HEALING SHAME THROUGH ENHANCING SPIRITUAL WELL-BEING

A Masters project presented to

the Faculty of Saybrook Graduate School and Research Center

in partial fulfillment of the requirements for the degree of

Master of Arts (M.A.) in Psychology

by

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San Francisco, California
June 2009

<u>Approval of the Masters Project</u>

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This MA project by Tiffany Willey Kahn has been approved by the committee members below, who recommend it be accepted by the faculty of Saybrook Graduate School and Research Center in partial fulfillment of requirements for the degree of

Master of Arts in Psychology

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Abstract

HEALING SHAME THROUCH ENHANCING SPIRITUAL WELL-BEING

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This project utilizes a review of the literature to explore the process of healing shame through enhancing spiritual well-being. Initially explored is the topic of shame, including: definition, theories of development, addiction to perfection, differentiation from guilt, and sources. It is the sources of shame, especially the trauma of direct combat experiences that make this work especially pertinent today. Next explored is the concept of spiritual well-being, including: definition, differentiation from religion, the history of psychological approaches to spiritual well-being, and the effects of spiritual well-being on health. Specific issues of the spiritual emergence process are highlighted including spiritual emergencies (when the emergent process becomes a crisis) along with therapeutic interventions. Concluding the literature review is a brief list of potential indicators of enhanced spiritual well-being and closing remarks.

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Introduction

My experience of the phenomenon of shame came from a graduate school

exercise in which I had volunteered to co-lead a group in *Council* (Zimmerman, 1996).

Council is a form of sacred circle work incorporating Iroquois, Quaker and Rogerian

principles into a style of group therapy. The experiential teaching style of the counseling

psychology program allowed us to participate in a *Council* session. Our group consisted

of a group of women who had been studying depth counseling psychology.

The topic for the group was: What was your initiatory wound into being a healer?

As co-leader, I began with my experience of estrangement/disownment in my

relationship with my father when I was fifteen. As the talking piece was passed to the

left, each person's story became more disheartening and raw. By the time the talking

piece had made it half way around the circle, the felt sense of shame was so great and yet

familiar, that everyone checked out of the external group and into themselves, including

my teacher/co-leader. It was a nasty version of the telephone game gone awry in which

the topic moved into a place of initial wounding. The state of consciousness in the group

had noticeably altered and quite honestly I panicked.

Here was this large group of twenty women, sitting in an oval discussing their

most private, humiliating, degrading and subtly tragic stories. Why were they subtle?

Because no one story was particularly horrific. On the contrary, they were mild by most

accounts. Yet when the discussion turned to the topic of birth as the initial source of

wounding, our emergence into life as somehow wrong, how could anything else be right?

After taking some deep breaths and releasing my illusions of control in the situation, my

previous training in working with imagery came to mind through a specific image. The image was of a giant grotesque heart, wounded and weak, requiring the energy of those in the group to not only maintain it, but to protect it as well. What started out as attentive listening had shifted into an altered state of consciousness in which I was very aware that I was the only one grounding the group and therefore felt obligated to be its greatest champion.

Since then, I have been doing a sort of dance with this experience and the image of shame. It began with the *Council* work and became my personal battle to defend against shame. For years I would hold my shame and that of others close to my heart, unwittingly perpetuating it, believing I was keeping people safe from trauma by keeping quiet.

It was not until a point in my own life struggle that I began to understand that the protection I thought I was providing was only protecting the shame dynamic, which was hampering my own well-being. I reached a point in which I was exhausted from fighting and forced myself to find another way. So, using imagery, I dropped my weapons, sat on its level and asked the shame itself how we were going to find a way to live together in this world because it was obvious that neither one of us were going anywhere. Since then my dialogue with shame has allowed me to do just that, find a way to live in peace with it.

This leads me to this MA project as a marker in my journey in healing through shame. This paper reviews the existing body of public domain information pertaining to shame, including sources of shame and the felt sense of [shame]. Additionally, the importance of spiritual well-being is highlighted, including the effects on the mind and body and, along with its impact on shame. Also covered in the paper are techniques and

important theories for empowering clients through the spiritual growth process. The

project finishes with a brief discussion of some of the possible characteristics present in

those who have obtained a greater sense of spiritual well-being.

Shame

Definition

We begin with a review of the conceptual and research literature on shame as a universally human experience. Psychological theory and research have investigated shame as an emotion, as a developmental event, and as a source of moral development and personality disturbance. The root meaning of the word "shame" is to uncover, to expose, or to wound (Kurtz, 2007, p. 11).

Shaming experiences are of a highly vulnerable and sensitive nature, coupled with a sense of exposure (sometimes to others but more specifically to self), especially exposure of one's shortcomings, weaknesses and overall *badness*. Some theorize that shame stems from the fear of being exposed to others (Erickson, 1963; Wurmser, 1981), yet significant studies have shown that neither shame nor guilt require an audience to be experienced (Kurtz, 2007; Tangney, Miller, Flicker, & Barlow, 1996a). Shame is the experience of feeling fundamentally bad with no discernable reason and no hope of changing this fact (Kaufman, 1974, p. 569). Tomkins (1963) described the experience of shame as

> If distress is the affect of suffering, shame is the affect of indignity, of defeat, of transgression and of alienation. Though terror speaks to life and death and distress makes of the world a vale of tears, yet shame strikes deepest into the heart of man. While terror and distress hurt, they are wounds inflicted from outside which penetrate the smooth surface of the ego: but shame is felt as an inner torment, a sickness of the soul. It does not matter whether the humiliated one has been shamed by derisive laughter or whether he mocks himself. In either event he feels himself naked, defeated, alienated, lacking dignity or worth. (p. 118)

People who feel ashamed report feeling small or shrinking (Tangney, 2002, p. 201), with there being more of a phenomenological experience of the self as bad versus

the behavior as bad. Additional theories highlight the sense of sudden and unexpected

exposure, like being caught with your pants down, that leaves one feeling diminished or

defeated (Lewis, 1971).

Various Theories of Shame

From the pastoral counseling settings (Murray & Ciarrocchi, 2007), studies have

shown a deeper meaning behind shame: as an experienced sense of being disconnected

from God (Divine, Creator, Vital life force, Transpersonal self, etc.), which over time

turns to alienation. This sense of separateness from the divine is considered to be the

source of suffering in many religions and spiritual practices around the world.

This perspective of shame, of being a *dis-ease* at a soul level, resonates within

shamanic spiritual teachings as well. Often in cases of severe trauma the soul, or part of

the soul, is said to leave the body for protection (Ingerman, 2004). This is also a

phenomenon for survivors of physical trauma, known as dissociation (Spiegel, Hunt, &

Dondershine, 1988).   The intent of this Masters project is to explore how the state of

alienation from the divine can be healed through enhancing spiritual well-being.

Vast amounts of the literature on shame come from the addiction and forensic

fields. An article composed by Ernest Kurtz (2007), whose work in addiction and

spirituality of imperfection were pivotal in my interest in the field, showcases the

distinction between shame and guilt. Addressing both is deemed not only important, but

necessary in order be "happy, joyous and free" (p. 2).

Shame- Addiction to Perfection

The link between shame and perfectionism is prominent throughout the literature (Corbett, 1996; Kaufman, 1974; Kurtz, 2007; Kurtz & Ketcham, 1992; Sorotzkin, 1985, 1998; Tangney, 2000, 2002). Shame is an emotion of self-evaluation in which the person constantly falls short. Perfectionists do not have the ability to turn off this self-evaluative feature. Not only do they set extremely high standards for themselves, they also spend a great deal of time and energy measuring their capacity to live up to unrealistically high demands and unachievable goals. When their performance or productivity is outside of their definition of perfect, they experience drops in self-esteem through their moralistic self-criticism (Burns & Beck, 1978).

A similar perspective is presented by Kurtz (2007) who highlights two corollaries of shame. Each is indicative of our human-ness and the importance of the dimensions of control and dependence. Those suffering under shame seek absolute control in their worlds and extreme independence. They strive to appear always in control of themselves, their affect and their environment, all the while not needing anyone else's help along the way.

It is human to strive toward high goals and to want control over your various environments; however, rigid control and perfection are not realistic or attainable features of human life. It takes only a moment's reflection on my morning routine to compile quite a list of people with whom I am interdependent: I need the coffee bean grower, the importer, the roaster, the sugar cane grower, the sugar processor, the dairy farmer, the hauling company, the grocery stocker and the clerk. That does not include my

automotive needs, my spouses dish duty, etc. I think the point becomes clear; we are heavily interdependent in our world.

Some people are inclined to falsely attribute their inability to live in a state of absolute control and independence to a personal defect, rather than to the unrealistic nature of their mental demands. The fear of being judged by others amplifies one's feelings of self-loathing, causing people to retreat in fear of being seen as weak and imperfect. That fear strengthens over time and develops into social isolation. Situations and people that trigger shame are circumvented in an attempt to avoid the re-experiencing of the felt sense of shame. They are also avoided out of fear that someone will agree with our worst opinions of ourselves.

The person often becomes extremely critical of everyone and everything else around them. The need to define what is perfect takes precedence over the need to be authentic. When viewing oneself through the lens of shame, the authentic self is experienced as sub-par at best or at worst with an impenetrable sense of alienation.

Another tendency of the perfectionist is that of overgeneralization. The outcome of one unsuccessful event becomes the only model by which the person judges their abilities (Sorotzkin, 1985). Perfectionists also tend to require super-human performances across many domains to the point of demanding perfection in areas where performance doesn't matter (Tangney, 2002). This often exhibits itself in the form of not attempting new things, not from lack of desire but rather of not being great at it the first time.

Several unified theories exist as to the outcomes of this dynamic (Sorotzkin, 1985; Tangney, 2002). The first theory emphasizes the tendency for the perfectionist to develop dichotomous thinking with inflexible ideas of success and failure. This all or

nothing attitude is such that it requires everything to be perfect or it is judged as not good enough, all done through unremitting scrutiny. Coupled with this hyper-vigilance is "The tyranny of the shoulds" (Horney, 1950): a series of self-commands like "I should have done that better," "I should be the perfect spouse, child, partner," "I should achieve all my goals without any struggles," etc.

Shame is not Guilt

Throughout the literature a marked distinction between shame and guilt is frequently delineated (Kaufman, 1974; Kurtz, 2007; Tangney, 2000, 2001; Tangney, et al., 1996a; Tangney, et. al., 1996b). The interchangeable misuse of the words causes confusion within a treatment context. Helen Block Lewis (1971) pioneered research distinguishing between these two seemingly related felt senses. She saw the differences between the two not at the heart of the transgression or the situation, but rather in the way in which it was perceived. Is the focus on oneself or the behavior?

If the focus is on the behavior, the emotion experienced will be guilt. With guilt, the *behavior* is labeled as bad or wrong. Guilt involves a negative evaluation of the behavior with a sense of remorse, tension and regret. The perpetual thoughts of how to fix the situation push one towards reparation often through confessing, apologizing, and atonement (Tangney, 2002, p. 201).

Whereas if the focus is on oneself, the *person* views himself or herself as bad or wrong experienced through a negative scrutiny of the entire self – *I'm just not good enough.* Fault is laid at the core of one's being rather than being seen as making an error. Guilt is a violation of the rules, a crossing of boundaries, whereas shame is experienced

when a goal has failed to be reached (Kurtz, 2007, p. 4). Both involve feeling *Bad*. Guilt

entails feeling bad for committing a violation or transgression, whereas shame is akin to

feeling bad about oneself, as in being "unable to fit into one's own being" (p. 3). The

following is taken from Kurtz's article further clarifying the subject.

Table 1

Guilt vs Shame

	GUILT	**SHAME**
Results from:	A violation, a transgression, a fault of **doing;** the exercise of power or control.	A failure, a falling short, a fault of **being**, the failure of power or control.
Concerned with:	A separate, discrete act, some law or rule; one is guilty **for** something.	The overall **self**; some ideal or principle; one is ashamed **of** self.
Results in:	Feeling of wrong doing; sense of wickedness; "**not** good"; fear of punishment.	Feeling of inadequacy; sense of worthlessness; "**no** good"; "not good enough"; fear of abandonment.
"Feels like":	Pang.	Ache.
Repair by:	Opposite acts, "making amends"; can be quantified.	As qualitative rather than quantitative, requires: new way of seeing (insight), change in **be**-ing (conversion).
	"Reformed"	"Transformed"
Possible outcome:	Surmounting guilt can lead to feelings of righteousness.	Transcending shame opens to a sense of identity and of freedom-as-human.

Explorations of the adaptive function behind shame have generated several

possibilities. From the pastoral counseling sectors, shame is used as a way of keeping

people morally correct. It is also touted as a good way of raising children by using it as a

means to regulate experiences of excessive interest or excitement (Murray & Ciarrocchi,

2007). This is meant to teach children how to engage in social interactions and when to disengage. Additional theories include shame as a means of diffusing aggressive behavior through the motivation to withdraw from the potentially dangerous situation (Tangney, 2000, p. 268).

The Mind/Body Connection of Shame

One way in which shame expresses itself in the body is through blushing. Charles Darwin (1872) postulated an extensive explanation regarding the visceral experience of blushing and the uniqueness of its mind/body connection. Blushing occurs when the muscles in the face relax and blood fills the capillaries, reddening the skin.

Two unique features of this phenomenon exhibit the mind/body aspect. The first is the way in which shame cannot be provoked like many other physical responses. Darwin (1872) noted how many bodily reactions can be caused through touch, like tickling, or the pain of a hard pinch; whereas shame cannot. Shame is an involuntary, thought-provoked response involving a fear of being exposed. This is made evident in the body through blushing. As anyone who blushes can attest, the more one tries to fight it, the redder the face gets. Then one feels embarrassed for how red one's face is, which causes even more blushing and so on.

The second feature Darwin (1872) noted about shame is that of self-attention, mostly attributed to personal appearance. He suggested that human beings experience shame when they perceive others judging them harshly, causing them to feel shame and thus blush. Darwin also noted specific physical gestures associated with shame: turning away, lowering the head, moving from side to side, and avoiding eye contact. Essentially

the gesture involves anything that lessens the sensation of being convicted in the eyes of another.

Sources of Shame

Our first experiences of shame are presented at early ages and seen as part of the normal developmental process, specifically the development of autonomy over shame (Erickson, 1963, p. 84). This is deemed a rite of passage of the ego to navigate its environment and, if trust is developed, the ego develops the capacity for autonomy and pride. If not, a sense of self-doubt and overall *badness* will result. Each shaming event builds upon the other until the shame becomes an integral part of the person, no longer requiring other people to be experienced (Kaufman, 1974; Kurtz, 2007).

Sources of shame exist on four levels of society: cultural, religious, familial and personal. The cultural level includes the culture created by mass media where perfectionism is exalted to monumental levels. Many of people's inner ideals stem from versions of TV shows. In my family, *Little House on the Prairie* was not only a family television show, it also was a family how-to guide, with parents invested and all. We were unable to mentally grasp the lack of authenticity inherent with TV shows. After all, the majority of studio sets are only facades, with no rooms, bathrooms, or plumbing systems to go awry. Not to mention that the real relationships that exist among the actors when the camera is not rolling are never disclosed. This un-reality is interwoven within the advertisement onslaught designed to make people feel bad about who they are, in order to sell more products.

Additional sources of shame on a cultural level include social norms. Often times these cultural differences stem from an affiliation with a particular religious denomination. For example, in Latin American cultures Catholicism reigns. One of the Catholic Church's fundamental teachings is that of the concept of original sin. This states that we are born imperfect and flawed and thus we need to spend the rest of our lives atoning and making amends for it; we are condemned to being permanently imperfect. It is only through the church and clergy that we can connect to God and we are constantly in a state of apologizing for our existence. The more shame in the culture's religion, the more prone that culture is to shame.

Sources of shame on a familial level are multi-dimensional. Family systems theory highlights the way in which emotional and personality traits are handed down the family line like high cheekbones and red hair. The higher the rates of shame in the family of origin, the more prone to shame are the present day adults. The cyclic nature of shame extends far beyond the individual; it carries into the human population as a whole.

Personal sources of shame can be some of the most excruciating experiences of the human condition, including trauma. Trauma is defined as an event involving actual or threatened loss of life or personal integrity such that one experiences extreme fear, helplessness, or horror (American Psychiatric Association, 2000). A more experiential definition is given by Spiegel, who defines trauma as "an experience of being made into an object, a thing: the victim of someone else's rage, of natures indifference, of one's own physical or psychological limitations" (Spiegel et al., 1988, p. 304). Upwards of 70% of the population will experience a trauma at some point in their lifetime (Nordenberg, 2000).

Sources of extreme trauma include both military and civilian experiences. Military sources include direct combat, witnessing combat and being a prisoner of war. For the experienced combat veteran, the prevalence of lifetime PTSD (Post Traumatic Stress Disorder) begins around 30%, and reaches an excess of 90% for the most brutalized prisoners of war, usually victims of severe prolonged torture (Tomb, 1994, p. 24). In contrast, the rate in the general population is 5% for women and 10% for men (Lynn & Kirsh, 2005). Many people are resilient enough to successfully cope with a range of traumatic events (acts of violence, rape, combat, etc.), yet up to 30% experience long lasting effects.

Civilian sources of trauma include direct and witnessed experiences of acts of violence (rape, torture, robbery, assault, etc.), natural or manmade disasters, being kidnapped, terrorist attacks, severe auto accidents, being diagnosed with a life-threatening disease, severe brain injuries and exposure to toxic chemicals (American Psychiatric Association, 2000; L. Miller, 1994). The commonality for PTSD sufferers is a serious threat to life or physical integrity of self or other, regardless of the source of the event (Watkins, 2004).

It is this particular source of shame that is readily visible to the mental health profession in the form of Post Traumatic Stress Disorder (PTSD). The hallmark of PTSD is flashbacks: vivid memories, feelings and images of traumatic experience. These are experienced as reliving the trauma in real time, like being unable to wake up from a recurring nightmare. In the most severe cases, these flashbacks last for decades. They are triggered by stress or situations similar to the traumatic event. Reliving the trauma

can cause chronic psychosomatic distress, anxiety, depression, avoidance of situations linked with their onset, paranoid thinking, sleep disturbances and dissociation (Lynn & Kirsch, 2006, p. 160). If these symptoms last longer than one month, the diagnosis goes from acute stress disorder to Post Traumatic Stress Disorder (American Psychiatric Association, 2000).

Several studies explore the relationship between PTSD and shame, noting the way in which one inevitably leads to the other (Catherall & Shelton, 1996; Lee, Scragg, & Turner, 2001; Leskela, Dieperink, & Thuras, 2002). Immediately after the traumatizing experience, there is a sense of alienation from others and an inability to believe in many of the underlying assumptions regarding safety and security (Janoff-Bulman, 1992). In severe cases, all aspects of the person's life revolve around symptom management to the point of living a dysfunctional life, often exhibiting itself through issues with interpersonal intimacy, employment and substance abuse (Catherall & Shelton, 1996). PTSD survivors feel their stream of consciousness is out of control making them vulnerable to swings in affect, intrusive thoughts and hyper-sensitivity to external stimuli (Kroll, 1993).

There is also a social dimension that adds to the shaming dynamic of PTSD (Catherall & Shelton, 1996). PTSD survivors tend to be shunned by others due to their preoccupation with their traumatic experience. They get stuck in a space in which they crave an audience to lighten the load of their burden, and yet they are also aware of the capacity of the story to be traumatizing to others. Loved ones may try to listen but they tend to not fully engage especially with highly disturbing material. This leaves the

traumatized person with another experience of their alienation reinforcing how the world

and relationships are unsafe places.

Those who do listen will often distance themselves from the painful affect by

claiming that they would have done something different had they been in that situation

(Catherall & Shelton, 1996). Some even go so far to say they would somehow be able to

avoid the traumatizing event, thereby maintaining the illusion of their safety and security.

This failure for PTSD survivors to receive an appropriate affirming response becomes

further traumatizing. This further solidifies survivors' experience that they are bad as

persons, rather than that something bad has happened to them (Catherall, 1989).

Spiritual Well-being

Definition

The word spirit comes from the Latin *spiritus* and is related to the Hebrew *ruach*, the Greek *pneuma*, and the Sanskrit *prana*. "The word spirit points to the limitless being and unconditioned awareness that transcends all physical and mental structures, yet permeates all. Being and awareness are said, in many traditions, to be our true, unconditioned nature" (Vaughan & Wittine, 1994, p. 3). Spirit is the higher intelligence that inspires us to move, think and speak in profoundly mysterious ways, and yet, is everyone's fundamental nature.

Spirituality is defined by the National Institute for Healthcare Research as the pursuit of the sacred or divine through any experience or route possible (NIHR, 1997). This resembles William James' definition of personal religion: "The feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they consider divine" (1958, p. 31).

Spiritual well-being is characterized by Vaughan (1986, p. 20) as a sense of inner peace, reverence for life, compassion, and an attitude of gratitude for harmony of united diversity. It also entails such qualities as generosity, wisdom, humor and a potential for non-attachment, unconditional love and self-transcendence. Growth in spirit requires a whole-being commitment to truth.

Spirituality is not Religion

Throughout the literature there is a tendency to differentiate spirituality and religion (Elkins, 2001; Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988; Grof & Grof, 1990; Hawks, 1994; Kurtz & Ketcham, 1992; Vaughan, Wittine, & Walsh, 1996). The need to distinguish between the two has to do with the tendency of many religions to use shaming dynamics within their teachings, which for many people is the very source of their shame now (Kurtz & Ketcham).

There are several distinguishing factors. Religion is based on the assumption that we need a special person to connect with the divine, whereas with spirituality the intent is to directly experience the divine. Religion requires attendance and participation in a specific setting with specific rituals without which there is no way to connect to the divine. A spiritual practice requires nothing other than the person's willingness to be open to the full experience (Vaughan, 1986). Those practicing spirituality concern themselves with the pursuit of meaning, wholeness, transcendence, connection, joy and peace rather than the concerns of any organized religion (Mytko & Knight, 1999).

Spirituality and Psychology

In the European arena, Freud's view of spirituality, as an aberrant and non-rational phenomena, influenced many of the behavioral scientists of his day. Depicted most eloquently in his book *The Future of an Illusion* (1982/1927), Freud rendered religion into nothing more than a tool for superstitious people to project their fears and weaknesses rather than deal with objective realities. This became the thought-du-jour for

the majority in the field of psychology, and this view of religion continues to be prevalent today.

Meanwhile Carl Jung, a former collaborator with Freud, was very interested in exploring religious and spiritual experiences. Jung saw spirituality as one of the core requirements in individuation. Individuation is the process of persons becoming themselves, whole, indivisible and impervious to others or collective psychologies (Samuels, Shorter, & Plout, 1986). Jung's development of systems of understanding for concepts and complexes of the human condition included archetypes, symbols/images, dreams, myths and metaphor. Jung saw direct experiences with the divine as an essential element of spirituality. By creating vocabulary and treatment methods, he expanded the discourse in psychology to include that which extends beyond the Judeo-Christian model (Corbett, 1996).

Jung's work with Rudolph Otto's (1958) concept of the *numinous* paved the way for a language that described the indescribable, while acknowledging its reductionistic inevitability. Jung saw the numinous as a window of opportunity for clients to be released from their pathologies (Corbett, 1996).

The term numinous is taken from the Latin word *numen*, meaning divine and *nuere*, to beckon, indicating divine approval (Corbett). Both Jung and Otto described an encounter with the numinous as having an indefinable, indiscernible quality that can only be experienced as a particular affective state. Otto (1958) discusses this affective state:

> The feeling of it may at times come sweeping like a gentle tide, pervading the mind with a tranquil mood of deepest worship. It may pass over into a more set and lasting attitude of the soul, continuing, as it were, thrillingly vibrant and resonant, until at last it dies away and the soul resumes its 'profane', non-religious mood of everyday experience. It may burst in sudden eruption up from the depths of the soul with spasms and convulsions, or lead to the strangest excitements, to

intoxicated frenzy, to transport, and to ecstasy. It has its wild and demonic forms and can sink to an almost grisly horror and shuddering. It has its crude, barbaric antecedents and early manifestations, and again it may be developed into something beautiful and pure and glorious. It may become the hushed, trembling and speechless humility of the creature in the presence of- whom or what? In the presence of that which is a *mystery* inexpressible and above all creatures (p. 12).

In other words, this is an experience that feels sacred, holy or out of the ordinary (Grof & Grof, 1990). Jung's contribution to the field of psychology included not only the use of myth, symbols, dreams, and metaphor, but also a possible, *how-to* approach when working with clients' spiritual growing pains.

Meanwhile, in Italy, a psychiatrist and psychotherapist by the name of Roberto Assagioli was using his own form of transpersonal therapy to work with his clients spiritual needs. Assagioli was trained by Freud and, much like Jung, he broke away because he found Freud's model too medically based and void of any sense of spiritual awareness and/or growth. Therefore, he developed his own form of self-realization techniques, known as psychosynthesis, to help his clients navigate their spiritual crisis.

Across the Atlantic Ocean in the United States, William James was pioneering concepts in the study of spirituality. James, trained as a medical doctor, was most well known for his contributions to both the study of psychology as a science, as well as to the spirituality of psychology. James felt that personal encounters with the divine were not only scientifically immeasurable but an absolute reality of human existence (Goodman, n.d.). His work *The Varieties of Religious Experience* (1958) was a collection of people's spiritual experiences.

The humanistic psychology movement saw spiritual well-being as being just as imperative to health as eating and sleeping. Many of the contemporary studies in spirituality stem from the humanistic movement with the work of Maslow, Sutich, May,

Vaughn, and others, all of whom saw the healing potentials of treatments focused on bringing more conscious awareness and diligence to one's spiritual practice. Maslow noted "the human being needs a framework of values, a philosophy of life, a religion or religion-surrogate to live by and understand by, in about the same sense he needs sunlight, calcium, or love" (1968, p. 206).

A specific example of humanistic psychology's contribution to the field of spiritual pursuits is Maslow's (1958) work with peak experiences, which are similar, albeit exclusively positive, experiences of Jung's numinous. Maslow felt they were an integral part of the self-actualized person's connection with the divine. These peak experiences are our moments of greatest rapture, joy, and bliss, usually spontaneously experienced out of nowhere. These are the moments I know I hang-my-hat-on at the end of the day, the moments of beauty and grace that gives us the strength to bear the unbearable in anticipation of the next moment of rapture.

The most recently developed school of psychology to promote spiritual well-being is that of transpersonal psychology. This field was developed by Maslow and Sutich, founders of humanistic psychology, who collaborated with Stanislov Grof to combine science and spirituality and share the wisdom gained on the various levels of consciousness (Grof & Grof, 1990). It was this field that expanded the studies of the transpersonal experiences (aka. numinous, peak experiences, religious experiences) contributing to the study of *spiritual emergency*, which will be discussed shortly.

According to the Grofs (1990), numinous experiences fell within two categories. The first included those of *immanent divine* or the ability to perceive the interconnectedness of all things- animals, plants, and non-living entities—with

everything having the same divine light or universal essence. The person sees the cosmic oneness of everything, disillusioning perceptions of boundaries and separateness.

The second category includes experiences that shed light into other dimensions of reality not available in ordinary states of consciousness; these states are usually hidden from human awareness. They can include visions of God, radiant light being, sense of fusion with the divine, and various super human beings. Also in the category are visions of archetypal beings, often in the forms of deities, demons, spirit guides or heroes. The final segment of this category include experiences with mythical realms (e.g., the lost city of Atlantis), heavens, hells and various other landscapes and places outside of any known place on earth.

Transpersonal psychology rounds out the list of fields of psychology that study and promote the importance of spirituality. Direct experiences of the numinous are not only a possibility of ordinary life, they are framed as the psyche's natural healing response through which tremendously powerful healing can occur (Assagioli, 1969; Corbett, 1996; Elkins, 1995, 2001; Elkins et al., 1988; Goleman, Smith, & Ram Dass, 1985; Grof & Grof, 1989, 1990; Jung, 1964; Kurtz & Ketcham, 1992; Lukoff, Lu, & Turner, 1998; Vaughan, 1986; Vaughan & Wittine, 1994; Vaughan et al., 1996;). Not only does spirituality promote mental health, (D'Souza & George, 2006) but also it spills over into all aspects of the person's life.

The Effects of Spiritual Well-Being on Health

One of the outcomes of spirituality is the ability to see the interconnectedness of life. As a by-product of a spiritual practice, people tend to experience better physical

health and lead healthier lifestyles, as well (Boswell, Cardena, & Dilworth-Anderson, 2006; D'Souza & George, 2006; Koenig, 2000, 2004, 2005; Moss, 2002; Musgrave, Allen, & Allen, 2002; Mytko & Knight, 1999; Parker-Pope, 2001; Wachholtz, Pearce, & Koenig, 2007). More than 850 studies have examined the relationship between spiritual/religious involvement and various aspects of mental health showing upwards of 75% of the people experience better mental health and better adaptation to stress (Koenig, 2000; Mytko & Knight).

Several of these studies have focused on special populations, including the terminally ill, the elderly and minority participants. For example, Rojas (1996) asserted that Hispanic women cope with the stress of their impoverishment through spiritual practice and regular church attendance. Another study on the elderly indicated that the more spiritual experiences there are, the higher the subjective physical well-being (Boswell et al., 2006). People with cancer report their religious and spiritual beliefs provide an important coping mechanism (La Fortune, 1995; Potts, 1996).

Koenig (2004) compiled the results from over 700 studies examining the relationship between religion, mental health and well being (it is important to note that Koenig intentionally does not distinguish between spirituality and religion in his work due to the heavy overlap). Of the 700 studies, 500 indicated a significant positive association with improved mental health, better well-being or lowered substance abuse.

Koenig's (2004) meta-analysis revealed that religious beliefs and practices were associated with less depression and quicker recovery from depression (60 of 93 studies), lower incidence of suicide (57-68), reduced anxiety (35 of 69) less substance abuse (98-120) greater hope, well-being and optimism (91 of 114), enhanced purpose and meaning

of life (15 of 16), higher rates of marital satisfaction and stability (35 of 38) and increased

social support (19 of 20) (Idler & Kasl, 1997; Koenig Cohen, & Blazer, 1992; Koenig,

George, & Peterson, 1998).

Another summary of research studies on physical health outcomes conducted

before the year 2000 was also led by Koenig and associates McCullough and Larson

(2001, p. 1195). The results indicated the ways in which religious beliefs and practices

relate to improved immune system functioning (5 of 5 studies); decreased rate of death

from cancer (5 of 7); reduced rates of heart disease or better cardiac functioning(7 of 11);

lower blood pressure (14 of 23); lower cholesterol (3 of 3); and better health habits (23 of

25 less cigarette smoking; 3 of 5 more exercise; and 2 of 2 better sleep). The sheer

amount of evidence, not only proves the obvious health benefits of religious and/or

spiritual practices on overall health, but also highlights an increased scientific/academic

interest in the effects of spirituality on the individual.

Spiritual Emergence and Spiritual Emergencies

Definition

Spiritual emergence is defined by Stanislov and Christina Grof (1990) as the development of an individual to a more expanded way of being, which involves enhanced psychosomatic and emotional health, greater awareness of freedom to make personal choices, and a deep sense of connectedness with other people, nature and the cosmos. Along with this, spiritual emergence brings greater insight into the importance of the spiritual dimension in one's life and the universal scheme of things.

This emergent process is an innate part of being human. Evidence exists that throughout history the process was viewed to be as natural as child birth. And, much like childbirth today, spiritual emergence is often pathologized. The process of spiritual emergence can range in intensity and duration from subtle and pleasant to intensely painful and overwhelming. The majority of people make it through the process unscathed, reporting the experience to be almost unnoticeable. For example, a novel can change the perceptions of the reader and inspire life changes, which are experienced as a natural evolution within the person (Corbett, 1996; Grof & Grof, 1990; Kornfield, 2000; Lukoff et al., 1998).

Yet for a few, the process is more intense and out-of-the-ordinary, what the Grof's refer to as a *spiritual emergency* (1990; 1989). This rapid and dramatic emergent process can be emotionally violent, including psychosomatic pain, disturbing images of death and dismemberment, a sense of madness, and a sudden sense of living in a world that no longer fits. Suddenly, safety and security are ripped away and one is shoved into

an unknown direction. The ability to discern outer and inner world experiences becomes muted, often appearing like madness to the lay person. What used to be of great importance suddenly becomes meaningless (i.e. career, relationships, life goals, etc).

During my experience through this process, I felt like I no longer knew what was important to me and those things that I used to invest myself in (my career and desire to be a therapist) suddenly meant nothing. Life was traveling in a certain direction of living the life of *should*, of developing a career and a family. Then all of a sudden I was floating, unanchored by my drive and ambition to succeed. My reality was forced into question through an onslaught of sensory experiences including images, sounds, psychosomatic pains, and numinous experiences. What I had known to be true was no longer the case, yet the new paradigm had yet to solidify. The rate and form of my spiritual emergence left me feeling like a deer in headlights, immobilized by fear and praying not to get hurt.

Triggers of a Spiritual Emergence

The process of spiritual emergence tends to be laden with rich material from the unconscious and include new perceptions of reality and nature that, once integrated, offer a fuller experience of life (Grof & Grof, 1989). It is often through these moments in which one falls apart on the inside that the space for healing and growth is created (Kornfield, 1989).   The more intricate and complex the emergence is, the more refined the integration process needs to be. Identifying the triggers of the spiritual emergency facilitates the therapeutic process. Four crucial types of triggers need to be defined: crises preceding the spiritual awakening; crises caused by the spiritual awakening;

reactions following the spiritual awakening; and phases of the process of transmutation (Grof & Grof, p. 31).

Possible triggers for a spiritual crisis include physical factors, such as childbirth, intense lovemaking, and also mental factors, such as a strong emotional response to loss or tragedy (Grof & Grof, 1989, 1990; Kornfield, 1989). For example, a tragedy can include the death of a loved one, divorce, sudden change in status (e.g. from financially successful to destitute) and other such drastic transitions which usually lead one to question their status quo (Kornfield, 2000, p. 65). For others it can be an experience in nature, like the awe of a mountain high view. A life-threatening illness like cancer can also be a trigger.

Caught in the midst of such a crisis, individuals may feel unable to maintain their old sense of self or any other former reference point of self; they may fear not being able to return to their former life. The crisis threatens a death of their old way of being. This aspect of death tends to be part of the spiritual emergence process (Corbett, 1996; Elkins, 1995; Grof & Grof, 1989, 1990; Kornfield, 2000; Vaughan, 1986). This is described as the *dark night of the soul* and it has a particular similarity to trauma.

Trauma and the Dark Night of the Soul

An additionally grueling aspect of *spiritual emergency* is the experience of the *dark-night–of- the-soul,* defined by St. John of the Cross in his book, *The Dark Night*:

> The shadow of death and the pains and torments of hell are most acutely felt, and this comes from the sense of being abandoned by God… a terrible apprehension has come upon [the soul] that thus it will be forever… It sees itself in the midst of the opposite evils, miserable imperfections, dryness and emptiness of the understanding, and abandonment of the spirit in darkness.

Many spiritual teachings have emphasized the need to delve into and go through the darkness in order to ascertain an authentic state of freedom, light and serenity (Grof & Grof, 1990, p. 46). Many of the characteristics of this resemble the shame wound and especially the aspect of being disconnected from the divine. This for some can feel like a punishment from the divine with each source of shame further entrenching the not-good-enough dynamic.

It is often in this seemingly mad process that traumatic experiences resurface with renewed vividness coupled with elements of intense fear, loneliness, insanity and death. The more the unconscious mind opens, the more these images and sensations flood in overwhelming one with confrontations of one's own fears: fear of the unknown, fear of losing control, fear of loneliness, fear of being different, fear of insanity and fear of death. In today's era, it could appear that this person is suffering from psychosis, yet there are also certain spiritual perspective beliefs that see this crisis as a *divine madness* or a form of intoxication by the Divine, through which spiritual instruction and extraordinary powers are ascertained (Grof & Grof, 1990).

Various Forms of Spiritual Emergencies

Stanislov and Christina Grof (1989) synthesized a series of works focusing on *spiritual emergencies* authored by many experts in their fields. Even though the process of spiritual emergence has highly individualized tendencies, most experiences tend to fall within a range of possibilities. Due to the scope of this project, I will highlight just four examples showing the types of spiritual emergency.

The first example of *spiritual emergency* is that of a shamanic crisis. *Shaman* is a term used by anthropologists to describe a particular kind of medicine person, witch doctor and/or healer. Shamans use altered states of consciousness to heal both self and others, for divination, during mediumship, and while communicating with nature and helping spirits (Grof & Grof, 1990). The initiation process can be teeming with intense illness and/or psychotic episodes that, once successfully navigated, leave the shaman healed and imbued with their extraordinary ability to accurately utilize active imagination of the patient's inner world to bring about understanding and healing (Corbett, 1996).

Another example of a *spiritual emergency* is Kundalini yoga awakening. *Kundalini* refers to a source of energy coiled at the base of our spines that once activated slowly rises up to the crown of the head, bringing extraordinary levels of energy and culminating in enlightenment (Sannella, 1989). As the Kundalini rises, the central nervous system throws off stress, often causing pain at these stress points during meditation, leaving one with psychosomatic symptoms. This system works on many levels simultaneously attempting to regulate the energetic body. Once the energy can flow freely from the base of the spine up the crown of the head, homeostasis is achieved and the person comes through with improved health and greater self-awareness (Sannella; Vaughan, 1986).

Near-death experience (NDE) can also lead one to profound spiritual emergence (Greyson & Harris, 1989; Lukoff et al., 1998). A NDE is a subjective occurrence when one comes close to death, one is thought dead but suddenly recovers, or one survives a potentially fatal situation uninjured. Additional characteristics of a NDE include dissociation from the body, strong positive affect and transpersonal experiences. Often

the personality integrates the experience and grows from it. For other people, the fear of

being seen as crazy keeps them secretive about their experience and often keeps them in a

state of denial (Lukoff). Therefore particular sensitivity and training should be used

when working with one who has a NDE (Greyson & Harris).

Another possible indicator of someone going through a *spiritual emergency*

expresses itself in the form of addiction (Khoury, 2007). For many people, cravings for

substances and other forms of addiction are really the craving for the Higher Self or

Divine (Grof & Grof, 1990). Some even describe their first intoxication as like an

experience of the Divine. William James (1958) spoke of the vicissitudes of alcohol:

> The sway of alcohol over mankind is unquestionably due to its power to stimulate
> the mystical faculties of human nature, usually crushed to earth by the cold facts
> and dry criticisms of the sober hour. Sobriety diminishes, discriminates, and says
> no: drunkenness expands, unites and says yes (p. 53).

A key component to the more successful addiction treatment programs involves steps

towards spiritual development (Grof & Grof, 1989, 1990; James; Khoury; Kurtz, 2007;

Kurtz & Ketcham, 1992).

An additional noteworthy connection between subjective well-being and spiritual

struggles was noted by Murray and Chiarrocchi (2007, p. 32) and showed that spiritual

involvement can also become destructive. They found that the more one struggles with

spirituality – including feeling disconnected from God - the greater the amount of

negative affect and less life satisfaction.

An empirical study conducted by Lehrman (1992) explored the distribution of

various forms of spiritual emergency. He investigated 246 people who completed an

intake form when calling into the SEN (Spiritual Emergency Network) crisis and

information line. Lehrman's results that showed 70% of those surveyed were between

the ages of 35-50 with an equal split between men and women (52% men and 48% women). It was in the specific forms of spiritual emergencies that gender delineations could be recognized. Women accounted for 63% of those reporting kundalini experiences and 100% of those reporting a shamanic crisis. Whereas men made up the majority of those reporting psychic attacks.

Spiritual/Religious Problems and the DSM

As of 1994, the American Psychiatric Association recognized spiritual and religious problems with its own diagnostic category, code V62.89. The intention behind creating this category was to increase therapeutic sensitivity for psycho-spiritual/religious problems. The benefits of this include a reduction in iatrogenic harm from misdiagnosis, stimulating research into the treatment of such issues and bringing spiritual treatment training into counseling curriculum (Lukoff et al., 1998).

This code is divided into two categories: *psychoreligious* problems and *psychospiritual* problems. Psychoreligious problems include experiences involving the beliefs and practices of an organized church or institution. Examples include a loss of faith, a change of denomination, and issues of intense adherence to religious practices. Psychospiritual problems involve distressing experiences with the relationship between the person and a transcendent being or force. Examples include near-death and mystical experiences (Lukoff et al., 1998).

Therapeutic Interventions

Normalizing the Process

Working with clients suffering through a spiritual crisis can be overwhelming and frightening, especially if trying to work off-the-cuff in the session. As with all other forms of treatment, a collaborative process between client and therapist yields the most effective results. Although there are significantly personal aspects to each spiritual emergence, common themes run throughout that the therapist can discuss with clients to help them through the process. Certain aspects of a spiritual emergence contain the potential to release highly emotional charged material into conscious awareness as an expression of a powerful healing potential (Grof & Grof, 1990, p. 257).

With proper support, encouragement and guidance, this process offers one the potential of healing into individuation. When working with one who is in a spiritual emergence or spiritual emergency, it is crucial to begin with establishing this healing philosophy; once this is understood and accepted, therapy can proceed (Grof & Grof, 1990)

It is imperative to not gloss over or sugar-coat the spiritual crisis for clients, especially those dealing with shame. Informing individuals that they should not feel bad about themselves can make them feel worse, because they may already perceive that they are inherently wrong. Therefore being honest about who and where one is, including the inherent limitations of being human, and therefore surrendering any pretensions of perfection, becomes paramount for the effectiveness of treatment. One needs to go through the spiritual emergence process as authentically as possible, including accepting

the darker and less pleasant aspects of self (Kaufman, 1974; Kurtz, 2007; Kurtz & Ketcham, 1992; Lee et al., 2001). This can often be highlighted through discussing the dark night of the soul, especially noting the importance of the darkness phase for healing and growth. Coupling this with the reality that all things are constantly changing often provides grace.

By validating clients' felt sense of shame, we meet them were they are. In fact, persons healing through the shame wound often soften when someone is not afraid to agree with some of their worst opinions about themselves. This is not to say that the therapist should parrot the client and reinforce self-destructive thinking; rather, highlighting the ways in which each human being has a variety of strengths and weakness can reduce perfectionistic thinking (Kurtz, 2007; Kurtz & Ketcham, 1992). This is one reason that there is such a high success rate in substance abuse programs run by those who formerly abused substances themselves (e.g., Alcoholics Anonymous sponsors). After all, who would be a better expert on the trials and tribulations of substance abuse than someone who came through the other side to achieve sobriety?

Further paramount for the therapist is staying open to the process (Corbett, 1996; Elkins, 1995; Grof & Grof, 1989, 1990; Lannert, 1991; Lines, 2002; Lukoff et al., 1998). *Peak experiences* (Maslow, 1968) and/or encounters with the *numinous* (Jung, 1964) occur in so many various formats that staying open to whatever the client brings into the room may be the only way to work with such material.

The process of death and rebirth is often a theme of spiritual emergence and often contains disturbing elements (Corbett, 1996; Elkins, 2001; Grof & Grof, 1990; Kornfield, 1989; Kurtz & Ketcham, 1992). For example, in a *shamanic crisis* there are often

elements of dismemberment, disintegration and rebirth (Walsh, 2007). Informing the client that this shamanic process of initiation is a rite of passage required to be a healer can quiet and soothe the fears of the process. This is not to say that reassurance takes away the necessity to go through the experience, rather it lightens the load, which thus becomes more bearable, through softening of the fear of the unknown.

The final aspect of normalizing the process involves establishing and maintaining the therapeutic container or the space in which therapeutic work is done (Grof & Grof, 1990). This refers not only to the physical space requirements of privacy and in extreme cases, soundproofing; it also speaks to the rules of the session and of the relationship. For example, through informed consent, clients will initially be informed of the right to vocally express themselves in whatever way they see fit (hence the need for soundproofing), yet will also specifically be told that physically attacking themselves or others will not be allowed and will result in a mandated reporting to law officials (a legal requirement). It is not the threat of the law enforcement as much as the way in which the therapist holds the space of the session through establishing safety rules, which promotes greater therapeutic efficacy (Grof & Grof, 1990).

Encouraging a Positive Attitude

When working with clients who are obviously in a spiritual emergence/emergency, specific suggestions help alleviate the needless suffering aspects of the process. It is critical to interweave these suggestions throughout the therapeutic process. As one is taught in graduate school, we work with what the client brings into the room.

Encouraging a positive attitude at the onset of treatment is the first tool a therapist can teach a client (Grof & Grof, 1990). The therapist must explain the ways in which spiritual emergencies can disrupt not only our internal experiences, but also overflow into every aspect of life (e.g. relationships, work performance, psychosomatic symptoms, etc). Spiritual emergences often arrive unwanted and at inconvenient times, requiring large amounts of time and energy just to exist. Yet these strains on relationships, work, home and health will be relieved, not only through one's forcefulness, but also as part of the transformative process. We assure clients that if the inner process is allowed to progress and if their inner world is fully expressed, then they will reconnect with daily life. Along with this return, clients often discover insight into why the problem was necessary in order for them to grow and discover a greater capacity for increased functioning.

Often, it is illuminating to highlight the effects of a positive attitude in facilitating the process and in decreasing much of the discomfort (Grof & Grof, 1990). Equally important is explaining how fear, denial, disbelief and resistance are limitations that can hamper or interrupt a potentially life-changing opportunity. By cooperating and actively working the right tools and attitudes, the process can be thrilling.

Actively Working with the Spiritual Emergence Process

One way in which to actively work with the emergent process is to play evocative music to express emotions and experiences through movement and sound (Grof & Grof, 1990; Richards, Hardman, & Berret, 2007). One begins by encouraging clients to find music they personally resonate with, something that moves them. Next, one creates space to deeply listen to the music and to allow the body to express whatever emerges:

dancing, singing, moving, or screaming. As long as the focus stays inward, one will

discover significant relief from symptoms. Often times people report having spiritual

experiences while listening to sacred or life-affirming music (Richards et al., 2007).

Another way to actively work with the emergence process is through dreams.

Jung and Freud were just two of many who consistently highlighted the relationship

between our unconscious worlds and dreams (Grof & Grof, 1990; Jung, 1974). If

actively worked with, dreams can provide significant insight into the causes and remedies

for people. Dreams can also be instructive or predictive; therefore, keeping a journal at

the bedside to write down dreams immediately is a good idea. Finding a quiet time later

in the day in which imagery can be explored or expressed can bring further clarity. Even

working with an individual or group discussing dreams will facilitate the process.

Artistic expression is useful not only for working with dreams, but also all aspects

of the emergent process. The literature on the healing effects of creating abounds (Arons

& Richards, 2001; Grof & Grof, 1989, 1990; C. Richards et al., 2007). Whether painting,

drawing or sculpting, creativity allows for expression of feelings and sensations that are

often indefinable. Sculpting gives the opportunity to create a 3-D depiction and often

provides for significant emotional and physical release. If working with an artistic client,

a style of spiritual practice discussed in *The Artist's Way* by Julia Cameron (1992) may

be of particular benefit.

Another way to actively work with the emergent process is through spiritual

practices involving prayer, meditation, relaxation and bodywork; anything that nourishes

the soul (D Elkins, 2001; Fleischer, 2006; Grof & Grof, 1990). Rituals involving prayer

and/or meditation increase clients coping skills, healing and overall well-being (Moss,

2002). Some report feeling less isolated and more optimistic with prayer (Richards et al., 2007). Adding simple personal rituals to one's life also aids in the emergent process. Whether it is taking in the sunrise each morning or beginning each gardening session with a prayer to mother earth, these little moments tend to strengthen the connection with the spiritual emergent process (Grof & Grof, 1990).

Spiritual programs involving bodywork, physical practices (yoga, trance dancing, aikido, etc.) and relaxation exercises offer relief from much of the physical discomfort of the emergent process and tend to improve overall physically functioning as a result of continuous practice (Fleischer, 2006; Grof & Grof, 1990). If working with a client who has little prior experience with their body connection, biofeedback can be of particular service.

Another beneficial strategy is journaling, done at the same time each day, allowing time for clients to listen to themselves and reflect upon their spiritual experiences and growth (Cameron, 1992). With consistent practice and honest reflection, the heart opens and new healing insights are discovered (Richards et al., 2007). Further rewards of journaling include greater spiritual understanding, a place to challenge negative beliefs and perceptions, and a progress log.

Maintaining a Spiritual Practice

Stressed throughout the literature on spiritual well-being is the importance of diligence of one's spiritual practice (Cameron, 1992; Corbett, 1996; D Elkins, 2001; Grof & Grof, 1990; Kornfield, 2000; Kurtz, 2007; Kurtz & Ketcham, 1992; Richards et al., 2007; Vaughan, 2002). A devoted spiritual practice done with integrity can lead from the

bondage of the unconscious to spiritual freedom, freedom from fear and defensiveness to compassion and love (Vaughan, 2002). Our spiritual body seems to be much like the physical body in that the more we use it, the better it works for us and the less we suffer from little aches and pains. And much like the physical body, the spiritual body will also know pain and suffering, for the sake of healing and growth. For some people, myself included, having an array of practices from which to choose each day wards off the potential to get burned out on any one style.

This maintenance requirement can become very useful for the client working with substance abuse issues. Often times it is the ritual aspect of using that is as enjoyable as the chemical effects. By creating other outlets for the ritualistic desires, clients can begin to experience some grace in the process by allowing themselves to work with their natural inclinations. This also reiterates a core component of the spiritual path of there being no shortcuts or quick fixes (Kurtz & Ketcham, 1992).

Managing Overwhelming Spiritual Emergences

Many people who begin a spiritual emergent process find the work of reconciling the experiences and living in their day-to-day lives unbearable (Elkins, 1995; Grof & Grof, 1989, 1990; Kornfield, 1989; Lukoff et al., 1998; Murray & Ciarrocchi, 2007; Vaughan, 1986). Fortunately several techniques can slow down the intensity of the process. To begin, cease active inner exploration, including intensive therapy and dream work. Next, temporarily halt any forms of spiritual practice. Change the diet to include heavier foods, including meat (working with dietary concerns). Participate in simple calming activities such as gardening, washing the dishes, or chopping and stacking wood.

Get regular exercise (e.g. running, walking, swimming, etc.); which can ameliorate or at least improve the tolerance for the anxiety and psychosomatic symptoms that can present during the emergence process.   Reflect upon the people and situations that trigger the process and avoid them for a while.

Indicators of Enhanced Spiritual Well-Being

Even though the spiritual emergent process displays highly individualized features, some commonalities appear in the outcome. Due to the scope of this project, only a brief summary of potential outcomes will be provided. One of the more prevalent indicators of improved spiritual (and psychological) well-being is the ability to hold mutualities (Kurtz, 2007): to be able to see the good and bad simultaneously. This was crucial for my healing process. Being able to hold the reality of possessing both positive and negative aspects of self, disabled my black and white thinking, revealing the reality of shades of gray. People who emerge from the *dark-night-of-the-soul,* from their shame, do so equipped with the knowledge of the necessity of the process for growth (Corbett, 1996; Elkins, 2001; Grof & Grof, 1990; Kornfield, 1989; Kurtz & Ketcham, 1992; Lehrman, 1992; Vaughan, 1986).

The ability to hold mutuality is one potential yet frequent outcome of spiritual well-being (Kurtz, 2007). Recognizing the balance between positive and negative aspects of life, not as separate, but rather as both existing at all times within the life process is the ability to hold mutuality. One illustration of this is that of the mutuality of dependence and independence. For example, with the person suffering through substance abuse, much of their turmoil stems from the belief that perfect people are not supposed to need anyone else. Once the interdependence of our reality is recognized and reconciled, one is tooled with the awareness of mutually beneficial aspects of both. In other words, dependence enhances independence just as sleep enhances our waking life (Kurtz, 2007).

Another indicator of enhanced well being is reporting a connection with a higher entity or Divine being. This is evidenced by those previously suffering from shame, especially when the shame has taken the form of an addiction to perfection. The constant self-scrutiny and overly critical nature evolves into a greater tolerance for the differences in oneself and others (Kurtz, 2007; Kurtz & Ketcham, 1992).

Additional indicators of increased spiritual functioning can also include concepts of surrender and release (Corbett, 1996; Kornfield, 1989; Kurtz, 2007; Kurtz & Ketcham, 1992); forgiveness for self and others (Corbett; D Elkins, 2001; Grof & Grof, 1989, 1990; Kornfield, 1989, 2000; Kurtz; Kurtz & Ketcham Richards et al., 2007; Vaughan, 2002); finding/living a life with a purpose and/or deep personal meaning (e.g. community service, therapists, social workers, etc.) (Elkins et al., 1988; Kurtz; Kurtz & Ketcham); and an overall sense of gratitude for life and emergent process (Grof & Grof, 1989,1990; Kornfield, 2000; Kurtz; Kurtz & Ketcham; Richards et al.). Included is a strong sense of connection to a higher being/s, thereby healing the shame wound. The wound of shame, experienced as a sense of being not good enough, becomes replaced with a sense of awe and gratitude (Kurtz).

Conclusion

The process of spiritual growth/emergence into a state of spiritual well-being is often a self-initiated process revealing the individual's readiness and propensity for healing and growth. It is often through the overly developed shame wound, of being disconnected from the divine that often inspires and facilitates this process. By having a greater understanding of how shame is experienced and established we provide an avenue for the amelioration of its more disabling symptoms. By developing a greater understanding of our own truths of mutuality and divine connectedness we begin the process of living more fulfilled, authentic lives.

This project has been enlightening in terms of the amount and variety of research conducted in the fields of psychology and spirituality. The interconnectedness of several of the aspects of shame, trauma and spiritual emergence inspire additional research as this project has only scratched the surface. An additional area of interest could include: How does a spiritually oriented group support the healing process? How does group well-being affect the individual? Are there significant differences between individual and group transpersonal experiences? Just to name a few.

All in all it has been an honor and a privilege to do this work. I began working on this topic in 2001; now in 2009 I know I have the capacity to speak as my own personal authority on my process. Through experiential trainings, transpersonal experiences, and hundreds of hours of: contemplation, loving conversations, prayers and meditations, and procrastination, this is done. I am deeply humbled and blessed and hope this work may be of aid to anyone who is needlessly suffering.

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