

Spiritual Crisis: Peer-Support and Grounding for Spiritually Transformative Experiences

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Abstract:

This article reports on the findings from three related studies designed to investigate interventions for spiritual crisis. Spiritual crisis can be understood as any spiritual experience that causes concern or distress. The first study was an evaluation of the United Kingdom *Spiritual Crisis Network* (SCN). Feedback was gathered from people who had contacted the SCN for support between 2011 and 2019. This study highlighted the importance of peer-support for those recovering from a crisis. The second study explored the meaning and lived experience of grounding in the context of spiritual crisis. Semi-structured interviews were undertaken with twelve participants, and the transcripts subjected to an Interpretative Phenomenological Analysis (IPA) analysis. Nine themes, with relevance to clinical practise, were generated along with an understanding of grounding as both a state and a process. The third study was a report on professional practise in the form of a case study that followed the journey of one participant from spiritual crisis through to them providing peer-support for the SCN. A narrative analysis of his story was undertaken utilising the Hero's Journey as a framework for analysis. It was found that not all spiritual crises require intervention by the mental health services and other forms of support can be beneficial.

Keywords: spiritual crisis, spiritual emergency, peer-support, grounding, mental health.

AI Statement

AI was used to transcribe audio recordings from the interviews in study two below. The transcripts were then checked manually and amended where necessary line by line. AI was not used for any other purpose during study design, data collection, data analysis, or writing up of the results in any of the following studies or this article.

1. Introduction

Spiritual crisis, also known as spiritual emergency, can be thought of as a subgroup of religious and spiritual experiences (RSEs) that cause concern or distress for the experiencer. They sometimes require support or intervention by others and often result in profound psychospiritual transformation. This subgroup of experiences overlaps with RSEs in general, spiritually transformative experiences (STEs) in particular, and sometimes, in extreme cases, intersects with psychopathology.

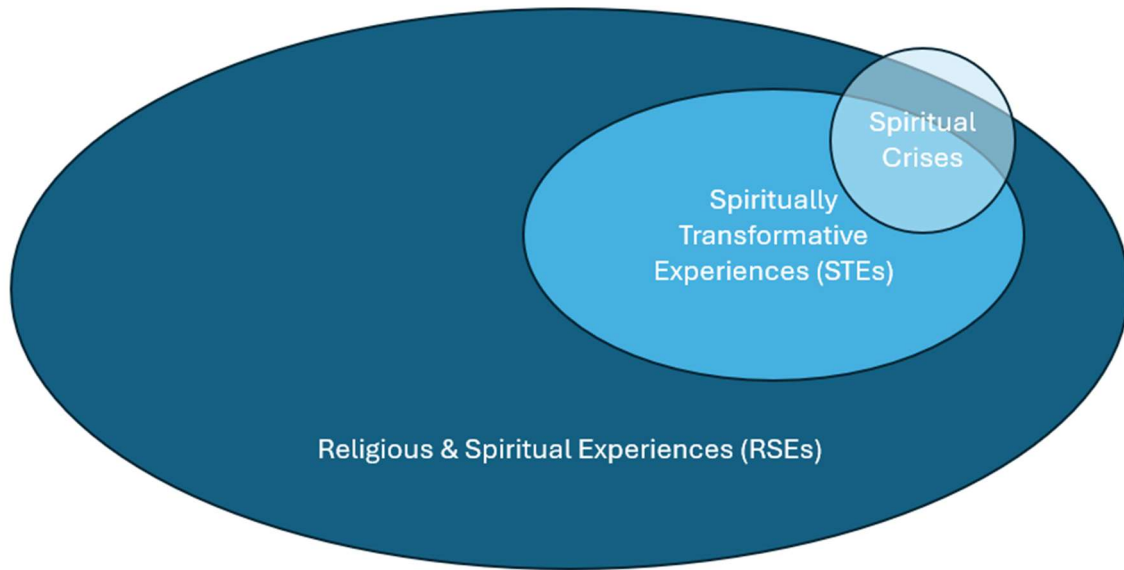


Figure One: Spiritual crises as a subgroup of RSEs and STEs. © Author

Whilst the majority of RSEs are experienced as benign or even blissful experiences (Hardy, 1979; Rankin, 2008; Astley, 2020), there are a minority that can cause concern or distress (Jakobsen, 1999). The concept of crises following a spiritual awakening was discussed by Italian psychiatrist and founder of psychosynthesis, Roberto Assagioli (1965). He described four stages of spiritual crisis: i) crises preceding awakening, ii) crises as a result of awakening, iii) crises due to the responses of others, and iv) crises of transformation. However, the term 'spiritual emergency' was coined by Stanislav and Christina Grof (1989) who described ten varieties of spiritual emergency: i) Episodes of Unitive Consciousness (Peak Experiences), ii) Kundalini Awakening, iii) Near-Death Experiences, iv) Shamanic Crisis or Journey, v) Psychological Renewal through Return to the Centre or Activation of the Central Archetype, vi) Awakening of Extrasensory Perception or Psychic Opening, vii) Emergence of Past-Life Memories or a Karmic Pattern, viii) Communication with Spirit Guides and Channelling, ix) Experiences of Close Encounters with UFOs, and x) Possession States. Other writers have added further categories or used other terms in the literature, such as psychospiritual crises (Spittles, 2022), transformative crises (Brett, 2010), psychotic-like experiences (Heriot-Maitland *et al.*, 2012), mystical experiences with psychotic features (Lukoff, 1985), and anomalous experiences (Brett *et al.*, 2007). The subdiscipline of clinical parapsychology, a branch of parapsychology that is interested in the clinical treatment for paranormal experiences, now also focuses on this area (Kramer *et al.*, 2012).

More recently, Harris, Rock and Clark (2020) attempted to use a Delphi methodology, which uses iterative rounds of questions to form a consensus, to interview experts on spiritual emergency in order to develop a definition of the term. Unfortunately, there was too much variation within the responses to reach a consensus. However, they introduce their article by stating, 'Spiritual emergency (SEY) is a process of spiritual emergence (SE) or awakening that becomes traumatic for an individual, leading to a state of psychological crisis,' (Harris, Rock, and Clark, 2020). Therefore, for the three studies reported below, I composed the following definition of spiritual crisis or emergency:

Any self-identified spiritual or unusual experience that causes concern or distress for the experiencer or for those around them. It can affect mind, body, and emotions, and can include visions, voices, or vibrations. Unfortunately, it is sometimes mis-diagnosed as a mental health issue. An altered state of consciousness is commonly experienced and understood in terms of religious, spiritual, or mythological frameworks. However, if responded to appropriately, it can result in personal growth or even profound psychospiritual transformation.

There are now numerous transpersonal therapists and support organisations providing advice to people affected by spiritual crisis. These include the *Integrative Mental Health University* (IMHU) founded by Emma Bragdon, *Spiritual Awakenings International* (SAI) formed by Yvonne Kason, the *American Centre for the Integration of Spiritually Transformative Experiences* (ACISTE) in the US, and the *Spiritual Crisis Network* (SCN) in the United Kingdom. Personally, I co-facilitate peer-support groups and provide peer and one-to-one support for people who have experienced a spiritual crisis. I am also a former co-director of the SCN, a qualified hypno-psychotherapist registered with the CNHC, and trained as a Spiritual Emergence Coach with IMHU. However, although people sometimes give informal feedback on whether this support is helpful or not, this is mostly anecdotal. Therefore, the question that arose was: what is the empirical evidence for interventions used in spiritual crises?

When reviewing the literature, I identified thirty-three empirical studies relevant to spiritual crisis and grouped them into four themes or pillars of evidence-based support for interventions in spiritual emergency. The first pillar is alternative approaches to treating psychosis and schizophrenia. This is exemplified by the Soteria project in the late 1970s where, instead of treatment as usual using medication in hospital, patients (or residents) were housed in a communal residential centre staffed by non-medically trained volunteers. Use of medication was avoided or kept to a minimum. Evaluation studies of this approach showed

that the outcomes at six and twelve months were more effective and cheaper than treatment as usual (Mosher and Bola, 2004). Unfortunately, although there is a Soteria Network, there are currently no Soteria houses in the United Kingdom.

What helps someone in spiritual crisis?



Figure Two: Four themes or pillars of support in spiritual emergency. © Author

The second pillar of support is comprised of studies by clinical psychologists that demonstrate the effect of the appraisal of an experience on its outcome. When an experienter, and those around them, are more accepting of unusual experiences the experienter tends to have a better clinical outcome. Whereas when the experienter, or those around them, are less accepting of unusual experiences, the outcomes tend to be worse (Heriot-Maitland, *et al.*, 2012; Bret *et al.*, 2014).

The third pillar is the importance of having a meaningful narrative or framework within which to interpret the experience. Such a framework helps to engender positive appraisals and in doing so normalises and validates what is being experienced, even if it is unusual or anomalous. In particular, there is often a tension between a psychiatric or biomedical framework and a religious or spiritual one (Kaselionyte and Gumley, 2019). Peer-support groups have also been identified as important in the process of forming a meaningful narrative related to spiritual crises (Remy-Fischler, 2021).

Finally, the fourth pillar of support, is around a collection of helpful practices, attitudes, and behaviours, which are often referred to collectively as grounding techniques. Eighty-four of these have been evaluated for effectiveness by Brook (2021) whilst Sedláková and Řiháček (2019) identified two ways of responding to unusual experiences; a 'suppressive' pathway that aims to reduce experiences, and a 'facilitative' pathway that aims to explore and integrate the

experiences. The former tends to be that chosen more by the biomedical approach, whereas the latter is chosen more by those who have a spiritual perspective. Although it is important to note that the authors point out that the two pathways are not necessarily mutually exclusive.

Overall, there are relatively few empirical studies (although there are more discussion-based articles) on spiritual crisis. Only one study (Brook, 2021) has directly attempted to assess the efficacy of any grounding techniques, and, with the exception of the Soteria studies, no previous evaluations of interventions, organisations, or therapeutic approaches have been undertaken.

On the basis of the literature review above, three studies were designed to address this lack of evidence-based support for interventions in spiritual crisis. The first was a service evaluation of the United Kingdom *Spiritual Crisis Network* (Rush, Lancaster, and Lukoff, 2025), the second was an IPA study of grounding (Rush, Lancaster, and Lukoff, forthcoming), and the third was a case study of one individual who experienced his own spiritual crisis before going on to become a peer-support group facilitator with the SCN (Rush, forthcoming). Overall, the methodological approach taken across the following three studies is one of increasing focus from the collective to the individual. This focus began wide with 107 participants completing the SCN evaluation survey, then narrowed to twelve participants in the IPA study on grounding, before focussing in on a single individual for the case study. The remainder of this article will summarise the results of these three studies to situate them in context. In all cases participants were given the choice of whether they wished to be named or remain anonymous. Quotes from participants are reproduced verbatim and accompanied by a line number from the interview transcripts. All three studies were given ethical approval by the *Salomons Institute for Applied Psychology* at Canterbury Christ Church University.

2. Study One: An Evaluation of the United Kingdom Spiritual Crisis Network

The United Kingdom *Spiritual Crisis Network* (SCN) was founded by Isabel Clarke, Catherine Lucas, and others in 2004 as a not-for-profit company with the aim of providing peer-support to people affected by spiritual crisis (Rush, 2013). The SCN provides six services to the public: information about spiritual crisis via its website, support and advice by email, online and face-to-face peer-support groups, training and awareness sessions, occasional academic conferences, and an online discussion forum. The SCN is entirely staffed by unpaid part-time

volunteers comprised of experiencers, their friends and family, therapists, researchers, and others interested in spiritual crisis.

Potential volunteers first attend an SCN training and awareness day. The first part of which introduces the concept of spiritual crisis and the approach of the SCN. The second part of the day provides an opportunity for volunteers to compose, with guidance, responses to example emails sent to the SCN. Those who wish to become active volunteers are then allowed to observe the live email response process. When they are ready, they can progress to drafting email responses with another volunteer whilst supervised by one of the more experienced volunteers. There is then additional training for those who wish to go on to facilitate peer-support groups. No formal therapeutic training or qualifications are necessary although some volunteers already have, or subsequently obtain, these qualifications elsewhere. It is important to note that the approach is based on peer-support not therapy.

The aims and approach of the SCN are similar to the *Hearing Voices Network* (HVN). Both organisations aim to support people who have these types of anomalous experiences by validating and normalising them rather than devaluing and pathologising them. However, the work of the SCN had never been previously evaluated. Therefore, the first study was designed to undertake such an evaluation based on feedback from people who had contacted the SCN.

The research questions were: 1) Did people find contacting the SCN helpful or unhelpful? 2) What was helpful or unhelpful about contacting the SCN? And 3) How did contacting the SCN compare to contacting mental health organisations? Everyone who had contacted the SCN for support between 2011 and 2019 (a total of 1,605 people) were invited to provide feedback on their experience of contacting the organisation. An online questionnaire survey was used to gather the data and a 'small-q' version of Thematic Analysis (Kidder and Fine, 1987; Braun and Clarke, 2021) used to analyse the results.

The majority (64%) of participants reported that the SCN had been helpful to a greater or lesser degree with 63% satisfied with the SCN response, whilst 10% felt that the contact had been unhelpful with 13% feeling dissatisfied with the response they received. However, 80% of participants reported that the SCN responded to them better than the mental health services, with only 11% reporting that the mental health services provided a better response. Forty participants indicated that they had received a mental health diagnosis during their experience but only 18% had found that diagnosis to be helpful. The most frequently mentioned diagnoses were psychosis, anxiety, stress and bipolar disorders, depression, and schizophrenia.

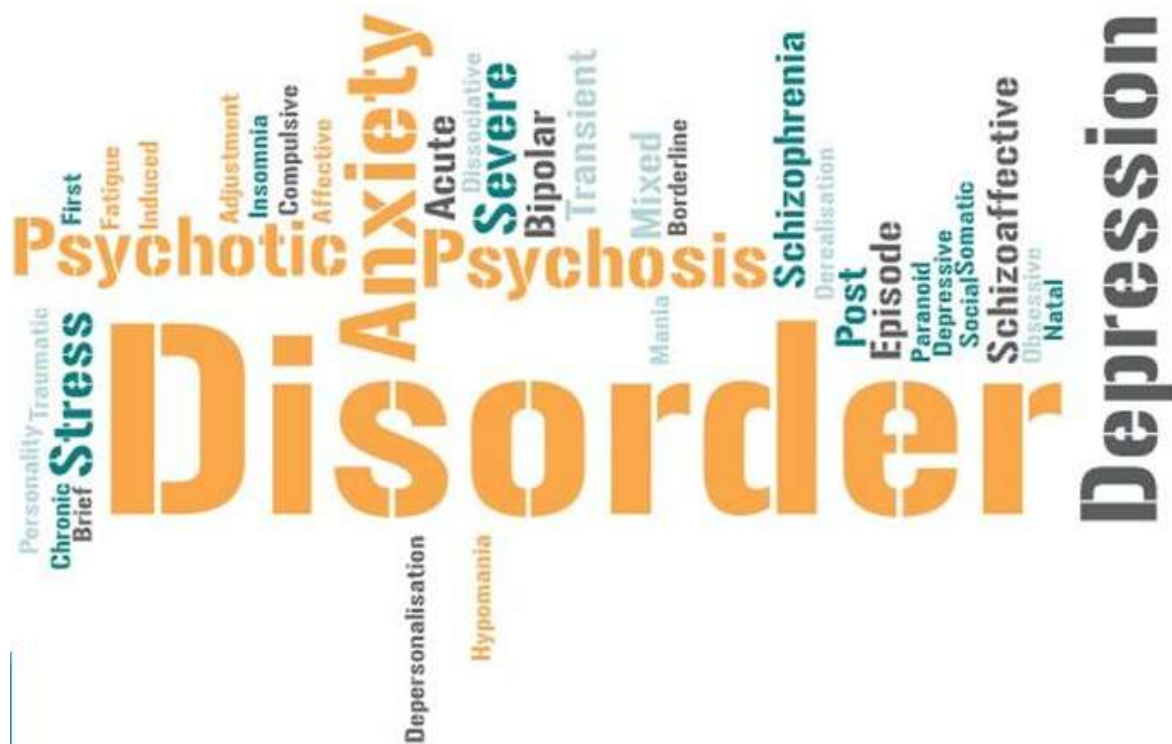


Figure 3: Word-cloud to illustrate the responses of the participants. © Author

Four main themes emerged from the Thematic Analysis: 1) the various benefits of contacting the SCN such as, 'The email response provided me with further resources and information,' 2) how people gained a new perspective on their experiences, 'Validating the existence of my experience alongside the authority of the medical model,' 3) how people felt after contacting the SCN, for example, 'It felt extremely personal, empathetic and helped me feel less alone, and more grounded,' and 4) the importance of the qualities and attitudes of the SCN volunteers who provide peer-support, 'I was surprised someone had taken the time to really listen to me and provide some "holding", demonstrate they heard and understood my pain and anguish, validated my feelings and even suggest some things which I could call on to help me at the time.'

In conclusion, it can be seen that although the services that the SCN provide are not therapy they can still be therapeutic in effect. Furthermore, it is not just about providing advice and lists of grounding techniques, but about the ways in which the SCN volunteers respond that really makes the difference; it is not just what we do but how we do it. However, the SCN approach does not work for everyone and is not a substitute for medical support; it is complementary, not an alternative. Finally, this study was published in the *Journal of Humanistic*

Psychology (Rush, Lancaster, and Lukoff, 2025) and it is hoped that it will provide evidence supporting future projects or funding bids by the SCN or similar organisations.

3. Study Two: The Meaning and Lived Experience of Grounding

In order to approach the subject matter as closely as possible, a researcher must as it were 'get right inside the experience'. The salient discipline concerned with this type of technique is phenomenology, (De Waard, 2010, p. 147).

Respondents to the SCN evaluation survey, and therapists, experiencers, and researchers in the literature review, all referred to 'grounding' in the context of spiritual crisis. One participant in the SCN evaluation study said, 'I found the resources page very useful as well as general info about grounding and for signposting to others,' whilst the SCN website states, 'By grounding we mean focusing on the present moment,' and a participant in the study to be described below said, 'I had no grounding whatsoever, didn't even have the concept of it. Well, they would keep on saying it, but I just didn't know what it is.'

Discussions about grounding include techniques and practices but also imply that there is an experiential state of feeling 'grounded' or 'ungrounded' during and following a spiritual crisis. Grounding has also been talked about in connection with earthing of the human body (Ober, Sinatra, and Zucker, 2014) and by therapists recommending connection with nature as a form of grounding (Allen, 2020). Therefore, there are different understandings, or aspects of, grounding including but not limited to: mindfulness, earthing, and connection with nature.

However, there had been no previous studies on the meaning and lived experience of grounding in the context of spiritual crisis. Therefore, *Interpretative Phenomenological Analysis* or IPA (Smith, Flowers, and Larkin, 2009; Smith and Nizza, 2022) was utilised to explore the meaning and lived experience of 'grounding'. Twelve experiencers were interviewed, asked to complete the *Spiritual Emergency Scale – Revised* (SES-R), and to provide examples of artwork that they felt conveyed their experiences. The research questions were: 1) What does the term 'grounding' mean to people who have experienced a spiritual crisis? 2) How is 'grounding' experienced, that is, what does it feel like to be 'grounded' or 'ungrounded'? 3) What practices, attitudes, or behaviours facilitate 'grounding'? and 4) What, if any, influence does contact with mainstream mental health services have on the understanding and experience of 'grounding'?

In agreement with the argument of Kara (2018) about empowering research participants, and also as talking about spiritual crisis is sometimes understood as a spiritual 'coming out'

(Mottram & Gruel, 2019), participants were given the option to be named or not in the final and summary reports. Two of the twelve participants opted to remain anonymous and are therefore referred to by participant number below.

Nine group experiential themes were generated from the IPA analysis. The first theme was a connection to self, world, and others. This sense of connection could be with a part of the inner-self, to society, friends and family, the natural world, or to a transcendent other, '...feeling kind of connected, and feeling, you know, connected to myself, erm, to the bigger picture, which I will call spirituality, you know, to the bigger whole to other people, to you right now, that to me is grounding,' (Marie, 121).

The second theme was a balance between containment and release. Often, when ungrounded, people would feel that they had too much to contain, either energy from within or information being 'downloaded' from above, 'it almost felt like you were, erm, being less contained within your own field, it almost felt you were, a part of you was outside your normal energetic field and also really quite vulnerable,' (Alan, 363).

A third theme was having a centred, balanced and embodied self. Most participants reported that being caught up in their own minds was ungrounding and that, conversely, being centred in their physical bodies, especially the heart, was grounding, '...', it's a thought and not enough feeling, so there's not enough feeling that comes with the thoughts to give it, erm, to give it grounding, to give it that balance,' (Neil, 479).

The fourth theme was about cultivating a relationship with the experience. It is important to note that experiencers were not trying to rid themselves of the unusual experiences but rather to understand and integrate them, 'So when I think about grounding, I think about two things. I think of an emergency repair kit. Right. When you're in the middle of some interesting, strange experience. I also think of a long-term strategy of maintenance, which is hopefully a cycle of virtue where you organise your life in a way that is optimal,' (Chris, 225).

The fifth theme was a process of attenuation of ungroundedness over time. In most cases, participants reported that as time went on they got more used to feelings of ungroundedness, felt less anxious about it, and found what techniques worked for them, 'that's the reason, basically, why [while] all my spiritual emergencies lasted less and less and less and I managed to bring myself back first with a bit of support, but then on my own,' (Participant #001, 217).

Theme number six was about having a foot in both worlds; the everyday or mundane world and the deeper psyche or spiritual world. Again, it is important to note that experiencers were not trying to live in one world only, 'So what you're wanting to do is... have your head in the clouds but your feet on the ground. So obviously you can still have that amazing enlightenment experience, but you want to also be in touch with the reality and in touch with the normal world because that's where we live so better just keep in touch with that,' (Maria, 486).

The seventh theme was around resonance or contagion. Participants felt that groundedness and ungroundedness could be transferred between people. For example, someone may feel more grounded in the presence of someone who is also well-grounded; grounding can resonate with others. However, someone feeling very ungrounded themselves noticed how they could pass on that feeling to others; ungroundedness can be contagious, 'I'll feel like if I'm very ungrounded, I feel like it's contagious sometimes,' (Participant #012, 428).

Theme eight was about having a sense of humour. Participants talked about how maintaining a good sense of humour about what was happening for them helped them get through it. Also, this meant not taking themselves and what they were experiencing too seriously, 'I was going off doing this, that and the other, and talking to people about things whether they wanted to hear it or not <laughter>. I think I was always kind of a happy ungrounded. I was I was never kind of an angry ungrounded,' (Katie, 566).

Finally, theme number nine was about embodied metaphors. A common metaphor for feeling grounded was the roots of a tree, whilst those for feeling ungrounded were electricity and lightening. Often what started off as being an abstract metaphor to convey an experience could turn into an embodied experience. This was particularly evident in some of the artwork provided. During her own crisis, whilst hospitalised, Emma explained, 'So, I was also loaned a spirit spider and the spirit spider actually taught me how to weave intricate dreamcatchers made of copper, wire, wool, hazel, crystals, and feathers,' (Emma, 85). In weaving these dreamcatchers Emma was literally embodying her experience that she was unable to verbalise at the time, 'It always felt like that was the sort of far out, ungrounded part of myself and that by the time I got to the middle, that was like the inner self that felt a lot more grounded because I was kind of bringing myself in,' (Emma, 1028). Since his own spiritual crisis, John has practiced *Holotropic Breathwork* to help him integrate his experiences. Holotropic Breathwork is a practice designed by Stan Groff that uses rapid breathing to loud music to induce an altered state of consciousness. After these sessions John paints intricate mandalas to express his

insights, 'it's a discipline because what you do has to fit into the circle so it's big themes, big concepts but you have to find a way to fit them into context with everything else,' (John, 529). It is important to understand these comments as relating, not just to the creation of artwork, but also as metaphors for integrating the experiences into the experiencers' identities and lives.

In conclusion, grounding can be understood as both a state and a process. As a state, grounding involves a connection to self, world, and others, from a sense of self that is centred in the heart and integrated in mind, body, and emotions. This state can be reciprocated with others and can affect them. Conversely, a lack of groundedness, is experienced as a state of disconnection from self, world, and others. The self is experienced as unbalanced, porous, and poorly contained. Or, as not able to contain what is arising from within or being received from without. As a process, it involves a dynamic balance between containment and release and also of walking the Earth whilst maintaining a connection with the inner or spiritual realms. Grounding is not about symptom removal but is about cultivating an ongoing relationship with the experience. The frequency and intensity of the ungrounded state tend to become attenuated over time (Rush, Lancaster, and Lukoff, forthcoming).

Also, feeling grounded does not mean the cessation of pathological symptoms, rather it means learning to maintain a balance between the inner and outer or spiritual and everyday worlds. Spending time in nature, sharing their experiences with others, and finding ways to express or embody their experiences creatively, were the most common practices that facilitated grounding. Therapeutic practices were supported by the findings, although mental health services seem to be largely unaware of the concept of spiritual crisis. The response received from mental health professionals depends on the individual clinician that the experiencer encounters. It is hoped that therapists may find these nine themes helpful when working with clients to help them explore and integrate their spiritual crises.

4. Study Three: From Spiritual Crisis to Applied Practice - A Case Study in Peer-Support

The SCN evaluation study and the IPA study in grounding, had both pointed towards the importance of peer-support, connection, and relationships with others. In both studies, experiencers also presented an ambivalent view of mental health services. Therefore, the final study was a report on professional practice consisting of a case study of an experiencer who

had not used the mental health services during his crisis and had progressed to provide peer-support to others going through their own spiritual crises.

For the case study, the data comprised of two interview transcripts, and two book chapters that the experienter had previously published.. All of these data were analysed and illustrated by examples of his artwork, to understand the story of how he had travelled from spiritual crisis to peer-support. To do this, Rogers *et al.*'s (2023) simplified version of Joseph Campbell's (1949) the Hero's Journey model was used as a framework for a narrative analysis. The Hero's (or Heroine's) journey model includes three stages and a number of steps drawn from stories of global mythologies. The three main stages are an initial separation stage, a liminal stage, and a final return stage, with two key thresholds between the stages. The research questions were: 1) Why did the participant choose not to seek help from mainstream mental health services? 2) What other sources of support were utilised instead? And 3) How does this inform peer-support in practice?

John's story can only be briefly summarised here. For a full account, see his book chapter (Ablett, 2020) and view his artwork online at <https://holotropicmandalas.com>. Whilst at university studying symbolism, John experienced what, at the time, he referred to as enlightenment. He described this as a feeling of emptiness accompanied by an outpouring of love and a sense of paradox resolved in unity with the ground of being, 'It was a timeless period, outside time, it suddenly felt as though I had always been alive, always would be... this experience was the, was the ground of being as you could call it,' (John, interview a:line 149).

Following this mystical type of experience, John decided to leave university and travel the United Kingdom teaching as a guru. He met others who were interested in what he had to say, 'I began sofa surfing within this community of alternative middle-aged seekers... In exchange for offering me shelter and feeding me good food, they invited their friends to meet me informally in their homes where I would talk about my experience and newfound insights,' (Ablett, 2020, p. 17). John received a mixed response to his story. Some religious people were suspicious of it, others were sceptical, but some were supportive and interested, '...I felt genuinely heard and witnessed for the first time, able to have time and space to really talk about my experience and newfound insights,' (Ablett, 2020, p. 17). However, after about six months he began to doubt his mission, '... I began to feel trapped by other people's questions and feared their expectations of who they thought I was or could be,' (Ablett, 2020, p. 17) and, whilst giving a talk to a lecture theatre full of students, '...something inside me said: "This is not real,"' (Ablett, 2020, p. 18), he finally returned home to his family. On returning home

John watched events at Waco, where cult leader David Koresh and some of his followers perished before a fire engulfed their compound whilst under siege by the FBI, unfold on television and recognised the parallels with his own story.

He is emphatic about the transformational nature of what he experienced, 'I think it's hard to describe just how stark the before and after was, just how life-changing that experience was... To the extent where it's not even that it's an experience that happened to me. I was a different person before this experience,' (John, interview b: line 74). He began to see a psychotherapist and started a new role as an assistant in a children's playgroup. Later, he became a social worker, got married, and found a new home in the Holotropic Breathwork community, '...I knew that what I had experienced all those years ago had a reality to it that was simply different to the one I experienced on a daily basis. I felt that I had found my tribe,' (Ablett, 2020, p. 20). He took to painting mandalas as a way to integrate his experiences of being a barefoot guru and the experiences he accessed via breathwork, 'In these visual records,' says John, 'the elements of my psyche, my spiritual emergency and my outer life rub shoulders together like old family,' (Ablett, 2020, p. 22). Finally, John discovered the *Spiritual Crisis Network*, joined a peer-support group and eventually became a co-facilitator.

In conclusion, John had avoided mental health services as he was wary of how they may pathologise his experience and invalidate it. Instead, he used Holotropic Breathwork, mandala painting, and peer-support to integrate his experiences. His lived experience and subsequent integration work now helps him provide peer-support to others. The themes from the literature review, such as positive appraisals and a meaningful framework, and themes from the grounding study, in particular containment and release, a foot in both worlds, and cultivating a relationship with the experience, surfaced in the case study. It is hoped this case study will help to show that, although not without its risks, a non-medicalised approach to spiritual crises can be effective. Peer-support following a spiritual crisis can be an effective way to integrate one's experience. The value and importance of peer-support should stand alongside psychiatric interventions and one-to-one therapy in helping people travel from crisis to psychospiritual growth.

5. Discussion

All of the studies above resulted in a set of conclusions pertinent to each study. In addition to grounding methods and techniques, the importance of positive appraisals has been evidenced in the way that SCN volunteers respond to people contacting them about their own spiritual

crises. Secondly, it has been shown that grounding is an experiential state and process with multiple different aspects, many of which are clinically relevant. Therapists could utilise the nine themes identified when working with spiritual crisis clients to explore and integrate their experiences in a non-pathologising, phenomenological way that honours the experience and respects cultural understandings. Thirdly, the case study shows that people can navigate their way through a spiritual crisis without contacting mental health services, although there is still a lack of integration of spirituality into mental health care in general and poor awareness of spiritual crisis in particular.

Whilst psychiatric support, usually in the form of medication, may be helpful for some people in some circumstances, the studies above all emphasise the importance of peer-support, community, validation, and normalisation of unusual experiences, and a phenomenological approach to support.

However, there are also some important overarching points that relate to the study of RSEs from these three studies: firstly, the phenomenon of spiritual crisis reminds us that spiritual experiences are not always benign; secondly that such experiences have a long history within the world's religious traditions; thirdly, that these experiences have practical implications for mental health and wellbeing; and fourthly, that it is important for therapists and clinicians to focus on the meaning of these experiences for their clients in order to reduce suffering, rather than attempt to approach them as evidence for or against a particular spiritual or secular worldview. These points are discussed further below.

The first point is that spiritual and religious experiences are not always benign; some of them can challenge us mentally, emotionally, and physically. A minority of RSEs have previously been categorised as malign (Jakobsen, 1999) and some NDEs are known to be negative in content (Zaleski, 1988). Furthermore, these types of challenging spiritual experiences are embedded in daily life, they do not occur in a spiritual vacuum but are intimately interconnected with our lives and the world around us. Rarely, if ever, does someone present with purely spiritual difficulties that are not also connected with their worldly troubles. It is easy to overlook these difficult spiritual experiences and focus only on the benign examples, of which there are many. Although the response rate for the SCN evaluation study was low 107 (7.2%) it is still the case that 1,480 people felt the need to contact the SCN during that ten-year period. Presumably then, the concept 'spiritual crisis' had some kind of meaning and relevance for them.

Secondly, the world's mainstream religious traditions have all addressed suffering and often explored the controversial relationship between mysticism and madness. Obvious examples are, the suffering of Job in the Judaeo-Christian tradition, the Dark Night of the Soul (St John of the Cross, 2003; Robertson, 2018, Dura-Vila and Dein, 2009), the association of djinn with illness (Dein and Illaiee, 2013), and the dramatic otherworldly visions of prophets, such as Ezekiel and the behaviour of mystics (Lukoff, 1985), such as Margery Kempe (1985), whilst the Jewish mystics warned against the study and practise of mysticism as it could drive one to madness (Sweeney, 2004).

Historically the modern West has seen a growing division between the religious and the secular, and more recently a distinction between the religious and the spiritual. Both of these divisions have their merits but, it seems to me, they may also have their dangers. A narrow materialistic focus ignores or devalues a significant aspect of being human, whilst spiritual practise devoid of any religious framework risks spiritual bypassing, a lack of community, and no map to guide us should we encounter difficulties on our path. Many of the people who contact the SCN have no particular or strong religious background and may often fall into the category of spiritual but not religious (Parsons, 2020).

Thirdly, at the heart of the phenomena of spiritual crisis is the debate about how to distinguish a spiritual emergency from psychosis or schizophrenia (Spittles, 2020). This debate has its roots in the related question of how to differentiate religious experience from psychopathology, which is a debate too large and complex to discuss here. Nevertheless, it is important to recognise the different cultural perspectives and tensions at play as these form the background to how we respond to spiritual crises in the modern world. It raises the pressing question of how other contemporary or historical cultures understand these kinds of experience in their own contexts. The research into RSEs has much to offer here, including the work of Schmidt and Leonardi (2020) on spirituality and wellbeing, Schmidt and Huskinson (2010) on spirit possession and trance, Bragdon (2012) on spiritualism in Brazil, Tobert (2014; 2017) on spirituality and psychiatry in India, and even Shushan's (2018) work on Near-Death Experiences in historical cultures around the globe, amongst many more.

The *Diagnostic and Statistical Manual* (DSM) used by psychiatrists in the US includes a code for Spiritual or Religious Problem (Turner *et al.*, 1995) that was contributed by transpersonal psychologists. The intention was not to reduce RSEs to psychopathology, but to help clinicians distinguish the two categories of experience. In the United Kingdom, some clinical psychologists are more open to the idea of spiritual crisis as a meaningful and culturally

sensitive way to interpret what people experience (Cooke and Brett, 2020). The United Kingdom *Royal College of Psychiatrists Spirituality Special Interest* group is also open to and supportive of spiritual crisis (Cook, 2009). Nevertheless, these remain minority views that, despite publications offering advice on integrating spirituality into therapy (e.g. Vieten and Scammell, 2015), have not yet been adopted into mainstream mental health clinical practise.

Finally, though, accounts of these experiences present us with an ontological challenge and, for therapists and clinicians, in a very practical way. How should they respond to, and work with, their client's stories of spiritual crisis? Not all therapists will share their clients' beliefs, and many may feel uncomfortable about discussing spirituality and religion with their clients. One way to approach this challenge is for therapists to adopt a constructionist epistemology (Thayne, 1998). They should focus on the meaning and effects of what people experience and the narrative and cultural frameworks they adopt in order to integrate them. In the context of therapeutic interventions for spiritual crisis, it can be argued that the primary purpose of the framework is not necessarily to describe an objective reality but rather to understand a subjective experience. This is an important distinction as, in many cases, RSEs are considered as evidence for a particular ontological claim (Franks-Davies, 1989). However, when struggling to integrate challenging spiritual experiences, ontological arguments are not a focus and instead healing is achieved by validation, normalisation, and an open and empathic response from one's peers within a like-minded community of support. John, my participant from the case study, was keen to point out that maintaining the openness to different frameworks is important to allow the experience to continue to unfold without becoming too rigid or dogmatic. If he tries to force his experience into a frame, '... it just disappears, and the meaning drains away from it. But if you hold it very lightly, you can subject it to all kinds of different frames and it will respond to that and deepen,' (John, b:456).

6. Conclusion

Spiritual crises have a long history and continue to happen in the modern West. Therefore, there is a need for support to assist experiencers to navigate their way through to successful outcomes. For therapists struggling to relate to spiritual crisis, adopting a constructionist approach to therapy may help them to focus on the power of beliefs and stories rather than whether or not the story itself can be validated as true. Finally, it is important to emphasise that these profound experiences, be they benign or not, should not be automatically pathologised, even if they do result in distress. However, they should also not simply be viewed

as important due to their evidential value of any mystical or metaphysical realities. We may never agree on how to distinguish mysticism or spiritual crises from psychosis, or the nature and extent of the evidence for our spiritual and religious beliefs, but what is important is that we continue to have these experiences and to make space for them in our lives in the modern world, where spirituality is part of being human.

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