

Flying Eagle

Australian Shamanic Medicine



Shamanic Wisdom

Title Page

**SHAMANIC INTUITION
PSYCHOLOGY AND THE
EVOLUTION OF SPIRITUAL
EMERGENCE - -**

Free 2020 eBook Edition

Compiled and Edited By
Darren John Maxwell

Information Sourced for students of Flying Eagle Medicine, Sacred
Shaman Oracle – from collective commons

More here www.darrenjohnmaxwell.com

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Foreword and Edit by Darren John Maxwell
Awakening, Realisation, Actualisation.

This edited work explores the cavernous gap between ‘The Real Living Experience’ of modern urban shamanic spiritual emergence or awakening, [loosely catagorised as Neoshamanism] and the understanding of clinical practitioners and authorities charged with responsibility for the mental health and wellbeing of an evolving community.

In relationship to the behavioral or thought pattern changes that many times indicate a spiritual emergence or awakening in individuals circa 2020 and beyond, it has been my experience during years of research and study, firstly as a Shamanic initiate, (exposed to diagnostic failure) then as a Master Practitioner (exposed to ridicule, ignorance and irrelevance) clinical practitioners more often than

not fail to recognize the very real and very intense collective psychological components of a spiritual awakening or emergence.

The original source of the first section of this work [edited for students on the Flying Eagle Medicine pathway] came from the brief outline to an online course for clinicians. The original directive of the course was dedicated to teaching the impact an individual's spiritual emergence may have on themselves, their family and their community as a whole.

The original course creator, David Lukoff, Ph.D., was at the time of creation a Professor of Psychology at Saybrook Graduate School, and has been called a pioneer of online learning. He is the author of over 50 articles and chapters on religious and spiritual problems, and a co-author of the new diagnostic category "Religious or Spiritual Problem" in the Diagnostic and Statistical Manual-IV [of the American Psychological Association].

David explains: My interest in spirituality and mental health dates back to 1971, when I spent 2

months in a spiritual crisis--convinced that I was a reincarnation of Buddha and Christ with a messianic mission to save the world. In my clinical practice as a psychologist and my work with the Spiritual Emergence Network for the past 25 years, I have often found myself face-to-face with individuals with the same beliefs. By giving me a rare opportunity to go through the complete cycle and phenomenology of a naturally resolving psychotic episode, my spiritual emergency was a valuable clinical experience as well as a spiritual awakening! In 1994 my work in this area came to fruition when the Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) included a category entitled Religious or Spiritual Problem (V62.89) of which I was a co-author. My personal objective in developing this course is to help people survive the perils of the spiritual path and reap the benefits of a consciously lived spiritual life.

David further highlights in the brief outline of his clinical course: The inclusion in the DSM-IV of a new diagnostic category called "Religious or Spiritual Problem" marks a significant

breakthrough. For the first time, there is acknowledgment of distressing religious and spiritual experiences as nonpathological problems. Davids course is designed to teach mental health professionals about the process of *its* [Religious or Spiritual Problem in the DSM-IV] acceptance, its definition, various types of religious and spiritual problems, differential diagnosis, and treatment of these problems.

As a recipient of Flying Eagle Medicine ‘your awareness is best focused on the truth that all resistance to authentic shamanic healing, understanding and spiritual growth comes from ignorance, fear and the social need for conformity. Resistance to change is very common and often change stirs up resentment, especially when that change is positive for an individual but not yet positive for the group.

The moment your thoughts venture beyond the realm of the physical dimension, the endless possibility of the infinite becomes a certain outcome in your life.

The non-physical non-local essence of spiritual energy propels you head first, into a search for your personal and private truth. Like a rocket launched through time and space, your journey evolves until you come to rest in an understanding that you will begin to know as and call your truth.

This becomes the understanding of who you are, where you are and your reason for being in every moment of personal creation. You find your vision expanding, developing, and growing.

You start living in a constant stream of conscious awareness of your journey, your energetic connection to the Natural Universe as the whole of who you are sparks new life into old unconscious memories.

The wisdom held in the spiritual gifts of the Natural Universe is not held in the matter of time or space. The most relevant form of spiritual understanding and wisdom lay in non-local non-physical expanded energy field.

This is the only area where spiritual growth can take place, in extension from the physical of matter. In matter there is restriction and limitation with no vision of purpose or reason.

Flying Eagle Medicine exposes you to the energy centres naturally found within you that help you expand your energy field out of the physical constraints you experience as life in a single physical form.

One of the biggest challenges for many as they start to take their first step into the universe of the non-local non-physical energy revolves around the physical constraints they have experienced; in the beginning you will always have need for physical reference to your questions or thoughts because of your previous reliance on the physical realm.

For example, people make reference to their spiritual ancestors or their spiritual culture but in most cases they are only talking about the physical components of the human experience.

They are talking about race, skin color, mythology of a local area, their place of birth etc. They are talking about stories their conscious senses were programmed with from birth.

These are all physical things that have very little to do with anything beyond the human experience or the daily needs of the human body to function in its physical environment.

Universal Spirituality [Shamanism] involves energy that is non physical in form and is far less human than it is human. The term (more-than-human) universally covers the subject of letting go of any human physical association with infinite universal subject matter.

Letting go of all physical thought association and the images defined as visualisation is an integral aspect of actualising and activating the core principles of shamanic wisdom and philosophy in your life.

Shamanism is an evolved form of Animism. Animism is original spiritual understanding of all self conscious life on Mother Earth. The term Neoshamanism is again evolving consciousness referring to aspects of shamanic practice ritual and ceremony undertaken in the modern urban environment.

"Whatever specific symbolic form the shamanic journey takes for you, the common denominator is always the destruction of your old sense of physical identity and an experience of ecstatic connection with nature, with the cosmic order, and the creative energy of the universe.

In this process of death and rebirth, Shamans experience their own divinity and attain profound insights into the nature of universal reality. They typically gain an understanding of the origin of many disorders and learn how to diagnose and heal them." Stanislav and Christina Grof (1990)

Shamanism is a well recognized and documented part of all human cultures throughout time. The Grofs (1990) suggest that "...shamanism

engages levels of the human psyche that are primordial, timeless and universal".

A shaman is a special kind of medicine man/woman, witch doctor or healer who has the ability to move in and out of non-ordinary states of consciousness at will. With the help of benevolent spirits they experience insights and visions which enable them to heal illnesses and dispel or combat negative entities. They can obtain information about the past, present or future by extrasensory means.

A shaman also has the ability to induce non-ordinary states of consciousness in others and guide them to experience beneficial revelations. Sometimes the shaman takes on another's sickness since they are more adept at dealing with it themselves.

In most tribal societies the shaman (or woman) is recognized, respected and revered. "The tribe sees them as important guardians of the psychological, spiritual, and ecological equilibrium

and as intermediaries between the seen and unseen worlds" (Grof & Grof, 1990)

Only in modern Western cultures is the experience discounted and labeled as a psychotic condition.

The Grofs (1990) sum up the process as follows:- The experiences of the shamanic crisis vary in detail from culture to culture but seem to have a basic core with three characteristic phases.

The visionary adventure begins with a journey into the underworld, the realm of the dead. This is followed by an ecstatic experience of an ascent into the celestial regions and the acquisition of supernormal knowledge. The final stage is a return into everyday life.

This return to everyday life is explained in the old Zen saying - Before enlightenment, chop wood carry water, after enlightenment, chop wood carry water.

Enlightenment in and of itself it not the end goal of the initiate Shaman; Enlightenment is an experience that is part of the whole, not the whole.

There are many examples of modern world initiate Shaman becoming locked into the cycle of journeying and questing because they become hooked by the ecstatic experience of elevated states.

Noteworthy Reference: Having non-ordinary transpersonal experiences is not enough to qualify one as a shaman... the episode must reach a successful conclusion. The novice/initiate must integrate the experience in daily living and return to full functioning in everyday life.

A 'Master Shaman' is equally at home in the non-ordinary realm of consciousness, and can function very successfully in the ordinary.

The shamanic journey on Mother Earth is a universal experience that is constantly evolving and unfolding. It is not exclusive to ancient tribal

cultures. Many people living Western lifestyles have the same experiences as shaman throughout history. These can be triggered by experimentation with plant medicine, holotropic breathwork, shamanic workshops, extreme states of physical/emotional distress, or for no apparent reason whatsoever.

Flying Eagle Medicine presents the awakening shaman with the understanding that creative universal energy is ever present in all things. Mother Earth, Mother Sun, trees animals' water, etc are part of one dynamic life force energy stream. It is the realization that this dynamic life force energy is the background to all you see and don't see and will never see is what is most liberating for the initiate shaman.

The initiate shaman first works at the psychic [psyche] level to determine the unconscious, subconscious and sometimes conscious psychic energies that create human the experience.

The initiate shaman allows all things to be. Not content however with a less than peaceful status

quo the initiate shaman will seek guidance for peaceful healing from the more-than-human other realm through divination.

The initiate shaman learns to *divine* [spiritual communication] between lower middle and upper psychic realm energies to align or shift the psychic energy that is affecting an individual or small tribe/community. This confirms the responsibility of healer/reader on the initiate.

Often a new healer/reader is bombarded with requests to assist in creating changes in a particular or certain psychic energy stream. If a confirmed healer/reader sits in conference with the universal energy field, and determines that in their lineage of knowing, it is the right time in physical evolution for a river to be polluted or trees to be harvested or a human to be ill or die. Then so be it!

The psychic realm determines the universal balance, not the shaman. The shaman defers all power over to the lower middle and upper psychic world energies by divining for answers. Not by

allowing their personal EGO wants, desires or opinions to take charge.

In the case of the shaman that experiences their divinity through modern day techniques, the communication of the stories and messages can be passed on through song and dance, if that is what is guided, but also via words, Facebook, YouTube or Tumblr without drums and rattles or camp fire rituals of any kind.

After a period of experience and learning vision questing and divination, the modern urban shamans' story or healing medicine will unfold in tune with the evolving times.

The shaman enters into the human world for a purpose and a reason, but is not of the human world, for a purpose and a reason.

Shamanic emergence or the human evolution in shamanic consciousness is a journey into a vast multi dimensional collective of spiritual experiences and Non-dual awareness.

From the experience of witnessing and living one's own physical death so as to embrace spiritual immortality, to the primordial universe of subconscious life force energy existing as life force energy in all things, the journey takes in all known and many unknown aspects of conscious human evolution.

Meditation, ritual, study, presence, witnessing, acceptance, isolation, philosophy and psychology are some of the many nameable aspects of the modern urban shamanic learning curve.

Shamanism is not boxed in by language, race, culture or physical form of any kind. The core aspects of shamanism extend from original Animism and have been a developmental part of every human culture or belief system during the entire history of human evolution.

More importantly the core aspects of Shamanism expand infinitely to include all matter and non-matter pre-existing the human experience on earth.

There are no answers in human life beyond the experience. From the first experience of conception to last experience of death, all experiences provide us with challenges we must understand fully if we are going to survive and thrive as a spiritual Be-ing in a human collective.

Shamanism is not a belief, following or religion - In many ways it is not even an experience that can be had, it is an experience that is always and at all times - Being had, on a much larger scale than the collective human mind has yet evolved to fully recognise.

Shamanism is a collective universal knowing that is as elemental as an infinite beginning evolving within itself to regenerate its core energy in new beginnings. This always occurs seasonally, like the many different pieces of fruit or leaves on a single tree. The seasons of course are incremental and can span thousands of years or be over like a flash of lightening.

Every energy centre engaging at every level of the energy spectrum is part of the initiate Shamans awakening journey.

Some energy will prove to be light weight; others will prove to be denser with a more definable unshakable consistency that might take many lifetimes in vision questing to work through.

The Modern Urban Shaman initiated into Flying Eagle Medicine Pathway is a spiritual being having a human experience in the modern world of need, greed, fear, confusion and chaos.

Awakening from the deep hypnotic sleep of the modern western need, greed, fear, confusion and chaos - to other world universal experiences presents as the greatest gift and greatest obstacle to the Flying Eagle Medicine initiate.

As with any new experience a degree of understanding the psychological aspects of shamanic thought will help guide your intuition clear of the rocky shoreline you can certainly

expect to encounter on the shamanic medicine pathway.

The Psychology of Awakening is a very important aspect on the pathway to shamanic realisation.

The experience of awakening is not an individual human experience. It is always occurring for a new initiate as part of a collective energy spectrum.

You are not doing anything as an individual. The conscious experience of universal life is awakening to itself in physical form on Mother Earth ... through you.

That said however, as an urban mindset trained in individual ego philosophy takes its first steps along the pathway of shamanic healing and initiation, it very often appears as if it is an individual or individualized experience.

Be rest assured you are not alone in the evolution of shamanic conscious awakening on the surface of Mother Earth.

All research into and the understanding of an authentic experience of Shamanic Spiritual Awakening shows that you are never alone on the journey.

Please enjoy reading the work of David and Bonnie.

End Foreword

Darren John Maxwell

Mystical Experiences and Psychopathology

Original Author David Lukoff, Ph.D., the new diagnostic category "Religious or Spiritual

Problem" in the Diagnostic and Statistical Manual-IV ... edited (2015) by Darren John Maxwell for Shamanic Intuition Students.

The inclusion in the DSM-IV [*the the DSM-IV is the diagnostical and statistical manual (version 4) of the American Psychological Assosiation and delegates labels to all appearance of mental health categories*] of a new diagnostic category called "**Religious or Spiritual Problem**" marks a significant breakthrough.

For the first time, there is acknowledgment of distressing religious and spiritual experiences as nonpathological problems. Spiritual emergencies are crises during which the process of growth and change becomes chaotic and overwhelming. The proposal for this new diagnostic category came from transpersonal clinicians concerned with the misdiagnosis and mistreatment of persons in the midst of spiritual crises.

Surveys assessing the incidence of mystical experience in the general population indicate that it has been rising during the past few decades.

Now more than half the population polled answered yes to the Gallup Poll question: Have you ever been aware of, or influenced by, a presence or a power — whether you call it God or not — which is different from your everyday self?

1973: 27%

1986: 42%

1990: 54%

(Source Gallup)

Given that most of the adult population reports such experiences, they are clearly normal rather than pathological phenomena. A recent survey found that most clinicians do not currently view mystical experiences as pathological.

To some degree this reflects a change, partly attributable to Abraham Maslow, Ph.D., who was a founder of humanistic psychology in the 1960s, and then went on to found transpersonal psychology.

He described the mystical experience as an aspect of everyday psychological functioning: It is very likely, indeed almost certain, that these older reports [of mystical experiences], phrased in terms

of supernatural revelation, were, in fact, perfectly natural, human peak experiences of the kind that can easily be examined today. (Abraham Maslow Religions, Values, and Peak Experiences p. 20)

Yet historically, mental health theory and diagnostic classification systems have tended to either ignore or pathologize such intense religious and spiritual experiences. Some clinical literature has described the mystical experience as symptomatic of ego regression borderline psychosis a psychotic episode temporal lobe dysfunction (see Lukoff D, Lu F, Turner R. Toward a more culturally sensitive DSM-IV: Psychoreligious and psychospiritual problems).

Freud reduced the "oceanic experience" [**Osho**] of mystics to "infantile helplessness" and a "regression to primary narcissism" in Civilization and Its Discontents.

In contrast to Freud, other theorists have viewed mystical experiences as a sign of health and a powerful agent of transformation, including **C.G. Jung**, (see Psychology and Religion) and Evelyn Underhill (see Mysticism: The Nature and Development of Spiritual Consciousness).

Types of Spiritual awakening

The reliable recognition of different types of spiritual awakening is in its infancy. There is

considerable overlap in terminology in all the proposed taxonomies. Despite the human desire for order, nature does not usually divide phenomena into neat categories. I have seen people in spiritual emergencies whose episode combined elements from more than one of the types described in this course. My own spiritual emergency had elements from both shamanic crisis and mystical experience.

Emergence versus Emergency:

In the DSM-IV, spiritual problems [emergencies] are defined as distressing experiences that involve a person's relationship with a transcendent being or force but are not necessarily related to an organized church or religious institution.

Sometimes such experiences emerge from intensive involvement with spiritual practices such as meditation or yoga, as in the Meditation and Spiritual Practice type of spiritual problem.

The connection between spiritual emergencies and psychological problems was first noted by Roberto Assagioli, -MD who described how persons may become inflated and grandiose as a

result of intense experiences associated with spiritual practices.

Instances of such confusion are not uncommon among people who become dazzled by contact with truths too great or energies too powerful for their mental capacities to grasp and their personality to assimilate.

Beginning in the 1960s, interest in Asian spiritual practices such as meditation, yoga, and tai chi, as well as experimentation with psychedelic drugs, triggered many mystical experiences and visionary experiences, some of which were problematic for their practitioners.

Whereas spiritual masters have been warning their disciples for thousands of years about the dangers of playing with mystical states, *the contemporary spiritual scene is like a candy store where any casual spiritual "tourist" can sample the "goodies" that promise a variety of mystical highs.*

When novices who don't have the proper education or guidance begin to naively and carelessly engage mystical experiences, they are playing with fire. Danger exists on the physical and psychological levels, as well as on the level of one's

continued spiritual development. (Halfway Up the Mountain: The Error of Premature Claims to Enlightenment by Mariana Caplan)

Christina Grof and Stanislav Grof, MD, coined the term "spiritual emergency" and founded the Spiritual Emergency Network at the Esalen Institute in 1980 to assist individuals and make referrals to therapists for people experiencing psychological difficulties associated with spiritual practices and spontaneous spiritual experiences.

Dr. Grof describes a spiritual emergency: There exist spontaneous non-ordinary states that would in the west be seen and treated as psychosis, treated mostly by suppressive medication.

But if we use the 31 observations from the study of nonordinary states, and also from other spiritual traditions, they should really be treated as crises of transformation, or crises of spiritual opening. Something that should really be supported rather than suppressed.

If properly understood and properly supported, they are actually conducive to healing and

transformation. (Interview with Stanislav Grof,MD)

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 emergences that are full-blown crises requiring 24-hour care.

David Steindl-Rast, a Benedictine monk who teaches spiritual practices, has also noted that spiritual emergence can be disruptive: Spiritual emergence is a kind of birth pang in which you yourself go through to a fuller life, a deeper life, in which some areas in your life that were not yet encompassed by this fullness of life are now integrated . . . Breakthroughs are often very painful, often acute and dramatic.

Incorrectly assessed individuals undergoing powerful religious and spiritual experiences are at risk for being hospitalized as mentally ill.

Even many religious professionals seem unable to make the distinction between genuine and pathological religious experiences.

Allen Bergin, Ph.D. has observed that, Some religious influences have a modest impact, whereas another portion seems like the mental equivalent of nuclear energy...The more powerful portion can provide transcendent conviction or commitment and is sometimes manifested in dramatic personal healing or transformation. (p.401)

This nuclear analogy also applies to the spiritual emergence process. It has tremendous healing power for the individual, and even for society, but can also be destructive if not channeled properly. Unfortunately such experiences are often misunderstood by both the mental health and religious professions.

Description

Shamanism is humanity's oldest religion and healing art, dating back to the Paleolithic era. Originally, the word shaman referred specifically to healers of the Tungus people of Siberia. In recent times, that name has been given to healers in many traditional cultures around the globe who use consciousness altering techniques in their healing work.

Historically, shamanism has been confused with schizophrenia by anthropologists because shamans often speak of altered state experiences in the spirit world as if they were "real" experiences.

While the shaman and the person in a psychotic episode both have unusual access to spiritual and altered state experiences, shamans are trained to work in the spirit world, while the psychotic person is simply lost in it. But in many traditional cultures, psychotic episodes have served as an initiatory illness that calls a person into shamanism.

Mircea Eliade writes: The future shaman sometimes takes the risk of being mistaken for a "madman". . .but his/her "madness" fulfills a mystic function; it reveals certain aspects of reality to him that are inaccessible to other mortals, and it is only after having experienced and entered into these hidden dimensions of reality that the "madman" becomes a shaman. (Mircea Eliade. *Myths, Dreams, and Mysteries*. New York: Harper and Row, 1960. Page 80-81)

As the person accepts the calling and becomes a shaman, their illness usually disappears. The "self-cure of a psychosis" is so typical of the shaman that some anthropologists have argued that anyone without this experience should be described only as a healer. The concept of the "wounded healer" addresses the necessity of the shaman-to-be entering into extreme personal crisis in preparation of his/her role in the community as a healer (Halifax, Joan. *Shamanic Voices*. New York: Dutton, 1979).

Traditional cultures distinguish between serious mental illness and the initiatory crisis experienced by some shamans-to-be.

Anthropological accounts show that babbling confused words, displaying curious eating habits, singing continuously, dancing wildly, and being "tormented by spirits" are common elements in shamanic initiatory crises.

In shamanic cultures, such crises are interpreted as an indication of an individual's destiny to become a shaman, rather than a sign of mental illness. If the illness occurs in an appropriate

cultural context, the shaman returns from the crisis not only healed, but able to heal others.

For example, the Siberian shaman Kyzalov entered a state of "madness" lasting for seven years which resulted in his initiation as a shaman. He reported that during those years he had been beaten up several times, taken to many strange places including the top of a sacred mountain, chopped into pieces and boiled in a kettle, met the spirits of sickness, and acquired the drum and garment of a dead shaman. In our society today these experiences would be considered evidence of a psychotic disorder and could possibly result in hospitalization. Yet when Kyzalov recuperated, he reported that, "the shamans declared, 'You are the sort of man who may become a shaman; you should become a shaman. You must begin to shamanize.' " (Halifax, Joan. *Shamanic Voices*. New York: Dutton, 1979).

Referring to the "wounded healer" concept, Kalweit argues the shamanic crisis is: A sickness that is understood as a process of purification, as

the onset of enhanced psychic sensitivity giving access to the hidden and highest potentials of human existence, is therefore marked by very different characteristics than those ascribed to pathological conditions by modern medicine and psychology, namely that suffering has only negative consequences. According to the modern view, illness disrupts and endangers life, whereas the shaman experiences his sickness as a call to restructure this life within himself so as to hear, see and live it more fully and completely in a higher state of awareness. (Dreamtime and Inner Space: The World of the Shaman by Holger Kalweit, p. 91)

Associated Clinical Problems We have seen instances where modern Americans, Europeans, Australians and Asians have experienced episodes that bore a close resemblance to shamanic crises... People experiencing such crises can also show spontaneous tendencies to create rituals that are identical to those practiced by shamans of various cultures. (Grof, S., & Grof, C. (Eds.). (1989). Spiritual emergency: When personal

transformation becomes a crisis. Los Angeles: Tarcher). p. 14-15)

The themes common to shamanic crises include: Descent to the Realm of Death, confrontations with demonic forces, dismemberment, trial by fire, communion with the world of spirits and creatures, assimilation of the elemental forces, ascension via the World Tree and/or Cosmic Bird, realization of a solar identity, and return to the Middle World, the world of human affairs. (Halifax, Joan. Shamanic Voices, p. 7)

But as with shamans in traditional cultures, when persons in this type of spiritual emergence receive proper guidance, they too can return from the experience positively transformed.

Contact with traditional shamans and reading of literature on shamanism can be helpful adjuncts to therapy. In my own spiritual emergency, shamans played a role in recovery. The spiritual potential inherent in my experience lay dormant until contact with shamanic teachers enabled me to connect with

that dimension. Years later, in the altered states of consciousness induced by shamanic practices, I re-experienced, for the first time since my psychotic episode, a feeling of oneness with the universe. Once again, I was communicating with divine spirits, and comprehending the meaning of life itself. Instead of repressing these ecstatic experiences which had brought painful memories, I was now learning to trust them again.

Such experiences are a major component of shamanic life: "Shamans do not differ from other members of the collectivity by their quest for the sacred, which is normal and universal human behavior, but by their capacity for ecstatic experience" (Eliade Shamanism, p. 107).

However, these teachers and their shamanic practices taught me how to exercise voluntary control over entry into and out of ecstatic states. I also learned how to keep them contained within appropriate social contexts. In a traditional society, shamans cure people's illnesses, guide recently deceased souls, and restore a community's psychic balance as well.

Mystical Experience

The definitions of mystical experience used in research and clinical publications vary considerably, ranging from "upheaval of the total personality" (Neumann, E. in *The Mystic Vision*) to definitions which include "everyday mysticism" (Scharfstein, B. *Mystical Experience*).

For clinical assessment, the mystical experience can be seen as a transient, extraordinary experience marked by: feelings of unity sense of harmonious relationship to the divine euphoria sense of noesis

(access to the hidden spiritual dimension) loss of ego functioning alterations in time and space perception sense of lacking control over the event. (see Several Definitions of Mysticism)

William James saw mystical experience as being at the core of religion, and believed that such experiences led to the founding of the world's religions. One may say truly, I think, that personal religious experience has its root and center in mystical states of consciousness. (Varieties of Religious Experience)

Yet historically, mental health theory and diagnostic classification systems have tended to either ignore or pathologize such intense religious and spiritual experiences.

Some clinical literature has described the mystical experience as symptomatic of ego regression borderline psychosis a psychotic episode temporal lobe dysfunction (see Lukoff D, Lu F, Turner R. Toward a more culturally sensitive DSM-IV: Psychoreligious and psychospiritual problems)

Freud reduced the "oceanic experience" of mystics to "infantile helplessness" and a

"regression to primary narcissism" in *Civilization and Its Discontents*. In contrast to Freud, other theorists have viewed mystical experiences as a sign of health and a powerful agent of transformation, including C.G. Jung, (see *Psychology and Religion*) and Evelyn Underhill (see *Mysticism: The Nature and Development of Spiritual Consciousness*). In addition, studies have found that people reporting mystical experiences scored lower on psychopathology scales and higher on measures of psychological well-being than controls. (see *The Psychology of Religion: An Empirical Approach* by Ralph W. Hood, Editor).

Mystical experiences can be overwhelming for individuals who don't already have a strong sense of self. They can become frightened and confused by the sudden influx of spiritual consciousness. Roberto Assagioli, MD, known for being the founder of psychosynthesis, described this clinical problem: The personality is unable to rightly assimilate the inflow of light and energy. This happens, for instance, when the intellect is not well coordinated and developed when the emotions and

the imagination are uncontrolled when the nervous system is too sensitive, or when the inrush of spiritual energy is overwhelming in its suddenness and intensity. (Self-realization and psychological disturbances in Spiritual Emergency: When Personal Transformation Becomes a Crisis by Stanislav Grof and Christina Grof, p. 34-5)

One of the main risks observed following ecstatic mystical experiences is ego inflation, in which an individual develops highly grandiose beliefs or even delusions about their own spiritual stature and attainment. Many theorists have seen this as an "occupational risk" associated with seeking spiritually transformative experience. The very calling contains the scent of inflation — or as it is called in Zen, the stink of enlightenment. (Gary Rosenthal in Spiritual Choices: The Problems of Recognizing Authentic Paths to Inner Transformation)

Jung also observed inflation as a risk of spiritual practices: The state we are discussing involves an extension of the personality beyond individual limits, in other words a state of being puffed up...

The inflation has nothing to do with the kind of knowledge, but simply and solely with the fact that any new knowledge can so seize hold of a weak head that he no longer sees and hears anything else. He is hypnotized by it and instantly believes he has solved the riddle of the universe. (Portable Jung)

As with other types of spiritual emergency, individuals in the midst of intense mystical experiences have been hospitalized and medicated, when less restrictive and more health promoting interventions could have been utilized.

Near Death Experience

The near-death experience (NDE) is a subjective event experienced by persons who come close to death, who are believed dead and unexpectedly recover, or who confront a potentially fatal situation and escape uninjured.

Raymond Moody, MD first focused public attention in 1975 on the near-death experience in his book, *Life After Life*. Since then the NDE has been the focus of considerable scientific research.

The person often feels unconditionally accepted and forgiven by a loving source. Life review is also common, and the person returns with a mission or "vision," believing that there is still more to be done in this life. Modern medical technology has resulted in many persons experiencing NDEs. Near

death experiences are reported by 35% of individuals who come close to death.

Gallup Polls estimates that almost 5% of the adult American population, approximately 19 million American adults, have had a NDE with at least some of the features described above, making it a clinically significant and pervasive phenomenon. (See The International Association for Near-Death Studies)

The typical near-death survivor emerges from his experience with a heightened sense of appreciation for life, determined to live life to the fullest. He has a sense of being reborn and a renewed sense of individual purpose in living.

He is more reflective and seeks to learn more about this core experience. He feels himself to be a stronger, more selfconfident person and adjusts more easily to the vicissitudes of life. The things that he values are love and service to others; material comforts are no longer so important. He becomes more compassionate toward others, more able to accept them unconditionally. He has achieved a sense of what is important in life and strives to live in accordance with his understanding

of what matters.! (Kenneth Ring,! Heading Toward Omega: In Search of the Meaning of the Near-Death Experience p. 157-8)

Kenneth Ring, PhD has conducted studies on NDE on which this summary is based. His research found these changes occur within 5 years and are stable over time. (See Aftereffects of Near-death States for a review of the extensive research documenting psychological and physiological changes.)

Charles Tart, PhD posits that the experience of existing in some form that seems partially or fully independent of the physical body (as occurs in NDE and other altered states of consciousness) constitutes the most direct knowledge of survival an individual may have. While not the subject of this course, NDEs present profound challenges for the study of consciousness and reveal issues of deep significance for the life of the individual and for humankind in general.

Despite generally positive outcomes, significant intrapsychic and interpersonal difficulties frequently arise in the wake of an NDE.

Intrapsychic problems associated with NDE include: anger or depression related to losing the near-death state difficulty reconciling the NDE with previous religious beliefs, values or lifestyle becoming overly identified with the experience the fear that the NDE might indicate mental instability.

Interpersonal problems associated with NDE include: difficulty reconciling attitudinal changes with the expectations of family and friends a sense of isolation from those who have not had a similar experience; a fear of ridicule or rejection from others difficulty communicating the meaning and impact of the NDE difficulty maintaining previous life roles that no longer carry the same significance difficulty reconciling limited human relationships with the unconditional relationships experienced during the NDE (Greyson B, The near-death experience as a focus of clinical attention)

In the immediate aftermath of an NDE, many individuals struggle with a fear of mental instability and/or a fear of rejection and ridicule by family and friends. One person reported, "I've lived with this thing [NDE] for three years and I haven't told

anyone because I don't want them to put the straight jacket on me." Another found that, "After this happened to me [an NDE], and I tried to tell people, they just automatically labeled me as crazy" (Raymond Moody *Life After Life: The Investigation of a Phenomenon — Survival of Bodily Death*, p. 86).

Some NDEs become very distressing and meet the criteria for DSM-IV Adjustment Disorder. (Greyson B, Bush NE, Distressing near-death experiences)

Many individuals did not discuss the NDE with friends or professionals for fear of being rejected, ridiculed, or regarded as psychotic or hysterical. In addition, individuals who shared their experiences with professionals have often received negative reactions. Raymond Moody cited these examples: One woman stated, "I tried to tell my minister, but he told me I had been hallucinating, so I shut up" (p. 86).

A surgical patient recounted that, "I tried to tell my nurses what had happened when I woke up, but

they told me not to talk about it, that I was just imagining things" (p 87). Life After Life: The Investigation of a Phenomenon — Survival of Bodily Death,

**Meditation and Spiritual Practices: Problems
Related to Spiritual Practices**

The connection between spiritual practices and psychological problems was first noted by Assagioli who described how persons may become inflated and grandiose as a result of intense spiritual experiences: Instances of such confusion are not uncommon among people who become dazzled by contact with truths too great or energies too powerful for their mental capacities to grasp and their personality to assimilate (p. 36).

Stuart Sovatsky, PhD, Director of the Kundalini Clinic, notes that difficulties can accompany valid spiritual experiences: "That some problems arise as a result of the most auspicious of spiritual experiences, long documented in diverse religions, must, in such cases, also be considered.

(Word from the Soul: Time, East/West Spirituality, and Psychotherapeutic Narrative)

Related Problems:

Intensive practices can involve spending hours each day in meditation for weeks or months. Asian traditions recognize a number of pitfalls associated with intensive meditation practice, such as altered perceptions that can be frightening, and "false enlightenment," associated with delightful or terrifying visions. Epstein (1990) describes a "specific mental disorder that the Tibetans call 'sokrlung': a disorder of the 'life-bearing wind that supports the mind' that can arise as a consequence...of strain[ing] too tightly in an obsessive way to achieve moment to-moment awareness. (p. 27)

When Asian meditative practices are transplanted into Western contexts, the same problems can occur. Anxiety, dissociation, depersonalization, altered perceptions, agitation, and muscular tension have been observed in western meditation practitioners (Walsh R, Roche L. Precipitation of acute psychotic episodes by intensive meditation in individuals with a history of schizophrenia).. Yet Walsh and Roche point out that "such changes are not necessarily pathologic

and may reflect in part a heightened sensitivity" (p. 1086).

Kundalini is spiritual energy presumed to reside at the base of the spine. When it is awakened by practices such as yoga, it rises like a serpent up the spine, and opens the chakras' psychic centers situated along the spine from the tailbone to the top of the head.

As each chakra opens, new levels of consciousness are revealed. Since the consciousness of most people is fairly restricted, the opening of the chakras is accompanied by consciousness expansion and purification of the limitations or impurities that correspond to each chakra. (Brant Cortright, PhD, Psychotherapy and Spirit, p. 161)

As kundalini rises, it is associated with physical symptoms including: sensations of heat tremors involuntary laughing or crying talking in tongues nausea, diarrhea or constipation rigidity or limpness animal-like movements and sounds. Kundalini arousal most commonly occurs as an

unintentional side-effect of intensive spiritual practices.

Some theorists consider psychotherapy, giving birth, unrequited love, celibacy, deep sorrow, high fever, and drug intoxication to be triggers. Some believe kundalini awakening can occur spontaneously without apparent cause.

Bonnie Greenwell, Ph.D., is a transpersonal therapist whose work focuses on kundalini awakening problems. When Dr. Greenwell was queried about a case which included symptoms such as shaking at night, which can occur in kundalini awakening, she responded, If the person had presented me with a description of an awakening experience, if he did exercises such as meditation, yoga, or a martial art regularly, or if he experienced strong meditative states where he went beyond concentration into stillness or a sense of unity, then I would be more likely to consider it Kundalini. (Kundalini Quest)

Kundalini awakening can resemble many disorders, medical as well as psychiatric. The

symptoms can mimic conversion disorder, epilepsy, lower back problems, multiple sclerosis, heart attack or pelvic inflammatory syndrome. The emotional reaction to the awakening of kundalini can be confused with disorders involving anxiety, depression, aggression, and organic syndromes.

Bonnie Greenwell, Ph.D. did her dissertation study on individuals who had a kundalini awakening. She summarizes the clinical issues that she observed in her book, *Energies of Transformation: A Guide to the Kundalini Process*.

She describes a number of key features of kundalini awakening which were experienced by people in her study: As intense energy moves through the body and clears out physiological blocks, some people experience intense involuntary, jerking movements of the body, including shaking, vibrations, spasm and contraction.

Unusual breathing patterns may appear with either very rapid or slow, shallow breathing.

Physiological Symptoms:

Kundalini awakening often generates unusual physiological activity which can present as heart, spinal, gastrointestinal, or neurological problems. Internal sensations of burning, hypersensitivity to sensory input, hyperactivity or lethargy, great variations in sexual desire, and even spontaneous orgasm have been reported.

Psychological Upheaval:

Emotions can swing from feelings of anxiety, guilt, and depression (with bouts of uncontrollable weeping) to compassion, love, and joy.

Extrasensory Experiences:

Some people experience visions of lights, symbols, spiritual entities. Auditory sensations may include hearing voices, music, inner sounds or mantras. There may also be disruption of the proprioceptive system, with loss of a sense of self as a body, or an out of the body experience.

Psychic Phenomena:

A person may experience precognition, telepathy, psychokinesis, awareness of auras and healing abilities.

Mystical States of Consciousness:

A person may shift into altered states of consciousness where they directly perceive the unity underlying the world of separation and experience a deep peace and serenity. (see Karin Hannigan, PhD for additional description)

The sudden onset of these experiences led many in Greenwell's study to become confused and disoriented. Kundalini awakening is probably the most common type of spiritual emergency. The Spiritual Emergence Network Newsletter reported that 24% of their hotline calls concerned kundalini awakening experiences.

Kornfield (1993), a psychologist and experienced meditation teacher, described what he termed a spiritual emergency that took place at an intensive meditation retreat he was leading.

An "overzealous young karate student" decided to meditate and not move for a full day and night. When he got up, he was filled with explosive energy. He strode into the middle of the dining hall filled with 100 silent retreatants and began to yell and practice his karate maneuvers at triple speed. Then he screamed, "When I look at each of you, I see behind you a whole trail of bodies showing your past lives." As an experienced meditation teacher, Kornfield recognized that the symptoms were related to the meditation practice rather than signs of a manic episode (for which they also meet all the diagnostic criteria except duration).

The meditation community handled the situation by stopping his meditation practice and starting him jogging, ten miles in the morning and afternoon. His diet was changed to include red meat, which is thought to have a grounding effect. They got him to take frequent hot baths and showers, and to dig in the garden. One person was with him all the time. After three days, he was able to sleep again and was allowed to start meditating again, slowly and carefully. (adapted from *A Path With Heart : A Guide Through the Perils and*

Promises of Spiritual Life by Jack Kornfield pp. 131-132)

While in some cases, the psychological upheaval is so acute that it resembles a psychotic episode, medication can further complicate the process. Dr. Greenwell suggests that it would be therapeutic for the individual to study some of the descriptions of kundalini.

Her other recommendations follow the basic treatment guidelines for all spiritual emergence processes.

Look for ways to discharge this energy by running, exercising, gardening, or working with something solid, like wood or clay. I would suggest doing a regular meditation practice, and letting the process develop and teach him.

The best support is a balanced lifestyle and a commitment to live one's life in alignment with the vision it brings — that is, if you have a heart-opening or a visionary experience, instead of being attached to holding onto it, ask yourself what you can bring into the world as service to it.

Think of it as if the amps have been raised in your electrical system. This is why balance, taking care of ourselves, being in nature, and regular physical exercise all help.

We may have to change old patterns to meet the invitation to a new kind of energy flow and engagement with spirit in our lives.

She also suggests creative activities such as art, music, or writing for expressing it.

Since this type of spiritual problem is related to a type of practice, consultation with a teacher of shamanic practice who also has mental health training would be advisable.

Dr. Greenwall indicates that learning some basic practices, under the supervision of a knowledgeable teacher, can help guide this energy. Psychic Experiences:

Psychic experiences are extrasensory occurrences, such as: clairvoyance (visions of past, future, or remote events) telepathy (communication without apparent physical means) poltergeist phenomena (physical disturbances in a house with no apparent physical cause)

precognition (visions or dreams that provide formerly unknown information) Synchronistic events (meaningful coincidences of two apparently (in terms of cause and effect) non-related events)

Psychic experiences occur in all forms of spiritual emergence, such as shamanic crises, kundalini rising, and mystical experiences, but in the Psychic Experience type of spiritual problem, psychic events are the central feature of the person's experience.

Psychic experiences are also associated with many spiritual paths and altered states of consciousness. In yoga and Buddhism, these are referred to as siddhis. The Yoga Sutras of Patanjali and the Buddhist Abhidhamma include specific practices that are purported to lead to the development of psychic abilities.

While the scientific status of psychic experiences has been the subject of much debate, there is no question that most people have such experiences. Gallup polls show that a majority of the population have extrasensory experiences, and the percentage is increasing (from 58% in 1973 to 67% in 1986). Unfortunately both sensationalism

(in tabloid media) and commercialism (fee-based psychic hot lines) are associated with this topic, but extrasensory perception has also been the subject of scientific research for 100 years, and continues to this day. (see Rhine Center for a history of scientific research)

Some types of psychic experiences are considered to be abilities, such as:

Medical Intuition:

The ability to perceive the subtle energy around another individual. This psychic ability is taught in workshops by therapists like Caroline M. Myss, PhD who is a medical intuitive.

Jerome Frank, PhD, former Professor of Psychiatry at Johns Hopkins and considered one of the most influential theorists about psychotherapy, also considers psychic abilities to play a role in psychotherapy: This understanding recognises that the most gifted therapists may have telepathic, clairvoyant, or other paranormal psychological abilities.

They may, in addition, possess something that can only be termed "healing power."

Any researcher who attempts to study such phenomena risks his reputation as a reliable scientist, so their pursuit can be recommended only to the most intrepid. The rewards, however, might be great. (Persuasion and Healing: A Comparative Study of Psychotherapy)

Visionary Experience:

Visionary experiences involve the activation of the unconscious archetypal psyche [soul] which then dominates consciousness. This is the part of the mind which produces dreams and also myths.

Anthony Wallace, PhD an anthropologist, has documented several cases where individuals underwent what seemed to be psychotic episodes and subsequently developed an entirely new mythology and way of life for their social group. For example, in late 1700, Handsome Lake created a new society among the Iroquois Indians on the basis of the visions he had while incapacitated for 6 months.

Visionary experiences have played a pivotal role in the evolution of cultures, particularly when

rapid cultural change is occurring due to foreign interventions or indigenous changes.

Cultural turmoil activates the psyches of many individuals and sometimes creative cultural innovations emerge from this process (See John Perry, *Far Side of Madness*).

Mythologist Joseph Campbell in *The Mythic Image* has traced the process whereby new visions (often expressed in new myths) have guided human cultural evolution. First came early homo sapiens' fascination with fire, then with the animal world and the world of the planted seed.

This was followed most recently by a far-reaching fascination with the planets and the stars. Campbell has argued that the pursuit of these realms in myth has directed human activity and enabled humans to surpass themselves.

Neither reason, nor environmental contingencies have determined our collective and individual destinies, but as the poet Robinson Jeffers called them, 'visions that fool him out of his limits.' (Campbell *Myths to Live by* p. 249)

The psyche continues to generate myths that speak to present situations and issues, often speaking its myths through the voice of dreams. But another potent source of cultural and personal mythmaking is the psychotic mind. In Perry's view, a visionary experience can be a renewal process in which components of the psychotic individual's make-up are undergoing change.

The psychosis can serve, as the psyche's own way of dissolving old states of being, and of creatively bringing to birth its new starts-its own way of forming visions of a renewed self and of a new design of life with revived meanings in one's world. (John Perry, *Far Side of Madness* p. 11)

Associated Clinical Problems When the psyche is activated to such an intense degree during visionary experiences, the individual can appear quite psychotic. Beliefs that meet the DSM-IV criteria for delusions, particularly grandiose ones, as well as hallucinations are usually present. At Diabysis, where people in visionary states were allowed to go through the full cycle of their visionary state, most resolved in 6-8 weeks without

medication. For many, the experience became a turning point in their life toward growth. Yet during the acute phase, when psychotic symptoms are usually present, the individual can be seriously disabled and can benefit from residential treatment.

Treatment

Psychotic symptoms do indicate the need for special care. Judgment can be quite impaired and persons in the midst of visionary experiences can

act recklessly and endanger themselves as well as others. Unlike other forms of spiritual emergence in which people are usually able to function in consensus reality, persons having visionary experiences can require round-the-clock surveillance.

One of the main options needs to be considered to provide a safe container while the person is going through the experience. Several model residential programs have been developed including Kingsley Hall, Diabysis and Soteria, none of which, unfortunately, are open today.

In *Far Side of Madness*, John Perry, MD described his treatment of a 19-year-old male at Diabysis who presented with a number of grandiose delusions including that he was an "ace airman" and a second George Washington leading the defense of the country against the Russian communists who were trying to capture the world. At other times, he was Emperor of the Germans, Prince Valiant, and Christ. Yet Perry viewed these grandiose delusions as part of a positive transformative process in which the psyche is engaged in a mythic process. Even though a psychiatrist, Perry did not prescribe any

antipsychotic medication to squelch the psychotic symptoms.

Rather than suppress or ignore the expression of the patient's psychotic experiences, Perry encouraged it since therapy should follow the psyche's own spontaneous movements. . .you work with what the psyche presents. (p. 136)

While the patient was in residential treatment at Diabysis, he met with Perry three times a week. In an early session, Perry had this patient draw, and a number of images of death emerged including being cremated, and being buried and clawing his way out of the grave. The whole psychotic renewal process took about 6 weeks, although the patient spent some additional time at the residential treatment center integrating the episode.

Alcohol and Drug Dependence and Abuse:

Twelve Step programs such as Alcoholics Anonymous dominate addiction treatment in mental health settings, and religion/spirituality plays a central role.

The first of the 12 steps mentions "A power greater than ourselves." The final step mentions a "spiritual awakening." Five of the 12 steps make a specific reference to God, and the phrase "as we understand Him" appears twice.

The founders of A.A. did not ponder whether religious and spiritual factors are important in recovery, but rather if it is possible for alcoholics to recover without the help of a higher power. Jung told Bill W., the co-founder of A.A., that "craving for alcohol was the equivalent, on a low level, of the spiritual thirst of our being for wholeness." Jung maintained that recovery from addiction required a religious experience: "Inasmuch as you attain to the numinous experience, you are released from the curse of pathology."

(See History of Early A.A.'s Spiritual Roots.)

Similarly, some theorists and clinicians have approached addictions as essentially spiritual crises, not mental disorders.

The strong relationship between religious/spiritual commitment (e.g., church attendance) and the avoidance of alcohol and illicit drugs is well-

established. However, not much is known about the religious/spiritual dimensions of addiction treatment.

Spiritual variables have been neglected in research. Such variables include measures of perceived purpose or meaning in life, changes in values and beliefs, shifts in religious/spiritual practices, clients' spiritual value systems, acceptance of particular treatment goals and strategies, and the impact of spiritually-oriented interventions on treatment outcome.

Miller recommended that these variables be considered in research in order to "improve our understanding of the addictive behaviors, and our ability to prevent and treat these enduring problems." It is known that patients in alcohol treatment who become involved with a spiritual community after treatment have lower recidivism rates than those who do not. (See ICIHS Research Summaries.)

Obsessive-Compulsive Disorder:

In obsessive-compulsive disorder, some individuals present with what they consider

scrupulous devoutness, but upon further assessment, the use of religion is a metaphor for the expression of compulsive requirements. Superficially, religious rituals and obsessive compulsive behaviors share some common features: the prominent role of cleanliness and purity; the need for rituals to be carried out in specific ways and numbers of times; and the fear of performing the rituals incorrectly.

Greenberg and Witzum describe an individual whose concern with correctly saying his prayers led him to spend nine hours a day in prayer instead of the usual 40-90 minutes of other ultraorthodox Jews. Persons in this religious community with obsessive compulsive disorder became so preoccupied with some detail or area of religious practice that they ignored or violated other tenets of their faith. In these individuals, scrupulous devoutness involved the use of religion to express compulsive needs. (However, the authors also concluded that ultra-orthodox Jews were not at higher risk for obsessive compulsive disorder.)

Psychotic Disorders:

Co-occurrence of Spiritual Problems with psychotic disorders occurs frequently, especially in manic psychosis. One study of hospitalized bipolar patients found religious delusions were present in 25% and their hallucinations were brief, usually grandiose, usually religious. Goodwin and Jamison (Manic-Depressive Illness) have also noted the prominence of religious and spiritual concerns in persons with manic-depressive illness. They suggest that there, "have been many mystics who may well have suffered from manic-depressive illness--for example, St. Theresa, St. Francis, St. John" (p. 362)

Transpersonal Coaching:

There is cross-cultural support for the overlap of psychosis and spiritual experiences. Anthropologists have observed that, highly similar mental and behavioral states may be designated psychiatric disorders in some cultural settings and spiritual experiences in others...Within cultures that invest these unusual states with meaning and provide the individual experiencing them with institutional support, at least a proportion of them

may be contained and channeled into socially valuable roles. (Prince)

In Ken Wilber's spectrum model of consciousness, psychosis is neither pre-personal (infantile and regressive) nor transpersonal (transcendent and absolute); it is de-personal -- an admixture of higher and lower elements: [Psychosis] carries with it cascading fragments of higher structures that have ruinously disintegrated" (p. 64). Thus, psychotic persons "often channel profound spiritual insights. (p. 108) But psychotic persons are incapable of differentiating the transpersonal from the regressive pre-personal at the time of the experience.

Afterwards, while in recovery, they are often able to sort through their experiences and separate the wheat from the chaff.

Transpersonal Coaching can salvage the valid spiritual dimensions of the experience. James Hillman has stated that recovery means recovering the divine from within the disorder, seeing that its contents are authentically spiritual.

Transpersonal therapy can be especially valuable in the post-psychotic period because it promotes the integration of the healthy parts of spiritual experiences in psychosis.

Sally Clay, an advocate and consultant for the Portland Coalition for the Psychiatrically Labeled, has written about the significant role that religious experiences played in her recovery. She had been hospitalized for two years diagnosed with schizophrenia at the Yale-affiliated Hartford Institute of Living (IOL). While there, she had a powerful religious experience which led her to attend religious services.

My recovery had nothing to do with the talk therapy, the drugs, or the electroshock treatments I had received; more likely, it happened in spite of these things.

My recovery did have something to do with the devotional services I had been attending. At the IOL I attended both Protestant and Catholic services, and if Jewish or Buddhist services had been available, I would have gone to them, too.

I was cured instantly--healed if you will--as a direct result of a spiritual experience.

Many years later Clay went back to the IOL to review her case records, and found herself described as having “decompensated with grandiose delusions with spiritual preoccupations.”

She complains that "Not a single aspect of my spiritual experience at the IOL was recognized as legitimate; neither the spiritual difficulties nor the healing that occurred at the end." Clay is not denying that she had a psychotic disorder at the time, but makes the case that, in addition to the disabling effects she experienced as part of her illness, there was also a profound spiritual component which was ignored. She describes how the lack of sensitivity to the spiritual dimensions of her experience on the part of mental health and religious professionals was detrimental to her recovery.

Nevertheless, she has persevered in her belief that, For me, becoming "mentally ill" was always a spiritual crisis, and finding a spiritual model of recovery was a question of life or death. Finally, I could admit openly that my experiences were, and

always had been, a spiritual journey--not sick, shameful, or evil. (The Wounded Prophet by Sally Clay).

Mystical Experience problems

a) ecstatic mood:

The most consistent feature of the mystical experience is elevation of mood. Laski (1968) describes it as a state with "feelings of a new life, another world, joy, salvation, perfection, satisfaction, glory" (cited in Perry p. 84). Bucke examined the experiences of well-known mystics, leaders, and artists, as well as his own mystical experience, and noted they all shared "a sense of exultation, of immense joyousness (p. 9). James

also points to the "mystical feeling of enlargement, union and emancipation" (p. 334), and claims that "mystical states are more like states of feeling than like states of intellect" (p. 300).

b) sense of newly-gained knowledge:

Feelings of enhanced intellectual understanding and the belief that the mysteries of life have been revealed are commonly reported in mystical experiences (Leuba). James describes this phenomenon of newly-gained knowledge ("gnoesis") as states of insight into the depths of truth unplumbed by the discursive intellect. They are illuminations, revelations, full of significance and importance (p. 33). Jacob Boehme, a seventeenth-century shoemaker whose mystical experience ushered in a new vocation as a nature philosopher, reported: "In one-quarter of an hour, I saw and knew more than if I had been many years together at a university. For I saw and knew the being of all things" (cited in Perry p. 92).

c) perceptual alterations:

Mystical experiences often involve perceptual alterations ranging from heightened sensations to auditory and visual hallucinations. Boehme felt himself surrounded by light during his mystical experience. Visual and auditory hallucinations with religious content are also common, e.g., Saint Therese saw angels and Saint Paul heard the voice of Jesus Christ saying "Paul, Paul, why persecutest thou me?" (Acts: 3-4).

d) delusions with specific themes related to mythology:

James and Neuman have both commented on the diversity of content in mystical experiences across time and cultures. The mystical experience does not have specific intellectual content of its own. It is capable of forming matrimonial alliances with material furnished by the most diverse philosophies and theologies. (James p. 333)

Electronic media have greatly increased the repertoire of cultural material available for incorporation into both mystical and psychotic experiences.

Individuals who in the past might have claimed to be St. Luke, may now claim to be Luke Skywalker. However, John Perry, MD, points out that below the surface level of specific identities and beliefs are thematic similarities in the accounts of patients whose psychotic episodes have good outcomes: There appears to be one kind of episode which can be characterized by its content, by its imagery, enough to merit its recognition as a syndrome. In it there is a clustering of symbolic contents into a number of major themes strangely alike from one case to another (p.9).

Based on Perry's research and other accounts of patients with positive outcomes, the following eight themes were identified as occurring commonly in spiritual emergence

1. Death: being dead, meeting the dead or meeting Death
2. Rebirth: new identity, new name, resurrection, apotheosis to god, king or messiah
3. Journey: Sense of being on a journey or mission

4. Encounters with Spirits: demonic forces and/or helping spirits

5. Cosmic conflict: good/evil, communists/Americans, light/dark, male/female

6. Magical powers: telepathy, clairvoyance, ability to read minds, move objects

7. New society: radical change in society, religion, New Age, utopia, world peace

8. Divine union: God as father, mother, child; Marriage to God, Christ, Virgin Mary, Radha or Krishna

In contrast, not all delusions have content related to the eight mythic themes described prior. The following statements from schizophrenic patients illustrate different themes.

- My brain has been removed.
- A transmitter has been implanted into my brain and broadcasts all my thoughts to others.
- My parents drain my blood every night.
- The Mafia is poisoning my food and trying to kill me.

- My thoughts are being stolen and it interferes with my ability to think clearly.
- The person claiming to be my wife is only impersonating her; she's not my wife.

Some psychotic patients have cognitive deficits which cause them difficulty with their basic thought processes. For example, a person with schizophrenia complained, "I get lost in the spaces between words in sentences. I can't concentrate, or I get off onto thinking about something else" (in Estroff [10] p. 223).

Systematic comparisons of first person accounts of mystical experiences and schizophrenia have found that "Thought blocking and other disturbances in language and speech do not appear to accompany the mystical experience" (Buckley p. 521).

Therefore, the presence of conceptual disorganization, as evidenced by disruption in thought, incoherence and blocking, would indicate

the person is experiencing something other than a spiritual emergence.

Zen Master Jakusho Kwong Roshi observed that powerful spiritual awakenings can have varied outcomes, Anybody with a body and mind can experience realization. Often they don't tell anybody because they think it is strange. They either keep it quiet, go crazy, or their search leads them to a teacher who can explain their situation.

Normalization

People in the midst of intense spiritual experiences need a framework of understanding that makes sense of them.

Mental health theory has provided little guidance in this area, and has often pathologized spiritual emergence experiences.

Often it is the lack of understanding, guidance and support that allows such experiences to go out of control.

Jung described how providing a normalizing framework helped in the following case: I vividly recall the case of a professor who had a sudden vision and thought he was insane. He came to see me in a state of complete panic. I simply took a 400-year-old book from the shelf and showed him an old woodcut depicting his very vision. "There's no reason for you to believe that you're insane," I said to him. "They knew about your vision 400 years ago." Whereupon he sat down entirely deflated, but once more normal (Man and His Symbols, p. 58).

In a similar way, Ram Dass, a spiritual teacher, originally trained as a clinical psychologist, helped a person in distress by framing his experience as a kundalini reaction. He recounted a telephone call from someone saying he thought he was going crazy. After the caller described uncontrollable tearfulness and so much energy he couldn't sleep, Ram Dass said, Let me read you a list of symptoms, I have a Xerox. It's just mother Kundalini at work. (Spiritual Emergency: When Personal Transformation Becomes a Crisis, p. 181)

Education about spiritual emergence serves two primary functions. First, it gives the person a cognitive grasp of the situation, a map of the territory he or she is traversing. Having a sense of the terrain and knowing others have traveled these regions provides considerable relief in itself. Second, it changes the person's relationship to the experience. When the person (and those around him or her) shifts into seeing what is occurring as positive and helpful rather than bad and sick, this changes the person's way of relating to the experience.

To know that this process is healing and growthful permits the person to turn and face the inner flow of experiences, to welcome them rather than turning away or trying to suppress them (Psychotherapy and Spirit, p. 173)

Protection

The person undergoing a spiritual emergence needs to be shielded from the psychic stimulation of the everyday world, which is usually experienced as painful and interfering with the inner process.

Teachers who hold intensive retreats are familiar with this. Personal Spiritual Therapy sessions can be used in various ways depending on the phase of spiritual emergence, and its specific features.

This is a cooperative relationship....This "looking" is the beginning of open-eyed

contemplation that grounds the you in time/space, so you won't drift back into her mindchatter of despair.

A person living in a communal setting, such as a spiritual retreat center, can go much deeper while being cared for physically and supported in working through any spiritual crisis.

However, people living in less supportive environments often do need to maintain themselves at a higher level of functioning. Otherwise, they risk hospitalization, loss of their livelihood, living situation, and other essentials.

Become involved in simple, grounding, calming activities. Gardening is one such activity, or any simple tasks, such as knitting, housecleaning, shoveling, sorting.

Walks in nature have the added benefit of enhancing tranquility and a calm mind. Activities such as swimming or biking, are good however, competitive sports are too stimulating.

Draw, paint, mold clay, make music, journal, write poetry, dance, both in the sessions and at home. Creative arts can help a person express and

work through their inner experience. The language of symbol and metaphor can help integrate what can never be fully verbalized.

Spiritual Intervention: Spiritual interventions can be essential to facilitating change. At times these could include: Education about the spiritual emergence process that is part of a spiritual journey with a potentially positive outcome.

- Encouraging involvement with a spiritual path or community that is consistent with their experiences and values.
- Encouraging support and guidance from a credible and appropriate spiritual leaders.
- Encouraging engagement in spiritual practices consistent with their beliefs (e.g., meditation, reading spiritual books, acts of ritual, forgiveness and service)
- Modeling his/her own spirituality (when appropriate), including a sense of spiritual purpose and meaning, hope, and faith in something transcendent.

People who have experienced a spiritual emergence often do not receive validation for their experiences, or even the opportunity to talk about them.

The conventional practice of discounting the meaning of spiritual emergence is not productive.

The spiritual emergence itself isolates the individual from others. Then the subsequent devaluation and condemnation of the experience as "only the product of a mind" results in further isolation, just when the person needs to reconnect to the social world.

Thus, speaking one's story, putting the experience into words, is usually the first step in developing a life-affirming personal mythology that integrates the spiritual dimensions of the emergence.

NOTE: [in the Australian Shamanic Dreamtime language of the Modern Urban Shaman this is known as the individuals Dreaming Story – this method of valuable recognition and engagement is fully realized in the 12 month Sacred Shaman Oracle Flying Eagle Medicine Pathway]

Personal Mythology (Definition)

Each of us has a personal mythology — beliefs about life that make up our view of the world. Stanley Krippner, Ph.D., co-author of *The Mythic Path: Discovering the Guiding Stories of Your Past — Creating a Vision for Your Future*, defines a personal mythology as an individual's system of complementary and contradictory personal myths.

A personal myth is a cognitive-affective structure consisting of strongly ingrained beliefs with potent emotional components.

Personal myths shape our expectations, and guide our decisions. They influence the way we

behave with other people. They address life's most important concerns and questions, including Identity—

Who am I?

Why am I here?

Direction--Where am I going?

How do I get there?

Purpose--What am I doing here?

Why am I going there?

What does it all mean?

When people encounter spiritual problems, they are usually dealing with the existential issues delineated as part of personal mythology. So they need to develop a more sustaining personal mythology for who they are at that moment. Unfortunately, with a spiritual emergence, many of the personal myths that people have developed are 95% "dysfunctional." They emphasize cultural pathological qualities and are not attuned to the person's actual needs, capacities, or circumstances.

Personal myths are developed using biological sources--physical limitations, genetic endowments cultural sources-economic and political systems, books, movies, folklore personal history--family, romantic relationships, friendships, work.

Spiritual sources often play a significant role in shaping personal mythologies. They can include non-consensual reality experiences such as visions, past-life experiences, parapsychological experiences, and also spiritual emergencies.

Such spiritual sources involve transcendence of ordinary life concerns and an experience of contact with a "higher" or "deeper" reality.

A spiritual emergence often involves experiences of this type which can become the foundation for a new personal mythology. The experienced initiated shaman can help spiritual emergence students build a new personal mythology with spiritual resources drawn from their own experience.

Observation, Imagination and Psychic Communication is the answer!

The psychology of Shamanic thought is another important aspect awakening.

These Psycho-Therapeutic Notes are for Shamanic Intuition Students - Extracted from: The Shamanic Perspective: Where Jungian Thought and Archetypal Shamanism Converge By Bonnie Bright. May 2009 - Edited by Darren Maxwell (2015)

The Sacred First, both Jungian psychology and shamanism focus on wholeness as a state of health. Shamanism defines health as being in balance with the sacred, and lack of health as violation of the will of the sacred.

Smith (2007) establishes that Jungian thought identifies health as wholeness, and pathology or

lack of health as lack of wholeness. He characterizes the sacred as an experience of something that evokes rapture, awe, exaltation, or ecstasy; something that is even dreadful in its intensity and power.

As opposed to profane or ordinary, sacred is often perceived in contemporary culture as something alien or other.

Though indigenous and earth-based cultures likely made no distinction between the sacred and the profane, in my life, at least, I am increasingly aware that the sacred is not something I experience in my busy everyday routine unless I somehow slow myself to witness a sunset or feel into a sudden sense of longing or love.

Only then, in the spaciousness of attention, am I aware I have generally tuned out the sense of something powerful and unknown. Something sacred often invokes a feeling of mystery beyond the power of words to describe.

Jung often used the term numinous to connote the sacred: describing it as something which provides an experience or alteration of consciousness independent of human will,

arousing, affecting, bedazzling, or blinding one to other realities. Both “sacred” and “numinous” are words connected to the idea of soul, the creative, sacred life force that imbues all things with energy and meaning.

James Hillman (1982) describes soul as not just an element, region, or dimension but rather, as a perspective: as deepening, noticing, penetrating, and insight. He seeks to extend the soul beyond humanity to the world at large, to forms and objects around us, whether natural or man-made.

Each thing, Hillman claims, has a spark of soul at its core. He challenges us to imagine a world soul, the *anima mundi*, as that particular soul spark that “offers itself through each thing in its visible form” (p. 77).

Jung considered psychology deeply tied to soul; so much that he referred to psychologists as doctors of the soul (D. Bona, personal communication, October 8, 2008).

Similarly, Smith (2007) states that the province of the shaman, as technicians of the sacred, is disorders of the soul.

Eliade (1974) calls shamans masters of ecstasy, stating, “The shaman is the great specialist in the human soul; he alone ‘sees’ it, for he knows its ‘form’ and its destiny” (p. 8).

Smith (2007), noting the pathological conditions emerging in contemporary culture, posits that shamans would diagnose western societies not as having a breach in relations with the sacred, but as having no relations at all with the sacred.

As individuals in modern culture, Smith continues, we have repressed the contents of the unconscious and summarily forgotten it entirely, disregarding the magic and mystery there. Shamans and those commonly called folk healers rely on the power that issues from the sacred to conduct their healing activities, and the sheer lack of it in current times and culture epitomizes the tremendous precipice on which we perch as a result.

Jung, sensing the enormity of the split between our conscious everyday lifestyle and the vast depth of the psyche, warns, “We do not understand yet that the discovery of the unconscious means an enormous spiritual task, which must be

accomplished if we wish to preserve our civilization” (as cited in Sabini, 2005, p. 145).

According to Jung, the only way to address the deep loss of connection to soul that we are experiencing as a species is to re-establish our connection to the sacred.

Eliade (1974) reports the practice of shamanism has been around for millennia, essentially as long as humans have existed, and is the oldest spiritual healing tradition still in use today.

Though the word shaman emerged from Siberia via the Russian language, shamanism is historically found in virtually every culture in the world.

Eliade emphasizes shamans cure like doctors and perform miracles like magicians. They manipulate the sacred, and, in fact, "have access to a region of sacred not accessible to other members of the community” (p. 7).

Shamans are often linked to events surrounding life and death, healing and health, and spirits and the underworld. Not only are they responsible for the spiritual direction of a community, they also guard its soul.

The Sacred Manifests in Nature The concept of the sacred is inexorably tied to an animistic belief system: the impression that the world and everything in it is imbued with life, intelligence, and spirit. Thus, in the physical or material world, the sacred manifests through wild nature as an infinite source of life and creativity waxing and waning in eternal cycles of death and rebirth. Shamans read nature, regarding and interpreting the elements and events that communicate through soul at all times and places (Eliade, 1974).

Jung mourned the loss of the shamanic perspective; of contact between modern man and nature, and he identified our increasing analytic thinking and desire for progress through manipulation of the natural world as devastating to our well-being (Sabini, 2005).

Historically, in nature-based cultures, everything could be explained by the maintenance of right relations to the sacred, the divine force that holds the world together. When something went wrong in a family, a village, or a culture, it was

obvious that something was radically out of balance with the world: the gods had been offended and equilibrium had to be restored (Smith, 2007).

As Jung suggested, as modern man has increasingly developed causal thinking and has pursued science and technology as our foremost religion, we have placed ourselves at the top of a hierarchy that relegates nature, wilderness, and the imaginal to lesser status and importance. Nature has become something we exploit and control, and the imaginal realm, something to analyze, define, or explain away as irrelevant fantasy.

No longer do we turn to these dimensions to gain insight and understanding from the gods or the ancestors who came before, or to engage with them to re-establish balance. In fact, it never even occurs to us to try. Jung, grasping our plight, lamented:

There are no longer any gods whom we can invoke to help us. The great religions of the world suffer from increasing anemia, because the helpful numina have fled from the woods, rivers, and mountains, and from animals, and the god-men have disappeared underground into the

unconscious. There we fool ourselves that they lead an ignominious existence among the relics of our past. Our present lives are dominated by the goddess Reason, who is our greatest and most tragic illusion. By the aid of reason, we assure ourselves, we have “conquered nature.” (1964, p. 91)

Jung speculated that our connection to nature is ancient and undeniable. At the most profound levels of the unconscious, everything becomes less and less differentiated until our ego no longer exists as a separate entity: The deeper layers of the psyche lose their individual uniqueness as they retreat farther and farther into the darkness. Here they become increasingly collective until they are universalized, merging with the body’s instinctual and biological functions and eventually with nature itself. Hence, ‘at bottom’ the psyche is simply ‘world.’ (Jung, in Ryan, 2002, p. 26)

Jung went on: Since psyche and matter are contained in one and the same world, and moreover are in continuous contact with one another and

ultimately rest on the irrepresentable transcendental factors ...psyche and matter are two different aspects of one and the same thing. (Jung, 1970, p. 5)

Clearly, Jung discerned that there is no separation. Whatever the external landscape, the internal psychic landscape mirrors it, inhabits it, gives birth to it but also dies into it. The degree to which we are able to perceive the sacredness of what is manifesting around us in nature is the degree to which we are able to believe in the divine aspect of we commonly know as our own human nature. The Sacred Manifests in the Imaginal

Both Jungian psychology and shamanism engage with image and call on the imaginal realm for healing. The language of the unconscious is the language of the soul: image as living symbol. Jung stated that psyche is image and for Hillman (1982), as well as for the Greeks, soul is image, too.

Ryan (2002) describes how the soul speaks for itself in images and how those images allow us to enter different dimensions of consciousness than the one we are used to in our profane, everyday

lives. According to him, images reach into the deepest recesses of the psyche.

Cavalli (2002) asserts, “Healing is as much an imaginative process as it is one that relies on material manipulation of the body. Imagination, Einstein said, is as important as knowledge in understanding the universe” (p. 99).

In fact, professor of psychology, Jean Achterberg (2002) asserts images literally interact with bodily tissues and conduct a dialogue with cells, organs, tissues, and ultimately with the central nervous system in order to effect change. Imagery has always been central to the work of indigenous shamans.

Ryan (2002) asserts, “the shaman everywhere is the great master of ‘thinking in primordial images’” (p. 41).

Jung deemed the shaman as having a “direct line to the unconscious” (p. 41).

A shaman requires access to images in order to see intrusive spirits that cause disease and to locate the disease in the body [or soul]. Simply showing a patient an intrusive object that the shaman has extracted can have a powerful effect on the patient, just as patients in the western world are affected by images of an x-ray or a pill that might help them heal. “The shaman today, like his ancestors, is able to ‘see’ an invasion of foreign energy encased in his patient’s body, ‘hear’ the call of a lost soul, and ‘feel’ the brush of his power animal against his leg” (Gagan, 1998, p. 53).

Smith (2007) describes the shaman’s effectiveness as a result of being able to enter a different reality, gain a new perspective, and return with it to change the patient’s world image or inherent belief system.

Image is the direct path to the unconscious in the opinion of James Hillman (1982). To be imaginative does not necessarily require what we traditionally think of as images, that is, actually seeing imagery; rather, we perceive images with the imagination: we imagine them.

Hillman insists images are actually metaphors; thus poetry and music, as well as dream figures and felt experiences, also qualify as image because we perceive them with the inner senses of our psyche.

Depth psychology has adopted the term imaginal, coined by twentieth-century French philosopher Henry Corbin, to describe images through which the unknown expresses itself.

Jung suggested we look within the psyche, the collective unconscious, to find the sacred, believing it shows up through access to the imaginal realm, the space of myth, dream, and symbol, of ancestors and spirits.

Jung found these energetically suffused images to be numinous, instigating emotional resonance in relation to the psyche and self.

He theorizes that archetypes, those autonomous, energetic blueprints that are common to all human beings, often show up as numinous images imbued with sacred power.

Jung recommended the practice of active imagination, which enables us to engage with unconscious, archetypal, imaginal elements in a creative way (Hopcke, 1999).

In Jungian therapy, the analyst guides the patient to connect with images brought forth from the unconscious as dreams or symbols and then encourages him to hold the tension they bring until something begins to shift.

Jung attributed the new perspective or worldview that emerges from the opposition as archetypal: a pattern that transcends a particular culture. These newly generated images or configurations interact with the patient at a deep level and allow him or her to begin to shift into a new configuration or context, and therefore to transform.

By accessing images and experiences in a dimension where magic and power reside, in which archetypes and entities have dreams, will, and intelligence of their own, we can develop our own relationship with the sacred.

[Close] Encounter with the imaginal generates rapture, awe, and power; providing insight and growth when we personally interact with it through active imagination, movement, writing, art, poetry or other depth methods (Smith, 2007).

Both for Jung, in his world of the unconscious psyche, and for the shaman in non-ordinary reality, there is a cosmos equal to the physical world with its own landscape, made of images with energy and will of their own (Ryan, 2002).

Our dialogue with and relationship to these living images is the source of soul. Here, Jung claimed, in the depths of the soul's interior, our mental functioning, connects to the pleroma, the deepest roots of our being, the origin or source.

This is the realm the shaman also penetrates in his quests for healing and understanding. It is at the level of the pleroma where the shaman is endowed with the powers to cure and revitalize.

This is also the transpersonal space Jung called the subtle body where the “symbol can operate to transform both body and mind” (Ryan, 2002, p. 41).

Mazatec shaman, Maria Sabina asserts: There is a world beyond ours, a world that is far away, nearby and invisible. And there it is where God lies, where the dead live, the spirits and the saints, a world where everything has already happened and

everything is known. That world talks. It has a language of its own. I report what it says. (Halifax, in Sandner & Wong, 1997, p. 11)

Soul Loss Studies in anthropology led Jung to adopt into psychology a concept prevalent in shamanic societies: that of soul loss. Typically recognized as a state of general malaise, soul loss provides another common thread between both Jungian psychology and shamanism. Soul loss is a fragmentary sequence in which parts of the whole wander away, flee, or get split off, lost, or disoriented resulting in a loss of vitality or life force (Ingerman, 1991).

In a shamanic worldview, the dislocated parts are carried away to the underworld; in psychology, they are said to recede into the unconscious. With the critical absence of vital parts of our soul, we are left feeling weak, empty, depressed, deflated, or anxious, and commonly trend toward mental or physical illness. Jung cited the loss of connection between our ego and the [Universal] Self as the fundamental cause of soul loss:

There are two reasons why man loses contact with the regulating center of his soul. One of them is that some single instinctive drive or emotional image can carry him into a onesidedness that makes him lose his balance...his onesidedness and consequent loss of balance are much dreaded by primitives, who call it "loss of soul." (1964, pp. 2289)

Hillman (1975) outlines five functions of soul: (1) it makes all meaning possible, (2) it turns events into experiences, (3) it involves a deepening of experience, (4) is communicated in love, and (5) has a special relation with death (p. xvi).

For Hillman, as a result of these five characteristics, the soul represents the imaginative possibility of our nature, a possibility that is realized in reflective speculation, dream, image, and fantasy. If any one of these aspects of soul alone is lost, the repercussions are immense. As meaning dissolves and love and death become increasingly distant aspects of our experiential understanding, our lives are prone to becoming simply a series of events, which happen to us, one

after another, and from which we are progressively more disconnected and detached.

Both shamanism and psychology seek to treat soul loss by retrieving and reintegrating vital essence that is missing.

According to Eliade (1974), soul loss occurs for many reasons: one, as a protective measure, transpiring when we simply cannot sustain the distress caused by accidents, abuse, attack, or other sudden, devastating events. In this case, the soul flees in order to escape feeling fear, pain, or shock. On other occasions, pieces of our soul remain with other people after relationships end or they depart with souls who have died.

Additionally, invasive energies can attach themselves to, or are directed at, a person. This is commonly perceived as witchcraft or sorcery from a shamanic view and as a complex, or constellated, spontaneously activated, unruly energy triggered by past conditioning from a Jungian standpoint (Storr, 1983).

Last, soul loss can occur from habitually refusing to listen to the guidance of the gods or spirits (Ryan, 2002).

Indigenous cultures often relate illness, both of body and mind, to soul loss, believing the resulting illness, disease, depression, or malaise stemming from the loss of an essential part of the self can only be restored through shamanic intervention (Sarangerel, 2001).

In psychological terms, soul loss is dismemberment or dissociation: the loss of contact or connection with deeper, vital parts of ourselves associated with the [larger universal] Self.

French psychologist Pierre Janet coined the term *splitting* to describe the defensive mechanism through which the human mind is able to distance itself from the effects of trauma by severing the connection to thoughts, feelings, and memories that are in excess of what it can process at that time (Smith, 2007).

Kalsched (1996) states that dissociating is a normal psychological defense that allows us to bear pain that may otherwise be unbearable. Disengaging and dropping the part of ourselves that

was most traumatized is the only way we can cope and move on.

In each of these instances, we dissociate or dismiss the parts of ourselves that are vulnerable to the brunt of the trauma and banish them for either punishment or safekeeping. Ultimately, it is a default mode of sequestering and coping with unknown entities that threaten us.

Glendinning (2007) maintains that the ability to remove our consciousness around an area or topic that is too painful to bear serves an important function. According to her, dissociation is a brilliant method of self-preservation, a way to stave off or avoid threats, challenges, and difficulties we are unable to integrate. Dissociation is a kind of fencing off of our psyche, a splitting, just as when we first fenced off plots of earth in order to manage them more effectively and accommodate our ongoing survival (as cited in Glendinning, 2007, p.113).

These fenced off areas, once established, seem to freeze in place, holding the contents in the

original untouched form, as if freeze-drying them to preserve the host from contamination. In psychology, these are what Jung referred to as the complexes, which are often spontaneously broken open when certain triggering situations arise (Jung, 1964).

Indeed, it is this loss of connection to which June Singer (1994), Jungian analyst and author, also attributes the core of our soul loss. Singer says when soul loss occurs, the soul has “ceased to be the connecting ribbon of a road between the conscious individual and the vast unknown and unknowable” (p. 39). She, like Jung, believes it is a necessity for the soul to provide ongoing intercourse between the ego and the unconscious.

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Soul Recovery:

It is the task of the shaman to walk between worlds as an interpreter or mediator of the spirit realm—including the province Jung referred to as the collective unconscious.

According to Mircea Eliade (1974), one of the most vital functions a shaman performs is that of soul retrieval wherein the shaman's spirit leaves the body to seek out souls who have lost their way, journeying into other realms to locate and retrieve the lost soul and re-integrate it into the person's physical body.

Similarly, psychotherapists also seek to re-integrate disconnected pieces of the soul, or psyche, but, in this case, the major difference from a shamanic worldview is that patients are encouraged to go in search of their own split-off parts. The therapist will then help the patient interpret the significance of her interaction with the imaginal and to frame her experience in order to reintegrate the parts (Haule, 2009).

From both perspectives, healing can be achieved through visions, dreams, and symbols, regardless of whether they are accessed first by the shaman or the patient (Roberts, 1999).

Ingerman (1991) points out that a significant difference between shamanism and psychotherapy

is that in shamanism it is categorically apparent where the fragmented pieces of soul go when they leave.

In traditional psychology, we understand there has been a splitting off resulting from trauma, but we don't think to ask where those lost parts reside. Smith (2007) rightly suggests that a shaman might consider most of the disorders defined in the DSM, the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, as symptoms with an underlying cause of soul loss, otherwise defined as loss of vitality or power. Regardless, healing, whether in shamanism or in Jungian psychology, results from gathering those parts and reintegrating them with the whole—just like bringing the lost bees home to the hive.

Collective Soul Loss Modern times seem to find the increasingly global culture suffering from a spiritual crisis, a collective soul loss and a dismemberment of body, mind, and spirit (Allen and Sabini, 1997).

Rampant dissociation characterized by inertia, loss of vitality, depression and disease pervades our everyday life. Daily we are exposed to new and ever more disturbing accounts and media stories of addiction, violence, rage, and intolerance. In order to prevent the discomfort and pain these events arouse, we must numb ourselves on an ongoing basis.

Dissociation, a form of disregard, disrupts our connection to a universal, cosmic web in which we participate as equals with the greater whole of elements and life forms around us. It deepens the separation we have established between ourselves and what we see, and it intensifies our view that the outside world and everything in it is dead, justifying ever greater abuse and manipulation of the natural world, the earth, and each other (Bernstein, 2005).

Our collective culture mirrors an individual who is suffering deeply from soul loss, manifesting in symptoms such as falling into conflict with the self, fragmenting into splinters in the pursuit of goals, interests, and occupations; and losing touch with

his “origins and traditions...even losing all memory of his former self” (Sabini, 2005, p.182).

Disregard, numbing, or not wishing to see or feel the distress and negative effects that soul loss brings also moves us ever further away from deep connection with soul and into a society where meaning is hard to find, compelling us try anything to fill up the gaping sense of emptiness that results.

Jung correctly diagnosed our compulsive, cultural tendency toward hyperactivity, saying, “we rush impetuously into novelty, driven by a mounting sense of insufficiency, dissatisfaction, and restlessness” (as cited in Sabini, 2005, p. 141).

Rather than turning inward to find a sense of meaning, rather than encountering and engaging with soul to integrate the disparate pieces, we grasp at straws outside ourselves and further fragmentation ensues. Jung also recognized that entire nations suffer from dissociation and soul loss, reminding us,

"Modern man does not understand how much his 'rationalism' has put him at the mercy of the

psychic 'underworld'.... His moral and spiritual tradition has disintegrated, and he is now paying for this break-up in worldwide disorientation and dissociation” (as cited in Allen & Sabini, 1997, p. 216).

In fact, we are witnessing an ever-greater loss of soul at the planetary level as well. The anima mundi, the world soul, so rich and varied with her diverse multitude of cultures, languages, species, and habitats, is losing soul with increasing speed as each becomes endangered and then extinct.

With every loss of heritage, home, or heart, pieces of soul drop away, leaving the world soul weak, listless, and disoriented, lacking needed vitality and energy to exist.

Initiation and Direct Experience:

A final common and compelling component of shamanism and Jungian psychology is that each seeks to treat soul loss by retrieving and reintegrating vital essence that is missing.

This must occur through direct experience; therefore, the underworld journey to retrieve the soul is one of necessity and initiation.

Jung believed symptoms of soul loss, such as disorientation, lack of focus, or feelings of powerlessness, exist because a portion of psychic energy that is normally available to the ego has vanished into the unconscious; becoming lost to the underworld.

However, Jung realized when there is a depletion of libido, that life energy is not irrevocably gone; it continues to exist in the unconscious, awaiting the opportunity to resurface. The energy, equally powerful in the underworld as in our conscious life, continues to be busy as it manifests in images and symbols, the language of soul (Ryan, 2002).

The solution, Jung insisted, is for us to descend into the unconscious to engage with the missing libido through symbolic thought. This is what the shaman does when he or she journeys to other realms to garner insight, to do battle, or to retrieve a lost soul; and what the psychologist and patient do through dreamwork or active imagination.

By engaging with the symbolic forms and entering into relationship with them in order to

understand their significance in our daily life, vitality can be restored as the ego once again gains access to the energy it requires (Haule, 2009).

Though they travel in what some label invisible realms, shamans are no strangers to direct experience. A shaman “has immediate concrete experiences with gods and spirits; he sees them face to face, he talks with them, prays to them, implores them” (Eliade, 1974, p. 88).

Ryan (2002) insists that when a shaman, through ritual, vision, journeying, or dreams visits the realm of spirits, it is not figurative or metaphorical: he actually encounters the archetypal realm and the landscape therein.

Similarly, Allen and Sabini (1997) maintain that it is imperative that every individual learn to dialogue directly with the spiritual dimension through journeying or active imagination rather than relying on an intermediary as most religions have done for centuries.

Direct interaction with the spiritual dimension can heal dissociation and dismemberment by re-establishing the link between the ego and the Self.

Overall, Jung believed, the most compelling and transformational direct experience is the descent.

In Biblical myth, paradise was an undifferentiated unconsciousness.

All differentiation and self-knowing came with the Fall which symbolized the beginning of consciousness when Adam and Eve are cast out of the garden and recognize their nakedness and the difference between heaven and hell.

Similarly, a descent to the underworld, whether through shamanic initiation or through what Jung called a night sea journey, a dark night of the soul, gifts us with differentiation, growth, and ultimately, transformation (Ryan, 2002).

In shamanic initiation, symbolic dismemberment incurs direct experience of the sacred as ritual death and rebirth take place.

The initiate is re-assembled and reborn as a new being: a shaman with power and potential.

Shamanic initiation, Allen and Sabini (1997) agree, requires various and numerous stages of ascending and descending the World Tree, a central axis that provides access to the other realms, each time gaining greater consciousness of the unified reality of the transcendent dimension.

In everyday life, we each must make a descent in order to gain experience, encounter deeper aspects of ourselves, and emerge again, transformed, in the process of initiation.

Jung believed the [expanded universal] Self, the centering archetype, to be ego-transcendent, calling it the God within us. Because it has a preconceived blueprint for wholeness and knows what is best for the ego, it will nudge us toward the path of greatest growth.

There is a telos, a destiny factor, associated with the Self, then, that allows it to guide and regulate individuation, the unfolding of the its strategy for wholeness (Kalsched, 1996).

While we may not choose the descent to the underworld with our egoic mind, the [universal collective] Self may send us downward to our destiny because it is there where we will garner wholeness through direct experience of the challenges and conflicts life brings.

In spite of our current collective cultural crisis, Jung inferred that the loss of instinct, the loss of soul, which is the root of our pathology, can be restored through reconnection with the sacred aspects of the natural and imaginal worlds.

Darkness is an aspect of nature. In our descent to reconnect with our roots in wild nature, the deep levels of the psyche, like bees that are lost from the hive, we may encounter destruction, violence, devouring forces, dismemberment, death, and decay.

We may battle dark forces, pit our strength against demons, gatekeepers, and those who seek to destroy instead of create.

We may navigate unknown territory, dark waters, and close, tight spaces. We may even enter

in that impenetrable dark night of the soul where all hope seems lost.

But Jung urged us to look for the seed in the darkness that will come to fruition and light, stating, “a civilization does not decay, it regenerates” (as cited in Sabini, 2005, p. 183).

The hive is being dismembered through the loss of the bees, it behoves us to understand that dismemberment is the first act of initiation.

What is broken into pieces can be re-membered and begun anew like the initiate who emerges as a powerful shaman.

It is possible, through the process of descent to reconnect with the sacred earth, to restore our souls to their rightful wholeness, both individually and as a culture.

By re-membering our roots in the sacred, by re-establishing right relations with nature and the imaginal, we renew our trust in the power of soul to help us find our way home.