DEVELOPMENT OF A SPIRITUAL EMERGENCY SCALE

Monika Goretzki, Ph.D.
Adelaide, South Australia

Michael A. Thalbourne, Ph.D.
Adelaide, South Australia

Lance Storm, Ph.D.
Adelaide, South Australia

ABSTRACT: Goretzki, Thalbourne, and Storm (2009) developed ten questionnaire subscales to measure ten different types of spiritual emergency: (a) Dark Night of the Soul; (b) Awakening of Kundalini; (c) Shamanic Crisis; (d) Peak Experiences; (e) Psychic Opening; (f) Past-Life Experience; (g) Near-Death Experience; (h) Possession States; (i) Activation of the Central Archetype; and (j) Experiences of Close Encounters with UFOs. The authors also developed an Experience of Psychotic Symptoms Scale (EPSS). Each of the 10 subscales correlated significantly and positively with each other, and with the EPSS. A factor analysis indicated a single underlying factor that we labelled “spiritual emergency.” Factor-scores and the original 84 items were used to create a 30-item Spiritual Emergency Scale (SES), which was internally reliable and demonstrated good psychometric properties. The SES correlated highly with the EPSS, and SES scores predicted psychotic episode and medication use. The SES appears promising for use as a suitable instrument for researching spiritual emergency and related factors.

KEYWORDS: spiritual emergency, spiritual emergency scale, spirituality, psychosis.

Spiritual emergency is a term coined by Grof and Grof (1985, 1991) and used by transpersonal psychologists to refer to a psychotic-like crisis. Grof and Grof (1991) describe spiritual emergencies as “critical and experientially difficult stages of a profound psychological transformation that involves one’s entire being” (p. 31). Such crises can sometimes be spontaneous, and can be precipitated by spiritual (e.g., mystical, paranormal, meditative) experiences that cannot be readily integrated into the person’s psychological framework. A related term, spiritual emergence, is also credited to the Grofs who define it as “the movement of an individual to a more expanded way of being that involves enhanced emotional and psychosomatic health, greater freedom of personal choices, and a sense of deeper connection with other people, nature, and the cosmos” (Grof & Grof, 1991, p. 34). The Grofs also expressed the importance that one’s increasing awareness in the spiritual dimension plays in the transformational process. More recently, Thalbourne (2003) described spiritual emergence as the “emergence of a more transpersonal outlook on life accompanied by increased creativity, feelings of peace, and an expanded sense of compassion” (p. 118). Spiritual emergencies can take the form of
“nonordinary states of consciousness”, involving intense cognitive, emotional, visionary, and sensory changes, as well as various physical manifestations. Grof and Grof (1991) report that such experiences often revolve around “spiritual themes” which can include episodes 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).

These concepts and experiences are very much in alignment with certain aspects of psychosis, but Phillips, Lukoff, and Stone (2009) have argued that conventional approaches to psychosis treatment have overlooked the spiritual experiences prevalent during psychosis. Spiritual experiences in themselves may be doorways or avenues to recovery from the psychopathological or harmful aspects of psychosis rather than mere symptoms, etiological markers, or inhibitory factors conventionally deemed to be counter-productive to treatment regimes. Indeed, in our previous study (Goretzki, Thalbourne, & Storm, 2009), we discussed “the notion that some psychiatric states are opportunities for spiritual growth, rather than intrinsically destructive psychopathologies” (p. 81), and we gave special attention to psychosis, arguing that psychotic experiences may be spiritual emergencies. Consequently, and with a view to discovering possible relationships between psychosis and various spiritual emergencies, we (Goretzki et al., 2009, p. 82) first identified “10 distinct spiritual emergencies”, as described by Grof and Grof (1985, 1991): (a) Dark Night of the Soul (feelings of fear, a sense of loneliness, experiences of insanity, and a preoccupation with death); (b) the Awakening of Kundalini (powerful sensations of heat and energy streaming up the spine, associated with tremors, spasms, violent shaking, and complex twisting movements); (c) Shamanic Crisis (an emergency which bears a deep resemblance to the initiatory crises of shamans—healers and spiritual leaders of many aboriginal peoples); (d) Episodes of Unitive Consciousness (Peak Experiences: an emergency may occur when a person has mystical experience but lacks real spiritual understanding); (e) Psychic Opening (e.g., awakening of extrasensory perception: the frequent occurrence and accumulation of psychic events such as precognition and telepathy can be very frightening and disturbing, since they seriously undermine the notion of reality prevalent in industrial societies); (f) “Past-Life” Experience (an emergency occurs when a strong karmic experience begins emerging into consciousness in the middle of everyday life and profoundly disturbs normal functioning); (g) Near-Death Experience (an emergency involves an unusually abrupt and profound shift in the experience of reality in people who are entirely unprepared for this event); (h) so-called “Possession” States (in these, the demonic archetype that causes the experiences is by its very nature transpersonal and represents a necessary counterpoint to the Divine); (i) the Activation of the Central Archetype (also known as “Psychological Renewal Through Return to the Center”: dramatic experiential sequences that involve enormous energies and occur on a scale that makes these individuals feel they are at the center of events that have global or even cosmic significance); and (j) Experiences of Close Encounters with UFOs (such experiences and apparent abductions can often precipitate serious emotional, intellectual, and spiritual crises).
We then constructed and combined ten questionnaire scales (collectively referred to as the Questionnaire) to measure each of these spiritual emergencies, as well as a 15-item experience of psychotic symptoms scale (EPSS), in order to determine possible relationships between psychosis and the ten spiritual emergency scales. The ten spiritual emergency subscales consisted of between 5 and 13 yes/no items (N = 84 items).\(^1\) Bivariate correlational analyses showed that, in general, the relationships between our ten spiritual emergency subscales and the EPSS were strong (for details, see Table 3, Goretzki et al., 2009, p. 87). In addition, all ten sub-scales inter-correlated positively and significantly with each other, thus indicating that EPSS scores tend to be high when subscale scores are high (for details, see Table 4, Goretzki et al., 2009, p. 88).

In this article we extend our findings by constructing a convenient (user-friendly) Spiritual Emergency Scale (SES) comprised of considerably fewer items (30 in total) than the original 84-item Questionnaire with the aim of encouraging further research into spiritual emergency and related factors. We also present the results of independent research using the SES.

**METHOD**

**Participants**

A total of 109 persons completed the experimental questionnaire. They ranged in age from 11 to 86 (age missing for 3 persons); mean age = 45 yrs. (SD = 15 yrs.). There were 45 males and 64 females. Most participants were members of the local community; they were invited to participate via a newspaper article about the first author’s research. All were volunteers, and showed an interest in the area of inquiry.

**Materials**

The Questionnaire is in two parts: Section 1, consisting of demographic variables (e.g., self-report measures of religious and spiritual beliefs and practice), and Section II, consisting of 108 yes/no questions derived from 84 randomly positioned items from ten Spiritual Emergency Subscales listed and described above. The 15-item Experience of Psychotic Symptoms Scale (EPSS) included such items as: “Have you ever found that the familiar boundaries between people, events, time and space were blurred or not as accessible as they once were?” and “Have you ever experienced distressing voices inside your head that didn’t seem to belong to you?”

The ten Spiritual Emergency Subscales measure: (a) Dark Night of the Soul (7 items), (b) Awakening of Kundalini (11 items), (c) Shamanic Crisis (10 items), (d) Episodes of Unitive Consciousness (Peak Experiences: 7 items), (e) Psychic Opening (e.g., awakening of extrasensory perception: 13 items), (f) “Past-Life” Experience (5 items), (g) Near-Death Experience (8 items), (h) so-called “Possession” States (8 items), (i) Activation of the Central Archetype (9 items), and (j) Experiences of Close Encounters with UFOs (6 items).
Procedure

Ethics approval was obtained from the University of Adelaide Human Research Ethics Committee. In order to recruit participants, an article outlining the research was published in a local newspaper, and the majority of participants contacted the first author (and principle researcher) directly via the article. The remaining participants were recruited by word of mouth through the principal researcher or other participants in the study. The participants were informed that the study was an investigation into a variety of extraordinary physical, mental and spiritual experiences. The questionnaires were posted to participants through the mail or sent via email, with the majority being returned within a month. The sample was thus largely self-selected.

RESULTS

Development of the Spiritual Emergency Scale

Given that we started with ten subscales covering a diverse range of experiences, we needed to determine and identify whether there may be a single factor common to these subscales. The statistical procedure of (principal axis) factor analysis was therefore adopted. Our initial analysis yielded a single component that we labeled “spiritual emergency” (see Goretzki et al., 2009, pp. 88–89). This component had an Eigenvalue of 5.72, indicating that 57.2% of the variance in the ten subscales is explained by this single factor (Goretzki et al., 2009, p. 88).

Participants’ factor scores correlated significantly with the EPSS, \( r(107) = .76, p < .001 \) (two-tailed). The 84 items of the Questionnaire were each correlated with the factor score. We selected the 30 items for the Spiritual Emergency Scale (SES) that correlated the highest with that factor score. These were: Q3, Q12, Q14, Q16, Q18, Q21, Q28, Q29, Q31, Q50, Q52, Q56, Q57, Q61, Q67, Q68, Q69, Q72, Q74, Q75, Q79, Q81, Q83, Q84, Q85, Q89, Q90, Q100, Q103, and Q106. The remaining 54 items were excluded simply because their presence in the scale would theoretically have little or no relationship with the spiritual emergency factor. Appendix A lists the positions of these 30 subscale items as they appeared in the original Questionnaire, together with corrected item-total correlations (note that these correlations indicate the strength of the relationship between the given items and “spiritual emergency”). Appendix B is the 30-item SES with items re-numbered (1 to 30) but in the same randomized order as given in Appendix A.

We note that Shamanic Crisis—which loaded most heavily in the factor analysis—also contributed the most items (viz., seven). Psychic Opening contributed six; Peak Experiences, five; Central Archetype, four; three each for Kundalini and “Past Life” Experience, and one each for Dark Night and Possession. There was no contribution from Near-Death Experience or UFO
Encounter. Corrected inter-item correlations ranged from .47 to .72, and all items contributed to the Scale. Cronbach’s alpha was a very high .94.

The theoretical range of SES scores is 0 to 30, but the actual range was 0 to 29. The mean score was 14.72 (SD = 8.52) (halfway between minimum and maximum), the median was 16.00. While skewness was normal, there was a significantly negative (low) kurtosis, \( z = -2.40, p = .016 \) (two-tailed), indicating a relatively uniform (flat) distribution. Roughly equal frequencies of score occurrence may indicate relatively equal probability that one parameter value will eventuate versus another. By our criterion of setting cut-offs at 1.5 SDs above the mean to indicate tentative classification of a “relevant spiritual emergency” (Goretzki et al., 2009, p. 83), we may deduce that scores \( \geq 27 \) suggest spiritual emergency, though exactly what type of spiritual emergency requires further probing, perhaps by clinical interview. Alternatively, the test-administrator can examine what items were answered affirmatively and make a subsequent determination as to which subscales they belong. In either case, the advantage to the researcher is that this tentatively clinical/sub-clinical group is not likely to be smaller than any other in the respective sample as suggested by the flat distribution.

It was also noted that the distribution of SES scores was not parametric, meaning that it did not distribute normally which is usually indicated by a bell-shaped curve. We therefore conducted a Spearman’s test which is suitable for nonparametric data. The relationship between the SES and the EPSS was strong, positive, and significant, \( r_s(107) = .71, p < .001 \) (two-tailed). Some researchers would conclude that the two scales are measuring essentially the same thing. We return to this issue shortly.

To test the criterion validity of the SES, we examined the new scale’s scores in relation to three measured variables: (a) Have you ever experienced what is commonly known as a psychotic episode? (b) Were you prescribed any kind of medication? (c) Were you actually taking any medication? If the SES is in fact measuring such experiences, we would expect scores to be higher in people who report having had a psychotic episode, who were prescribed medication, and who were actually taking medication. Statistics for these three variables are presented in Table 1. As demonstrated, people who report having experienced psychosis (\( n = 20 \)) scored significantly higher on the SES than people who did not report having experienced psychosis (\( n = 80 \)).

Also evident is the observation that persons prescribed medication (\( n = 15 \)) scored marginally higher on the SES than persons not so prescribed (\( n = 91 \)), and thus the effect size is very weak. Finally, there is a statistically significant difference between the mean SES scores of persons actually taking some form of medication (\( n = 20 \)) as opposed to those not taking medication (\( n = 89 \)), but the effect size is again very small. The SES appears to function in a way similar to that of the EPSS (with which it correlates very highly), inasmuch as persons who score high on the former tend also to report experience of psychosis, as well as the taking of medication. However, the effect sizes, as given by \( \eta^2 \), suggest that the associations with these psychosis-indicators are very weak.
Confirmation of the Spiritual Emergency Scale

Harris (2010) administered the SES (30 items) and the EPSS (15 items) to a sample drawn from the general population (N = 37) to determine the efficacy of both scales on a non-student sample. Instead of Yes/No answers, items were scored using 45 five-point Likert scales. Thus, the theoretical minimum and maximum scores on the EPSS are 0 and 75, respectively, and the theoretical minimum and maximum scores on the SES are 0 and 150, respectively.

The scales were found to be positively and significantly correlated, $r(32) = .69$, $p < .001$ (two-tailed). Of those 11 participants who scored high on the EPSS (scores > 50), seven participants (64%) reported mental illness diagnoses, including alcoholism, depression, anxiety, bipolar disorder, schizoaffective disorder, schizophrenia and psychotic disorder, and three reported spiritual emergence/awakening (27%). Of those 17 participants who scored high on the SES (scores > 100), seven participants (41%) reported mental illness diagnoses, and eight participants (47%) reported spiritual emergence/awakening. Consequently, the SES appears more sensitive in predicting spiritual emergence/awakening, but is less sensitive in predicting mental illness though it must be stated that these results are to be expected since the SES was designed specifically to identify psychosis/spiritual-emergency, not a broad range of disorders.

Like Harris (2010), a recent study by Bronn and McIlwain (2013) also used Likert-scales for the SES items. They reported significant positive correlations between the SES and positive symptoms of psychosis, spiritual identity, various forms of mysticism, and religious interpretation. Of particular interest was their claim that spiritual emergency is “a distinct and measurable construct, distinguishable from psychosis by its divergent relationship with alogia [poverty of speech], depression, anxiety and stress” (p. 19).

Finally, using the 30-item forced-choice (yes/no) version of the SES, Rooijakkers (2013) found, for a sample of 61 participants who reported extraordinary experiences, that SES scores predicted psychosis, $r(59) = .35$, $p < .01$. Two surprising (though hypothesized) findings were that the SES and ego resilience (ability to modify level of ego-control in arousing situations) are significantly and positively correlated, $r(58) = .45$, $p < .001$, and the SES and ‘positive potential’ (“as transformation, beneficial results, and healing after

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>$F$</th>
<th>p</th>
<th>$\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported psychosis</td>
<td>20</td>
<td>20.85</td>
<td>6.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not report psychosis</td>
<td>80</td>
<td>13.49</td>
<td>8.33</td>
<td>35.42a</td>
<td>&lt; .001</td>
<td>.27</td>
</tr>
<tr>
<td>Prescribed medication</td>
<td>15</td>
<td>18.33</td>
<td>7.36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not prescribed medication</td>
<td>91</td>
<td>13.90</td>
<td>8.62</td>
<td>3.53b</td>
<td>.063</td>
<td>.03</td>
</tr>
<tr>
<td>Took medication</td>
<td>20</td>
<td>18.55</td>
<td>7.81</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Took no medication</td>
<td>89</td>
<td>13.85</td>
<td>8.48</td>
<td>5.15c</td>
<td>.025</td>
<td>.05</td>
</tr>
</tbody>
</table>

$^a df = 1, 98; ^b df = 1, 104; ^c df = 1, 107.$
mental health episodes”, p. 2) are significantly and positively correlated, \( r(46) = .44, p < .01 \). Rooijakkers theorized that these relationships exist because “those who experience an extraordinary experience, have a more dynamic ego-complex and are naturally more gifted to keep a level of control, display more characteristics of a spiritual emergency” (p. 34).

**DISCUSSION**

The main aim of this article was to report on the development of a Spiritual Emergency Scale (SES). We showed that this scale predicts spiritual emergencies otherwise referred to as psychotic symptoms (as measured on the EPSS), and it also predicts prescription and usage of medication. Recent research (Bronn & McIlwain, 2013; Harris, 2010; Rooijakkers, 2013) has also shown that the SES predicts psychosis/spiritual-emergency.

One drawback of the SES is that it does not in itself tell us which spiritual emergency has taken place in the respondent and, despite the factor analysis, it may be the case that such information is still needed. In our favour, the fact that items from two subscales (Near-Death Experience and UFO Encounter) are not included in the SES is not necessarily a disadvantage to the measurement of our two constructs, spiritual emergency and psychosis. Quite the opposite, having items in the SES from only eight of the ten subscales indicates a practical refinement in the definition of psychosis/spiritual-emergency rather than a loss of information about either construct. Near-death experience and/or UFO encounters on their own might still indicate psychosis/spiritual-emergency of a sort, but we must concede that these experiences may simply be too rare in society for detection in a random sample of limited size. Furthermore, if needs be, the problem of identifying a specific spiritual emergency can be rectified on a case-by-case basis through the investigation of a given participant’s item responses. Researchers should understand that the SES acts as a generalized pointer to the occurrence of up to eight spiritual emergencies in a person’s history. They may also appreciate that the administration of the relatively brief SES, in comparison to the unwieldy 84-item Questionnaire, will significantly shorten procedures in the laboratory in cases where multiple instruments are to be administered to samples.

As mentioned previously in Goretzki et al. (2009), there is difficulty in distinguishing between psychosis and spiritual emergency. We suggested that people with psychosis are a sub-group of those experiencing spiritual emergency, and we argued that people having only spiritual emergency with no psychosis may be benefiting from specific support structures and resilience factors of which further investigation is required. The recent researches by Bronn and McIlwain (2013), Harris (2010), and Rooijakkers (2013), represent steps towards unraveling this mystery. For example, Harris (2010) found that supportive helpers, who were able to provide knowledge and/or understanding about the sufferers’ more spiritual experiences, provided a buffer to psychosis. It has also been found that diagnosed people who have faith in the medical model, are led by that faith to experience “less positive potential in their
extraordinary experiences” (E. Rooijakkers, personal communication, August 22, 2013). More than ever, we are discovering the truth and relevance in the statement that “either spiritual emergency is nothing but psychosis, or psychosis is nothing but spiritual emergency” (Goretzki et al., 2009, p. 81), for it is now evident that the labeling of psychotic disorders under the current medical model, and the casting of them in a particular (negative) light, blurs the distinction between psychosis and spiritual emergency. Fortunately, the recent findings of Bronn and McIlwain (2013) may take us in a different direction, for spiritual emergency, although it “overlaps considerably with the positive aspects of psychosis” (p. 23), differs from psychosis by its divergent relationship with alogia, depression, anxiety and stress. We encourage interested researchers to adopt the SES in studies that they may confirm these new findings.

NOTES

1 We acknowledged the possible advantages of using Likert scales instead of forced-choice (yes/no) responses (see Goretzki et al., 2009, p. 92). This idea has been adopted by Bronn and McIlwain (2013), and Harris (2010).

REFERENCES

### Appendix A

**The 30 Spiritual Emergency Scale Items by Sub-Scale with Item-Total Correlations**

#### I. Dark Night of the Soul Subscale

| Q18. | Have you ever lost your sense of reference as your outer and inner worlds dissolved? | .45 |

#### II. The Kundalini Subscale

| Q21. | Have you ever experienced the spontaneous production of complex visual geometrical images or chants inside your head? | .40 |
| Q75. | Have you ever heard voices, music or the repetition of mantras, without knowing where they’re coming from? | .50 |
| Q81. | Have you ever experienced intense sensations of energy and/or heat streaming along your spine? | .54 |

#### III. The Shamanic Crisis Subscale

| Q29. | Have you ever experienced the spontaneous desire to create rituals? | .45 |
| Q52. | Have you ever undertaken a powerful inner experience that involved a journey into another world? | .57 |
| Q56. | Have you ever had the ability to move into and out of non-ordinary states of consciousness at will? | .53 |
| Q67. | Have you ever developed a deep change in consciousness during which you lost contact with everyday reality? | .45 |
| Q79. | Have you ever experienced insights and/or visions, in which you received secret or sacred teachings and healing powers to take back to the “ordinary” world? | .56 |
| Q85. | Have you ever spontaneously attained profound insights into the nature or reality? | .49 |
| Q90. | Have you ever experienced an increased connection with animals and plants and the elemental forces of nature? | .55 |
IV. PEAK/MYSTICAL/UNITIVE EXPERIENCES

| Q3. | Have you ever had the experience of dealing with something that has a divine nature and is radically different from your ordinary perception of the everyday world? | .56 |
| Q28. | Have you ever experienced the sense of becoming one with humanity, nature, the creative energy of the universe and/or God? | .64 |
| Q50. | Have you ever spontaneously attained profound insights into the nature of reality? | .71 |
| Q69. | Have you ever felt a sense of overcoming the usual divisions of the body and mind and reaching a state of complete inner unity and wholeness? | .67 |
| Q74. | Have you ever experienced going beyond your normal understanding of time and space and entered a timeless realm where these categories no longer apply? | .53 |

V. THE PSYCHIC OPENING SUBSCALE

| Q16. | Have you ever been aware of the presence of spiritual entities? | .48 |
| Q57. | Have you ever spontaneously received accurate information about things in the past, present or future, by extra-sensory means? | .54 |
| Q72. | Have you ever spontaneously gained a greater understanding of the cosmos? | .60 |
| Q83. | Have you ever spontaneously lost your sense of identity? | .43 |
| Q89. | Have you ever been able to see auras around people, animals, plants or other living things? | .50 |
| Q106. | Have you ever experienced a greater awareness of the interconnectedness of all things? | .70 |

VI. THE “PAST LIFE” EXPERIENCES SUBSCALE

| Q31. | Have you ever been overwhelmed by powerful emotions and physical sensations, concerning yourself and others in various circumstances and historical settings? | .53 |
| Q61. | Have you ever experienced living what seemed to be another life, in another time and place, in great detail? | .59 |
| Q84. | Have you ever felt like you have personally witnessed detailed sequences of events taking place in other historical periods and/or cultures that you have had no previous exposure to? | .61 |

VIII. THE “POSSESSION” STATES SUBSCALE

| Q12. | Have you ever had the need to fight off or try to control the actions of a negative being or entity? | .55 |
Introduction: This research is seeking information about extraordinary experiences that occur in the natural, un-intoxicated state, so it is important that you do not include those instances when you may have been under the influence of drugs.

Instructions: Circle ‘Yes’ or ‘No’ for each item. Raw score is total count of ‘Yes’ answers.

IX. THE CENTRAL ARCHETYPE SUBSCALE

Q14. Have you ever experienced rich connections with mythological symbols from ancient history? .43
Q68. Have you ever experienced a visionary state taking you back through your own history and that of mankind to creation? .37
Q100. Have you ever been aware of a cosmic battle being played out between the forces of good and evil or light and darkness? .48
Q103. Have you ever experienced the destruction of an old sense of identity followed by rebirth and a renewed purpose for living? .50

APPENDIX B
THE SPIRITUAL EMERGENCY SCALE

1. Have you ever lost your sense of reference as your outer and inner worlds dissolved? Yes / No
2. Have you ever experienced the spontaneous production of complex visual geometrical images or chants inside your head? Yes / No
3. Have you ever heard voices, music or the repetition of mantras, without knowing where they’re coming from? Yes / No
4. Have you ever experienced intense sensations of energy and/or heat streaming along your spine? Yes / No
5. Have you ever experienced the spontaneous desire to create rituals? Yes / No
6. Have you ever undertaken a powerful inner experience that involved a journey into another world? Yes / No
7. Have you ever had the ability to move into and out of non-ordinary states of consciousness at will? Yes / No
8. Have you ever developed a deep change in consciousness during which you lost contact with everyday reality? Yes / No
9. Have you ever experienced insights and/or visions, in which you received secret or sacred teachings and healing powers to take back to the “ordinary” world? Yes / No
10. Have you ever spontaneously attained profound insights into the nature or reality? Yes / No
11. Have you ever experienced an increased connection with animals and plants and the elemental forces of nature? Yes / No
12. Have you ever had the experience of dealing with something that has a divine nature and is radically different from your ordinary perception of the everyday world? Yes / No
13. Have you ever experienced the sense of becoming one with humanity, nature, the creative energy of the universe and/or God? Yes / No
14. Have you ever spontaneously attained profound insights into the nature of reality? Yes / No
15. Have you ever felt a sense of overcoming the usual divisions of the body and mind and reaching a state of complete inner unity and wholeness? Yes / No
16. Have you ever experienced going beyond your normal understanding of time and space and entered a timeless realm where these categories no longer apply? Yes / No
The Authors

Monika Goretzki, Ph.D., is a registered psychologist currently working as a counselor at the University of South Australia. She has worked with adults in a psychiatric clinic, children and families in a community health center and youth in a community organization, using client-centered, mindfulness based therapy. She gained a B.Sci. (Hons) in Psychophysiology and Psychology from Swinburne University, Melbourne and a Ph.D. in psychology from the School of Psychology, University of Adelaide, where she is a Research Fellow. Her long-standing interest in alternative states of consciousness and work with people experiencing psychosis, led her to pursue a Ph.D. investigating the differentiation of psychosis and spiritual emergency. She can be reached at monika.goretzki@unisa.edu.au

Michael Thalbourne, Ph.D., studied classics, philosophy and psychology and for his undergraduate degree, obtained an Honours degree in psychology (both at the University of Adelaide), and gained his Ph.D. in experimental parapsychology from the University of Edinburgh. He had an interest in the topic of spiritual emergency ever since experiencing such an emergency in 1989. He worked as an independent researcher until he passed away in May 2010.

Lance Storm, Ph.D., is a Research Fellow at the School of Psychology, University of Adelaide, where he also completed his Post-graduate studies in 2002. He has published in many journals including Psychological Bulletin, Journal of Parapsychology, and Journal of Scientific Exploration, and the
Jungian journals *International Journal of Jungian Studies* and *Quadrant*. He has edited or co-edited three books including *Synchronicity* (2008), and he is author of the Jungian-influenced book *The Enigma of Numbers* (2008). His interest in spiritual emergency stems from over 25 years studying Jung’s Analytical Psychology in order to understand the nature of the self, human development, and the differences and similarities between the manifestations of our spiritual nature and the strivings and sufferings of the human soul, both of which are very often mistaken for psychopathology. He can be reached at lance.storm@adelaide.edu.au