

The Grofs' Model of Spiritual Emergency in Retrospect: Has it Stood the Test of Time?

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The purpose of this essay is to review the Grofs' model of spiritual emergencies. The authors ask: Has the model been useful for identifying and treating psycho-spiritual distress? Should it be amended? Spiritual emergency can be defined as a crisis involving religious, transpersonal, and/or spiritual issues that provides opportunities for growth. Spiritual emergence, meanwhile, lends itself to gentler transformation. The research methods include an archival literature review triangulated with an authoritative interview. The findings are that the Grofs' model of spiritual emergencies was ahead of its time and that the medical establishment needs to catch up. Adaptations and revisions that expand and refine it could help bring acceptance and further application of this useful model to people in psycho-spiritual crises.

Keywords: *Grof, spiritual emergence, spiritual emergency, spiritual crisis, transformation*

In this essay, the authors offer a review of the theoretical, empirical, and historically relevant literature on Stanislav and Christina Grof's (1989) model of spiritual emergencies, organized in a presentation that explores two basic questions: Has the model been useful for identifying and treating emotionally distressed people? Does it need to be amended or revised?

At the onset of this inquiry it is important to provide the Grofs' definition of spiritual emergency, which is "both a crisis and an opportunity of rising to a new level of awareness" (Grof & Grof, 1989, p. x). The Grofs coined the term spiritual emergency based on their so-called *holotropic model* that focuses on the alleged human tendency to move toward wholeness, which they consider to be the essence of inner healing and identity (Davidson & Grof, 2008).

The Grofs were intentionally using a "play on words" (1989, p. x) when they named the spiritual emergency phenomenon, since the word *emergency* (i.e., crisis) is based on the word *emergence* (i.e., arising), which works with the idea that both processes typically are concurrent. The Grofs then differentiated between emergency and emergence in terms of the intensity and duration of the processes. Unfortunately, this differentiation makes for a possible confusion between their original usage of the term emergency and their later differentiated usage. An example of this is their table (1990) offering guidance as to when a medical model or

a spiritual emergence model is more likely appropriate for use with a patient. This table seems to be focused on distinguishing psychoses from spiritual emergencies, and not on the full spectrum of spiritual emergence phenomena.

Indeed, Grof and Grof (1990) tabulated 15 distinctions between spiritual emergency and spiritual emergence (see Figure A). In general, spiritual emergencies are less disruptive than are spiritual emergencies, although emergencies can also be cause for therapy designed to help integrate new, concomitant experiences (Grof, 1993). As Lukoff, Lu, and Turner (1998) further noted, "In spiritual *emergence*...there is a gradual unfoldment of spiritual potential with minimal disruption... whereas in spiritual *emergency* there is significant abrupt disruption in psychological/social/occupational functioning" (p. 38). To further complicate matters, the phrase spiritual emergence is often used to cover the spectrum of both emergence and emergency experiences. Lukoff (2005) explained:

The term spiritual emergence is used to describe the whole range of phenomena associated with spiritual experiences and development from those (probably the vast majority) which are not problematic, do not disrupt psychological/social/occupational functioning and do not involve psychotherapy or any contact with the mental health system, to spiritual emergencies that are full-blown crises requiring

24-hour care. (Emergence versus Emergency section, para. 6)

Thus, an acute spiritual emergence may look like an emergency if the individual's well-being is upset during the process of the emergence.

The propositions of this essay are that the Grofs' model of spiritual emergency (1) allows for built-in revisions based on the state of the art, such as its later inclusion of spiritual emergence, and (2) may be ahead of its time. For example, the model is rarely used outside of a small circle of transpersonal psychologists, and has made little apparent impact on mainstream psychology or psychiatry. It has made a small inroad into developmental psychology, however, as shown in Fukuyama and Sevig's (1999) brief review of the concept.

As an example of built-in adaptations and revisions, Lukoff et al. (1998) noted that the Grofs' typology of spiritual emergencies increased from 8 initially to approximately 12, inclusive of overlapping categories. The Grofs' (1990) main types of spiritual emergencies (shamanic crisis, psychic opening, possession states, kundalini awakening, unitive experiences, near-death experiences, channeling, UFO encounters, past life reports, and "renewal through return to the center") each have their own particular characteristics as well. The model may be ahead of its time because the American Psychiatric Association added the category of "Religious or Spiritual Problem" to the *Diagnostic and Statistical Manual (DSM)* partly in response to the work of Grof (Lukoff, 1998). However, we feel that the category needs further revision and clarification to cover more of the emergency aspects of the model rather than simply the emergence aspects.

These propositions support the two research questions by tying them together, in that adaptation and revision are what allow the model to accommodate more varieties of psycho-spiritual distress while waiting for the psychotherapeutic establishment to catch up. For example, the Religious or Spiritual Problem diagnostic category was introduced into the *DSM* under the rubric of cultural competence, an accepted concept in the field of mainstream psychiatry. Furthermore, Lukoff built a website devoted to issues of spiritual competence to help the concept of spiritual emergency gain recognition within the psychotherapeutic field. Adaptation is an important aspect of the model, since data from other cultures may require fluidity and flexibility in definitions and diagnoses.

A Brief Historical Literature Review

The ideas of such luminaries as William James in his *Varieties of Religious Experience* (1902/1997), Carl Jung (e.g., 1961), and Roberto Assagioli (e.g., 1965, 1991) seem to have paved the way for the Grofs' model of spiritual emergencies within the context of transpersonal psychotherapies. Contemporaries of Grof, such as Maslow (1970), Laing (1960, 1983), Perry (1999), Lukoff (1988, 1991, 1998, 2007), Krippner (2002; Krippner, Jaeger, & Faith, 2001), and Wilber (1993b) seem to have paralleled or echoed Grof's model in their own findings, whether clinical or theoretical. Briefly surveying this historical lineage is helpful in interpreting the place of the Grofs' spiritual emergencies model as well as its contemporary relevance in the psychotherapy arena.

The Grofs' lineage can be traced back to William James (1902/1997), who wrote: "To pass a spiritual judgment upon these [hypnotic] states, we must not content ourselves with superficial medical talk, but inquire into their fruits for life" (p. 324). James' non-reductionist way of thinking seems to fit well with the Grofs' pragmatic approach to psycho-spiritual phenomena.

After James, Jung was the next to consider the phenomenon of spiritual emergency, as witnessed in his memoir, *Memories, Dreams, Reflections*, in which Jung described his own spiritual emergency. While "Jung has often been criticized for the interest he took in such scientifically suspect subjects" as visions and dreams (Hall & Nordby, 1973, p. 25), it seems that the work of the Grofs and others have corroborated Jung's discoveries in regard to spiritual emergencies. Grof appeared to acknowledge Jung in terms of reference to the Self, individuation, and the inner healer, as well as to the mandala as a symbol of wholeness (Davidson & Grof, 2008). Interestingly, Jung's *Red Book* (2009) may be considered a prime example of a spiritual emergency processed in imagery and narrative.

Continuing the lineage, Assagioli (1991) wrote:

Spiritual development in a person is a long and arduous adventure, a journey through strange lands, full of wonders, but also beset with difficulties and dangers....Disturbances that are spiritual in origin are becoming more and more frequent today because the number of people troubled by spiritual needs, whether consciously or unconsciously, is increasing. Furthermore, because of the greater complexity of

modern man and in particular the complexity of the obstacles put up by his critical mind, spiritual development has become a more difficult and complicated inner process. It is therefore useful to take an overall look at the nervous and psychological disturbances that can occur at the various stages of spiritual development, throughout the transformation process, and to give some guidelines on the most appropriate and effective ways of curing them. (p. 116)

Assagioli emphasized the growing need for a psychological and physiological understanding of the process of spiritual development, and thus securely located the problem of spiritual emergency within the medical and psychotherapeutic realms.

Lukoff, a psychotherapist, appears to have been the main torchbearer for several aspects of the Grofs' model. For example, Lukoff et al. (1998) wrote of the *Religious or Spiritual Problem* that came to be a diagnostic category (Code V62.89) in the *DSM*, Fourth Edition (APA, 1994). Lukoff, along with Lu and Turner (1996), helped promulgate aspects of the problem, highlighting areas that begged attention at the time. These included gaps in training for a psychospiritual assessment competency, a void in the medical literature regarding psychospiritual issues, and the lack of initiative by mainstream psychology to fill such omissions.

Lukoff et al. (1998) acknowledged the relevance of the Grofs' model when he wrote, "Lending further credibility to the existence of spiritual emergency as a valid clinical phenomenon, there is considerable overlap among the criteria proposed by different authors for making the differential diagnosis between psychopathology and spiritual emergencies" (pp. 39-40).

Moreover, Lukoff et al. (1998) noted the evidential basis for the applicability of a model of spiritual emergency:

These criteria have been validated in numerous outcome studies from psychotic episodes... and would probably also identify individuals who are in the midst of a spiritual emergency with psychotic features that has a high likelihood of a positive outcome. (p. 40)

The importance of distinguishing spiritual emergencies from psychotic episodes is emphasized here, as proper diagnosis helps to insure the best possible outcome for an individual.

Meanwhile, Krippner (2002) acknowledged the work of both the Grofs and Lukoff when he wrote:

Cultural competence is a relatively new concept for the helping professions... The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*... has attempted to enhance its universal validity not only with a brief mention of *dissociative trance disorder* but with a supplemental category of *religious or spiritual problem* and a glossary of *culture-bound syndromes*. (p. 972)

By referring to the inclusion of the concept of spiritual emergency within the major diagnostic manual used by psychologists, Krippner emphasized the importance of the Grofs' work and the successful effort by Lukoff to gain general recognition for, at the very least, the cultural legitimacy of spiritual emergency.

Wilber, who debated with Stanislav Grof on some of Grof's philosophical points (Wilber, 1993a; Daniels, 2004), nonetheless affirmed the Grofs' model when he wrote that

too many people identified as psychotic are obviously experiencing a spiritual emergency, with the particulars of these crises urgently requiring more exploration, including their correlation with addictions, anxieties, depressions, and the like. (Wilber, 1993b, p. 260)

Despite any disagreements Wilber may have had with the theoretical foundations of the Grofs' model, Wilber clearly took the pragmatic route in assessing the utility and necessity of a distinction between psychosis and spiritual emergency.

On his Citizen Initiative web site, Shepherd (2009), a lay critic, claimed that "the Grof theme of 'spiritual emergency' is a red herring" for a commercial enterprise that produces negative results (Critical Remarks on Holotropic Breathwork and the MAPS Strategy, Guide to Contents section). However, Shepherd provided no precise support for his claim regarding the purported "negative results." Thus, the Grofs' model, while therapeutically relevant and forward thinking, may still be too controversial to readily integrate into the Western medical/medicinal model.

For instance, Wain (2005) wrote of "spiritual emergence(y)" as a "transformational process" that "can include powerful experiences likely to be pathologized by mainstream psychiatry" (p. 43). Fukuyama and Sevig (1999) noted: "Because psychologists are steeped

in Western scientific rationalism, these experiences are difficult to explain since they are outside the five senses and logic, and traditionally have been relegated to the category of mental illness” (p. 98). Witness also the anti-psychiatry movement (in the tradition of R. D. Laing) that came about precisely due to the over-reliance on pharmacological means for attending to seemingly psychotic symptoms, in part because of the unfortunate side effects of such treatments. Lukoff (1985, 1988) has provided studies that tend to support the spiritual emergencies model and transpersonal psychotherapies, even in those patients with diagnosed psychotic disorders. Additionally, Viggiano (2010) addressed similar cases in her doctoral dissertation on the model.

Although the Grofs’ work has been influential, there is still room for refinement and reconsideration of the concepts integral to the spiritual emergency model. Several researchers have studied spontaneous occurrences of spiritual emergence processes and found that the typologies listed in the Grofs’ work may need to be expanded. For instance, Wade (2000) studied reportedly spontaneous and transcendent experiences during sexual activity using Stanislav Grof’s taxonomy. The 86 interviews Wade conducted revealed phenomena consistent with varieties of spiritual emergencies such as kundalini, past life reports, out-of-body experiences, possession, psychic openings, forms of unitive experiences, in addition to several others. Wade’s (2004) later phenomenological study of 91 participants, based in part on her previous research, found spiritual awakening to be a major theme in those who claimed to have had a so-called transcendent sexual experience. These findings seem to verify and extend the Grofs’ model by including potential spiritual emergencies not previously categorized.

Additionally, Meek (2005) wrote: “Rather than perpetuating the practice of Western science, which merely pathologizes symptoms and then attempts to medicate them away, this work proposes that *creative flooding* can be understood as a subset of experiences which Grof (1990) calls *spiritual emergencies*” (p. iv). Creative flooding is described as a situation in which an “increase in creative flow becomes overwhelming, no longer manageable” (p. iv). Moreover, Meek observed,

A spiritual emergence/emergency also can lead to increased creativity, though the effect may become *creative flooding*. In these circumstances, too much of spirit or too much creativity for the individual

to manage is trying to come through, and for this reason it seems appropriate to consider *creative flooding* a *spiritual emergency*. (p. 91)

Meek (2005) suggested that creative flooding be included under the code for Religious or Spiritual Problem in the upcoming iteration of the *Diagnostic and Statistical Manual* (American Psychiatric Association, 1994), due to it being “both a physical and a spiritual experience” (p. 102). Meek noted that both Van Gogh and Sylvia Plath would be examples of people who likely experienced creative flooding, but whose demise may have been brought about by the lack of supportive structures to help midwife their processes.

Interview with Karen Trueheart, an Authority in the Field

Karen E. Trueheart directed and co-directed the Spiritual Emergence Network (SEN) early in 2000 and trained students at the California Institute of Integral Studies (CIIS) to work with the spiritual emergence and emergency population. She was interviewed for the purpose of triangulating the resulting data with the results of the literature review.

Methodology

Kvale (1996), in the book *InterViews*, offered a full chapter on the analysis of interviews, including six possible steps. In the case of the interview with Trueheart below, the first four steps were taken: 1. The participant describes the topic; 2. The participant discovers something about the topic; 3. The interviewer “condenses and interprets” information within the interview process (p. 189); 4. The “transcribed interview is interpreted by the interviewer” for structuring, clarification and analysis itself (p. 189). Of significant note was Step 2, in which Trueheart discovered that she agreed with the hypothesis that the Grofs’ model was ahead of its time.

Interview

1. *What did you find as SEN Director and then co-director in 2000 about the relevance and applicability of the spiritual emergency model?* In using the spiritual emergency model developed by the Grofs and Lukoff, we found that we were able to differentiate people who were in a growth process that could be supported without medicine or hospitalization and those who were not. It helped us to discern their level of functioning and their internal capacity to hold the experience. David Lukoff has continually used and supported the model and has not significantly altered it from the Grof’s original

formulation. Robert Turner and Stuart Sovatsky also integrated the model into their work. As far as the *DSM*, Lukoff, Turner, and Francis Lu were responsible for getting the model included. It really doesn't address anything more than alerting mental health professionals to the fact that using spiritual language to describe an experience doesn't make a person psychotic.

We weren't using an instrument in our work at SEN. David and I did some workshops together where we used the model for the workshops. Diagnosis is ongoing in this model. Emma Bragdon's book was also a reference. We listened for inner capacity, outer function, and support systems, which are good markers of whether the person can work with the experience. It's of interest which category, kundalini or dark night, the experience fits into, but of greater interest was the language the clients were using to describe where they were in the process. *Saints and Madmen* by Russell Shorto is based on how the culture supports psychosis: if those who have spiritual emergencies are told that they're crazy, they lose their support system and may lose their stability. John Nelson's book is a good reference called *Healing the Split*. It talks about the need for integration of spirituality in the mental health profession. Nelson includes in his book case studies that distinguish the differences between psychosis and spiritual emergence.

2. *Were there any indications of how useful it was to train California Institute of Integral Studies students in this model?* The model was applied and so it was more expansive than the Grofs', and we found it a useful model, and the students responded to the information. There was some follow up at the Center for Psychological and Spiritual Health where we worked with clients, and the students found it useful. By 2000, we were really aware of the mental health resistance to the whole idea of spirituality. We were aware that 70 percent of people in the United States had a belief in God and had spiritual experiences, but in the mental health professions it was a much lower percentage. The skepticism was clear and the question was coming up: How much of a barrier was spiritual emergence language to mental health professionals when there was religious content? Many times, we would get the response that this was the first time someone could hold the experience and not be critical, and there would be gratefulness. Their other experiences included being shunned or being sent to a professional where then there was a traumatic experience.

Spirit Rock Meditation Center had a series of events, and in a short time, we got several calls from

people who had intense experiences while there. We then formed a committee with the staff at Spirit Rock to set up protocols for who they should accept for long-term retreats and how to deal with disruptions, not behaviorally, but how to determine if the experience is a psychotic break, heart attack, or intense spiritual practice. Spirit Rock had to train the teachers to recognize the precursors to crises and to call a psychiatric emergency when appropriate, so it became more formalized.

3. *Is there anything you would revise about the model today based on what you learned in your work?* The Spirit Rock experience is an example of what I would revise, and the model is in an ongoing state of revision. Spiritual growth holds potential for spiritual maturity. Sovatsky referred to what happens in kundalini awakening as similar to the chaos between childhood and adolescence, and yet our culture recognizes that tumultuous behavior as a profound time. Spiritual growth can have equally tumultuous consequences, but because our culture doesn't understand them, those consequences can be exacerbated. And what the Grofs and the transpersonal psychologists did was to bring structure to this stage in human growth. If we want to encourage the culture to be more understanding, one of our responsibilities is to communicate and encourage integration. Respecting differences in culture is fine and it was successful for getting the model into the *DSM*. Dan Goleman's *The Meditative Mind* was based on his discoveries in India and came out in a time when there was a lack of knowledge about spiritual emergence as a profound stage in human development. The Grofs' model made it possible to address it, and Lukoff's work did too. In mental health, we're often looking at social supports, asking, What are your inner resources in dealing with any particular crisis? Dealing with particular crises is not a leap for mental health professionals. There's a gateway for the spiritual emergence processes—to be able to hold your experience—and that comes out of development and spiritual growth.

SEN is no longer a physical place to go for this work. It has been a challenge to integrate spiritual life in the scientific community, but fortunately, things have changed since the network was first created. The mind science revolution is turning to the effects of meditation in helping to bring scientific understanding to a model that is in dire need. Inner investigation is valid as scientific investigation, and continued recognition of this validity will help people and professionals to understand that healthy brains have unitive experiences, and that other

elements of spiritual life bring about, as Sovatsky says, a “spiritual development” process that is similar to the shift from childhood to adolescence. It’s a good and hopeful hypothesis and more useful than the alternatives.

The Grofs’ model gives us another tool based on the promotion of health, and positive psychology can fit in with that perspective and help to further it. The characteristics of health and spiritual growth that are so important in positive psychology fit the spiritual emergence model nicely: empathy, cooperation, satisfaction, resiliency, and thinking clearly. We’ll see how our culture learns to hold it.

Results of the Triangulation Process

In interpreting the interview, it appears that Trueheart believed that the Grofs’ model could be expanded and intertwined with various transpersonal psychotherapies to make it practicable in a day clinic. According to the current Spiritual Emergence Network (SEN) web site, “Our National Referral Directory of licensed mental health professionals now includes over 180 professionals in 31 states. Since 1980, our Information and Referral Service has received thousands of calls. Over the past 27 years we have found that there is an increasing need for our services.”

SEN presently deals with the following issues, which includes and expands the Grofs’ typologies for spiritual emergencies: Kundalini, Unitive Consciousness, Near-Death Experience, Shamanic, UFO/Alien, Possession/Channeling, Past Life, Renewal through Return to the Center, Psychic Opening, Addiction Recovery, Existential Crisis, Loss/Change of Faith, Spiritual By-pass, and others. The book list on their web site is organized into seven general categories and their links include four broad areas, with each category and area divided into numerous sub-listings.

It also seems important to look at some of the resources on which Trueheart relied. These included Goleman (1988), who agreed that

the true context of meditation is spiritual life. At their height, the states of consciousness described in the classic sources can lift one out of the small-mindedness bred by daily pursuits as well as transform ordinary awareness. Such transcendental states seem to be the seeds of spiritual life, and they have been experienced by the founders and early followers of every world religion. (p. xxiii)

This concordance of thinking is relevant because one of the types of spiritual emergencies the Grofs cited is based on crises that arise out of spiritual practices. Following such threads helped to triangulate and corroborate the historical literature review and the findings from the recent research summarized above. The Grofs connected the model with its practical application and helped place it in the context of transpersonal psychotherapy.

Archival Investigation

Archival investigation is “both the science and the art of interpreting primary documents in the description, reconstruction, and corroboration of a subject” (Taylor, 1999, p. 91). The subject in this case is the Grofs’ model of spiritual emergencies. The analytic procedure used here is a qualitative method of research appropriate for social sciences (p. 92). The evidentiary material in this essay comes from the historical literature review and from research findings as well as from the interview above. The following is a summary of the data gleaned from the documentary evidence.

The Grofs’ (1990) tabulated medical indicators and psychological indicators to help suggest whether a case might be more amenable to a medical rather than a spiritual emergency strategy. Medical indicators include positive or negative detection of a disease or impairment based, in part, on laboratory tests, status of intellect and memory, and ability to communicate and cooperate appropriately. Examples of psychological indicators include level of social adjustment, cognitive and verbal coherence, relational factors, intra-psychic awareness, behavioral issues, and pre-episodic functioning. There are cases when both medical and spiritual emergency strategies would be appropriate, but the Grofs’ original model was meant as a first step toward helping to distinguish the two approaches since their “central theme” (1989, p. x) was that certain states that had been diagnosed as psychiatric conditions could instead be conceptualized as spiritual emergencies.

Lukoff et al. (1998) noted that discernment is necessary in order to distinguish between psychotic and spiritual emergency episodes since the two share similar characteristics:

Making the differential diagnosis between spiritual emergencies and psychopathology can be difficult because the unusual experiences, behaviors and visual, auditory, olfactory or kinesthetic perceptions characteristic of spiritual emergencies can appear

as the symptoms of mental disorders: delusions, loosening of associations, markedly illogical thinking, or grossly disorganized behavior. (p. 39)

Psychotic and spiritual emergency crises can both be characterized by these cognitive and behavioral indices, which may point to a similarity between the transformational processes associated with either.

Indeed, the Grofs' model was based on "the idea that some of the dramatic experiences and unusual states of mind that traditional psychiatry diagnoses and treats as mental diseases are actually crises of personal transformation" (1989, p. x). In contradistinction, spiritual emergence would not be as dramatic or as easily confused with a mental disorder. The Grofs made clear that in spiritual emergence, intellect and memory are qualitatively changed but remain intact, consciousness is usually clear, and there is a "good basic orientation" (Grof & Grof, 1990, pp. 254-255). However, they asserted that none of these characteristics are observed in most examples of psychosis. For this reason, the Grofs were careful to provide these guidelines for determining the appropriateness of medical versus spiritual emergency approaches.

Additionally, Johnson and Friedman (2008) offered 12 valuable insights and recommendations in regards to distinguishing spiritual emergency and psychosis. One recommendation was that there be clinical acceptance of experiences than can be referred to as "spiritual" or "transpersonal." Johnson and Friedman also advised taking a thorough psychospiritual history, using a holistic approach in assessment, checking for adaptive functioning and openness, checking for excesses and overemphasis of certain beliefs or practices versus a wholesome approach to self and others, noting idiosyncrasy versus normativeness within one's community, determining the nature of the problem in terms of spiritual versus disordered factors, differentiating between spiritual emergence and emergency, monitoring levels of terror and decompensation, checking for hyper-religiosity, checking for intra-psychic conflict, and using assessment scales and tools.

For example, if "voices" were urging the sacrifice of someone's daughter to a deity, it would be necessary to check for further distinguishing factors such as whether the person is functional or disordered, comes from a social group that condones the belief in sacrifice, has practiced some form of sacrifice or would be willing to perform

sacrifice, hears voices that seem terrifying or defensive, and is aware of which inner conflicts might have given rise to such commands. In the Grofs' model, persecutory voices distinguish psychiatric disorder from spiritual emergence.

Discussion

During the research procedure, the question as to whether the Grofs' model of spiritual emergencies was useful and/or should be revised also included the issues of whether this model was actually ahead of its time and whether the medical establishment needs to catch up with it.

At first, the longevity of the Grofs' model was questioned because original resources, such as the Soteria and Diabasis clinics, which provided structural containment and support for people undergoing spiritual emergencies, had closed down. Yet these closures did not reflect the fact that spiritual problems had now entered the diagnostic categories of the *DSM-IV* (APA, 1994) or with the virtual explosion of inquiries into and information on the categories that the Grofs included in their model. On the AltaVista advanced search engine, of 120,000 matches for the term "spiritual emergency," 109,000 are from within the last year alone. Additionally, the same term search produces 28 videos using the Google search engine. However, on PsycNET there are only 30 matches, with just 2 in the PubMed psychiatric literature, which may indicate that the scientific and medical communities are not keeping up with the public demand that is suggested by the Internet presence of such resources.

The only way that seemed available to accommodate the new spiritual emergence/emergency material was to couch it in terms of diversity issues, in which spirituality became a matter of cultural competence for psychotherapists (see, for instance, American Psychological Association website texts and videos on spiritual diversity at www.apa.org, as well as Lukoff's website, www.spiritualcompetency.com). A prime example of this accommodation is the work of Fukuyama and Sevig (1999), particularly their chapter on "positive and negative expressions of spirituality" (p. 83), and most specifically their subsection on "what distinguishes between healthy and unhealthy spirituality?" (p. 95).

More recently, however, Johnson and Friedman (2008) recognized the need for both culturally sensitive and psychometric methods of differentiating spiritual emergencies from psychotic episodes. Such literature lends credence to the idea that Grof's model has taken

root, especially in humanistic and transpersonal psychotherapy, and that continued revision of diagnostic criteria will further solidify it. For example, Viggiano (2010) presented data suggesting that it is possible for a spiritual emergency approach to be combined with psychopharmacology and to be beneficial even in bona fide cases of schizophrenia. As mentioned above, both a medical and a spiritual emergency approach may be indicated in certain cases.

An indicator of the Grofs' model being ahead of its time was its treatment by Khouzam (2007), who revised Grofs' model to include "meditation-related problems," "breaking away from a spiritual leader," and "illness seen as punishment" (pp. 573-574), although most of these were previously recognized in different terms by the Grofs, Lukoff, and others. Lukoff (2007) would likely support at least the first revision, since he wrote that meditation "has triggered many reported spiritual emergencies" (p. 639). Incidentally, neither the Grofs nor Lukoff are cited in Khouzam's article, despite Khouzam, Grof, and Lukoff all having taught in the San Francisco Bay Area and likely knowing of each other's work.

In summary, to ask if the Grofs' model of spiritual emergencies has been useful is tantamount to questioning whether transpersonal psychotherapy has been useful. After all, "Transpersonal psychiatry... attempts to preserve the transformative potential of psychosis during the acute phase by allowing for expression of symptoms rather than squelching them as is practiced in mainstream medical-model approaches" (Lukoff, 1996, p. 280). If the medical establishment were to answer *no* to either question, then it may be due to reductionist thinking or, for example, a lack of familiarity with transpersonal research case studies, since the spiritual emergency model seems relevant for certain patient populations. The anti-psychiatry movement may be considered a response by so-called psychiatric survivors to the pathologically-oriented diagnoses and treatments favored in a medical model. In the Grofs' model, an acceptance of spiritual emergency as acute but not always harmful in its outcome is one reason to consider the Grofs' work as ahead of its time.

Suggestions for Further Systematic Inquiry

Combs and Krippner (2003) reported that in the field of "modern developmental research...the most advanced levels of human growth transform consciousness in the direction of increasing selflessness and spirituality, rather than simply toward greater

intelligence" (p. 47). Moreover, they argued, "In accord with this view, virtually all major theoretical models of psychological growth increasingly emphasize selflessness if not explicit spirituality at the highest levels of development" (p. 54). Thus, developmental research might contribute to the dialog, and may be combined with cognitive models in order to present a multi-varied approach to the developmental process.

For example, Fowler (1981) recognized that a spiritual crisis can be part of the transition between any of the Stages of Faith as put forward by the developmental theories of Piaget and Kohlberg. He wrote that "transitions from one... stage level to another are often protracted, painful, dislocating and/or abortive" (p. 274). Furthermore, Love (2002) suggested that: "Given the focus on meaning-making, there are many ways in which theories of spiritual development and cognitive development overlap and are mutually informing" (p. 369). Love concluded that Fowler's work, among others, "has reinforced the relationship of spiritual development theories and traditional developmental theories, especially cognitive-structural theories" (p. 372). It is statements such as these that indicate the Grofs' model was a pioneering discovery that has come into its own as patients are identified who cannot be diagnosed or treated as effectively with other models.

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