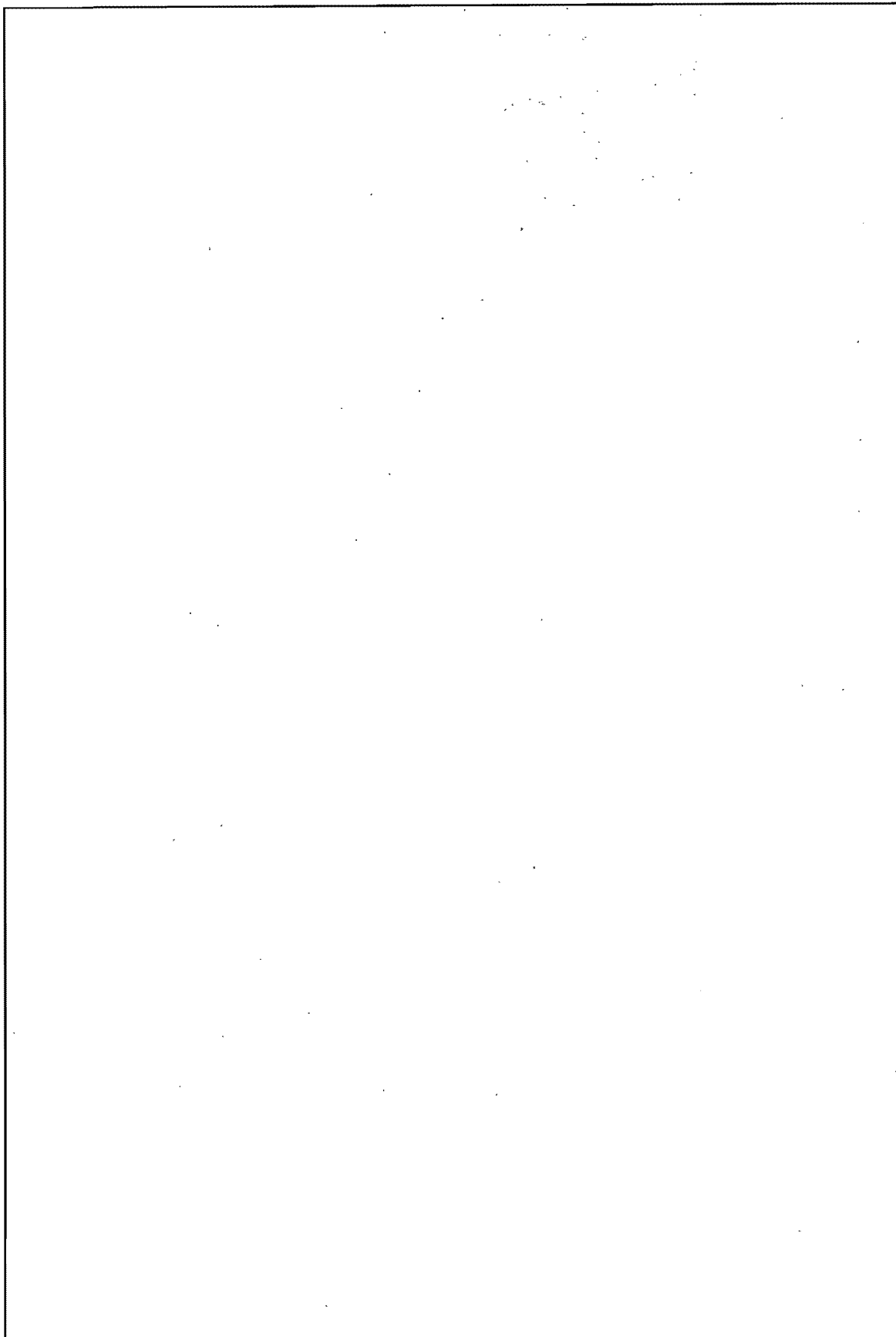


A Catholic Perspective
on the Spiritual Emergency

A Senior Studies Report

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Abstract

The purpose of this thesis is to separate, clarify, and define what the spiritual emergency is in a Catholic context. The term "spiritual emergency" was coined by Christina and Stanislov Grof, both of whom work in the area of transcendental psychology. Their perspective on this unique and relatively recent development is that of the typically New Age ideology. They define the spiritual emergency as critically difficult stages of a psychological transformation that includes a person's entire being. The spiritual emergency should not, therefore, be seen as a bad experience, but as one that can, through the proper help, be a channel to a higher relationship with God.

Several factors contribute to the occurrence of a spiritual emergency-- how a religious experience is facilitated, the maturity level of the seeker, and how the individual views their religion. Looking at these agents in light of transcendental psychology and historical occurrences, concrete conclusions can be made about their relation to Catholicism. One, the Catholic church offers many facilitating experiences. But, the Church needs to be more fully aware of spiritual emergency incidents and be prepared to minister and council the individuals to a higher and healthier knowledge of God.

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I. INTRODUCTION

America is on the edge of a spiritual renaissance. Beginning with the psychedelic sixties, the current curiosity with Eastern mysticism, quantum physics, and Western Gnosticism, the United States is indulging itself in characteristically New Age spirituality (Nelson, 1990, p. XV). Paul C. Vitz, in his 1994 edition of Psychology as Religion, states that large numbers of Catholics are looking at New Age styles of spirituality because they feel their orthodox religion is lacking something (p. 115-116). Since Vatican II, the Roman Catholic Church has undergone many changes. One of the most profound changes was the revitalized awareness of atypical channels for religious conversion. This has provided for many, new spiritual passageways within the context of the Catholic faith, such as the charismatic and Marian movements and a revitalized interest in meditation. The problem arises when Catholics, by using these deliberate facilitation techniques, have deep religious experiences and are unable to psychologically integrate what took place. The New Age movement has named this phenomenon the "spiritual emergency." This term suggests a crisis, "but also the potential for rising to a higher state of being" (Stern et al. 1985, p. 79). If properly understood and treated, patients can have emotional and psychosomatic healing, gain insight in creative problem solving, and

experience personality transformation. But, to understand deliberate facilitation and the spiritual emergency in a Catholic context, New Age spirituality and psychology must be analyzed and separated. It is precisely this separation and clarification that provides the unique perspective of this thesis.

It is important at this point to define what is meant by "religious experience" and "religion" because of their ambiguity. Religious experiences have been labeled as-- mystical experiences, conversions, rebirths, ecstasies and many other things. For this thesis, all of these terms will represent the same spectrum of subjectivity that the notion of "religious experience" can hold. Therefore, all of the experiences to be discussed will not be judged for their authenticity, but as psychological and spiritual happenings that, for the individuals who experienced them, were undeniably true.

Religion is a commitment to a particular style of worship and devotion within a faith community. It differs from spirituality, in that, the latter is one's relationship with certain religious values, not communal structure. A spiritual emergency patient will need to understand how these two different elements effect their experience.

II. THE SPIRITUAL EMERGENCY CONCEPT: HISTORY AND DEVELOPMENT

The term "spiritual emergency" was coined by Christina and Stanislav Grof, M.D. in their 1990 book, The Stormy Search for Self. The concept developed through Dr. Grof's research in extraordinary states of consciousness in a clinical context as well as Christina's personal experiences. They used the word "emergency", because it is similar in spelling to the word "emergence" which is part of the spiritual process. These two words will be discussed more in depth later.

The Grof's concepts grew from New Age ideology about how spirituality should be linked to psychology. Emma Bragdon concluded that, "only since the 1970s and the birth of transpersonal psychology have we had a discipline to order our thinking about the interconnectedness of personal growth and spiritual growth" (Bragdon, 1990, p. 91). Since most conventional religions do not prepare their members to deal with spiritual emergencies, the people usually get help from New Age psychologists, "healers", and spiritual teachers instead of their priests and clergy (Bragdon, 1990, p. 94). In fact, Christina Grof founded the Spiritual Emergency Network in California in 1980 in order to provide patients with a referral service with which to get help. Now as we continue into the 1990s, this type of fusion has become more and more

apparent and controversial in the field of psychology.

Spiritual emergencies can be defined as, "critical and experientially difficult stages of a profound psychological transformation that involves one's entire being" (Grof, 1990, p. 31). These can take the form of extraordinary states of consciousness and may be accompanied by intense emotions, visions, or even physical manifestations. The word "emergency" implies not a psychosis, but a stage that can be worked through and eventually become a spiritual emergence.

Spiritual emergences differ from spiritual emergencies in that they are stages of profound spiritual and psychological transformations that are not accompanied by cognitive and spiritual upheavals. The spiritual emergence may present itself mildly, or perhaps as a sudden deeper understanding of God without causing any disruption in the perception of reality; or, an emergence process, that had been going smoothly, might take a quick and stunning turn, abruptly causing a spiritual emergency (Nelson, 1990, 264). The ultimate goal, whether an emergency or an emergence, is to understand and integrate the experience into one's spiritual life. Since an emergence implies that there is no upheaval, many transcendental psychologists talk about a spiritual emergency becoming a spiritual emergence with the proper treatment, just as a emergence can become an emergency

if it is not properly understood and integrated. Either way, the experience can eventually allow the individual to reach a higher cognitive understanding of themselves and their spirituality if the situation is handled correctly.

These terms have not always existed. As already mentioned, this holistic approach to psychology and spirituality is relatively new. Even as early as the 1960s professionals were beginning to see that the old Newtonian approach to psychology and spirituality were far from correct. This old philosophy claims that "the central nervous system simply reflects [the] objectively existing world" (Grof, 1990, p. 249). William James, in his ground breaking book The Varieties of Religious Experience, recognized very early what this Newtonian approach was doing to many beliefs and values. Calling this old approach medical materialism he stated that it, "finishes up St. Paul by calling his vision on the road to Damascus a discharging lesion of the occipital cortex, he being an epileptic" and also, "It snuffs out St. Teresa as a hysteric, [and] St. Francis of Assisi as a hereditary degenerate" (James, 1963, p. 13). It is this mentality that brought about a new paradigm of holistic approach to health. This does not mean in any way that the old ways of thought are dead or that they contain no value. John Nelson believes that, "the role of religion is to

lead science as it searches for ever higher truths" (Nelson, 1990, p. XIV).

So what differentiates this new paradigm from the old one? First, This new holotropic approach separates mysticism from psychopathology, which traditional approaches do not. Secondly, it views health as holistic, meaning that everything-- mind, body, spirit, and soul-- effects an individual. In the words of William James, "society should support and safeguard, not undermine and destroy, the liberty of the nonconforming individual" having a mystical experience (1963, p. XI). This is exactly the philosophy that the holotropic paradigm follows. To understand the dynamics of this paradigm, one must understand how the spiritual emergency and emergence comes about. Although on rare occasions these experiences can happen with no warning, most of the time they are deliberately facilitated in one manner or another.

III. DELIBERATE FACILITATION

Deliberate facilitation of religious experience, which is the manipulation of physiological states, can be broken up into two categories-- sensory deprivation and sensory overstimulation. As facilitators, these practices are reported to make experiencing the Numinous easier. In a Catholic context, this means that deliberate

facilitation prepares and enhances the individual's encounter with God. Since there is usually an ambivalence between people's desire for a new relationship with God and their fear of losing the old, religions try to provide a socially approved means of facilitation (Batson, 1993, p. 117). In the United States, Catholics facilitate religious experiences through worship services, rites and rituals, preaching, meditation and fasting, and through various devotional groups. It is important to note here that all facilitation referred to as "Catholic" applies within the narrower context of "American Catholic". The deliberate facilitation to be mentioned then, will not include those methods used in other parts of the world, whether Catholic or not.

Sensory Deprivation

Physiological deprivation includes such practices as fasting, going without sleep, reducing environmental stimulation, and slowing one's breathing. These practices of deprivation not only free the individual, allowing them the time and energy to experience God, but also frees them from the "burden of selfstriving" (Neher, 1980, p. 115). This release from personal burdens is part of the facilitation process of deprivation, a way for the individual to experience the liberation of being free

from personal desire. John Nelson, in his book Healing the Split, affirms Neher by stating, "Sensory deprivation can easily induce a psychosis-like altered state of consciousness in even the most 'normal,' socially adjusted individual..." (1990, p. 67).

Fasting is also a very common practice. Fasting is the "partial or complete abstention from food and drink for a specified period of time" (Wulff, 1991, p. 62). Other deprivations common to the Catholic experience include reducing environmental stimulation and slowing one's breathing, both of which are techniques in the practice of meditation and contemplation. For many of the Catholic saints, these practices were part of everyday life. Julian of Norwich, the fourteenth century anchorite, spent her later years confined to a small room attached to the side of a Norman church. She had only a few windows in order to speak with those wanting her counseling and to hear Mass and receive communion (Wulff, 1991, p. 68). By living this way she had reduced almost all sensory stimulation making it easier to remain focused during meditation. Other such facilitation includes the Shakers of St. Vincent. These men would, for a period of 6 to 14 days, restrict their diet, sit blindfolded in isolation with the anticipation of a spiritual journey (Wulff, 1991, p. 68). Many religious communities live much the same way. They are situated in a forest or desert, living

according to traditions that provide several means for reducing sensory stimulation, like "drab dwellings that are sparsely furnished and in which life is enormously simplified, rules or vows of silence, periodic seclusion in individual cells, and lengthy periods of contemplation and prayer" (Wulff, 1991, p. 67). It is a proven physiological fact that extended social isolation and the monotony of environment and routine can yield such effects as sensing a divine Presence. This is not to say that these practices are not authentic, but that they do indeed prepare, prime, and facilitate the individual for a religious experience.

Overstimulation

Overstimulation includes such practices as drug use, music, dancing, excited rites and rituals, and flagellation. Since flagellation, which is an extreme form of ascetical piety, and drug use are discouraged by spiritual writers and Church authority, they will not be discussed. The most popularly used methods of overstimulation in Catholicism today are those found at charismatic and Marian meetings.

The production of emotional excitement at a charismatic or Marian meeting is enhanced by their appeal to "common fears, hopes, or desires" (Wulff, 1991, p.

71). Many of these collective ecstasies serve as the foundation for individual piety and continued personal growth. According to many researchers, the ties between erotic emotion and religion are intimate ones. Emotion at these meetings are usually stirred up through music, singing, praying, and sometimes dancing. Practices such as glossolalia (speaking in tongues), "laying on of hands", baptism of the spirit, and prophecy can also be found. The music and singing often accompanying these meetings are repetitious and methodical, almost trance-like. Alan Danielou states that sounds can "transform our sensibility, our way of thinking, the state of our soul, and even our moral character" (Wulff, 1991, p. 76). Many researches suggest that the rhythmic music directly affects neural functioning. The practices of dancing and glossolalia have the same affect. No researchers, though, claim that sounds alone can produce a religious experience, but only facilitate one (Wulff, 1991, p. 78). In addition to this, stress is reduced through the body contact of "laying on of hands" and rituals that divert attention away from worries (Neher, 1980, p. 166). These things can be so powerful that psychoanalyst Otto Fenichel once said, "the healing power of Lourdes [the healing shrine in Lourdes, France] is of a much higher order than that of the average psychotherapist" (Neher, 1980, p. 167). A profound example of this overstimulation in this first-hand testimony of

a religious experience--

But as I turned and was about to take a seat by the fire,... the Holy Spirit descended upon me in a manner that seemed to go through me, body and soul. I could feel the impression, like a wave of electricity, going through and through me. Indeed, it seemed to come in waves and waves of liquid love... it seemed to fan me, like immense wings. No words can express the wonderful love that was shed abroad in my heart. I wept aloud with joy and love; and I do not know but I should say I literally bellowed out the unutterable gushings of my heart. These waves came over me, and over me, and over me, one after the other... (Neher, 1980, pp. 105-106).

Variables Effecting Deliberate Facilitation

There are several factors that can alter the effectiveness of deliberate facilitation. Religious maturity, dimensions of individual religion, and the Creativity analogy shed light on the processes and outcomes of religious experiences. Author Newton Malony describes two types of religious philosophies expressed by patients. The first he calls the Defensive Religion. This is thought to be "that which may have made patients feel better but which perpetuated their illness" because, "it relieved symptoms but kept patients from self-awareness and indulged their dependency on their symptoms" (Stern et al., 1985, p. 25). Coping Religion, on the other hand, was that which "made patients feel good at the same time that it facilitated their getting well" (Stern et al., 1985, p.

25). This is the ideal view of religion in order to treat a spiritual emergency.

Before looking at psychological processes of treatment, the spiritual emergency counselor must look at the patients religious maturity. The Nelson-Malony Religious Status Interview (1982) is a 1-hour interview which provides the psychologist a means of assessing religious maturity with an accuracy similar to that with which they assess intelligence and personality. The test defines religious maturity in each of these eight dimensions-- awareness of God, acceptance of God's grace and steadfast love, being repentant and responsible, knowing God's leadership and direction, involvement in organized religion, being ethical, and affirming openness in faith (Stern et al., 1985, pp. 31-32). Once again, this test is an optional and beneficial prerequisite to actual counseling. It will help show what areas the individual failed to incorporate during their facilitated religious experience.

How an individual uses their religion is also a principle factor of integrating their religious emergency. Very closely related to a person's religious maturity, Daniel Batson's three dimensions of individual religion help explain why some people have a hard time dealing with religious experiences while others do not.

Batson's first dimension is the extrinsic/means

dimension. An extrinsic type person turns to God, but without turning away from their self. In other words, they use religion and their relationship with God as means for self-serving ends.

The second dimension is the intrinsic/end dimension. This dimension is good in that the individual looks into themselves for more self-knowledge, but if their religion has orthodox doctrines it may cause them to lose their self-acceptance.

The final dimension is the quest dimension. This dimension increases skepticism and tentativeness, but also may be associated with open-mindedness and flexibility. Neither the second nor the third dimension appears to be negatively related to mental health. The extrinsic/means dimension, however, is likely to be the orientation of the spiritual emergency patient (Batson, 1993, pp. 258-260, 289).

Another way in which we understand the religious experience is through the creativity analogy. This analogy parallels the mental processes that a person goes through to solve a dilemma and the processes someone should go through to understand a spiritual emergency. Employing this analogy, one can see the process a spiritual emergency patient must go through to come out solid and integrated.

In explaining the Creativity analogy, there are several propositions concerning the psychological dynamics.

The first is that our reality is constructed. This means that the explanation we give for our experience is what makes it reality for us. Secondly, the reality we construct is "based on our cognitive structures" (Batson et al., 1993, p. 89). Third, these cognitive structures we have are hierarchically arranged, meaning that problem solving tends to occur at the most specific, concrete level possible. Lastly, creativity includes an improvement in a person's cognitive organization, so that, when a problem cannot be solved with the original cognitive structure, a new one will have to be constructed (Batson et al., 1993, pp. 87-94). Knowing these psychological dynamics makes it easier to understand the identifiable stages in the creative process, which are--

1. Preparation. Creative thought begins with a time of struggle, in which the individual tries to solve the problem using the existing cognitive structures.
2. Incubation. The individual gives up the attempt to figure out the problem and, after having relaxed, thinks of the problem in a new cognitive way.
3. Illumination. A new organization occurs bringing new insight, one which allows for a solution.
4. Verification. One checks their solution to make sure it works.

Immediately, one can recognize the parallels between these stages and those of a religious experience. Much like the preparation period in creativity, a spiritual emergency patient is trying to understand an experience

that cannot be understood through their current cognitive structures. After realizing this, the person should enter the self-surrender stage. The individual then begins loosening the grip that their old way of thinking had on them. This brings about a new vision, which is the third stage. This new way of thinking transcends the old way and a new truth is revealed. For a religious experience, it means new life. In the creativity analogy, the next step would be verification. For a spiritual emergency patient, the person's verification is how well they live the new life they have acquired through their religious conversion (Batson et al., 1993).

In summary, the ideal conditions for an individual who plans on using deliberate facilitation should be-- "coping religion" maturity, either intrinsic/end or quest dimension of individual religion, and a good understanding of the creativity analogy. As a person deviates from this ideal it will increase their chance for having a spiritual emergency.

IV. THE SPIRITUAL EMERGENCY: UNDERSTANDING AND TREATMENT

The spiritual emergence process is a very complex development that contains many dynamics. Since the concept of the spiritual emergency evolved from New Age spirituality, its' process is normally described in terms

of Eastern mysticism. Because of this, putting it in a Catholic context is somewhat difficult and requires that certain points be used from many theories.

To begin looking at the spiritual emergency it is important to understand and believe that there is a common, universal spirit present in all human beings. As Catholics, we see this as God's spirit with which we are sustained. If it was withdrawn we would cease to live. The importance of this idea and how it effects the spiritual emergence and emergency is describe by John Neslon. He believes that a newborn's life begins in perfect communion and simple unity with what he calls Spiritual Ground. In more common terms, this Spiritual Ground can be seen as that underlying current, or as the life-breath breathed into us by God at the time of creation. As the child grows older, he begins sealing off this part of his consciousness and establishing his own. He forms his "self". This barrier between the pure Spiritual life-breath and his new consciousness is a porous one. It allows some transaction between the two entities. With the progressing maturity of the child as he fortifies his self-boundary, the porous barrier becomes less open and more restricting. Eventually, the blissful communion with the Spiritual life-breath is repressed, consciously forgotten and alien to the boy. This does not mean that the Spiritual Ground is no longer there, but that it is

deeply embedded in him and not casually present. Altered states of consciousness change the permeability of self-boundaries (Nelson, facilitation techniques are trying to gradually reopen their self-membranes to that original union with God in a controlled way. This is possible only for those who have a strong inner self. When a stable ego is not present, the experience can bring about a spiritual emergency (Nelson, 1990, p. 14).

Cynthia Chandler and her associates, in their article "Counseling for Spiritual Wellness: Theory and Practice", provide a diagram for the spiritual emergence process without the use of Eastern religion jargon. They define the term "spiritual development" as-- "the process of incorporating spiritual experience that results ultimately in spiritual transformation" (Chandler et al., 1992, p. 170). A spiritual emergency does not guarantee spiritual development and integration, but does allow for it. Figure 1 depicts the process and development a spiritual journey takes. On the one side there is the repression of the sublime, meaning that the individual denies the spiritual tendency within himself. The other side, the spiritual emergency, is where the person is preoccupied with a religious experience. At any point in spiritual development, a person may shift between these two positions (the horizontal dimension). The vertical dimension represents a continuum throughout one's life, with the

middle line representing the well-balanced, healthy spirituality.

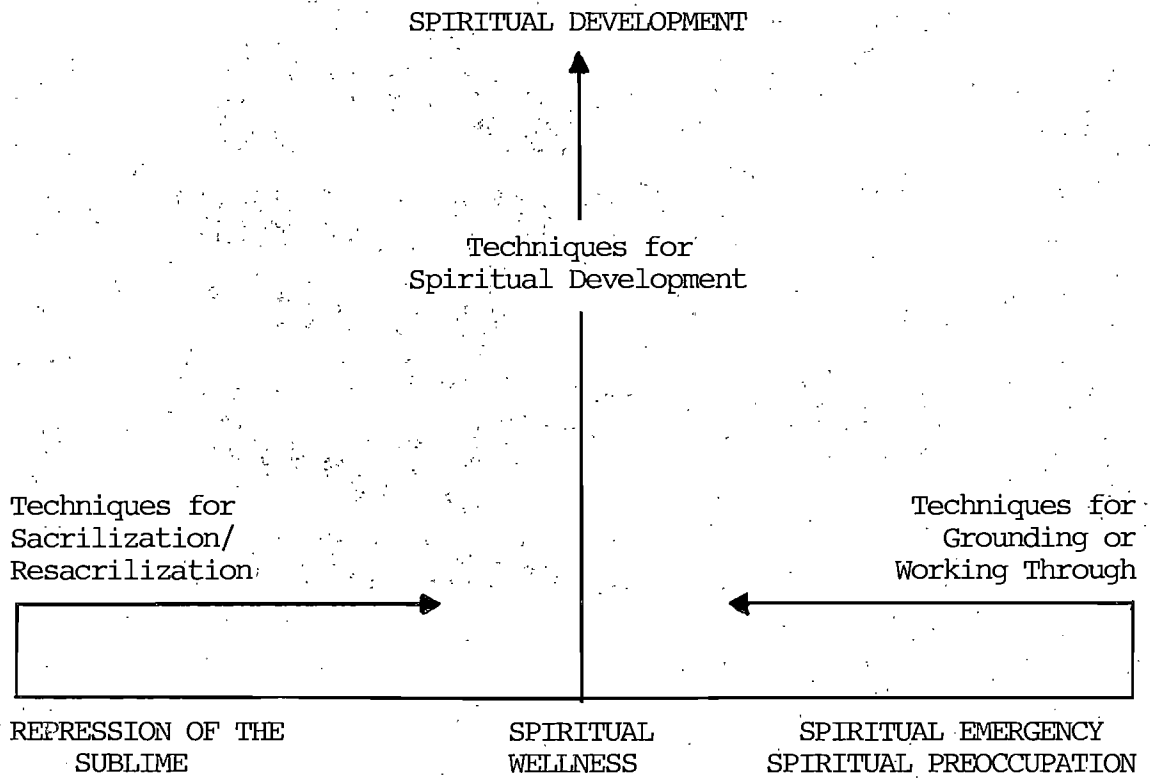


FIGURE 1
Model for Spiritual Wellness and Classes of Techniques
(Chandler, 1992, p. 170)

As the holotropic paradigm explains, spiritual wellness is not an isolated component, but an interactive dimension of a person's being. Chandler demonstrates this in Figure 2 with her Holistic Wellness Model.

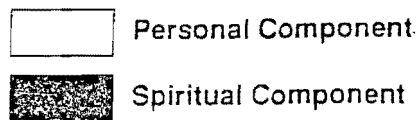
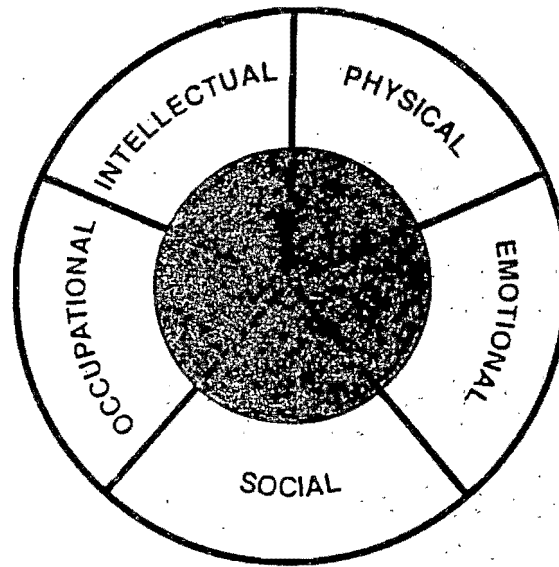


FIGURE 2

Holistic Wellness Model
(Chandler, 1992, p. 171)

Chandler's article provides a fairly clear notion of the spiritual emergence progression, but does fails to illustrate the impact that a spiritual emergency can have. John Nelson's idea of the spiritual emergency can add a more intense perspective. He describes the altered states of consciousness that constitute the spiritual emergency as "near-psychotic" experiences that can last

"minutes, days or weeks" (Nelson, 1990, p. 266). The spiritual emergency often brings to the surface of one's consciousness unresolved aspects of the personality that have been in repression. The emergencies may come in a variety of forms, including dramatic death and rebirth experiences, out-of-body experiences, extrasensory perception, and states of mystical union. Physical manifestations may include feelings of heat, trance states, tension relief and sometimes even discomfort (Nelson, 1990, p. 266). Emma Bragdon, in her book The Call of Spiritual Emergency, remarks that emotional catharsis is often the trigger for these experiences, especially when the individual has been habitually repressing their feelings (1990, p. 135). Knowing that this emotional purification is so closely tied with catalyzing a spiritual experience, Bragdon questions why more Christian groups aren't actively getting involved in the process. She states that, "Evangelicals and charismatic Catholics seem to be the only Christian sects that promote emotional expressiveness within the Church rituals" (1990, p. 135).

Another dynamic of the spiritual emergency is described by Grof as "the dark night of the soul". Before people can reach the freedom of spiritual emergence they almost always have to go through some dark areas. This is what can make it very difficult for the spiritual emergency patient to function through everyday life;

day-to-day duties and interactions seem troublesome and overwhelming. Many times during this period the person experiences feelings of fear, loneliness, insanity, and a preoccupation with death. Although these seem frightening, they are truly the process which is necessary for the individual to work through their emergency. Therefore, to deny these aspects or denounce them, as many modern psychologists do, is extremely inhibiting to the goal of spiritual emergence (Grof, 1990). Instead, the patients need to be allowed to experience their symbolic death so as to move to a higher level, as shown on Chandler's Wellness diagram.

Although there is a dark side in the transformation of the spiritual emergency process, there is also a lighter side. Grof describes it as "encountering the Divine". Just because these are seen as positive mystical states does not mean they are without struggle and problems. The two biggest areas of difficulty are conflicts with oneself in accepting the transcendental realms and problems with relating the experience back to everyday life (Grof, 1990, p. 68). It will be discussed later how these issues are addressed in therapy.

Spiritual Emergence In History

Christian history and the Catholic Church display

many examples of spiritual emergencies and emergence. Looking at individual struggles through the process mentioned above lends to a clearer insight into dynamics of the spiritual emergency. Saint Anthony, Saint Teresa of Avila, and even Jesus have been said to have had spiritual emergencies and emergences.

Saint Anthony is a classical example of the spiritual emergency from early Catholic history. During his isolation in the desert he endured numerous visionary combats with Satan. In the visions, Anthony would be tempted with bread during fasts, and sensuous women, as well as physical beatings from the Devil. Throughout all of these trials, Saint Anthony held steadfast to his faith and emerged an important Christian father (Grof, 1990, p. 138).

Saint Teresa of Avila was repeatedly discredited by her superiors and it was often thought that she was possessed by the Devil. As a young woman in the convent, Teresa came down with an illness that required her to be in almost absolute isolation for four years. Throughout these years, the physical attacks brought on by the ailment were transformed into ecstatic raptures. Her pulse and breathing would stop for long periods of time; so completely, in fact, that it was once believed that she was dead for four days. Saint Teresa's "communion with Higher Power and the purification process of her

'disease' had opened the path for her to fully experience union with God" (Bragdon, 1990, p. 78).

Jesus went out into the desert for forty day and forty nights fasting and praying in solitude. These purifying and strengthening agents were necessary to rise above his own personal ego desires and fears. When the Devil appeared, Jesus was ready for him; he had prepared himself in spirit and was sharing in a oneness with his Father. The "physical and psychological difficulties that arose during his spiritual practices" were much like Teresa's and helped facilitate his experience (Bragdon, 1990, p. 88).

Treatment of the Spiritual Emergency

Although some phenomenal individuals were able, over a lengthy period of time, to integrate their spiritual experiences, most people need professional help. This does not mean that the patients need to be institutionalized, but they will probably need some guidance. In fact, they may not even need a licensed practitioner as long as they have a good support system at home, family and friends who understand the dynamics of the spiritual emergency.

Treatment of spiritual emergency cases will differ

between individuals since each client's experience is unique. There are, however, many ways a person can actively work with the elements of a spiritual emergency. These include techniques that can be done by the individual as well as those conducted by a therapist.

When a good support system is in place, a person may be able to work through it without the help of a professional, but with the proper knowledge. One technique is to express one's self through evocative music and dance. Letting go of emotions and experiences can bring significant relief from the anxieties of the emergency. This can also involve exercise which can be relaxing and ritualistic.

Artistic expression will help the individual in crisis to externalize their experience. Drawing, painting, sculpting, and other methods allow for emotions to be channeled. This does not require personal talent, only desire.

Focused meditation centered on the experience the person had can also be helpful in the growth process. It may help to finish an experience that was left incomplete. Similarly, "active imagination", developed by Carl Jung, can also help further an experience.

Most importantly, the individual experiencing the emergency should establish simple, personal rituals. These help to anchor the individual in reality. They

should be daily tasks that are easy to do and are part of one's normal routine. It is very common for emergency individuals to drop everything when their experience happens and seclude themselves. These rituals help to keep them functioning in reality.

There are several things that therapists can do to help their emergency patients. Emma Bragdon states that, "The role of the psychotherapist... is to offer grounding, containing, and connection with an appropriate community" (1990, p. 208). The therapist is a bridge between the transpersonal world and the ordinary world. The goal of the therapy is to leave the individual with a strong ego and a strong spirituality that are not too ridged. At the end of therapy, the patient should be able to function in society and deal with their responsibilities as well as continue in their spiritual life with increasing fullness.

Christina and Stan Grof developed one method of therapy called Holotropic Breathwork. Clients are asked to lie down and are guided through a brief relaxation exercise that centers their attention on the body, mind and breath. They are then instructed to increase their rate of breathing, meanwhile music is being played in the background. After a period of fifteen to thirty minutes most participants experience a build-up of intense emotion. These may be externalized, but are not always.

This method is essentially a type of deliberate facilitation but it is done with support and help near by and can be directed toward healthy, integrating experiences. Many times, Breathwork allows the experience, that originally caused the emergency, to be finished, or completed.

If this method is not used, many times meditation techniques will be. They bring about the same synthesis of experiences that the Breathwork does. For Catholics, all of these are relevant, but traditional activities should not be excluded. These rituals, such as Mass and the sacraments, can function as anchors to reality as well as spirituality. A therapist or clergy might be helpful in these situations so as to explain and comfort the individual working through the crisis.

V. CONCLUSION

Many years after resolving a spiritual emergency, one woman expressed her new state of being, saying--

Now, more than eight years later, I can look back and say, "I had this incredible mystical experience." It integrated and made sense of everything that had ever happened to me or that I had ever done. It showed me the meaning and purpose of life. It was a birth into a state of consciousness I did not even know existed, but which is now a permanent part of my life (Nelson, 1990, p. 277).

The spiritual emergency is a very broad concept that can effect many, if not all, aspects of one's life. Many of the dynamics and concepts have been presented and it is reasonable to assume that such spiritual experiences are beneficial as long as a person can integrate them into their life and cognitive functions.

The spiritual emergency is not a topic that is easily understandable within the New Age movement, let alone Catholicism. The reality of its effects on church members, though, must be recognized and dealt with. New Age is popular because it makes individuals feel like gods, which is not the aim of Catholicism. If clergy and other ministers are unable to deal with spiritual emergencies, their members will continue to seek help from "healers" and Transpersonal psychologists. It is only natural for them to look toward people who openly accept the authenticity of their experience.

Where, then, does this leave Catholics who have not had such an experience, but are seeking a deeper understanding of life and God? Three conclusions can be drawn from the previous information.

First, the Catholic Church today, more than ever, provides many acceptable means of deliberate facilitation. These rituals can be spiritually rich experiences communally and personally. Secondly, more Catholic clergy and leaders need to be aware of the spiritual need that

presents itself through deliberate facilitation, mainly the spiritual emergency. This does not take years of study, but only a fundamental understanding of the dynamics. This might be somewhat difficult if a person has to sort through all of the New Age jargon, but it is well worth it. Lastly, more people need to be aware of what a healthy spirituality is and how facilitation can enhance it. They must have a stable self and not an egocentric attitude.

The goal of America's spiritual renaissance should not be to dismiss and reject one's religion and become New Age, but to utilize what your religion offers. This cannot be done though, unless Catholicism and other denominations are prepared to council and assist their members who are having spiritual emergencies.

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