Multicultural Spiritual, Religious, and Transpersonal (S/R/T) Experiences
A Metasynthesis of Scholarly Research

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Abstract

Modern Western cultures leave out a deeper understanding of spirituality and Soul with a focus on conventional relationships to the world that are based on a material reductionist philosophy that emphasizes established scientific principles and laws, such as cause-and-effect, objectivity, positivism, and empirical verification (Tassell-Matamua & Frewin, 2020). This article imparts a discussion supporting the inclusion of Multicultural spiritual, religious, and transpersonal beliefs into modern clinical care. This article supplements the current surge in discussions and research on spirituality in psychotherapeutic practice, providing a literature review on Multicultural spiritual, religious, and transpersonal (S/R/T) experiences such as spiritual emergence (SE) and spiritual emergency (SE(y)). The importance of considering Multicultural S/R/T experiences such as spiritual emergence (SE) and spiritual emergency (SE(y) is the focus of this article. Because SE(y) and psychosis share many key features, we must consider that individuals experiencing S/R/T experiences such as SE and SE(y) are at risk for misdiagnoses. As a result of misdiagnosis, individuals experiencing S/R/T symptoms become vulnerable to less than adequate clinical support resulting in depression, suicidality, and higher mortality rates (Bray, 2010; Exline, 2013; Hodge, 2011; Koenig, 2012).

Keywords
spirit, spiritual emergence (SE), spiritual emergency (SE(y)), spirituality, religious, transpersonal, spiritually Integrated Psychotherapy (SIP), psychosis

Introduction

The future of clinical treatment must take into account the multicultural spiritual traditions and the S/R/T experiences of clients (Bowers, 2018; Bray, 2010; Benning & Rominger, 2016; Cooper et al., 2015; Hodge, 2011; Hook et al., 2013; Judd, 2019; Keeling et al., 2010; Owen et al., 2016; Owen et al., 2014; Oxhandler et al., 2015; Oxhandler et al., 2018; Parker, 2019; Tankersley, 2013; Vieten et al., 2016) which includes a spiritual assessment. Hodge (2015) notes that the routine administration of spiritual assessments provides practical mechanisms to 1) ensure compliance with professional codes of ethics, 2) respect clients' human rights, 3) honor client autonomy, 4) identify client strengths, 5) provide culturally appropriate services, and 6)

This article will outline the Multicultural spiritual, religious, and transpersonal (S/R/T) experiences such as spiritual emergence (SE) and spiritual emergency (SE(y)). SE and SE(y) are on the rise, as documented by scholars, researchers, published authors (see below), and within the Mystics of Christianity and other world religious traditions. The S/R/T experience referred to as a psycho-spiritual transformation can be short-term, but more often are long-term, persistent, and impact a variety of life domains, including physical, psychological, social, and spiritual (Tassel-Matamua & Frewin, 2020). An investigation of S/R/T experience is necessary for enhancing and advancing knowledge of the full range of human experiences and their potential deleterious and beneficial consequences. Investigation of S/R/T experiences and their transformative consequences may provide a platform for understanding the underlying mechanisms associated with human strengths, personal growth, development, and optimal functioning, areas of particular focus for clinical competence. It is estimated that one third of the world's population will experience an encounter with a higher power, insight into a transcendent reality, or a spiritually transformed sense of self at some point in their lives (Hood et al., 2009; Tassel-Matamua & Frewin, 2020). Such states are described in religious and spiritual traditions around the world Temple & Moodley, 2020).

The term 'spirit' refers to life-energy. The word comes originally from the Latin spiritus, which means 'breath'. Therefore, we could say that 'spirit' refers to the breath of life (Taylor, 2012 p. 181). The importance of considering multicultural S/R/T experiences in clinical care is paramount in the scope of developing competence in the delivery of effective and ethical clinical care. It is vital to differentiate, support, and treat clients experiencing SE and SE(y). SE(y) and psychosis share many key features, leaving clients vulnerable to misdiagnoses. As a result of misdiagnosis, clients experiencing S/R/T symptoms become vulnerable to less than adequate

clinical support resulting in depression, suicidality, and higher mortality rates (Bray, 2010; Exline, 2013; Hodge, 2011; Koenig, 2012).

Spirituality, religion, culture, and the S/R/T experience present a distinctive, partially irreducible dimension of life experience that deserves more direct study (Dein, 2017; Hodge, 2010; Oman, 2013a; Pargament et al., 2017; Vieten et al., 2016). Research within the last five years shows 78% of Americans feel religion is somewhat to very important in their lives (Pew Research, 2015) (Oxhandler & Giardina, 2017) 80% of the world population identifies with a religious group (Pew Research Center, 2012) 80% of psychiatric patients use religion to cope with distress (Rosmarin et al., 2013) and Herrick (2008) observed that 30% to 40% of the American population has had an S/R/T experience. Gallup polls (2016) show 89% of Americans believe in God or a universal spirit, and 78% reported religion was fair to very important (Gallup, 2015; Butts & Gutierrez, 2018; Harris & Randolph, 2016; Knabb & Wang, 2019; Oxhandler et al., 2017; Rosmarin et al., 2013b). As was noted in a recent study conducted by Hodge and Wolosin (2015), 93% of older African Americans report S/R/T beliefs and practices are *very important* when dealing with stressful situations (Ellison et al., 2013; Holt et al., 2013; Holt et al., 2014; Neimeyer & Burke, 2011).

In his Medicine, Religion, and Health: Where Science and Spirituality Meet, Koenig (2008) makes a case for scientists to consider the important contribution spirituality can make to health. Koening emphasizes the correlation between spirituality, mental and physical health and advocates for the development of clinical applications, to combat stress, anxiety and depression, promote well-being and positive emotions. In support of this proposal, Koenig discusses a large number of studies that, after controlling for other factors such as lifestyle and religiosity, clearly accounted for improved health, increase immune function and better recovery outcomes.

The purpose of this article is to examine the literature addressing S/R/T experiences and to articulate the urgent need to integrate knowledge and understanding about spirituality into mental health care as well as the implications for research and mental health practice. The article is then concluded with a summary outlining key points defined for the reader pertaining spirit, spirituality, religious, and transpersonal experiences within a Multicultural perspective. Important consideration for those working with the spiritually emergent. The next section provides a thorough review of peer-reviewed literature on spiritual emergence (SE) utilizing the archival method.

Literature Review

The spiritual, religious, and transpersonal experience

According to Oxhandler and Paramgament (2018) cross cultural competencies include three dimensions, beliefs and attitudes, knowledge, and skills as it relates to the S/R/T practices and beliefs of clients (Fontana, 2003; Frame, 2003; Muhamad et al., 2014). Cross cultural competence may be viewed as a clinician's ability to understand the depth and level of a client's cultural and S/R/T beliefs and then act appropriately, effectively, and consistently within the complexity of a diverse client population (Abu-Raiya et al., 2015; Hook et al., 2013; Judd, 2019; Muhamad et al., 2014; Remley & Herlihy, 2014). Cross cultural competence may be viewed as a clinician's ability to understand the depth and level of a client's cultural and S/R/T beliefs and then act appropriately, effectively, and consistently within the complexity of a diverse client population (Abu-Raiya et al., 2015; Hook et al., 2013; Judd, 2019; Muhamad et al., 2014; Remley & Herlihy, 2014).

As a result of multicultural S/R/T experiences (Sousa, 2014) such as kundalini awakening, psychic opening may activate dark night of the soul (Flower, 1987), peak experiences, past life

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experience, near-death experience, possession states, UFO experience, mystical experiences, out of body experience, visionary experience, baptism of the Holy Spirit, feelings of oneness, visionary experience, altered time-space perception, angelic visitation, transcendent sexual experience, being bathed in 'light,' and activation of the central archetype, an SE experience may be activated (Goretzki et al., 2009; MacDonald, 2000a, 2000b; Mercadante, 2014; Underhill, 1911/1961; Wilt & Exline, 2017, 2019).

> Taylor (2013a) suggests, 23% of 'psychospiritual' transformational experiences such as spiritual emergence (SE) may be defined as:
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>> *An experience in which our state of being, our vision of the world and our relationship to it, are transformed, bringing a sense of clarity, revelation, and wellbeing in which we become aware of a deeper (or higher) level of reality, perceive a sense of harmony and meaning, and transcend our normal sense of separateness from the world (Taylor, 2012b, p.74).*

Taylor (2013a) suggests 'spiritual opening' would be a more accurate term due to the continuum of spiritual awakening experiences ranging from ecstatic bliss and expanded awareness to overwhelm and confusion resulting in a more intense experience SE(y). Concurrently, Multicultural spiritual, religious, and transpersonal (S/R/T) experiences such as spiritual emergence (SE) and spiritual emergency (SE(y) are on the rise, as documented by scholars, researchers, published authors and within the Mystics of Christianity and other world religious traditions. The recent shift (within the last 200 years) from the indigenous belief that all things are connected to the Western belief in an individual unconscious has left out the possibility of meaning in the S/R/T experiences for Western medical models of mental illness (Adam & Garland, 2019; Castillo, Cicchetti & Toth, 2009; 2003; Bray, 2013; Feuer, 2018; Friedman, 2010, 2018; Laroi et al., 2014; Lev, 2014; Moffett & Oxhandler, 2018). For example,

Western medicine (validity, empiricism, and objective truths) places a high value on scientific discourses and 'ego grasping' (Cooper et al., 2015; Friedman, 2010). Ego grasping is defined as "a dualistic stance is marked by the person's attempts to make things more positive while striving to eliminate the negative aspect of human experience" (Harris, 2018, p. 148). Furthermore, the individuals attempt to integrate an extraordinary experience outside of their ego's rational expression creating a crisis state from the S/R/T experience (Pargament et al., 2005; Taves, 2020).

Taylor (2018) and Cooper et al. (2015) explain the ego (or self-system) regulates psychological and intellectual functioning. Psychological and intellectual functioning is necessary for concentration, problem-solving, decision making, planning, memory, and verbal communication (Wilt et al., 2016). When the ego dissolves, there is a disruption in these functions, which looks like psychosis to Western clinical practitioners (Greenwell, 2018). Taylor (2017) further explains that there are two types of SE experiences, temporary and primary. Additionally, some individuals have reported that during an S/R/T experience, the perception of time is altered. In some cases, time seems to expand, and "the distinctions between the past, present, and future fade away" (Taylor, 2013 p.22). The primary shift involves not only a "restructuring of the ego but a more permanent change in perception, replacing the old psychological structure of the client" (49). Taylor (2013) reports that a Gallup survey in 1987 found that 60 percent of spiritual experiences occurred when individuals were alone.

In contrast, indigenous societies place value on ego dissolution and have a holistic view of psychosis (spiritual emergency(y) symptoms (Greenwell, 2018). For example, some indigenous leaders support the idea that Western industrialized society has experienced a separation between science and spirituality. This separation has resulted in most Western industrialized cultures

being out of touch with their spiritual essence or 'inner spirit.' Many Indigenous cultures such as the Anishinabek Nation of Canada and the Aboriginals of Australia believe that everything, even rock, trees, rivers, and plants are alive and that all life on our planet is part of the 'greater spirit,' the cosmos, and is known as 'Animitism.' Animitism, derives from the Latin word 'anima' meaning 'breath, spirit, and life. Quantum physicists such as Max Planck, Albert Einstein, and Paul Dirac have scientifically proven how Animitism works through scientific experiments. We take a look at Quantum physics as describes by Taylor (2013) in his book 'Waking From Sleep, Why Awaking Experiences Occur and How to Make Them Permanent' below.

According to Taylor (2013), Quantum physics has proven that the tiniest particles of matter break all of the 'rules' that operate our everyday macrocosmic world. In the quantum world, there is no separation. Particles are not discrete entities that can only affect each other through physical contact. Once they have interacted with each other, they are forever connected, no matter how far apart they might be. They will always be affective collectively by what happens to any of them individually. If a particle is split in two, the resulting particles always behave as if they're still one, spinning together in perfect harmony and balance each other's random fluctuations.

What one culture considers psychotic symptoms and must be subdued, another assumes valuable knowledge (Cohen & Johnson, 2017; Dein, 2017; Hodge, 2010; MacDonald, 2015; Miller, 2010; Oman, 2013a; Shiah et al., 2013). Keeling et al. (2010) suggests that there has been a movement toward spirituality becoming more self-directed and specific to the individual (Adair et al., 2010; Bray, 2013; Pargament et al., 2017; Reinert & Koenig, 2013). The most potent mythic structures were uncovered by Freud (1927/1964) and Jung (1927/1967) as a hidden part of the human psyche, a larger mystery of human awareness (Coward, 2013; Dailey et al., 2015;

Gendlin, 1973). Jung (1927/1967) experienced and shared his experiences with the mystery of the collective consciousness (Herrick, 2008; Hunt, 2019; Petrican et al., 2012; Rominger, 2013). In his work, Jung (1927/1967) broke through the Cartesian-Kantian skepticism of human consciousness, bridging a more interrelated view of spiritual experiences, "bringing forth a new participatory wholeness in the Western worldview" (Ataria, 2018a, 2016; O'Grady & Richards, 2010; Tarnas, 2001, p.15; Washburn, 1988/2003). He awakened his age to the fact of the existence of the psyche. Jung (1927/1967) carefully documented his SE, which he described as an encounter with the collective Soul (Freidman et al., 2009; Owens, 2010). Having addressed S/R/T and culture's larger context, we now look at SE(y) vs. psychosis. Next, we focus on S/R/T and culture.

S/R/T and Culture

The relationship between culture, S/R/T meaning, and psyche are mutual considerations (Cohen & Johnson, 2017; Friedman, 2009). When viewing spiritual and religious beliefs through the lens of the client, there is a need for practitioners to see the individual as defined by their culture, personal history, and biology (Benning & Rominger, 2016; Bray, 2013; Dein, 2017; Frunza et al., 2019; Herrick, 2008; Hunt, 2019; Keeling et al., 2010; Stauner et al., 2016). Dueck and Austin (2016) define culture as "the common beliefs, attitudes, and practices of a particular society, group, place, or time " which is often functioning at a subconscious level (p.303). The authors further explain cultures develop their own perceptions and worldview (Butts & Gutierrez, 2018; Cohen & Johnson, 2017; Dein, 2017; Feuer, 2009; Hodge, 2010; Klein, 2015). For example, indigenous cultures have viewed spirituality as being embedded in a world made up of a matrix of living meaning and refers to the search for elements of the sacred (Ammerman, 2013; Friedman, 2010; Hodge, 2010; MacDonald, 2015; Mayseless & Russo-Netzer, 2017;

Pargament & Mahoney, 2009; Pargament et al., 2014, 2017; Peerzadah, et al., 2018; Sharma & Singh, 2019) MacDonald (2015) reminds us as practitioners, we must elevate our awareness of the complexities of culture as it relates to S/R/T beliefs and practices while remaining sensitive to our own socio-cultural bias in consideration of our SE & SE(y) clients (Cohen & Johnson, 2017; Davis et al., 2020; Dein, 2017; Hodge, 2010; Hook et al., 2013;). In sum, cultural beliefs are shaped by spiritual perceptions and experience which lead to particular behaviors, while cultures are shaped by spiritual perception and experiences (Cohen & Johnson, 2017; Dein, 2017; Hodge, 2012; Jones et al., 2013; Pargament et al., 2013; Pargament et al., 2017). We will explore in more detail the term 'spirit,' spirituality, religion, and transpersonal in the next section.

The term 'spirit' refers to life-energy. The word comes originally from the Latin spiritus, which means 'breath'. Therefore, we could say that 'spirit' refers to the breath of life (Taylor, 2012a p. 181). Spirituality has been distinguished from religion as an individual's pursuit of the sacred and the later (religion) as a worship practice within religious institutions' communal aspects (Miller, 2010; Steensland et al., 2018). Beginning in the 1960's scholarly interest in spiritual, religious, and transpersonal (S/R/T) experiences increased and then peaked during the 1990s as documented by researchers and published authors such as Steensland et al. (2018), Pargament (2007) (Spiritually Integrated Psychotherapy), Greenwell (2018) (When Spirit Leaps Navigating the Process of Spiritual Awakening), Vieten and Scammell (2015) (Spiritual & Religious Competencies in Clinical Practice), and Bragdon (2013) (The Call of Spiritual Emergency). The increased peak in interest has resulted in more individuals experiencing spiritual, religious, and transpersonal (S/R/T) experiences (Johnson & Armour, 2018; Steensland et al., 2018; Wuthnow, 1998, 2015). Dwight (2011) suggests, "the Western soul has begun to be

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rediscovered, the Mystics of Christianity and other world religions" are again being heard (p. 651). Practices such as hatha yoga, deep meditation, shamanic journey, mindfulness practices, Christian conversion, Hakomi therapy, chi gong, art therapy, and Holotropic breathwork (e.g., Lev, 2014; Taves, 2020) have opened the door for many to experience spiritually transformative experiences. As we evolve as practitioners, we will begin to learn more about the multicultural diversity of S/R/T experiences and the impact on competent clinical practice (Bowers, 2018; Dailey, et al., 2015; Davis et al., 2020; Hodge et al., 2015; Hook et al., 2013; Moffett & Oxhandler, 2018; Muhamad et al., 2014; Murray-Swank, 2003; Owen et al., 2016; Owen, et al., 2014; Oxhandler & Giardina, 2017; Pearce et al., 2019; Rosmarin et al., 2013b; Saunders et al., 2014; Vieten et al., 2016).

The importance of considering Multicultural S/R/T experiences in clinical care is paramount in the scope of developing competence in the delivery of effective and ethical clinical care. It is vital to differentiate, support, and treat individuals experiencing SE and SE(y). SE(y) and psychosis share many key features, leaving individuals vulnerable to misdiagnoses. As a result of misdiagnosis, individuals experiencing S/R/T symptoms become vulnerable to less than adequate clinical support resulting in depression, suicidality, and higher mortality rates (Bray, 2010; Exline, 2013; Hodge, 2018; Koenig, 2012). In the next section we will explore awakening experiences and how these experiences may present as psychosis due to the ego's dissolution and psychological attachments.

Awakening Experiences

Taylor (2013a) suggests that 'awakening experiences' (S/R/T experiences) involve a dissolution of psychological attachments. He further means that we need to move forward into a new state of being, which has positive effects on the ego but heals its psychological

overdevelopment. We need to return to the fantastic conceptual knowledge the ego has constructed and combine that with the perceptual experience that indigenous peoples possess (Waking from Sleep, p. 230). Concurrently, we must be willing to look beyond symptoms of self-delusion or psychological defense (overdeveloped ego) and support those who are in the process of experiencing an S/R/T crisis (SE(y). The list below outlines the types of energies involved in S/R/T experiences.

Three Types of Energies Involved

Taylor's (2018) research findings support the idea that three types of energy involved in S/R/T experiences. Life energy or psychic energy, libido or sexual energy, and spiritual energy or blissful states (Taylor, 2009; Washburn, 1998). Ultimately, this is what any form of spiritual development is about: restructuring our being by taming our desires and the ego and freeing ourselves from the attachments so that we can intensify or instill our life energy(Taylor, 2010).

Life Energy/Psychic Energy: according to Taylor (2010, 2018), life energy/psychic energy is the vital energy of being, which expresses itself through mental functions such as attention and concentration, and through sexual impulses and desires.

Libido/Sexual Energy*:* Taylor (2015) suggests libido/sexual energy is often dormant or latent, awaiting a stimulus. This arousal may happen through life energy/psychic energy and also through sexual impulses and desires. The phenomenon of kundalini awakening involves a sudden, dramatic release of libidinal/sexual energy. The energy does not express itself directly as libido (Jing, in the Daoist sense) but flows through or explodes through the whole being. Intense sexual experiences may enable the release of libido/sexual energy.

Spiritual Energy/Blissful States: a permanent spiritual awakening may be characterized by spiritual energy/blissful states. The individual may experience ego-dissolution as primarily

structural and a permanent SE or SE(y) in the form of as a sudden release of sexual energy as most energetic (Taylor, 2009).

Taylor (2013) found that the spiritual energy/blissful states of SE and SE(y) suggest a permanent awakening with a more powerful immediate psychological and physical effect and is, therefore, usually more disruptive. Those who experience this awakening mode may be more likely to be diagnosed with psychiatric disorders and undergo psychiatric treatment.

Taylor (2018) suggests that it is essential to keep in mind that it is impossible to draw hard and fast distinctions between spiritual awakening modes. He means it is unlikely that there is a good deal of overlap between them, and in some cases, all three types of energies may be involved, and in some cases, these modes will co-occur. The sudden release of psychic energy (structural) resulting from extreme stress accounts for an 'ego dissolution' (loss of identity). Taylor's (2013) research shows individuals experiencing a sudden ego dissolution or breakdown based on psychological and intellectual attachments (hopes, ambitions, beliefs, status, achievement, wealth, possessions, social role) were more likely to seek psychiatric help as a result of an inability to integrate their SE experience. Those who experienced an awakening in the form of sexual or spiritual energy were less likely to experience an ego dissolution leading to SE(Y), mostly if there was prior spiritual awareness or training (Greenwell, 2018). Greenwell (2018) stresses, we must consider "a continuum of SE experiences" in order to retain the possibility that individuals may be experiencing a S/R/T experience (p.140). For example, Bray (2013) suggests if the individuals display excitement, openness, and a need to share the SE experience, the likelihood is good that the individual will have integrated the experience. However, suppose the experience significantly hampers daily functioning or is overwhelming. In that case, the individual may need additional support from a clinician experienced in the SE and

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SE(y) modalities (Johnson & Armour, 2018). The next section defines three broad categories of S/R/T struggles.

Three Broad Categories of S/R/T Struggles

Abu-Raiya et al. (2015) further suggest three classifications of S/R/T struggles: interpersonal struggles, supernatural struggles, and intrapersonal struggles (Exline, 2013). In this vein, Exline (2007) has noted that supernatural, intrapersonal, and interpersonal S/R/T struggles might be framed as a natural part of spiritual or religious development. She suggests it can be useful to reflect on when and for whom struggles tend to arise. Some struggles are clearly *spiritual* in nature. These types of struggles focus on individuals' relationships with the Divine or with a transcendent or sacred realm. Other struggles are clearly *religious*—that is, they center on teachings, practices, or group dynamics of an organized religious group. Yet because the two types of struggle often overlap, the general term S/R/T struggle is used in this article. Additionally, the struggles outlined below can be framed as a natural part of spiritual or religious development (Pargament, 2007). Therefore, it may be useful to reflect on when and for whom struggles tend to arise.

Interpersonal struggles: Some religious struggles focus specifically on interpersonal issues. Many problems fall into this category, ranging from family conflicts to religious wars. Social psychological research on social influence, prejudice, and intergroup dynamics help understand these types of struggles. This section focuses on two broad categories of interpersonal struggle: disagreements about religious issues and offenses committed by members of religious groups. Interpersonal struggles involve negative experiences with religious people or institutions or conflict with others around religious issues (for example, a person who feels rejected, betrayed, or misunderstood by religious or spiritual people) (Abu-Raiya et al., 2015).

Future research is needed to explore the relationship between specific religious and spiritual struggles, especially related to strong predictors of distress or illness. Also, the possibility that religious and spiritual struggle might lead to growth under some conditions is a compelling but difficult question, one that has received little attention to date (Abu-Raiya et al., 2015).

Supernatural struggles: Supernatural struggles focus on beliefs about supernatural agents and take two Divine and Demonic forms. Divine struggles involve distress or conflict centered on beliefs about God or a perceived relationship with God (for example, a person feeling angry at God when their prayers are not answered or an individual who feels punished by God because of lack of devotion). Struggles with supernatural Demonic typically correlate with other struggle indicators and adjustment difficulties. Demonic struggles involve concern that the devil or evil spirits are attacking an individual or causing adverse events. (for example, a person who feels tormented or manipulated by the devil or evil spirits). Individuals may attribute adverse events to the devil, serving as a defensive mechanism by helping to preserve a positive view of God (e.g., Beck & Taylor, 2008). Some people might find a personification of evil to be preferable to the idea of an entirely capricious, impersonal Universe in which adverse events are wholly attributed to chance or natural laws (Abu-Raiya et al., 2015).

Intrapersonal struggles*:* may include moral imperfection and questioning doubt and have an inward focus, even though they center on beliefs associated with the Divine realm. The boundaries here quickly become fuzzy because any religious or spiritual struggle could cause personal distress. However, in intrapersonal struggles, the primary emphasis is on one's thoughts or actions rather than on God or others. Intrapersonal have an inward focus on one's own thoughts or actions. Three types of intrapersonal struggles are of interest here. The first are moral struggles, in which a person wrestles with attempts to follow moral principles or feels excessive

guilt in response to perceived transgressions (for example, a person who feels guilty for not living up to his or her moral standards or wrestling with attempts to follow his or her moral principles). Two other intrapersonal struggles are doubt-related struggles, in which people are troubled by doubts or questions about their beliefs (for example, a person who feels confused or troubled by doubts about religious or spiritual beliefs such as the existence of God or the afterlife), and ultimate-meaning- related struggles, in which people feel distressed by a lack of perceived deeper meaning in life (for example, questions about whether life matters) (Abu-Raiya et al. 2015). We will look at the four dimensions of influence pertaining to an individual functioning during a transformational S/R/T experience.

Four Dimensions of Influence

Haug (1998) noted four dimensions through which spirituality influences a person's functioning: cognitive, behavioral, affective, and developmental. The cognitive dimension motivates individuals to embrace their past, be content with the present, and look forward to the future with hope. The behavioral dimension directs how individuals relate to self (Leary, 2004), others, and community with various rituals or spiritual practices. The affective dimension fosters feelings such as caring, security, hope, and love, leading us to feel compassion for all living beings. The developmental dimension maintains that individuals learn and experience spirituality throughout the lifespan. An individual's physical, mental, and spiritual components of wellbeing seem to be interrelated (Miller and Thoresen 1999); therefore, a therapy that integrates spirituality may engender powerful outcomes. An overview of spirituality, religion, and culture is covered in the next section. The following section outlines the possible triggering events or activities for S/R/T experiences.

Spiritual Emergence Categories

Flower (1987), Goretzki et al. (2009), and Grof (1977-2019) developed spiritual emergence categories that are based on types of S/R/T experiences including Peak Experience, Kundalini Awakening, Near Death Experience (NDE), Emergence Past-Life Memories, Psychological Renewal, Shamanic Crisis, Awakening of Extrasensory Perception (ESP), Communication with Spirit Guides, Close Encounters with Extraterrestrials (ET's), Possession States, Synchronistic Events, and Dark Night of the Soul. As Herrick (2008) revealed, there are a variety of expressions of SE and SE(y) based on who is labeling them (p.75-76).

Peak Experiences

Peak experiences are described as altered states of consciousness. The altered state of consciousness may be experienced as dissolution of personal boundaries, a sense of becoming one with other people, one with nature or the Universe, transcending time and space, a sense of sacredness or numinosity, and or strong positive emotions.

Kundalini Awakening

Kundalini awakening, also known as the 'awakening of serpent power' as it is described within indigenous cultures worldwide, is believed to be a creative force of energy residing in a latent form at the base of the human spine. When the Kundalini energy is 'awakened' individuals may experience intense involuntary shaking of the body, nervous system hypersensitivity, visual and tactile sensitivity, sensitivity to television violence, startle response to loud noises, visual disturbances, intense heat within the body, vibrations, or electricity surging through the body, and a struggle to distinguish what is real or what is imagined.

Near-death Experience (NDE)

NDE's occur for individuals who experience a near-death experience, whether real or perceived. NDE experiencers have reported feeling detached from their body, at peace and feeling unconditional love, passing through a dark tunnel, seeing a brilliant white light, seeing loved ones (including pets) who have died, experiencing a review of one's life, and receiving profound lessons about life and universal laws.

The Emergence of Past-life Memories

The emergence of past-life memories may include a felt sense of being in another location or country as memories of that lifetime are consciously processed. The emergence of past-life memories may consist of a non-ordinary state of consciousness that presents information and visions from other lifetimes. Powerful emotions, physical sensations, and a sense of 'remembering.'

Psychological Renewal

Psychological renewal may present as a feeling of returning to one's center and feelings of being a part of something greater than oneself. Psychological renewal is sometimes associated with a preoccupation with death or wanting to 'return' to the blissful state of merging with something that felt greater than oneself.

Shamanic Crisis

A Shamanic crisis is a transformative crisis related to the initiatory process shamans within indigenous cultures worldwide are subject. There may be a loss of contact with the environment, inner experiences such as journeys to the underworld, a celestial region, or dramatically improved physical and psychological wellbeing upon completion.

Awakening of Extrasensory Perception (ESP)

Awakening to ESP or psychic opening may present with increased intuitive abilities, knowledge of paranormal phenomena such as mediumship, telepathic abilities, or the ability to have a spirit speak through them, speaking in tongues.

Communication with Spirit Guides

Communication with spirit guides and channeling may be experienced as a message from 'source,' the angelic realm, or a star family. The information may be a message for all of humankind.

Close Encounters with Extraterrestrials (ET's)

There have been reports of close encounters with ETs or encounters with unidentified flying objects (UFOs). These reports may include memories of seeing craft, full or partial memories of the encounter, or being abducted by what appeared to be ET's.

Possession States

Possession states include a feeling that one's psyche and body have been invaded and controlled by an entity or energy with personality characteristics that are not under one's control. The entity or energy has personality characteristics that are not one's own. The experience of the possession may feel hostile or benevolent (Grof, 1990, p. 73). This experience has also been called 'a walk-in' experience.

Synchronistic Events

Synchronistic events are significant and hold meaning for the individual but may seem random for others. An individual may believe synchronicity is a bridge between the Earthy and the Divine. A message from the Universe.

Dark Night of the Soul

The dark night of the soul (Flower, 1987) may look pathological, resulting in delusions about meeting death, fear of loss of control, sense of helplessness, anxiety and nihilistic despair, lack of a sense of boundaries, depersonalization, and a loss of sense of meaning is a period of time in which a crisis in faith or profound spiritual concerns cause distress (Ataria, 2016; Park, 2010; Ysseldyk et al., 2010).

As a result of Multicultural S/R/T experiences (Sousa, 2014) such as peak experiences, kundalini awakening, NDE, the emergence of past-life memories, psychological renewal, shamanic crisis, awakening to ESP, communication with spirit guides, close encounters with ET's, possession states, synchronistic events, and dark night of the Soul (Flower, 1987), an SE or SE(y) experience may be activated and misdiagnosed as psychotic (Goretzki et al., 2009; MacDonald, 2000a, 2000b; Mercadante, 2014; Underhill, 1911/1961; Wilt et al., 2017).

Furthermore, clients experiencing a SE(y) who have been misdiagnosed, may present with an intensification of symptoms that look psychotic, potentially leaving the individual in a traumatic state of fragmentation (Arnaud & Cormier, 2017; Ataria, 2013a, 2015a, 2015b, 2015c, 2016, 2018a, 2018b). While the SE(y) experience is generally temporary (Exline et al., 2017; Grof & Grof, 1989), psychosis is long-term, resulting in a loss of intersubjectivity, struggles with social expectations, contrasting feelings, and difficulty making life decisions which make it difficult to take into account other people's perspectives (Dein, 2017). A holistic approach is needed that includes both developmental model of psychosis and transpersonal psychology as a means to help practitioners conceptualize *why* an individual presenting with seemingly psychotic symptoms may not necessarily be diagnosable with a psychotic disorder (Arnaud & Cormeir, 2017; Cicchetti, 1984; Miller, 2010; Menezes & Moreira-Almeida, 2010; Miller, 2010; Rutter &

Sroufe, 2000). We will briefly examine the features of SE(y) and compare these features to psychosis.

Misdiagnosis

As a result of misdiagnosis, individuals who are experiencing S/R/T symptoms become vulnerable to less than adequate clinical support and result in depression, suicidality, and higher mortality rates (Ankra, 2002; Johnson & Armour, 2018; Koenig, 2012; Stauner et al., 2016; Williams-Reade et al., 2018). Competent psychotherapy incorporates the S/R/T beliefs and individual practices of clients (Barnett, 2016; Fontana, 2003; Frame, 2003). Therefore, understanding an individual's expressions (e.g., cultural, spiritual, or religious) is important to develop competence in delivering effective and ethical care (Frisby, 2018; Hodge, 2018; Pearce et al., 2019).

Transpersonal Research

Transpersonal (transcendent dimensions of human experience) focused research may collect data on experiences (Sousa, 2014) beyond conventional empirical research, which include experiences in which the sense of identity or self extends beyond (trans) the individual or personal to encompass wider aspects of human experience, psyche, or the cosmos. Carl Jung (1961), among others (e.g., Maslow, 1967; Reich, 1949/1961; Teilhard de Chardin, 1959/1964; Toynbee, 1957; Weil, 1947/2002), envisioned a new world addressing globalized materialism by creating a context for what we know today as transpersonal research (Dwight, 2011; Vaughan, 1977).

Definition of Key Terms

Psychosis has been defined as an inability to make sense of what is going on and an inability to feel, difficulty managing emotions, and isolation. Psychosis is a condition that affects the mind, which may lead to depression, anxiety, sleep disturbance, lack of motivation, and difficulty functioning overall. According to The National Institute of Health (NIH, 2017a). the terms psychosis and psychotic are defined as "distorted view of reality." Other definitions of psychosis include "beliefs that are abnormal" and "sensing things that are not there" (Wikipedia, 2020).

Religion is generally defined as relating to a set of doctrines or beliefs and practices within a religious institution (MacDonald, 2009). Religion may be viewed as flowing from spirituality, expressing the spiritual relationship within a set of doctrines or beliefs that are developed in a community with other individuals who share a similar phenomenological understanding of transcendent reality (Burris & Sani, 2014; Hodge, 2001b; Johnson & Armour, 2018).

Spirituality is a natural aspect of human functioning that may represent a class of non-ordinary experiences, beliefs, and attitudes (Arnaud & Cormier, 2017; Senreich, 2012). Spirituality is defined as 'the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience connectedness to the moment, to self, to others, to nature, and the significant or sacred' (Puchalski et al. 2009, 643).

Spiritual Emergence (SE) has been defined as a personal transformation that has the potential to take an individual on a journey into altered states of consciousness with the potential to transform an individual's sense of who they are (awakening experience) (Rominger, 2013). Awakening experience may include spiritual relevance and personal change, religious experience, peak experience (Taylor, 2013), exceptional human experience, quantum change, or anomalous experience (Herrick, 2008; Wilt et al., 2019, Wade, 2018).

Spiritual Emergency (SE(y)), a term coined by Christina and Stanislav Grof (1986), refers to a crisis involving religious, transpersonal, and or spiritual issues that provide for growth opportunities (Vieten & Scammell, 2015). SE(y) is an inability to integrate an SE experience involving a psychological crisis resulting from unusual and or intense S/R/T experience. (Bragdon, 1993; Feuer, 2009; Johnson & Friedman, 2008). The difference between a SE and SE(y) is the container, the ability to integrate the experience, and applying the knowledge learned therein (Hobart, 2019). S/R/T experiences are not uncommon in the process of advanced psychospiritual development (Cortright, 2007; Grof & Grof, 1989; Washburn, 1995).

Spiritually Integrated Psychotherapy (SIP) is a type of therapy that helps bring more balance, authenticity, and joy into an individual's life by exploring questions of meaning and purpose; it draws on an individual's values in the context of suffering. SIP can be described as a threefold process of looking back, staying present, and moving forward. Like mindfulness-based and other therapies drawn from the world's spiritual traditions, SIP is not "new." It has been practiced in some form for centuries by shamans, faith leaders, innovative psychiatrists, and psychologists such as Jung (1967) and Maslow (1968). SIP acknowledges the interconnectedness of mind, body, emotions, and spirit, which focuses on transpersonal (transcendent dimensions of human experience) theory (Burris & Sani, 2014; Dwight, 2011; Pargament, 2007; Wulff, 1997).

Spiritual/Religious and or Transpersonal (S/R/T) experience may be defined as an encounter with something or someone other than yourself that is not based upon material phenomena. The S/R/T experiences may "alter the function and expression of self and impact how one perceives and understands oneself, others, and one's relationship to existence" (Arnaud & Cormier, 2017, p. 47; MacDonald et al., 2015). The S/R/T experience leaves a person with a

new and profound sense of awareness or understanding of 'God/Gods',' a 'God 'truth,' or other expressions through a spiritual transformation (ST) (Williams & Hood, 2013).

      Spiritual Transformation (ST) has been defined as a phenomenon involving some type of change in self that can occur in various situations, all of which afford particular meaning for those who experience it (Williams & Hood, 2013). ST experiences are central to the Christian religion and were initially studied within the experience of religious conversion (Cutten 1909; James 1902/1982; Rambo 1993; Starbuck 1897; Ulman 1989).

      As we wrap up our discussion on S/R/T experiences and the impact of misdiagnosis, it is important to consider that perhaps we all face the possibility of suffering the ill effects of a crisis? Much of this moving away, on my part, from the psychosis treatment modality has been generated by my own experience with SE(y), the subsequent impact of misdiagnosis on my life, health, and spiritual wellbeing. Thus, the questions began to form, what if those who are suffering crisis had the tools to integrate a spiritual crisis? What if mentors who have been through a spiritual crisis were available to help navigate the SE or SE(y) experience with their clients? In thinking about these questions, I kept reflecting on my own experience. I began to wonder if perhaps such treatment protocols were available, would practitioners be willing to provide intimacy and involvement to help clients integrate a SE(y)? Friedman (2018) suggests, "all aspects of human experience, even if it may seem baffling to some, are worthy of study and should never be rejected a priori simply because they do not make sense from any limited perspective" (p.236). Competent clinical psychotherapy treatment imparts the spiritual/religious (S/R/T) beliefs and clients practices (Barnett, 2016; Fontana, 2003; Frame, 2003). Therefore, understanding a client's symptoms (e.g., cultural, spiritual, or religious) is essential to develop competence in the delivery of effective and ethical clinical care (Abu-Raiya et al., 2015; Barnett,

2016; Frisby, 2018; Hodge, 2018; Pearce et al., 2019; Rosmarin et al. 2013a; Stauner et al., 2016).

Vedic philosophy (Kumar & Mehta, 2011)

The very quality of a human being is that he is his own teacher, guide and philosopher. He has enough potential to give his life a meaning and decide his goal.

Conclusion

This article has outlined spiritual, religious, and transpersonal (S/R/T) experiences and defined for the reader spirit, spirituality, religious, and transpersonal experiences within a Multicultural perspective. This article has touched on a small scope of the significant need for a broader global awareness of spiritual, religious, and transpersonal (S/R/T) experiences. Among many considerations within the range of S/R/T experiences is that there is little to no consensus about the universal definitions of S/R/T expressions (MacDonald, 1997). As Stanislav Grof (leading expert in the field of S/R/T experiences) once suggested, the current Western industrial society offers little support for individuals experiencing S/R/T expressions, thus requiring more open discussions about the concepts and definitions of these experiences. This writer's opinion is that the call for these discussions around Multicultural S/R/T considerations and highlighting the importance of navigating the potential outcome for individuals experiencing these life-altering experiences is now. For many people science, religion, and spirituality may appear to be at odds with each other, this is no longer important and perhaps never was when people are talking meaningfully about pain, life, and death. It is hoped that the present article will help increase awareness to this often neglected but fundamental human experience.

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