Chapter 19
Spiritual Emergency:
Channelizing a Fire Within

Rajeev Kumar

https://orcid.org/0000-0001-5545-6919

Indian Institute of Technology, Kharagpur, India

ABSTRACT

Mindfulness meditation has been proven efficient in treating many physical and psychological disorders. Mindfulness meditation techniques are also subjected to specific indications and contraindications. Scanning of gross body, thoughts, emotions, and memories are the essential components of any form of meditation. During those scannings, some unwanted memories and some unusual experiences are very much apparent. There are many energy points in the gross human body, which are correspondent to the endocrine system of the human body, known as Kundalini or Chakra. During meditation, those chakras are stimulated, and hidden energy is exploded; increased psychomotor activities manifest in the behaviors of the person. This behavioral manifestation is called a spiritual emergency. Professionals often confused this behavioral manifestation with psychotic illness. A spiritual emergency requires specific therapeutic management. Against this backdrop, this chapter attempts a review of research articles on spiritual emergencies and therapeutic guidelines to handle them in clinical settings.

INTRODUCTION

A human being is a spiritual being, and spirituality is an innate nature (Cortright, 1997). Spiritual needs ─ Abraham Maslow called it an essential need, and human being strives for spiritual growth (Maslow, 1969). To achieve spiritual growth and fulfill spiritual needs, people of all societies, communities, cultures, and nations adopt various paths; meditation is one of them. While searching for the answers to perennial questions and real-self, people encounter an innumerable crisis ─ a spiritual emergency is such a crisis. Spiritual emergencies manifest as confusion, anxiety, and identity-related problem, and disorientation while such manifestation is mistaken with psychotic symptoms (Grof & Grof, 1991).

Conventionally, clinical examination in psychiatry reluctant to differentiate between psychopathology and mystical experiences. However, the Diagnostic Statistical Manual of Mental Disorders of the American Psychiatric Association identifies a spiritual emergency in the non-pathology category for religious and spiritual issues in code-V (American Psychiatric Association, 1994; Lukoff, 1985; Peteet, Lu, & Narrow, 2011). Despite that, all unusual experiences are assigned the labels of psychopathology in many clinical settings.

Most spiritual emergencies occur during meditative practices. People were turning away from organized religions; consequently, their attendance in religious places was declining in western countries from the 80's decade (Lewis & Melton, 1992).

Religiosity and spirituality are essential components of human life. However, religiosity differs from spirituality on specific grounds (Kumar, Dehury, & Shaw, 2020). Religions deal with a set of beliefs, organized worship places, rituals, and cultural norms. Spirituality is an intrinsic expression — meaning of self, the meaning of life, the purpose of life, hope, and surrender to the supreme being. Religiosity and spirituality share some components but differ in extrinsic and intrinsic manifestation (Kumar et al., 2020). According to the hierarchy of needs, religiosity and spirituality are the needs of the human being. As the identification of social affiliation, religions cater the social needs, whereas spirituality is about fulfilling the self-actualization need of human beings (Maslow, 1964).

An increasing number of people are adopting spiritual practices that are intrinsic. These intrinsic spiritual practices are diverse varieties of meditations, martial arts, tai chi, mantra chanting, pranayama, and kundalini awakening; these practices are stemmed from ancient Indian, Buddhist, and Zen traditions (Grof, 1985; Lewis & Melton, 1992). These meditative practices are gaining recognition around the globe; therefore, cases of spiritual emergencies are parallelly increasing and find their association with meditative practices (Grof, 1985).

In this backdrop, this review chapter attempts to shed light upon the mindfulness meditation, physiology & anatomy of kundalini chakra, phenomenology of spiritual emergency, the interface of spiritual emergency and psychopathology, differentiation of spiritual emergency from psychiatric symptoms, ways of identifying true spiritual emergency manifestation, and psychotherapeutic management of the spiritual emergency.

MECHANISM OF MEDITATION

Mindfulness Meditation

Mindfulness meditation closely follows the principle of gestalt practice. Gestalt is a German word — it means form, shape, configuration, and wholeness. Gestalt practice is all about exploration and integration; this practice strongly emphasizes full awareness of the process of living within a unified space of mind and body and expands our familiarization with outer space (Goldman, 2012). The popular method of mindfulness meditation is Vipassana — it is a pali word; it means to see things as it is. The purpose of vipassana is to increase objectivity. The practice of vipassana starts from observing our breathing pattern, then all parts of the body; our consciousness keeps rotating across the gross body. Gradually our consciousness escalates to our thoughts, emotions, prejudices, memories, and other psychic impressions. During the practice of vipassana meditation, practitioners maintain a noble silence, which helps them to explore their inner world. Our subjective perceptions are covered with multiple positive and negative

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