Spiritual Direction for Spiritual Emergencies

by Marie Grace Brook

A growing body of research is becoming available to assist in dealing with spiritual crises of a particular nature, often labeled *spiritual emergencies*. Spiritual emergencies are considered prolonged life-adjustment difficulties following spiritually transformative experiences (STEs) that take months to years to integrate psychologically, socially, and spiritually. STEs can sometimes be initiated by extreme alterations in state of consciousness, often associated with experiences of mystical states, near-death events, kundalini awakenings, spiritual conversions, paranormal experiences, and hallucinogenic substances (ethnogens). This article will share ideas of how spiritual directors can support people undergoing spiritual emergencies and friends and family affected by them.

The greatest needs of people going through spiritual emergencies are similar to what spiritual directees commonly receive from spiritual direction. Many people in spiritual emergency do not have the opportunity to benefit from spiritual direction simply because they have never heard of it. If they have heard of spiritual direction, they may associate it with religion and avoid it because they consider themselves "spiritual but not religious." A third deterrent could be that

they are wary of being labeled by the spiritual director as either mentally ill or possessed by demonic forces.

Spiritual direction offers some of the aspects that are most needed by those going through this type of spiritual crisis. People in spiritual emergency need serene environments that are conducive to self-reflection, prayer, and meditation. They need personal validation of their spiritual experience and assurance that others before them have been gifted with mystical and supernatural experiences. People in the process of integrating intense and often disruptive spiritual experiences need support in ways that give wide berth for increased sensitivities of awareness, empathy, and compassion. They seek spiritual literature and conversation about psychospiritual integration of spiritual experience, which is abundant in the study of mystical literature. Most people integrating transformative spiritual experiences need companioning, not necessarily instruction, for exploring their own personal callings toward self-reflection, uncovering their unconscious, and allowing expansion of awareness to unfold. Developing a sense of their personal relationship with God, as they understand God, is primary in this process.

What Might Spiritual Emergency Look Like If It Arrived with My Spiritual Directee?

Two scenarios of this type of intense psychospiritual opening that could appear in the office of a spiritual director might look like this:

Scenario #1

Director: Hello, what brings you here today?

Directee: I feel that I need spiritual help because I am suddenly growing spiritually faster than I can manage.

Director: Can you tell me more about that?

Directee: Well, I am becoming telepathic. I have begun to hear what is going on in other people's minds. Also, I am beginning to know the future before it happens. And electrical devices are exploding around me. I feel full of God's light and love, and I sob easily, like at the exquisite sound of raindrops falling in the garden or at the way the sun peeks through crimson clouds just as it sets on the horizon. I have been giving away all my things to people who really need these things. I have no use for them. I just want to be simple and love other people.

Director: Have you brought this to prayer?

Directee: Oh, yes, I converse with God constantly. And, also, with the angels. And, also, with guides that I see and hear around me all the time.

Scenario #2

Director: How can I help you today?

Directee: I am afraid I might be having a psychotic breakdown.

Director: Please tell me about what is happening for you.

Directee: Well, I feel as if I am losing my mind. I cannot sleep. I feel like I am cracking up. My body goes through this shaking, as if I am releasing energy. I cannot concentrate, and my brain keeps interrupting itself with past memories, intense feelings, or spontaneous emotions.

Director: Have you brought this to your doctor, or a therapist?

Directee: No, because it feels spiritual. It has followed a mystical experience I had several weeks ago where I felt myself expanding into the universe and felt the power of God in a way I have never imagined that I could feel it. It was infinite, full of love and magnificent power.

Director: That sounds like a beautiful vision.

Directee: It was beautiful, but it was not a vision. It was real—much more real than this world we are living in and talking in right now. And now I feel that all I want is to go back to that place, but I don't know how to get back there. Meanwhile, in this world, I sense that I am falling apart, and my daily functioning is disintegrating.

What Is Spiritual Emergence/y and Spiritually Transformative Experience (STE)?

In 1962, pollsters found that 20 percent of respondents reported having experienced a religious or mystical experience or a moment of sudden religious insight or awakening (Gallup). In polls taken between 1976 and 1988 the percentage ranged from 30 to 34 percent. A poll in 2002 showed 41 percent of respondents reporting a profound religious experience or awakening that changed the direction of their lives. The Religious Experience Research Unit at Oxford University in England (Hay) reported research indicating that in 1987, 48 percent of British citizens claimed they had a spiritual experience, and in a 2000 follow-up survey 60 percent of the population reported having had a spiritual experience.

In the field of psychology, *spiritual emergency* is a term popularized by Stanley and Christina Grof in their book *Spiritual Emergency* to describe a spiritual crisis that may manifest temporarily as psychosis and has the potential, after a period of psychospiritual integration, to bring about spiritual transformation (also called spiritual emergence). The term *spiritually transformative experience* (STE) was introduced by Yvonne Kason in 1994 to describe a mystical or paranormal event or string of events that initiate spiritual emergence or emergency in a person's life. Many terms have been used to describe this type of experience, such as *religious experience* by William James

(1902), *peak experience* by Abraham Maslow (1964), *exceptional human experience* by Rhea White (1999), *quantum change* by Miller & C'de Baca (2001), and *anomalous experience* by Cardeña, Lynn, and Krippner (2007).

Although research of this process within current medical scientific literature has only recently begun, cross-cultural traditions across the globe have recognized the value of psychospiritual transformation, and it is often considered a prerequisite for various types of spiritual healing and leadership, such as religious conversion (Mahoney and Pargament), spiritual awakening (Tobert), and shamanic initiation (Silverman).

Both religious literature and empirical research support the occurrence of the transformative effects of mystical experiences. Within the Christian tradition, historical and current literature address this phenomenon (*Cloud of Unknowing*; May; Underhill). Within Islam, much of the mystical literature is found in the Sufi tradition (Bintari; Schimmel). In Judaism, the Kabbalah, particularly significant in Hasidism, carries the mystical strain of the religious teachings (Jacobs; Scholem). Other examples of mystical traditions within major religions are kundalini yoga within Hinduism (Harrigan; Krishna) and Zen or Tibetan practice within Buddhism (Chen et al.; Suzuki).

Spiritual Crisis or Psychosis?

Particularly important for spiritual directors to keep in mind is that a principal problematic issue for people in spiritual emergency is finding someone to share their experience with (Kason; Palmer; Paper; Rominger). In modern American and Eurocentric society, where the cultural sense of reality is guided by materialistic paradigms, usually people who unexpectedly experience an STE have no reference with which to frame their experience. Thus, they may find it difficult to communicate what has happened, fear that they are going crazy, realize that some people will label them mentally ill, or find themselves considered blasphemous, heretical, or even possessed by an evil spirit (Noble; Paper) .

The importance of discernment between spiritual integration of crisis and pathological psychosis is that the spiritual process requires a vulnerable state of disintegration of personality structures that may mimic various mental disorders. Most medical professionals are not familiar with and not educated in this type of spiritual journey, which is known as *spiritual emergence*.

Although there may be some overlap in apparent symptoms, there are also distinct differences between a psychiatric disorder and a mystical experience. Mental disorders are regressive and tend to call for remedial interventions in order to bring people back to their previous state (Cardeña et al.; Holden, Greyson, and James; Tobert). In contrast, STEs are progressive and tend to call for supportive and facilitative interventions to allow the psychospiritual transformations to fully manifest.

Researchers have consistently found no direct relationship between spiritual emergencies and mental disorder (Cardeña et al.; Harris, Rock, and Clark; Lukoff, Lu, and Yang; Nobel). This is an important fact and points to the potential of mental disorders inadvertently being induced by clinicians' misdiagnoses where they did not in fact exist before. This unfortunate result of misdiagnoses occurs all too frequently during STE events or during the following processes of integration, according to accounts of individuals who have suffered through being medicated and even put into mental health facilities, only to take longer to recover than they would have without psychiatric interventions.

When a mystical experience triggers a psychospiritual crisis, the person will eventually emerge with both a higher level of daily functioning and improved mental health and well-being compared to prior levels before the experience. Recent studies have documented that mystical and spiritually transformative experiences are not only nonpathological but also potentially beneficial (Gruel; Mitchelle; Ring and Rosing).

One of the gravest risks is misdiagnosing a spiritual emergency as a psychotic disorder when individuals report hearing or seeing things neither visible nor audible to others, which is the principal symptom of psychosis and schizophrenia (Boisen; Hay; Lukoff). According to the National Institutes of Health, the terms *psychosis* and *psychotic disorder* are defined as a "distorted view of reality." They are further defined as "beliefs that are abnormal," which are termed "false beliefs," and "abnormal . . . perceptions," which are termed "hallucinations" and further defined as "sensing things that are not there" (NIH Medline Plus).

Medicating people going through spiritual crisis or placing them into a mental health facility is likely to be detrimental. A primary challenge after experiencing an STE is for people to readjust to the circumstances of their former lives and then to integrate the newly discovered insights and sensory awareness into their ongoing lives. Taking such people out of their normal lives by placing them in institutions or diverting their inner psychospiritual process with symptom-suppressing medication can aggravate and prolong this transformative task. People who report this type of misdiagnosis describe the crippling psychological burdens of having been labeled bipolar, psychotic, or schizophrenic. They report viewing themselves as mentally ill and losing the self-confidence they needed to psychologically process their spiritual journey.

How Spiritual Direction Can Assist in Spiritual Emergency

Spiritual direction skills can be a great gift to people struggling with integration of STEs. People undergoing spiritual emergency need compassion and unjudgmental acceptance to be able to embrace the intensity of their experience. They need grounded presence to give them a sense of security while they wrestle with the inner psychospiritual uprisings and transformations. They need prayer for

support through this stormy time in their lives and encouragement in faith and trust of divine protection and care.

A simplification of the challenges faced by someone in spiritual emergency might be expressed as the difficulty of having a foot in each world: one world is consensual material reality, and the "other world" is made of nonmaterial realms—states of consciousness outside the limitations of consensual reality. One might view the trauma of going through an STE as a powerful event of "lifting the veil" to the broader reality that makes one's worldly perspective seem extremely limited, followed by "returning" to the ordinary, mundane world, bringing with one an expanded sense of reality. This new, expanded state cannot easily fit into the confines of the limited earthy paradigm that formerly was all one knew and is still what most people in our culture consider "reality." People attempting to integrate this trauma (no matter how beautiful and exquisite the actual STE was) need time and resources to ground themselves in a new way into this world and rebirth themselves into their expanded identity that allows for broader understanding and increased perception. Grounding in this context covers many dimensions: mental comprehension, self-identity transition, social adjustment, readjusting relationships, and family bonding and reconciliation. It also involves revisiting values, work satisfaction, financial stability, and physical health. The following can be helpful grounding techniques: establishing a daily routine, adopting a regular spiritual practice, connecting with nature, and strengthening one's electromagnetic relationship to the earth through energy-field exercises.

Listening skills are necessary to offer the valuable gift of unconditional acceptance in these situations. People in spiritual emergency have a great need to talk about their experience. It can be difficult to find someone with whom it is safe to reveal mystical experience. The spiritual director has the opportunity to encourage the directee to describe, relive, and dig deeper into the profound spiritual experience that has initiated such a change in their life. Spiritual directors are well-honed for this deep listening and must be particularly alert to

suspend their own limitations of what they believe is possible. It is important to take time with the spiritual directee to fully explore the mental, emotional, intuitive, physical, relational, and energetic nuances of the experience. It is imperative to refrain from immediately putting *delusional* or *demonic* judgments onto the narratives of what is said and to give time for prayerful discernment in how to respond. Deep listening is an important key to unlocking the power of the spiritual experience and to enabling gradual integration of the spiritual directee's new self-identity.

Discerning skills are necessary to assist in the rigorous and challenging work of integration following an intense STE. The resulting accelerated spiritual developmental work involves aspects of ego surrender that have been described through translations of the religious writing of John of the Cross as a "dark night of the soul," clinically labeled by Carl Jung as individuation (Jung), and mythologized by Joseph Campbell in *The Hero's Journey*(Campbell and Moyers). The very nature of the spiritual struggles of this inner soul development leaves an individual susceptible to a sense of insecurity and confusion. Integration of STEs involves changes in mental, emotional, and sometimes physical structures that were in place in a person's identity before their STE, yet these structures must expand and alter so radically during the period of integration that the challenge of the change creates a disturbance in the person's life. To undergo this kind of transformation in the psyche involves a period of unraveling and losing control of parts of one's self-identity in order to incorporate a more expanding sense of reality. A spiritual director can offer a grounding influence—calming, comforting, encouraging, with the balance of focus on both divine aspects and consensual reality at the same time. Suggesting grounding techniques can be helpful, such as spending quiet time in nature, simplifying one's lifestyle, dealing with stressors, establishing daily routines, maintaining good eating and exercising habits, avoiding drugs and alcohol, and finding balance between helping others and caring for oneself.

Prayer support is essential, not only for emotional and mental support but also for the situational disruption that usually occurs. Instability in people's close relationships—spouses, family members, and

friends—is common. Often people become intolerant of their jobs and either quit them or lose them. The situation may include a major loss in life, such as bereavement, financial stress, illness, or disability. Disorientation can cause people to leave their "old life" behind, cutting off sources of support and sometimes thrusting them into radically new environments. Often anxiety takes over and directs their lives without them being aware of it. The expansiveness of the spiritual experience that first led them to revelation can become a vague memory while immediate threats fill up their attention. Thus prayer and spiritual practice play a prominent role in keeping mind and emotions in balance.

Two of the most difficult challenges for some spiritual directors are likely to be: (1) comfort with extreme states of consciousness, such as extreme bliss or terror, visions and other sensations beyond our earthly plane, communication with the dead, hearing voices, seeing disembodied beings, and psychic powers; and (2) confidence to take time to sit with and carefully consider the spiritual directee's situation until the best referral can be found if referral is needed.

Although spiritual directors and pastoral counselors would seem to be a natural resource to turn to for someone in spiritual crisis, familiarity with spiritual emergence and emergency are a key for them to be effective. The difficulties faced by clergy and spiritual directors can be similar to those of medical clinicians if they have no experience or training to recognize the characteristics of this kind of spiritual struggle. Religious professionals tend to either refer people in spiritual emergency to psychiatric treatment or interpret the situation as demonic. Many people avoid approaching pastoral guidance because of apprehension of these very interpretations. Religious professionals trained in recognizing spiritual crises of this kind not only would be able to refer people to helpful resources but would also be in ideal positions to set up safe and supportive opportunities for them and their families to integrate their experiences.

The role of spiritual direction in navigating and educating for spiritual emergence and spiritual emergency is being brought to the attention of policy makers in clinical circles. In the American Psychological Association's *APA Handbook of Psychology, Religion and Spirituality*, published by and for professional psychologists and other mental health practitioners, the editors called for research to assist people coping with spiritual struggles:

> *While digging more deeply into conceptual questions about [spiritual] struggles and their resolution . . . social scientists should try to glean from the wisdom of others who wrestle with these issues on a regular basis: theologians, philosophers, clergy, educators, pastoral counselors, chaplains, and* **spiritual directors** *[boldface inserted by author], to name a few.*
> **(Exline, 469)**

Ryan Rominger, a researcher in how people integrate spiritual emergencies, proposed a seven-stage model for integration of STEs: (1) initial shock, confusion, and upheaval; (2) initial reorientation to worldly functioning; (3) internal identity and social referencing; (4) finding "new" internal and social identity; (5) asserting "new" self and losing old personal and social identity; (6) establishing homeostasis with new worldview; and (7) engaging in the ever-changing process of continual growth.

Yolaine Stout, former director of the American Center for the Integration of Spiritually Transformative Experiences (ACISTE), found through a survey study that the following six challenges were rated as the most important for people integrating spiritual crisis following near-death experiences, which are one form of STE:

1. Processing a radical shift in reality
2. Accepting the return to life
3. Sharing the experience
    A. Expressing the ineffable
    B. Choosing confidants
    C. Coping with negative reactions
    D. Focus of other's interest

4. Integrating new spiritual values with earthly expectations
5. Adjusting to heightened sensitivities and supernatural gifts
6. Finding and living one's purpose (Stout, Jacquin, and Atwater, 60)

Jan Holden, principal editor of *The Handbook of Near-Death Experiences: Thirty Years of Investigation*, addressed the importance of how stories of people's transformative events and the effects upon their lives are listened to. She created a list of the detrimental versus helpful listening attitudes:

Detrimental attitudes:
- doesn't recognize or identify the experience as a known phenomenon
- disbelieves the experiencer
- denies the possible reality and/or personal significance of the experience
- discourages the experiencer from exploring the meaning of the experience
- diagnoses the experience or experiencer as pathological
- demonizes the experience as being somehow evil or "of the devil"
- deprives the experiencer of information and resources regarding such experiences

Helpful attitudes:
- knows and names the experience
- naturalizes it as something others have experienced
- normalizes it as unrelated to psychological pathology
- invites the experiencer to discuss and explore the psycho-spiritual meaning
- numinizes the experience as potentially spiritually developmental and/or transformative
- navigates the experiencer toward relevant resources of information and people (Holden, 75–76)

A recent empirical study by M. G. Brook surveyed 245 individuals who had integrated powerfully disruptive spiritual emergencies to find what helped them integrate their spiritually transformative experiences. Findings furnished statistically significant evidence that individuals in

the process of integrating STEs naturally and intuitively seek out, on their own, practices, habits, and behaviors that are the most beneficial, more often than seeking professional assistance.

Notable in the findings (Brook) were that 100 percent of surveyed participants, no matter what type of STE they experienced, found these five practices essential for integrating their STE: (1) practicing compassion, honesty, humility, forgiveness, and gratefulness; (2) finding calmer serene environments, preferably in nature; (3) allowing their psychological and spiritual issues to surface rather than resisting them; (4) sharing with at least one other person who understands and supports them; and (5) studying literature about spiritual transformation. Given these practices, it is apparent that spiritual direction is particularly well suited to aid a person in integrating a spiritual crisis of this nature.

Another important consideration for spiritual directors to consider is that strong statistical evidence from the same study showed that the practices considered least helpful or even detrimental were seeking psychiatric help and taking prescription medication. This gives spiritual directors indication that caution should be practiced regarding how a spiritual director speaks about potential mental health issues, and that it is advisable to take sufficient time to discern how best to act if referral is needed. The ethic of *cause no harm* in this case warrants that, first, it would be best for the spiritual directees themselves to suggest psychiatric help before a director would bring up the subject. If the spiritual director feels a strong need to refer the directee, then careful consideration should be given regarding timing and to whom the director would refer out. Selecting specific referrals—that is, individual people rather than professions—is very important because some professionals, whether pastoral, psychotherapeutic, or psychiatric, are acquainted with spiritual emergency, and others are not.

Referring Out for Spiritual Emergencies

It is not the job of the spiritual director to discern whether a directee is having a spiritual emergency, a mood disorder, a temporary psychotic episode, or is suffering from extensive psychosis. A spiritual director who is overwhelmed or fearful might be tempted to refer a directee to a psychiatrist simply to allay his own fear as soon as possible. But the ethical guideline of cause no harm points clearly in the direction of taking time to research referrals in order to make the wisest choice for the spiritual directee.

Research shows that treating people undergoing spiritual crises with psychiatric treatments, particularly with prescription medications or hospitalization, can exacerbate suffering and impede the integration process required following a spiritually transformative experience (Brook). Thus it is important for spiritual directors to withhold tendencies to prematurely refer out directly to psychiatrists, especially without researching alternatives. Presently the concepts of spiritual emergency, spiritual crisis, and spiritual transformation are only beginning to be acknowledged by the medical establishment—mostly through the fields of psychology and anthropology. Introduction through psychiatry is meeting much resistance, although a few individual psychiatrists have begun studying and writing about growing awareness of this phenomenon, such as that shown in the work of Drs. Lewis (2016) and Benning (2019).

Given this caution, when should a spiritual director refer a directee undergoing spiritual emergency to another professional? One answer to this question involves a primary ethical guideline for all people in the helping profession: If the spiritual director has evidential reason to believe that a directee is currently or will likely hurt herself or another, then it is important to refer out. Best might be to refer out to a licensed counselor, therapist, or psychologist. Even better would be to an individual who is acquainted with spiritual emergencies. In this way, the licensed professional could make the assessment of whether a psychiatrist would be necessary.

Another situation for referring out would be when the spiritual director feels that his capacity to help the individual is insufficient. In such a case, a medical or licensed professional might not be the first choice. It would be better to first discuss the situation with a supervisor, preferably an advisor who has more familiarity with spiritual emergence. Also important would be to discuss alternatives directly with the spiritual directee, who is the foremost authority on what kind of help she needs and wants. Ideally a spiritual directee can describe what she needs, and a director could offer resources to fulfill those needs.

In such cases, spiritual directees may decide to forgo spiritual direction until a later time or to continue with it. If the spiritual director is uncomfortable with continuing, then referring the directee out to another more appropriate director would be the best course. Seeing a spiritual director concurrently with a medical professional is ideal when both mental health challenges and spiritual growth are happening simultaneously.

It behooves spiritual directors and their supervisors to be particularly cautious in how and to whom directees should be referred. A few clergy and clinical practitioners are educated in spiritual emergencies, but most are not. Avoiding retraumatization by choosing religious professionals who will not demonize the spiritual directee or clinicians who will not discount the spiritual aspects is very important.

Discussion regarding use of other resources might come up in a spiritual direction relationship as well. A spiritual directee may ask for assistance in discernment regarding ethical and practical helpfulness regarding his participation in religious, online, or clinical sessions and groups. A phenomenon to be considered is that a growing number of Facebook and social media groups originating from grassroots and self-identified teachers have sprouted out of global interest in spiritual emergence. Spiritual directors may want to visit these on their own or with directees. Another rapidly increasing movement is for-profit coaching and for-profit coaching trainings for spiritual emergence/y

offered online. Coaching is gaining momentum as a replacement for counseling, with advantages of fresh ideas and new perspectives and the accompanying disadvantage of lack of training rigor or licensing. Another aspect is that the growing number of people seeking help for spiritual emergence is sprouting increased commercial opportunities. A Google search of *spiritual emergency* brings up 112,000,000 leads.

Trainings and Resources for Assisting in Spiritual Emergencies

Two established organizations are available for training opportunities that disseminate evidence-based education for integrating spiritual crisis. One offers short, informative continuing education unit (CEU) online classes at the Spiritual Competency Resource Center conducted by Dr. David Lukoff found at https://spiritualcompetency.com. The other consists of in-person, four-day trainings with one-year follow-up supervision at the not-for-profit ACISTE at https://aciste.org, which offers three levels of trainings, including an online directory of professionals certified in these programs:

- **ACMHP—ACISTE** Certified Mental Health Practitioner for psychiatrists, psychologists, social workers, and counselors
- **ACSGC—ACISTE** Certified Spiritual Guidance Counselors for spiritual directors, pastoral counselors, and chaplains
- **ACLSC—ACISTE** Certified Life and Spiritual Coaches

Two resources for nonprofit online support groups are Spiritual Emergence Anonymous (SEA) with live meetings at spiritualemergenceanonymous.org and the ACISTE Forum, which is a closed chat group at aciste.org.

Two directories of psychotherapists and spiritual counselors can be found through ACISTE, which lists professionals who are certified by the organization's training, and the International Spiritual Emergence Network (ISEN), which supplies an online emergency brochure and serves as an umbrella organization for self-initiated groups of

counselors in different countries that advertise themselves to work with people in spiritual emergency.

The resources available to aid in spiritual emergence vary in religious orientation. Many popular online media and social groups lean toward addressing spirituality without reference to religion. One possible advantage of this is that it offers relevance to a broad audience. Another potential advantage is that undergoing spiritual emergence/y appears to initiate strong changes in people's religious orientations. It follows that leaving religiousness out of the picture can be conducive for the freedom necessary for this kind of upheaval.

The disadvantage of leaving religion out of the integration process is that the mystical wealth of religious traditions offers advantages of spiritual grounding, historical richness, nonvirtual (in-person) social support, and ethical accountability. These advantages are often missing from grassroots social media, popular self-help teachers, or evidenced-based research. In addition, incorporating religious context into the integration process can be of benefit because the integration of STEs is likely to be greatly enhanced by a person's former, or new, religious orientation, rather than merely ignoring or conflicting with it.

Conclusion

In conclusion, spiritual directors are in particularly potent positions to provide much-needed support for people integrating STEs who are experiencing spiritual emergencies. Spiritual directees have historically come to directors with intimate experiences that could be judged as hallucinatory or psychotic, but that could also be spiritually inspired inner mystical experiences. When these intimate exchanges with God or experiences with spiritual and supernatural realms are appropriately listened to and acknowledged, integration of the sometimes radical and challenging changes that may follow STEs can be assisted in a healthy way. Important caution to spiritual directors is that harm can be caused by premature or fear-based referrals to psychiatrists or by detrimental interpretations of a directee's

experience as delusional or demonic. For spiritual directors, finding sufficient resources from qualified consultants would be advisable in determining whether and to whom referrals would be helpful. In addition, supervision can play a crucial role in these cases to help spiritual directors discern whether their own comfort level of hearing about mystical and nonordinary states is sufficient to offer safe sanctuary for directees in spiritual emergency. Of primary importance is that spiritual directors assist with, rather than further aggravate, the challenges directees in spiritual emergence may face.

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