of self, that I may better do your will. Take away my difficulties, that victory over them may bear witness to those I would help of your power, your love, and your way of life."

– 12-step prayer
(contributed by Steven Bucholtz)

"We are not human beings having a spiritual experience. We are spiritual beings having a human experience."

– Teilhard de Chardin
(contributed by Ruth Villaseñor)

Mi taku oyasin. (We are all related.)

– Lakota saying
(contributed by Ruth Villaseñor)

*In the psychology of the outcast and vagabond,
the neurotic
and psychotic, we slowly discover
the hidden features of our own
emotional and mental processes.*

*We hunt for the key to language
itself
in the dance of bees
or in the chemical code
of the chromosomes*

*To compose such a Symposium of the whole,
such a totality, all the old excluded
orders must be included:*

*the Female
the protestant
the foreign
the animal
the vegetative
the unconscious
the unknown
the criminal
the failure*

*All that has been outcast and vagabond
must return to be admitted as the creation
of what we consider we are.*

*The thoughts of primitives, dreamers, children
and the mad.*

– Robert Duncan
(contributed by David Lukoff)

*“Anyone who wants to know the human psyche
will learn next to nothing from experimental
psychology. He would be better advised to
abandon exact science, put away his scholar's
gown, bid farewell to his study, and wander with
human heart throughout the world. There in the
horrors of prisons, lunatic asylums and hospitals,
in drab suburban pubs, in brothels and gambling-
hells, in the salons of the elegant, the Stock
Exchanges, socialist meetings, churches, revivalist
gatherings and ecstatic sects, through love and
hate, through the experience of passion in every
form in his own body, he would reap richer stores
of knowledge than text-books a foot thick could
give him, and he will know how to doctor the sick
with a real knowledge of the human soul.”*

– Carl Jung
(contributed by David Kennedy)

The Serenity Prayer

*God grant me the serenity
to accept the things I cannot change;
courage to change the things I can;
and wisdom to know the difference.
Living one day at a time;
enjoying one moment at a time;
accepting hardships as the pathway to peace;
taking, as He did, this sinful world
as it is, not as I would have it;
trusting that He will make all things right
if I surrender to His Will;
that I may be reasonably happy in this life
and supremely happy with Him
forever in the next.
Amen.*

– written by Reinhold Niebuhr and
used in most 12-step recovery groups

"What a difference it would make if a person in the throes of a life crisis were called, as in the Ndembu tongue, a mwadi - an initiate - and then skillfully led to a rebirth. Instead our psychological initiates are often labeled neurotic, psychotic, addictive or character-disordered, labels that create helplessness and low self-esteem. These labels reinforce the fearful story that we are damaged and less than whole, a belief that prevents accessing the First Stories of initiation that the universe provides to help us move out of liminality into rebirth.

Some of the power of twelve-step recovery programs comes from the context in which addiction is placed - the new stories that Bill W. created that echoed the truth of the First Stories. In anonymous programs, addictions are transitions between a life where the person was out of touch with a Higher Power and one in which the reality of that Power becomes not only the force for recovery but also a renewal of the meaning of life. Addiction as a mwadi experience, for those who are willing to see it in that light, creates a context of excitement, empowerment and even gratitude for the addiction as a conduit to a new, more self-aware and fulfilling role.

Psychological problems and addiction are not the only challenging life-events where context effects outcome. Psychiatrist Victor Frankl, in his moving book *Man's Search for Meaning*, talks about life in the Nazi death camps during the Holocaust. In those most terrible of times some people succumbed to the inevitable epidemics that swept the camp, dying before the brutality of the Nazis and the fire of the ovens could consume them. Others, those who were able to find some meaning in their suffering, were more likely to hold onto life. Frankl himself survived four death camps before liberation, and it was in those camps that he conceived of logotherapy, a system of psychological growth and healing based on the apprehension of meaning.

Frankl and others like him created ritual out of horror, growth out of destruction, by choosing to believe that there was some transcendent meaning to their suffering. When we set our sights on a higher meaning, we automatically cast ourselves in the role of a dweller at the threshold, an initiate in a Great Story. We are not powerless, trapped or worthless. We are passing through the fire on the way to a purification of sufficient value that our suffering becomes worthwhile when weighed against it. Part of the value of suffering and dwelling at the threshold is that it initiates or intensifies the search for what is most sacred, for only in placing our minds on the promise of that sacredness can we emerge from the liminal period not only intact but healed.

The late American psychologist Abraham Maslow spoke of the deep need to find in our lives not only personal meaning, but transpersonal or spiritual meaning. A need is like a biological drive, an instinct. It's part of the genes, part of the racial memories that form the collective unconscious that all people share. When a biological drive is thwarted the organism suffers in some way. The particular kind of suffering that accompanies a thwarted drive for transpersonal meaning is a feeling of emptiness, of meaninglessness about life that can progress to depression if the need is not attended to."

– Joan Borysenko, *Fire in the Soul: A New Psychology of Spiritual Optimism*, New York: Warner Books, 1993. Pages 57-58. Copyright © 1993 by Joan Borysenko.

(contributed by Laura Mancuso)



“Let your star shine!”



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