

EXTENDED ABSTRACT

Spiritual Emergency in Christian Women: An Integral Study

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To study the phenomenon of spiritual crisis and emergency within Christian women, an integral phenomenological study was designed and implemented. This multifaceted perspective focused on Christian women involved in personal growth processes, the counseling needs of these women following their spiritual emergencies, and their ability to integrate these experiences into their lives (Lesniewicz, 2003). Spiritual emergency was defined using Christina and Stan Grof's (1990) definition of

critical and experientially difficult states of a profound psychological transformation that involves one's entire being. They take the form of nonordinary states of consciousness and involve intense emotions, visions and other sensory changes, and unusual thoughts, as well as

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various physical manifestations. These episodes often revolve around spiritual themes: they include sequences of psychological death and rebirth, experiences that seem to be memories from previous lifetimes, feelings of oneness with the universe, encounters with various mythological beings, and other similar motifs. (p. 31)

Research questions included: What is the experience of spiritual crisis or emergency for some women engaged in growth processes in the faith tradition of Christianity?; Have these women integrated this experience into their lives?; and if so, How has this experience been and how is it being integrated into the lives of these women?

Twenty-seven of the participants for the study were recruited from two workshops for persons involved in spiritual direction and spiritual formation at Oakwood Spiritual Life Center in Syracuse, Indiana, and as a result of word of mouth, six additional women were referred to the researcher. Participants were college-educated women ranging from ages 33–69 years who responded to a questionnaire about core spiritual or mystical experiences and to questions related to mental illness. Nine of these 33 women were selected for interviews based on three criteria: (1) responding positively to question 7 of the *Index of Core Spiritual Experiences* (Kass, Friedman, Lesserman, Zuttermeister, & Benson, 1991) that contains a list of spiritual experiences that some people have had, (2) reporting having been given a psychiatric diagnosis, and (3) self-identifying as having had a self-defined spiritual crisis. These women, who ranged in age from 38-69 years, were interviewed about their spiritual emergencies and the spiritual practices that they were engaged in at the time.

One interview recording was found to be inaudible. Results of the remaining eight interviews indicated that these women were engaged in the following spiritual practices: prayer, meditation and reading of scriptures, dream work, journaling, devotional reading, spiritual formation or direction, group worship, fasting, offering hospitality to others as if to Jesus, spiritual retreat, Qigong, Yoga, Jungian psychotherapy, self-Reiki as body prayer, and solitude.

A phenomenological analysis (Moustakas, 1994) of the interviews of these eight women revealed two textural core themes and four structural core themes of spiritual emergency as lived experience. One textural core theme was that the spiritual emergency was *a process directed by God or that God was part of it*. The qualities and characteristics attached to this textural core theme included a trigger or precipitating event (internal and/or external) that each person felt that

God had brought into her life to help her grow; spiritual experiences that were beyond words or difficult to explain such as visions, visual or auditory hallucinations, or the sense of some other *presence*; support that included what each person found to be supportive or lacking in support, including feeling supported by God; and beliefs, which included beliefs about God and about the experience and processes going on in the experience. The second textural core theme was that the experience was *transformative or life-changing*. The four structural core themes were: causality—need for growth; time—length of time and distortion of time; relationship to others—the women experienced a reorganization and redefining of the importance and meaning in their relationships to family, community, institutions, and God; and relationship to self—an improved relationship with self that included an acceptance and love for self that had been absent prior to the spiritual crisis. Finally, at the time of their spiritual emergencies, some of these women had received diagnoses for disorders that, once diagnosed, usually persist for a lifetime, such as manic-depression, yet at the time of interview, in some cases decades later, there was no evidence of these disorders, and the women reported being neither symptomatic nor taking psychiatric medication; these cases suggest the possibility that their transient spiritual emergencies had been misdiagnosed as chronic mental disorders.

One month following her interview, each woman completed an essay question addressing how the interview itself had affected her. The purpose of this assessment was to inquire into how the interview may or may not have helped in participants' integration processes. Of the nine women interviewed, one did not respond, two were neutral about the interview experience, and the other six found the interview experience to be a helpful, validating, and healing contribution to her integration process.

In summary, for this group of women, the experience of spiritual emergency, although often difficult, frequently painful, sometimes frightening, and containing some pathological elements for some of the women, was a transformative experience. Each woman felt that her experience had continued to inform her life and had led to an improved relationship with self, a deepened relationship with God, and a greater ability for ministry to others. The clinical issues surrounding the spiritual emergencies of these women included: an in-flow of spiritual energies, a lack of understanding of their experiences by themselves and others, psychotic and hallucinatory experiences, ego inflation, fear from destabilization, and activation of earlier psycho-

logical wounding. Though psychospiritual benefits outweighed costs for these Christian women experiencing spiritual emergency, these participants were not impervious to clinical concerns and to the possible benefit of addressing those concerns with mental health or psychospiritual health providers.

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