



# GROUNDING SPIRITUALITY AND TRANSFORMATION IN HEALTH COMMUNICATION

Mending the Gap between Spirituality and Psychiatry

- An analysis of narratives in the International

#Emergingproud Campaign

By ANNE-KIRSTINE KLITMARK

## **TITLE PAGE**

# ***Grounding Spirituality and Transformation in Health Communication***

Mending the Gap between Spirituality and Psychiatry - An analysis of narratives in the International #Emergingproud Campaign

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**I dedicate this thesis to my grandmother, your love lives in my soul,  
now and ever.**

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An amazing journey through University, where I have gained wisdom and founded connections with other students and teachers, is coming to an end and a new beginning will emerge. Ending this journey there are many to thank.

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## **ABSTRACT**

This thesis looks at the International #Emergingproud Campaign, to study the spiritual phenomenon and transformative perspective in five stories of people diagnosed with mental health distress, to understand how spirituality and the transformative perspective can contribute to health promotion, through the field of health communication.

This thesis has used a hermeneutic phenomenology and the interpretive science approach, to study the lived experiences in the five stories and to be able, to place my own story in conjunction with theirs as a qualitative researcher. This philosophy of science has guided the methodology of narrative inquiry to address the narratives within the stories. The analytic framework consists of crafted stories and thematic analysis. Crafted stories has been used to illuminate, the spiritual phenomenon and in relation to the terminology of spiritual emergencies and emergence, transformation, health and healing. The thematic analysis has been used in the five stories to reveal, emerging themes in the six stages of transformation process, evolved from the theoretical perspective of the transformational learning theory.

The findings of this research revealed that when people's spiritual experiences are validated, they herald transformation and healing. These findings thus, question the participants diagnoses of mental illness and discuss the validation of spiritual emergencies in mainstream psychiatry, for the promotion of health through a holistic approach that can expand the mental health framework and address, the significance of spirituality in health communication.

### ***Keywords***

Health communication, spirituality, transformation, health promotion, communication, hermeneutic phenomenology, narratives, story, psychology, mental health, psychiatry.

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# CHAPTER 1: INTRODUCTION

## 1.1 Motivation

In this motivation, I will highlight my passions of interest that merge together in the thesis. In the methodology chapter, in the section about the qualitative researcher, I tell my own story for the purpose of this thesis and the clarification of my hermeneutic pre-understanding.

Through my studies in communication my drive has been to work with *storytelling*, that made me do my bachelor project in *speech communication*. The bachelor project was entitled “Facing Facebook” and entailed a study of a speech we made ourselves to support young high school students to set boundaries on Facebook to prevent bullying. I also did a *campaign study* in communication to change *health behaviour*, where the campaign had the purpose to awaken the persons wish to *change from the inside out*, with the slogan “Don’t exercise to get fit - Make it fit you”. My passion for *health communication* was initiated. Outside university I did a 4-month education program at the NGO Mellemfolkeligt Samvirke, as a campaign organiser on a climate change campaign for COP15. I did it out of a true want to develop *messages for mind-set change* and creating *social change and justice*.

My bachelor study in Health Promotion was entitled “What moves us” entailing in-depth interviews about movement behaviours. Our informants, movements were effected by their life structures, life experiences and through health informations that give them a deeper understanding of the factors, which influence their movement habits in life. It showed that the reasons to move your body comes from many factors and we were critical to the bio-medical paradigm to be able to fit a more *holistic approach*.

After my bachelor, I went through a crisis in my own life that became a breakthrough to spiritual awakening. That pathway led me to do an internship at Ignatius Healing Center to study spiritual healing and a holistic framework to health that incorporates *Body, Mind and Soul*.

I went on a study abroad to study Communication at RMIT University in Melbourne, Australia, where my love for *spirituality* and *storytelling* was further explored through a journey I took through the land of the Aboriginal people.

My journey has made me *critical*, *innovative* and *passionate* about changing status quo in mental health and understanding of mental illness, with the *transformation* perspective and the *spiritual* phenomenon.

## 1.2 Introduction

This thesis sets out to communicate narratives of the spiritual phenomenon and transformation in diagnoses of mental health distress for new understanding to emerge about health promotion. In the mainstream conversation about mental illness and mental health, the topic of spirituality is not taking precedent. Rather, these perspectives are discussed in bio-medical terms and ways through which, we surpass the spiritual dimension with medication. The Latin word “Psychiatria” means “healing of the soul”. Why is spirituality then not at the centre of the talk in mental health communication? Why do we mainly talk about illness and cure, and not about transformation in the healing of the soul? Do we go deep and emphatically listen to stories of people going through mental distress or do we look for cues to diagnose illness? The answers are not black and white and perhaps, it is not a matter of either or, but of both and.

However, as stated, Spirituality does not have a central role in health communication. In “Communicating Spirituality in Health Care” Margaret Wills (2008) states that, “aligned with science and the empirical method, the dominant medical model has, until recently, effectively excluded the possibility that spirituality has something to offer in the way of health and healing” (p. 2). This thesis will explore, how spirituality has something to contribute with in the field of health communication. It is precisely the latter, which inspires the following questions: What if spirituality can have a central part in the understanding of human experiences, transformation, health and healing to be communicated in health promotion? Do we not need to listen and understand people’s experiences and stories, to support their transformation and growth? This thesis sets out to investigate how mental health distress can be a catalyst to spiritual awakening and transformation, in contrast to a label of a mental illness. This will be researched through narratives in the International #Emergingproud Campaign.<sup>1</sup>

Professor Christopher C.H. Cook of Spirituality, Theology & Health and two other professors in Psychiatry, Andrew Powell and Andrew Sims have researched spiritual narratives in their book “Spirituality and Narrative in Psychiatric Practice. Stories of Mind and Soul” (2016). They discovered, transformative narratives through the lens of spirituality and found, the value of listening to people’s

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<sup>1</sup> <https://emergingproud.com/>

stories in psychiatric practice. By approaching psychiatry from the standpoint of narrative, it is possible to also approach spirituality. Narrative, they express, provides a framework for spiritual concerns to be addressed.

One of the leading professors in Health Communication, Mohan J. Dutta, has turned his eye towards spirituality in his co-authored book on, “Emerging perspectives in Health Communication” (2008) where the emergent perspective on spirituality, is brought into the field of health communication. In the chapter, “Communicating healing holistically” Geist-Martin et al. (2008: p. 85-113) deal with the health communication relation to patient-oriented treatment, in a holistic framework of mind, body and spirit. A challenge of the western status quo is emphasized in a critical statement towards the common western understanding of the holistic, as being unconventional: “In this essay, we prefer the term *holistic*, since it refers to what healing encompasses (that is, wholeness or a sum of the wellness of mind, body, and spirit), whereas *unconventional* is a judgement of how common or accepted a treatment is” (Dutta & Zoller, 2008: 86). The lack of bringing a holistic framework into the mainstream can result in people’s stories not being listened to and validated, but pathologized. The transformative mechanism of the experience is thus, highly underestimated.

Isabel Clarke working in National Health Service (NSH) in England, addresses narratives of transformation in psychosis (Clarke, 2016). She states that, “narrative is powerful. It creates selves. It creates cultures. It weaves the context of our lives and experiences. Where those experiences lead beyond consensual reality, as with both the psychotic and the mystical, the narrative that contextualizes them is particularly striking. Our society is inclined to pathologise, this facet of human experience” (Clarke, 2016: 108). Clarke examines the narratives of psychosis in three people, focusing on the transformational potential in the mental distress, and writes, “their narratives illustrate how even the darkest of times can herald transformation” (Clarke, 2016: 108). Even though the mystical or spiritual can be interpreted as psychotic, Clarke demonstrates that it relies on, how we contextualize the experience. Clarke’s overall conclusion is to embrace these experiences and to see them as transformative. However, it can be difficult for people embedded in the bio-medical health care system to adopt that perspective. In the endeavour to frame the spiritual narrative, this is being highlighted: “Psychiatrists face a unique challenge when evaluating experiences phenomenologically indistinguishable from mental illness, yet potentially invested with profound spiritual significance” (Lucas in Cook et al.), and continue by asking the question: “What distinguishes a person who has an acute and transient psychotic disorder, from one who has what turns out to be a life-changing spiritual

revelation?” (Cook et al. 2016: 45). This opens the discussion of this thesis, which is focusing on people who have undergone what, by the bio-medical field, has been characterized as a psychotic disorder, but from a spiritual perspective can be described as a transformational experience. It is therefore, a task for health communication to mend the gap between spirituality and psychiatry to better assist people diagnosed with mental health issues in their recovery and promotion of health, which the analysis of this thesis, aims at revealing through insights via five stories in the International #Emergingproud Campaign.

The founder of #Emergingproud, Katie Mottram, story is one of the three people that Clarke (2016) present, addressing narratives of transformation in psychosis. When Katie, instead of regarding her experience as a psychosis, gave into the crisis she experienced, a transformation and spiritual experience emerged. To introduce the research of the thesis with her story, illustrates the spiritual significance and transformation that the thesis will investigate, through stories from the campaign Katie founded.

*“I grew up with a skewed subconscious belief that I was only worthy of living if I was of help to others because my mum had attempted suicide when I was born, and then again when I was 17. I felt somehow responsible and as soon as I was old enough, I threw myself into mainstream psychiatry to protect myself with knowledge to prevent ‘madness’ happening to me. The more I learned, the more confused I became, as what I was learning about didn’t feel authentic with my soul. Battling to understand resulted in years of feeling inadequate, depressed, and a heavy sense that in order to fit in with a reductionist approach, I had to present to be someone I was not.*

*Holding a ‘professional’ diagnostic view of psychosis and having witnessed my mother being compulsorily detained and given electroconvulsive treatment (she had claimed to be possessed by a spirit, believing herself to be a ‘healer’) I was petrified that the same would happen to me. My mum had been diagnosed with schizoaffective disorder and was now suffering badly from the side-effects of medication.*

*In 2008 I could no longer maintain my façade of being ‘okay’ and experienced a mental breakdown. Various traumatic life events took their toll on my already fragile sense of self and I made a serious attempt on my life. Nothing made sense and living seemed futile. Petrified, knowing I was following in my mother’s footsteps, I avoided seeking help, knowing where that would lead. I worked in mental healthcare, yet I could not trust the system to provide the support I so desperately needed; it made me feel like a hypocrite.*

*Then, in March 2012 my belief system about mental illness, the world and my place in it changed literally overnight. During a meditation I experienced a profound breakthrough; the awareness being a soul, I awoke from a state of merely existing as someone who had a mountain of self-doubt to a sense of knowing that I could be anyone I wanted to be. I could reclaim the control of my life I had been longing for but which before that moment I never believed I could have. An*

*absolute sense of pure peace washed over me and I felt that I was totally connected to everything and everyone in the world. I had no sense of anger or fear; everything was taken over by clarity of perspective, acceptance and understanding. At that moment every piece of the jigsaw of my life made complete sense and I had not one regret, I just knew that every crisis had happened to bring me to this moment of strength. My mind had been blessed with a glimpse of another level of consciousness and it would never be the same again. My soul knew that I'd had access to the Universal consciousness, and at this time could freely communicate with spirit. It was an ineffable, amazing experience.*

*The irony was that having worked within the mental health system for over 12 years, my educated 'logical' brain told me I was psychotic and having delusions of grandiosity. My energy levels at the time were unbounded, and I also feared I was manic. This chasm of comprehension between my soul and my mind threw me into panic and confusion. Continuing my 'normal' daily life without speaking about what I was experiencing at a deeper level was a real challenge, but I feared that if I told anyone who I worked with about my experience, I might end up being hospitalised.*

*At the same time I suddenly realised that my mum too had been experiencing a spiritual awakening, but not understanding it. I aided the resulting cycle of crisis through my part in getting her detained, unable to understand her behaviour at the time. She had spoken about getting 'messages' from spirit and being able to predict the future, and I had brushed this off as mad ramblings. Now I recognized our experiences as similar.*

*Over the past two years I have spoken openly to mum about spirituality and acknowledged her own interpretation of her experiences. After nearly 40 years of living in an emotionally frozen state, this different narrative has been the only thing that had started to bring her out of her negative belief pattern that she is crazy and worthless. Unfortunately mum's inability to process the emotional side of her trauma, her consequently lack of self-confidence following years of receiving such negative prognoses, and the absence of any appropriate support for her within mainstream services owing to a lack of understanding about this phenomena, sees her continue to be trapped in a cycle of fear and silence.*

*Now I very much see facing pain as an intrinsic part of our evolutionary process. I consider myself to be hugely lucky. Despite my doubting logical brain, I had the strength of character to listen to my soul, which led me to find a group of people in the UK Spiritual Crisis Network who understood this phenomena of spiritual emergence. With the stability of this conceptual framework, to make sense of my experiences and allow natural evolution and integration was like coming home – the opposite of seeing psychosis as a destructive illness. I am now more able to be a 'silent witness' to my emotions, rather than letting them control me, and I have a much more positive belief system. I know that I am on a life-long journey of learning, one I enjoy and appreciate.*

*This positive frame of reference in which to make sense of my experience has both helped me and given me the belief that I can make a positive difference to others. I am now working in collaboration with the peer supported Open dialogue pilot project, and as one of three inaugural directors for the International Spiritual Emergence Network am able to provide valuable insight into this different perspective thanks to my personal experience. I have also published a memoir to inspire*

*hope in others who may be suffering. My ultimate mission is to help transform the mental health system into one that is more positive progressive and open-minded” (Clarke, 2016: 109-110).*

Reading the narration of Katie’s story, and looking back at the previous points in this introduction, the story illustrates the problems and concerns presented. It shows that spirituality does not have a central role in mainstream psychiatry and health care. The spiritual is not being addressed or validated, as there is a lack of conceptual framework and language, to understand the transformation and spiritual dimension of the experience. From a mainstream psychiatric point of view, as Katie explains, her experience would be seen as a psychosis. The holistic framework is hardly present. It illustrates the challenge of status quo, faced in psychiatry, to understand the spiritual phenomenon. This came forth through Katie’s own life experiences; her childhood experience with her mother, working in psychiatry and having an experience of what she knew, would be diagnosed as a psychosis but which became a positive spiritual transformation. Through a conceptual framework in the Spiritual Crisis Network, she was able to move through what could have been viewed as she says, a “destructive illness”. Instead, it became a transformative experience. Katie’s current International campaign #Emergingproud will be at the centre of this thesis, as it communicates stories of others around the world, facing similar experiences. The aim of the campaign is to spread understanding and validation, in mainstream health care of the spiritual phenomenon and the transformative in mental health distress. The campaign will be explained in greater details in the chapter, “Setting the Scene”. The thesis will research the unfolding of the spiritual phenomenon and the transformative perspective, which takes form in the stories of the campaign. This understanding builds the bridge to the problem definition.

### **1.3 Problem Area**

This thesis studies five stories out of 52 stories from the International #Emergingproud Campaign with the aim of communicating narratives of people diagnosed with mental health issues. It is this thesis desire, to research the spiritual phenomenon and the transformative perspective within these narratives, and how these perspectives bring new understandings of health promotion to the field of health communication.

## **Cardinal Question**

In what way can the narratives in the International #Emergingproud campaign contribute with an expanded understanding of spirituality and transformation in the field of health communication?

## **Sub Questions**

1. What narratives can be crafted from the five stories in the International #Emergingproud campaign about the spiritual phenomenon and what does this reveal in relation to healing and health?
2. How do these narratives follow the stages of transformation in the transformational learning theory?
3. How can spiritual emergencies add new perspectives to the framework of mainstream psychiatry?

## **1.4 Delimitations**

I have acquired knowledge from my research, my bachelor and Master program in Communication and Health Promotion and my own life experiences. In that regard, it is not my intention to present medical aspects about diagnoses and medication treatments in relation to mental illness, but to study the transformative perspective in diagnoses of mental health distress and the spiritual phenomenon in relation to health promotion.

The research of this thesis could also have been seen from a critical cultural perspective, by looking at the “power structure” of the bio-medical model in western culture and how, it conceals the spiritual dimension embedded in mainstream psychiatry and health communication. However, this thesis is taking a step towards grounding spirituality and the transformative perspective within health communication. It looks for new understandings to emerge about the health promotion of people going through mental health distress; distress that potentially have a transformative and spiritual significance that can contribute to psychiatry and the health communication field.

Context and culture has not been taking into account due to the limitation bestowed upon me, in regards to the amounts of pages permitted and the scope of this thesis. However, taking context and culture into account would be beneficial in future studies, as they can contribute with valuable information, about how spirituality is viewed in different cultural contexts as well as, how this framework could potentially be incorporated into psychiatry.

## 1.5 Assumptions

My own life experiences with spirituality has without a doubt formed my study direction toward questioning, researching and formulating how spirituality is communicated in health promotion. I have not been presented with courses in my health promotion program about spirituality or holistic medicine, and, as demonstrated, it is a largely unexplored area, which lacks further research. In line with my background, I will look at several assumptions here:

- That within the mainstream framework of psychiatry, there is little room for understanding spiritual experiences and their potential for transformation and healing, as something other than a psychotic disorder.
- Through my study in health promotion I have studied social, psychological and environmental aspects. I only had one lecture in alternative treatment, but have not been taught about the impact of spirituality. Therefore, this is a field in need of discernment.

## 1.6 Structure of the Thesis

The chapter **Introduction** presents the motivation and inspiration that led to the research of this thesis. Further leading to an introduction of the field of study, followed by a clarification of the problem area, hypothetical considerations and delimitations. The overall structure of the thesis can now be presented. Lastly, I will shed light on the research within the framework of communication and health promotion, merging together in the field of health communication.



The chapter **Setting the Scene**, will present emerging perspectives in health communication; by utilizing the “interpretive and narrative approach”, which sets the scene for the research of this study. These approaches lead us to the research of spirituality in health communication. I will look at characteristics of spiritual emergencies and emergence, and transformation from perspectives of transpersonal psychology and psychiatry. By presenting characteristics to define spirituality in health and healing, I aim at reclaiming the spiritual in health communication. After these defining characteristics of spiritual emergencies, a presentation is given of the main purposes in the International #Emergingproud Campaign. Finally, the chapter ends with a review of the literature, which inspired the research design of this thesis.

The chapter **Philosophy of Science** presents the overall theoretical framework, and introduces the phenomenological and hermeneutic theory of science thus, placing this thesis within the wider field of the human science.

The chapter **Theories** will describe the transformational learning theory and present, the spiritual terms and characteristics of health and healing in order to elucidate, the theoretical framework that be applied in the analysis.

The chapter **Methodology** presents, “the qualitative researcher” and explores how the hermeneutic ontology and epistemology can validate the narrative inquiry applied. Narrative inquiry is then presented and connected back to the overall theoretical framework. The method of collecting data for the case study will then be clarified and it will be explained, why the specific stories for the case study were selected. Finally, the analytical framework used to analyse the empirical-data will be presented.

The chapter **Analysis** contains, firstly, an analysis of the spiritual phenomenon through the use of the “crafting story” method device, to examine narratives from the five stories selected from the International #Emergingproud Campaign. The terminology of spiritual emergencies and emergence, presenting the prerequisites for transformation and characteristics in health communication and defining spirituality in health and healing, will be applied. The second part of the analysis examines the themes of the transformative perspective in the five stories.

The chapter **Discussion** presents a summary of the findings in the analysis and how the findings, rooted in methodology and theory, can be discussed in relation to the sub questions and cardinal question and from what has emerged from the analysis.

The chapter **Outro** presents the key findings within the thesis. The findings are related to the problem area and the research questions will be answered.

## 1.7 Framework of Communication and Health Promotion

My Master's education program, as a combined study in communication and health promotion, has provided me with the skillsets to work within the field of health communication.<sup>2</sup> The master program has given a broad theoretical, methodological and practical knowledge in working with communication processes to initiate and implement health promoting initiatives. The research of this thesis, sets out to bring forth new and emerging understandings within the field of health communication about spirituality and the transformative perspective. Spirituality and the transformative perspective has in its combination, already been studied within the field of health communication. However, it has seemingly not been studied from the perspective of people diagnosed with mental health issues. This thesis' research will propose ways to assist people going through mental health issues with a spiritual and transformative nature, as an emerging path to health promotion. For that path to emerge, an ability to communicate the spiritual narrative and transformative perspective is essential. The use of narrative inquiry brings forth the discipline of communication and studying the spiritual phenomenon and transformation, is what brings forth discovering the health promoting aspect in that process. This thesis will merge communication and health promotion in the field of health communication.

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<sup>2</sup> <https://ruc.dk/sundhedsfremme-og-sundhedsstrategier-kommunikation>



## **CHAPTER 2: SETTING THE SCENE**

This chapter will give an introduction to the field of health communication. A description of emerging theories from which we can approach spirituality in health communication will be offered, and furthermore it will show how spirituality, so far, is being or has been, presented in health communication. Setting the scene will thus, set out to explore how spirituality is connected with mental illness/psychological distress and transformation.

Health communication, is presented from a theoretical perspective of communication, by scholar Muhan J. Dutta in his book, “Emerging Perspectives in Health Communication – Meaning, Culture and Power”(2008) co-authored with Heather M. Zoller. This section will give an overview of the points they are making in regards to new approaches, which are emerging in health communication and which highlight, the significance of spirituality. This thread will be followed by looking at the research on “spiritual emergencies” by psychiatrist Stan Grof M.D. Ph.D, as well as, “The Psychology of Spiritual Awakening” by psychologist Steve Taylor Ph.D. Lastly, a step toward reclaiming the spiritual in health communication is provided in the research of professor in communication, Margaret A. Wills and her book, “Communicating Spirituality in Health Care” (2009), which is co-written with other professors in Communication. The next section will take a closer look at the relationship between spirituality and health communication.

### **2.1 Emerging Spirituality in Health Communication**

Health communication has emerged out of a multi-disciplinary field of research such as sociology, psychology and anthropology. Overall health communication, “refers to the array of communication processes and messages that are constituted around health issues” (Dutta & Zoller, 2008: 3). Most of the early research within the field has been approaching health communication from a post-positivistic lens, which aims at improving health outcomes within the bio-medical-model. This, however, seems to be changing. In the work of Dutta and Zoller, for example, we find an approach from an increasing body of research, which addresses interpretive, critical and cultural issues in health communication. As they state, the field “(...) has witnessed an increasing trend toward the incorporation of interpretive approaches that emphasize health meanings and narratives, critical approaches that raise questions of

power and control, and cultural studies that situate critical questions in cultural contexts" (Zoller & Kline in Dutta & Zoller, 2008: 16).

In the case of this thesis, the approach applied is interpretive and emphasizes meanings within narratives by paying close attention to the spiritual phenomena, which emerges through the narratives of the selected stories in the #Emergingproud campaign. Thus, disclosing how the narratives of psychological distress reveal stages of transformation leading to health promotion.

Dutta and Zoller highlighted the research which seeks to challenge the status-quo; "the social change—status quo tension in health communication scholarship is built around the goals and objectives of the scholarly enterprise, based on the degree to which research seeks to understand and reinforce the status quo or seeks to understand and bring about changes in the status quo" (Dutta & Zoller, 2008: 11). The purpose of this thesis is hence, to bring about a change in the status quo by expanding the understanding of spirituality in health communication, as opposed to, the current bio-medical model. Dutta and Zoller helps to situate this research, when they argue: "Much of the health communication scholarship exploring public discourses of health draws from both interpretive and critical lines of scholarship to investigate both the meanings of health in discursive spaces and the ways in which transformations in these meanings can create new openings for imagining health-care processes that resist the dominant structures of health" (Dutta & Zoller, 2008: 32). By drawing on the interpretive research approach, this thesis creates new openings to reimagining spirituality and transformation in health-care processes; openings which eventually can resist the dominant structures within the current health paradigm.

Dutta and Zoller emphasise that it is a problem that the spiritual aspect is undermined, and the treatment solely derives from the reductionist discourse of "Body as machine". "Just as this selectivity of discourse foregrounds the role of medical technology in disease and illness, it simultaneously undermines the interconnectedness of the mind and the body, and the role of healing relationships that draw from spirituality, mutual trust, interpersonal intimacy, and community ties" (Helman & Stein in Dutta & Zoller, 2008: 31). This statement shows, recognition of the role of spirituality in healing and the interconnectedness with mind and body, which is usually undermined in medical technology.

Through the emerging approaches of spirituality and health care, there is a calling for a change in the way health is defined. It leads towards a more holistic approach in which we can explore, in greater complexity, what it means to have an embodied experience of health.

In the chapter “Communicating healing holistically” by Geist-Martin et al. it is highlighted that a few health communication researchers, bring forth the significance of spirituality and the interaction with patients. They address the importance of communicating the wholeness of the mind, body and soul with the patients, as patients in the research stresses the need to be seen as a whole person, with social, emotional, and spiritual issues, beyond only the physical (Geist-Martin et al. 2008: 89-90). Even though, spirituality is often concealed, by the reductionist perspective of the “bio-medical”, Geist-Martin et al. show that the spiritual dimension is already sought in a holistic framework, which they bring forth as an emerging perspective in health communication.

The core of the research in Geist-Martin et al. (2008) is to explore the epistemological and ontological assumptions in holistic healing practices, through interviews with three holistic healers. Holistic healers are health practitioners working within a holistic framework of mind, body and soul. Their insights are important contributions and will serve as reference points in the research of this thesis. One of the holistic healers interviewed by Geist-Martin et al. is Sophia who uses different healing techniques to connect with her clients to “get to another level in your soul’s development”(p. 108). The connection in her practice creates a profound shift in awareness that promotes healing, through transformations in consciousness. What she is specialized in are “emergencies of the soul”, where she works with emotional traumas and sees the challenges and crisis coming up in their lives as a way, for a person to grow, evolve and transform (Geist-Martin et al. 2008: 97). Next section will highlight the research of “emergencies of the soul”.

The research of the three holistic healers shows the emergence of spirituality in health communication as a holistic treatment method, which is critical toward a mainstream psychiatry which does not hold the same space to see people through these life transformations.

Geist-Martin et al.’s research reveal that the holistic healers are able to go deep into psychic pain, that are often downplayed or disregarded in biomedicine and generally only addressed in health communication through illness narratives. Geist-Martin et al. (2008) end by asking the question, “How can health communication as a discipline better prepare to turn its gaze in the direction of the expression of suffering as a conduit to understanding healing?” (p. 109). This thesis hence, turns its gaze in that direction by looking into the transformative perspective and spiritual phenomenon through the narratives of people diagnosed with mental health issues. It is the desire to disclose how “emergencies of the soul” can be a path of healing and spiritual awakening.

## 2.2 Spiritual Emergencies and Transformation

The term “emergencies of the soul”, which Sophia uses in her healing practice, can be related to the term “spiritual emergencies”, used in transpersonal psychology in the research of psychiatrist Stanislav Grof, M.D., Ph.D. He has for more than 50 years conducted research into the healing and transformative potential in non-ordinary states of consciousness. It is essential to bring these findings into the field of health communication in order to validate spirituality as an intrinsically part of health and healing.

Spiritual emergency is used in transpersonal psychology as a term that refers to psychotic-like crisis. Stanislav Grof and Christina Grof (1991) describes spiritual emergencies as “critical and experientially difficult stages of profound psychological transformation that involves one’s entire being” (p. 31). They state that “spirituality is something that characterises the relationship of an individual to the universe and does not necessarily require a formal structure, collective ritual or mediation by a priest (...) It provides a context for personal discovery of the numinous dimensions of reality” (Grof & Grof, 1995: 48). This means that spirituality is a personal discovery of states of consciousness, which can have a mystical and religious character. However, spirituality does not necessarily follow any specific religious tradition. Something that Stan Grof discovered, in his research is that these changes in states of consciousness were not a new discovery but can be found in ancient wisdom.

Steve Taylor, PhD (2017) in psychology, has studied the psychology of spiritual awakening. Through his research, he discovered that, as he related spiritual awakening with eastern traditions, that be Buddhism and Hinduism with images of monks and guru’s, he found that, awakening states did not only happen to people embedded in a spiritual tradition (p. 1-3). The spiritual experiences do have a long history from ancient Greek philosophy, Christian mystics, shamanism and various eastern traditions. However, as Taylor states these spiritual awakenings can be experienced, by any human being no matter the spiritual or religious background.

Spiritual emergencies, as Grofs describes, can resemble a psychotic-like state, that becomes a profound psychological transformation of spiritual significance, through non-ordinary and altered states of consciousness. Taylor (2017) discovered in his research that spiritual awakening caused by psychological turmoil can be mistaken for psychosis and a good number of people that are labelled as mentally ill, and are placed on psychotropic drugs, may be undergoing, or have gone through, a spiritual awakening (p. 8-9). These states in consciousness can be hard to integrate in a person’s psychological framework without having a new framework to understand these experiences. “Spiritual themes” often

present themselves through this process, with 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” (Grof & Grof in Goretzki et al. 2013: 106).

Goretzki et al. researchers in transpersonal psychology did a research to develop a scale for developing a spiritual emergency scale (Goretzki et al. 2013). They moreover, express that the experience of spiritual emergency can correlate with aspects of psychosis. In conjunction with their work Phillips, Lukoff and Stone make the case that conventional approaches to psychosis treatment overlooks the spiritual experiences, which can be a catalyst to recovery and healing (Phillips, Lukoff & Stone in Goretzki et al. 2013: 106). Goretzki et al. argue that psychiatric states are opportunities for growing spirituality and argue, for it to be seen in that light rather than, an intrinsically destructive psychopathology. These are crucial research findings for the purpose of this thesis’ study, of the spiritual phenomenon and transformation within psychiatric states leading to health promotion.

In the introduction, the question was raised in concern to, what the difference is between a psychotic disorder and, what turns out to be, a spiritual transformation. To assess this question Grof and Grof developed a terminology to identify “10 distinct spiritual emergencies” that define spiritual transformations. 1. Dark Night of the Soul (A state of loneliness, fear, insanity and experiences in relation to death). 2. The awakening of Kundalini (This state is felt in a powerful current of energy that moves through the body and is associated with complex twisting movements, spasms, tremors and violent shaking). 3. Shamanic Crisis (This is an initiatory crisis that is found in many indigenous people for the path of becoming a spiritual leader) 4. Episodes of Unitive Consciousness (a state of mystical experiences, which do not necessarily relate to any spiritual understanding). 5. Psychic Opening (Where a person is open to extrasensory perceptions such as telepathy and precognition). 6. “Past-Life” experience (Karmic experiences start to emerge into consciousness with memory from previous life times, which can have an impact on the normal daily function). 7. Near-Death Experience (This state entails a profound shift in reality). 8. “Possession” States (It is of a demonic archetype that brings forth a transpersonal experience that is a counter part to the divine). 9. Activation of the Central Archetype (A state of renewal and return to center. A person can experience strong energies and feel that they are at the center of events going on globally and of cosmic significance). 10. Experiences of Close Encounters with UFO’s (Experiences that appear abductive, which often precipitate serious emotional, intellectual and spiritual crises) (Goretzki et al. 2013: p. 106).

Assessing these 10 distinct aspects of spiritual emergencies will have significance in examining the



spiritual phenomenon, and in observing how these aspects of spiritual emergencies appear in the five stories analysed in the case study further on.

Another term that the Grof uses, which is related to spiritual emergency is the term “spiritual emergence”, which is defined 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 in Goretzki et al. 2013: 105). It is further emphasised that this increased spiritual awareness, plays a significant role in the process of transformation and gives a more transpersonal outlook on life followed by amplified “(...) creativity, feelings of peace, and an expanded sense of compassion” (Thalbourne in Goretzki et al. 2013: 105).

Taylor (2017) has researched processes of transformation through psychological turmoil and spiritual emergency, where he states that it is not everyone that experiences transformation. Taylor (2017) found in his research that there are two prerequisites for a transformation to occur, which are:

Acknowledgement, where the person faces up to the psychological turmoil they are facing and confront loss and pain. The other prerequisite is: Acceptance of what they are going through, where they are able to let go and surrender to the process that has the power to transmute the suffering into positive transformation. These two prerequisites will be taken into consideration in the analysis (p. 124-125).

### **2.3 Reclaiming the Spiritual as Health Promoting**

Looking back at the history of medicine there has been an understanding of the interconnectedness between body, mind and spirit. In American Indian medicine both men and women worked traditionally as shamans where they were physicians, psychiatrists and spiritual leaders. In ancient Greece, there was an understanding that spirituality was connected to healing. At some point however, the connection between health and spirituality became peripheral, and were substituted by a bio medical-model, which dominated the mainstream understanding of health in Western culture, where answers to human suffering were instead found in the natural sciences and technologies. This meant that spirituality, was referred to as “too intangible” or “too mysterious”, which has created a gap in the understanding of healing through the spiritual, as this thesis introduced by highlighting the need to mend the gap between spirituality and psychiatry. As health communication scholar M. C. Gonzales noted, “There is much that is unexplained when we deal with topics of healing and human

communication” (Gonzales in Wills, 2009: 2). Gonzales calls out for the spiritual in our human experience to be understood as a natural dimension, so that spirituality forms a fourth dimension of health together with the biological, the psychological and the social. Gonzales’ work has meant that a step has been taken in health communication research towards the interplay between spirituality and health, as she recognizes the spiritual as a “natural dimension of human experience” (Gonzales in Wills, 2009: 2). However, it is still at its infancy in terms of being implemented in health communication, which is particularly thought-provoking as spirituality is found in ancient wisdom as earlier explained. The call that Gonzales asks of the health communication researchers, is to make it an important contribution to the research “(...) that will return our understandings of health care to its roots – to the spiritual” (Wills, 2009: 3), which is what this thesis aims to do.

In the research of complementary and alternative medicine (CAM) there is a growing amount of “(...) individuals that seek a holistic approach to health, or one that “acknowledges that all aspects of the individual are related, especially body, mind and spirit” (Michal-Johnson & Pilleggi in Wills, 2009: 5), as the research of Geist-Martin et al. (2008) described earlier in the chapter.

Spirituality is something that is sought by ordinary individuals and that affects everyday life. Health communication scholar Scholar Athena du Pré’s assertion that health communication is part of daily life and that we all, are involved in some way “those who study health communication are clearly in a position to address the way in which individuals make sense of spirituality in daily life, in the context of health” (du Pré in Wills, 2009: 6).

Margaret Wills stresses from various literature on the nature of spirituality that: “spirituality is revealed to be a factor in health and healing” (Wills, 2009: 7). In that matter, she makes an attempt to define characteristics of spiritual alignment, in relation to health, healing, behaviour and outcome. She describes that spirituality is an active role in the process of seeking meaning and purpose in life. The active role is not with an emphasis on finding a cure, but on an outlook towards healing and health promotion. She gives the example of the 12-steps program in Alcoholic Anonymous (AA), where it is not seen as a curative event, but as a process of healing through the spiritual practice of the 12 steps program. The overall meaning of the spiritual activity, hence, is that it is potentially transformative. Here she refers to the collective research in “communicating spirituality in health-care” stating that, “to a great extent, the authors in this volume illustrate the ways that spirituality is transformative in health” (Wills, 2009: 10). Another characteristic is “hope”, which is referred to as a central aspect of recovery in the AA 12-step program “the hope and optimism encouraged in 12-step affiliation thus facilitated the

addicts' spirituality, which then facilitated their recovery" (Wills, 2009: 11). The last characteristic is "connection", that be the connection to others, the universe or the connection to one's complete self. Maimes in Wills (2009), defined spirituality as "that inner quest for contact with the divine (or Unity) within oneself" (p. 12).

With these three characteristics, "spirituality is thus defined as an active process engaging hope in the on-going development of connection to self, to others, and to the universe, and health is understood as a confluence of the physical self, or the body, the mental self, or the mind, and the spiritual self, or the spirit/soul" (Wills, 2009: 13).

Wills (2009) argues that, "clearly, although it is not easily defined, spirituality is worthy of investigation" (p. 15.) The reason that it is not easily defined is because it has a multifaceted nature, and as Wills argues, it necessitates research from diverse disciplines, as it is only through different perspectives that scholars can expect to disclose compelling conclusions concerning the value and nature of spirituality in health and healing (Wills, 2009: 15). Thus, it is the intention of this thesis, to contribute with new understandings of spirituality and transformation, as health promoting within the field of health communication.

## **Summary**

The previous sections have shown how spirituality is emerging in health communication and how researchers within psychology, transpersonal psychology and psychiatry, have contributed with ways to assess and analyse spirituality and transformation. Finishing the chapter by reclaiming the spiritual within health communication and presenting three characteristics to assess the spiritual in promoting health.

## **2.4 International #Emergingproud Campaign**

The International #Emergingproud campaign was initiated in October, 2016 by Katie Mottram on the basis of her own life experiences, working in psychiatry and going through a psychosis which lead to a spiritual awakening. The campaign is a global social grassroots movement, which aims to communicate

for a new understanding in the mental health framework. The following are the main messages of the campaign<sup>3</sup>:

“#Emerging Proud is ultimately a campaign about providing hope; that breaking down does not mean we are broken; it means that we can be amidst a difficult journey to ‘breakthrough’. In the same way that the caterpillar completely dissolves before emerging as a butterfly from its chrysalis, the human ‘emergence’ process can look exactly the same.

#Emerging Proud aims to add to the voices aiming to create a society in which it feels safer to speak out about our extreme experiences without fear of being told there is something wrong with us, or that we are “crazy”.

#Emerging Proud acknowledges, in equal measure, both the extreme crisis and positive transformation potential contained in the ‘emergence’ process; what we consider important, is to shift the focus away from something being ‘wrong’, to the growth potential, deep meaning and wisdom psychological trauma can contain.

#Emerging Proud provides a platform to give those people who feel they have not had a voice, the chance to speak out and tell the world how they found a way out of their own darkness; a celebration of the positive transformation potential of these experiences, whilst at the same time acknowledging how challenging they can be, and what support is helpful during the process.

#Emerging Proud features accounts of people telling their personal transformation journey story, to show that it is possible to go from breakdown to breakthrough; what kinds of things they experienced, and what helped them to work their way out of the chrysalis. Personal story-sharing is one of the things people say is a helpful tool in the recovery journey.

The concept of the campaign is built on that of the Pride gay rights movement, because being gay was considered a mental illness before the Human Rights campaign was launched to change that. Now that

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<sup>3</sup> [www.emergingproud.com/about](http://www.emergingproud.com/about)

suggestion is considered to be extremely discriminatory. #Emerging Proud aims to achieve the same ‘normalisation’, but for mental distress and extreme human experiences.”

The messages above express the intention to create a platform, for people around the world for expressing difficult journeys that lead to ‘breakthrough’s. The campaign provides a safe space to talk about these difficult experiences and their catalyst for positive spiritual transformation, which aims at creating a change in society in terms of how we perceive these experiences. The purpose is thus, to understand these extreme crisis, as an emergence of positive transformation and not that something is wrong, but instead a place for growth potential, deeper meaning and wisdom to come through the turmoil. This platform, gives people a voice to speak about these experiences of darkness and transformation with openness, and to discuss how best to support people going through these challenging times. The sharing of stories is used in the campaign to support others in their recovery journey. #Emergingproud’s general aim, is to normalize mental health distress, instead of it being seen as a mental illness, in the same light as that of the gay rights movement.

The campaign was launched in London on the 12<sup>th</sup> of May as the first International #Emergingproud day. The launch was worldwide, with 16 events happening in 12 countries including England, Australia, New Zealand, USA, Germany, Hungary, Ireland, Romania, Finland, Uganda, Brazil and Iceland. I attended the launch day in London together with 120 attendees. The day was inspiring, interactive and with a focus on taking action<sup>4</sup>. Up until that day, the campaign had been online through its own website. Youtube.com has also been used to upload interviews, and Facebook and Twitter have been the two social media platforms, which provided a place for followers of the campaign to interact, where thousands of people have connected with the campaign.

Katie Mottram has since autumn 2016 interviewed people around the world that work at reframing the current mental health paradigm. The campaign has gathered stories of people from all around the world, who have gone through experiences with psychiatric diagnoses, crisis and breakdown to spiritual transformation, which has also resulted in an official #Emergingproud Campaign film.<sup>5</sup> Those stories comprise the case study that laid the foundation for the research of this thesis, where the spiritual narratives and the theorizing of the transformational process are central.

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<sup>4</sup> Full report of the 12th May International #Emergingproud outcomes can be found in Appendix III.

<sup>5</sup> The interviews and stories have resulted in an Official #Emergingproud Campaign film:  
<https://emergingproud.com/official-film-dvd/>

## 2.5 Literature Review

The following section presents a literature review of different case studies conducted in the field of adult education and health communication. The research of the case studies, are related to the transformative perspective and spirituality and have thus, laid the foundation for the research, theory and case study of this thesis. The transformational learning theory will be presented to a greater extent in the theory section.

Lisa M. Baumgartner professor in adult education (2002) did a qualitative study in 1995, 1998 and 1999 with 11 participants who were living and learning with HIV/AIDS positive. She studied the transformative experiences of the 11 participants through a narrative analysis. The transformation the participants went through, created new meaning schemes with “(a) an increased appreciation for the human condition and (b) an expanded view of intimacy” (Baumgartner, 2002: 1). The study also went to show that social interaction, was a key component in the transformational learning process, through learning that they were not alone in their experience (Baumgartner, 2001: 57). This seems to confirm Mezirow’s “assertion that individual transformation can lead to social transformation” (Mezirow in Baumgartner, 2002: 55). Baumgartner discovered that the transformation they went through did not fluctuate but remained.

From her study, a new case study was conducted by communication scholars Shaheed N. Mohammed and Avinash Thombre (2005) who used a narrative analysis of 164 PLWHA (People Living With HIV/AIDS), stories collected on the World Wide Web studying the transformative perspective through self-communication. They highlight that studying narratives is a growing area within health communication (Mohammed & Thombre, 2005: 2), and the purpose of their paper is to examine evidence, for the transformative perspective in the health stories of people living with HIV/AIDS. The way they describe the transformative perspective, through the transformational learning theory, is that “it typically happens after an individual is transported by his or her personal stories to a different world, starting a process of personal transformation by drawing lessons from that experience (...) this disorienting dilemma leads to self-examination and thus to changes in the individual’s frame of reference” (Mezirow in Mohammed & Thombre, 2005: 3). The research indicates that once the transformation has occurred, the person does not return to the previously held perspective. The research presents 6 components of transformation that will be presented in the theory section, and will be used for analysing the data. The primary themes in the HIV/AIDS survivor’s stories and the extent, to which the transformative perspective is presented in the stories, were the focus of their study’s two

research questions (Mohammed & Thombre, 2005:4). This is the first study of the transformative perspective of self-reported stories, on the communication medium of the World Wide Web. Their research suggests to be the first research done on the transformation experience by communication scholars. The overall conclusion of the study, is that when an individual is HIV/AIDS positive a process starts that changes the self-communication within the individual, and there is a gradual realization towards positive behavioural change. The sharing of the stories was a significant support for others going through similar experiences. The research thus, advocates for the transformation perspective to be taken into account in designing health communication campaigns (Mohammed & Thombre, 2005: 12).

The following case study draws on previous case studies, researching the transformative perspective. The case study below is in the area of health communication and with the focus on spirituality through the stories of cancer survivors. Avinash Thombre and Everett M. Rogers (2009) studied 10 cancer survivor's transformation process and the role of spirituality in that process, through in-depth interviews. The narratives were examined for emergent themes in relation to the transformation perspective, from the intra-personal communication perspective after the cancer diagnosis. The study was initiated; by Everett M. Rogers own personal experience of being diagnosed with cancer, which had a transformational effect on his own life "...My previous focus on career and success faded" (Thombre & Rogers, 2009: 254). He dedicated the last part of his life to the understanding of the transformative perspective as a key component to understand and promote the health behaviour change process. Most of the respondents in the research demonstrated that the meaning of life changed in the larger scheme of things, through their cancer diagnoses. The narratives of the 10 participants exemplify that, "...cancer survivors potentially become self-communicative, more spiritual, and, relatively, more altruistic in helping others, especially fellow cancer survivors" (Thombre & Rogers, 2009: 268). They concluded that a cancer diagnosis is to be understood, as much more than a medical decision. The case above demonstrates that it has a major socio-psychological and spiritual significance. The stages of transformation were found, to be presented within the narratives. In their conclusion Thombre and Rogers, also suggests to find a way to better understand transformation in cancer treatment programs stating that, "... the significant role that spirituality plays in the transformative experience is of interest for further research" (Thombre & Rogers, 2009: 269).

They highlight that further research into the transformative experiences should look for common patterns and other diverse events related to health problems to promote effective transformation and spiritual significance in the process (Thombre & Rogers, 2009: 270).

The work conducted by these researchers thus, present a stepping stone for the research of this thesis as it examines mental health issues as a transformative experience from a spiritual perspective. Because, as Thombre and Rogers stresses with the cancer survivors, it is necessary to go beyond the medical diagnose of cancer and look at the socio-psychological and spiritual significance of the experience of going through cancer recovery. The intention of this thesis is to examine beyond the medical diagnose of psychosis by studying psychological suffering as narratives of transformation and spiritual experiences.





## CHAPTER 3: PHILOSOPHY OF SCIENCE

This chapter will clarify the philosophy of science, which constitutes the overall outlook to study the narratives of the International #Emergingproud campaign within this thesis. The chapter's first section introduces hermeneutics phenomenology in human science from the research of Max Van Manen, PhD in Education and Human Science research. Afterwards Hans-Georg Gadamer's philosophy of hermeneutics will be explored. The connection to the case study methodology and theories will be highlighted throughout the chapter.

### 3.1 Hermeneutics Phenomenology

Human science is the point of departure to study the spiritual phenomenon and interpret the transformative experiences. Human scientists raise questions and gather data to understand phenomena and human experiences. Hence, this thesis takes its point of departure in the data gathered from the stories of the International #Emergingproud Campaign. This is leaning into the research of human science of lived experiences in the work of Max Van Manen (1990: 1).

The approach to research lived experiences within human science is “interchangeable with the terms “phenomenology” or “hermeneutics”” (Manen, 1990: 2).

The phenomenology will be shortly presented in this section where the hermeneutics will have its own section, as it is Gadamer's hermeneutics that this thesis relies on, for the textual interpretation of the spiritual phenomenon and of the transformative perspective.

Human science is the opposite to the natural sciences that study the “object of nature” whereas human science, studies “persons” and “consciousness” that purposefully aim at creating “meaning”, which are representations of “how human beings exist in this world” (Manen, 1990: 4).

The research design is built on description, interpretation, self-reflection with the main purpose to come close to the answer of the question of the nature of being human (Manan, 1990: 4-5).

Looking from the point of view of phenomenology, there is a wanting to know the world, as it is experienced as human beings. “And since to *know* the world is profoundly to *be* in the world in a certain way, the act of researching – questioning – theorizing is the intentional act of attaching

ourselves to the world, to become more fully part of it, or better, to *become* the world” (Manen, 1990: 5). This approach thus, Manen states is a pure intention to want to understand the world of the participants in research it becomes a caring and loving act to become a part of the same world. In this thesis it involves becoming a part of the stories. “Then research is a caring act: we want to know that which is most essential to being. To care is to serve and share our being with the one we love. We desire to truly know our loved one’s very nature. And if our love is strong enough, we not only will learn much about life, we also will come face to face with its mystery” (Manen, 1990: 5-6).

Phenomenology has a desire of understanding the uniqueness of each human being and is in a broader sense therefore, “a theory of the unique”. It does not look for systematic intervention. As Manen (1990) explains, “We need to be reminded that our desire to find out what is effective systematic intervention (from an experimental research point of view), we tend to forget that the change we aim for, may have different significance for different persons” (p. 7). In the case study of this thesis every story is unique. However, similarities can be seen through the spiritual phenomenon and in the stages of transformation they undergo.

The basis of phenomenology is to study, the “life-world” by the way it comes to consciousness. Phenomenology is hence, the study of essences and the meaning structures that show the experience in a fuller or deeper manner, “it is intersubjective in that the human science researcher needs the other (for example the reader) in order to develop a dialogic relation with the phenomenon, and thus validate the phenomenon described” (Manen, 1990: 11). In this case, through the #Emergingproud stories, a validation of the spiritual phenomenon and meaning structures will be highlighted. Validating this aspect of the participants experiences will be related to phenomenological research in which the ultimate aim is “...the fulfilment of our human nature: to become more fully who we are” (Manen, 1990: 12) and to unfold, a “new ontological core of being” as Manen calls it. Through the human sciences, it is possible to open oneself to the ineffability of life and listen to the spiritual and transformative in the #Emergingproud stories. This is to recognize life as ineffable and ultimately, mysterious and from that aspect it is possible to study the complexity of human experiences (Manen, 1990: 16). To do the work of human science means to be courageous and stand up for something that stands out. Spirituality stands out as a forgotten dimension in the mental health paradigm (ibid). The purpose in this thesis is therefore, to lean into a rigorous human science which means “...to be “soft,” “soulful”, “subtle, “and “sensitive” in its effort to bring the range of meanings of life’s phenomena to our reflective awareness” (Manen, 1990: 18). To do this, is to capture stories that makes us approach

life from a new point of reference, from where we can better understand dimensions of human experiences, that reach beyond the mere physical. As Manen describes it is a *seeking of universal meaning*; a path to recognize the freedom in human existence through self-consciousness (Manen, 1990: 21). Therefore, when it comes to studying the spiritual phenomenon we recognize the transformation in the human experience, in contrast to the current bio-medical model that works from a set of diagnoses that can become limiting, to the emancipation that evolves in a transformational process. Simultaneously, as the study of the phenomenon is to describe, how it is presented to consciousness, there is a self-reflective process within it that creates a close link between phenomenology and hermeneutics. As the philosopher Martin Heidegger says, “the meaning of phenomenological description as a method lies in interpretation...the phenomenology ... is a hermeneutic in the primordial signification of this word, where it designates this business of interpreting” (Heidegger in Manen, 1990: 25). This leads us to the theory of hermeneutics.

### **3.2 Hermeneutics**

As the focus in the thesis is the spiritual phenomenon and transformative perspective in health communication, where new ways of being are taking form through the participant’s consciousness, it goes hand in hand with hermeneutics, which seeks to understand the changing nature of who we are.

Hermeneutics is the philosophy that studies the interpretation of text. The modern philosopher of hermeneutics is Hans-Georg Gadamer, who in 1960 published “Truth and Method” (2013), a landmark work that became one of the most important philosophical works in the 20th Century. Gadamer is still a central philosopher in the human sciences. The focus in this section will be on the parts of his work that speak directly to the purpose of this thesis study.

Hermeneutics is a philosophical way of studying the experience of truth, in the changing world we live in. There is both an interpretative and transformative purpose with this approach. This is a dance that will unfold through the interpretation of the selected #Emergingproud stories, through the lens of my own pre-understanding from my own lived experiences, and will lead to an interpretation of the transformative stages unfolding within the #Emerging proud stories. With the hermeneutic approach, there is a foundation for the transformational perspective, because Gadamer seeks to put “transformation into structure” (Gadamer, 2013: 10).

He refers to the analysis of “play”, where we are players in shaping life and this, takes us into new structures through transformation.

Another aspect that is central in hermeneutics is the communication form of language. As the founding thinker of hermeneutics Friedrich Schleiermacher expresses it, “Everything presupposed in hermeneutics is but language” (Schleiermacher in Gadamer, 2013: 326). This study will take a path of conversation with the “text”, i.e. the stories, which are communicated through the written language. Coming from the philosophical idea that “... conversation has a spirit of its own, and that the language in which it is conducted bears its own truth within it – i.e., that it allows something to “emerge,” which henceforth exists” (Gadamer, 2013: 327). Speaking about language to convey understanding, Gadamer uses the example of a situation of two people speaking two different languages and having a translator to convey understanding between the two. It is in this role in which I see myself, as the translator bringing the spiritual phenomenon emerging in the narratives of the International #Emergingproud Campaign into light, and creating understanding of these experiences in health communication. The conversation with the text and the way it is told brings forth its own truth and where something can emerge (Gadamer, 2013: 327-328). Language however, in this case study, is the medium, not the subject of analysis.

The whole purpose of the analysis is to convey meaning through the interpretation of the “text”, i.e. the narratives. “Texts are “enduringly fixed expressions of life” that are to be understood. That means that one partner in the hermeneutical conversation, the text, speaks only through the other partner, the interpreter. Only through him are the written marks changed into meaning. Nevertheless, in being changed back by understanding, the subject matter of which the text speaks itself finds expression” (Gadamer, 2013: 330). Through that process of meaning-making the intention, is to understand the text itself, where the interpreter’s own life-world comes to “re-awaken” the meaning of the text. The way that I, the qualitative researcher, can convey the knowledge in a meaningful way will come to be clarified in the method section, where I will tell my story and make clear my pre-understandings in communicating the subject of study.



## **CHAPTER 4: THEORIES**

This chapter will introduce the theoretical framework, including the spiritual terms and characteristics in health as well as, the transformational learning theory, which is applied in this thesis.

### **4.1 Spiritual Terms and Characteristics in Healing & Health**

Presented in the “Setting the Scene” section is the emergence of spirituality in the field of health communication, through new approaches to evaluate health promotion, illustrated in Dutta and Zoller’s (2008) research, followed by the research of Geist-Marín et al. (2008) into the framework of holistic healing practices. Expressions of suffering can conduce to understandings of healing in the light of spirituality and, as the research reveals in the work of holistic healing practitioner Sophia, connection has a role to play in the transformation and healing through emergencies of the soul. This leads to the term of “spiritual emergencies” explained for understanding diagnoses of mental health issues in a different light, by bringing forth the terminology of 10 distinctions of spiritual emergencies as well as; the term “spiritual emergence” to characterise the health promoting nature of spiritual experiences. These are terms that are rooted in the research by psychiatrist Stanislav Grof, as introduced in “Setting the Scene” and highlighted in the research of Steve Taylor (2017), together with the understanding of the prerequisites for transformation. Three spiritual characteristics in healing and health: 1. Active 2. Hope and 3. Connection studied in the health communication are also explained in “Setting the Scene”, departing from the research of health communication researcher Margaret Wills. These spiritual terms and characteristics in health, will be reflected upon and used in the analysis of the spiritual phenomenon. The following section will describe the transformational learning theory that is applied in the analysis.

### **4.2 Transformational Learning Theory**

Transformational learning theory was developed in 1975 by John Mezirow in adult education research, and has been through its own transformational process since. It emerged from a study of women’s progress of re-entering community college. The research studied a nine-phase process that showed, how their “meaning perspective” transformed (Taylor & Cranton, 2012: 101).

John Mezirow's theory was shaped by humanism with the belief that everyone is unique, valuable and has the capacity to self-actualize. He acknowledged a focus "...on the ability of the individual to change and to achieve a more integrated perspective, and he recognized the role of others' support in the process" (Mezirow in Taylor & Cranton, 2012: 102).

In the 1980's he expanded the theory to become critically oriented and see the transformative process as an emancipatory process, as a way to challenge and be critically aware of psycho-cultural assumptions. Through the influence of critical theorist Jürgen Habermas, he added a 10th element to the theory, and changed the meaning of some of the phases of the theory.

The theory thereon went from the term "critical reflection" as part of the process of transformation, and changed in the 1990's to a term that would include the spiritual level. "He noted that the term "critical reflection" was limiting and that perhaps "reframing" was more accurate, because it encompassed changes on a spiritual, psychological, and cognitive levels (p. 192)" (Taylor & Cranton, 2012: 107).

Since 1975 until today the theory has evolved from a psychological and critical pedagogy to a theory that is more holistic and which regard the process of transformation as an emotional and intuitive process moving deeper into spirituality.

Lisa M. Baumgartner writes in her update about the transformational learning theory that what is to be understood about transformation is that it is something that profoundly changes you. She says, "visions of a caterpillars emerging as butterflies and deathbed conversions are popular images of transformation" (Baumgartner, 2001: 15). She continues to explain that transformation is not adding to what is already known. Transformation is something that can happen gradually or from a sudden powerful experience that changes "... the way people see themselves and their world (Clark in Baumgartner, 2001: 16).

It is further highlighted that there is a link between transformational learning and spirituality, through a study of the nurturing of the soul and a study in Buddhist meditation practices. Dirkx speaks "of the role imagination is facilitating learning through the soul and says that transformative learning goes beyond the ego-based, rational approach that relies on words to communicate ideas to an extrarational, soul-based learning that emphasizes feelings and images" (Dirkx in Baumgartner, 2001: 18). Healy



investigated the transformational learning process of those who practice insight meditation. He found respondents had an expanded self-awareness that simultaneously led to a deeper self-understanding and mindfulness in the present” (Healy in Baumgartner, 2001: 18).

Baumgartner (2002) continues her tales of transformation, where she does her own study using narrative analysis to research the transformational process of the identity in people with AIDS/HIV. She highlights why the use of narrative analysis fits the transformational learning theory, as the qualitative methodology of narrative inquiry provides unparalleled insights into a person. This methodology is most appropriate for the “study of change, the life cycle, or any developmental process” (Bruner in Baumgartner, 2002: 48).

The “reframing” in the transformational process has to do with the transformation of a person’s frame of reference; “There are the following two facets to a person’s frame of reference: (a) a habit of mind and (b) a point of view. Habits of mind are” broad... orienting predispositions including broad philosophical, psychological, and aesthetic orientations” (Mezirow, 2000: p. 17).

Mezirow (2000) said, “a habit mind becomes expressed as a point of view. A point of view comprises clusters of *meaning schemes* which are ‘sets of immediate expectations, beliefs, feelings, attitudes, and judgements’” (p. 18). The meaning schemes determine, how people experience the world and when changes happen in the frame of reference and meaning schemes which forms a person’s worldview, a transformation occur. Even though it is not the intention of this thesis to delve deep into this part of the theory it is still an important part to mention, as it speaks directly into what happens when transformation sets in.

As stated in the beginning of the chapter, the theory has been through its own transformational process and how the stages of transformation look like, has changed with the research. From Lisa Baumgartner’s research on the identity changes in HIV/AIDS to a research study in health communication made on “HIV/AIDS stories on the World Wide Web and transformation Perspective”. Mohammed and Thombre (2005) show a development of six components of transformational stages that has furthermore, been adopted in the Thombre and Rogers research study on “The transformative experience of Cancer survivors” (2009). Thombre and Rogers in their research questions asked, if the diagnosis of cancer initiated a transformation, how they experienced it, if a common set of stages occurred and if spirituality emerged in the transformation process (Thombre & Rogers, 2009: 253). They concluded six emergent themes in the stages of transformation and

discovered spirituality emerging as an essential part of the transformational process (Thombre & Rogers, 2009: 259). They discovered that each story is unique but follow a similar pattern in the transformational process (Thombre & Rogers, 2009: 257).

The table below, elaborated by the author of this thesis specifies, the six stages of the transformative perspective and the overall emergent themes, in each of the six stages from both research studies.

**Six stages of the transformation perspective in people with HIV/AIDS and cancer survivors.**

Stages:	<b>Diagnosis/the triggering event</b>	<b>Catalytic experience/transformation</b>	<b>Immersion</b>	<b>Turning point</b>	<b>Integration</b>	<b>Disclosure to others</b>
HIV/AIDS	Shock and fear stage	A change in attitude towards life	Acceptance of HIV status and of the new identity	An inner urge to help others	Active role in educating others about HIV	Feeling comfortable about revealing HIV-positive status to strangers
Cancer survivors	Shock and disbelief	Information searching	self-reflective	Orienting to a new identity	Finding a new meaning of life	Contribution to others.

(Mohammbelow ed & Thombre, 2005: 5) and (Rogers & Thombre, 2008: 258)

This chapter builds a bridge to the methodology hence, linking the theoretical framework to narrative inquiry and the analytical framework, in order to analyse the empirical-data where the theories herein presented, come into play.



## CHAPTER 5: METHODOLOGY

This chapter describes the standpoint of my role, as the qualitative researcher by telling my own story in order to place myself in the role of the interpreter thus, revealing my pre-understandings leading to the narrative inquiry research method. After describing the methodology of narrative inquiry, the following section will present the empirical-data. Hereafter the analytical framework, which consists of the crafting stories and the thematic analysis will be explained.

### 5.1 The Qualitative Researcher

In “Understanding Narrative Inquiry” (2012) Jeong-Hee Kim emphasizes that, “qualitative researchers are guided by highly abstract principles, which include a combination of the researcher’s beliefs about ontology (questions about being and reality), epistemology (questions about knowledge), and methodology (questions about the methods of obtaining knowledge)” (p. 31). In order to answer these questions, it is, to some extent, important to include my own story, which shows my way of being in the world and the knowledge I have gained, as my understanding of spirituality and transformation has not emerged out of my studies in Communication and Health Promotion, and is not a part of the curriculum so far. Kim (2016) writes, about the importance in stories and a theoretical foundation, as a way of interrogating the world as well as, a way of transforming our frameworks and the way we think (p. 28). She quotes philosopher and social theorist Michael Foucault “(...) each time I have attempted to do theoretical work, it has been on the basis of elements from my experience – always in relation to processes that I saw taking place around me” (Foucault in Kim, 2016: 30). My own experience has thus, guided the content of the thesis. Bringing my own experience from beyond the boundaries of the University has the purpose of highlighting a missing spiritual aspect in the education I have received in Communication and Health Promotion. Michael Foucault’s main study, has been on understanding power and by giving the power to the story of lived experiences, new understandings can emerge. Below is an account of my story thus, showing my own experience of mental health crisis, spiritual experiences and transformation that led to healing and health promotion in my own life.

*I was born into a family of love. As far back as I can remember, I always felt that there is more than meets the eye. When I was 9 years old I decided to get baptised as I felt a presence of divinity.*

*In 2008 at age 22, I fell into a crisis in my former relationship and within myself. I found myself in a severe state of anxiety and was trying to pick up all the pieces that had been the catalyst of it and make sense of what was going on. At first, I did not find the help I needed in a coach that I felt did not have the sensitivity to meet and understand what I was going through. A clairvoyant and psychotherapist on the other hand helped me look into the trauma I had come in contact with and I started a healing process. However, it did not take me out of the severe state of anxiety and I considered whether be hospitalized or not. My mother drove me to the facility, but when we parked in front of it a clarity and calmness came over me and I decided to turn around. I got my hands on the book by Eckhart Tolle "The Power of Now". He told his story from severe depression and suicidal thought to a spiritual awakening. I remember thinking "This cannot happen to me", but somewhere in a profound place inside me, I hoped for it to be possible. I went to a meditation evening with a shaman. He spoke about spirit animals and asked us to lay down for a mediation to let our spiritual animal come to us. I was shown a deer running in zig-zag through the forest and that woke me up from the state of anxiety I was in. I came into a state of the now and deep peace. Tears were running down my face and I started to release all emotions that came to the surface. Afterwards, I felt so peaceful and had a vision of sitting on a mountain top and of moving into an apartment that had white walls and a wooden Buddha standing there.*

*I decided to reconcile and move back with my boyfriend and started a process with a psychologist to talk through the traumatic memories I had come in contact with during the state of anxiety. The whole experience had sparked the need to find a direction of study that was true for me. I was in the beginning of my International Bachelor of Arts and soon had to decide my specialisation. Through all my experiences, and because of how I was working on healing and transforming my life, I decided that I wanted to specialise in Communication and Health Promotion. Despite my profound experiences and my early feeling that there is more than meets the eye, I was sceptical of my mother sharing her spiritual experiences and also because of emotional challenges between us at that time that had not been healed.*

*In 2012, I went through a difficult period with my former boyfriend again. In the late summer 2012, I went to a funeral of my mother's friend, and on the way there my mother told me she had been in contact with the spirit of the deceased. It scared me because, it at that time, challenged my own understanding of life. Everything accumulated and from one day to another I had a breakdown. I was thrown into a state of anxiety that made me feel that I had died of trauma. I fell in contact with traumas of this life-time, but also past lives.*

*I left my former boyfriend and stopped all contact to stay at my parent's place. I could only get up to walk, eat, write and read spiritual books. That was the things that could bring any peace in the state I was in. I also went to different kinds of alternative treatments that helped a bit each time. I remember a woman I went to, that said I was going through a spiritual transformation, a "dark night of the soul". Some part of me knew it to be true, but my mind was questioning it all, thinking: 'What is going on with me? And how can I fix this?'*

*At the darkest hour of this experience I was suddenly surrounded with an enveloping unconditional love that filled up my being, it felt like the energy of God, a love with no limits. However, I was thrown back to the state of anxiety again and I had unwanted suicidal thoughts. I went to a new doctor because the former doctor I had, to the best of her ability, couldn't see me - only diagnose it as a psychosis. My new doctor had grown up with alternative treatments. I felt seen by him and not from a diagnostic perspective. However, he could not help me at this point where I was, and I was hospitalized for a month, and given the diagnosis of a severe depression. I was received by a nurse, and she came into the room and saw the only book lying on my table, an angel diary by Doreen Virtue, to which she responded, "I have that book too. I read it for my children".*

*I did not tell anyone of my spiritual experiences because I felt they would not understand, maybe I could have told her about it, but at that time I didn't know whether she would understand, so I kept silent. I was given medication, but quickly said that I wanted to get off anti-psychotics and was placed only on anti-depressants. The time being there I felt love emanating from my soul to the people in the hospital. The presence of love I felt at my darkest hour was now working through me for others around me. Slowly I was getting better. I talked to a psychologist while I was hospitalized. I told him how what I felt emotionally, I sensed in my body too. He looked at me and said with a frustration that resonated from within him, "nobody understands that here". In the hospital facility, the mind and body indeed felt separated in the way that they treated people. They seemed like two separate realms. Medication was given to balance the mind, and exercise was given to the body. A spiritual dimension was out of sight. At some point during the month I was there the voice of my intuition pulled through with the words, "What you need is healing". I was released from the hospital and was left with the following words from the nurse I was received by: "While you have been here, I have been reading the angel book more for my children. Maybe some people think it is crazy, but we believe in it". I then truly felt she sensed the spiritual dimension and that she saw my soul.*

*Not long after being out of hospital my mother found access to a documentary called "Healing" showing a healing place in Brazil founded by the healer, João Texiera de Faria. He is a healing medium to the spirit world. While watching it, something profound happened. Love started streaming through my body, dissolving the anxiety I felt and I then knew in my heart I had to go to Brazil. In the meantime, I attended a healing weekend at Ignatius healing Center in Jutland, and departed with them on a healing retreat to Montserrat in Spain. I felt profound healing and started to be rooted in my spiritual transformation. My intuition was now speaking loud and clear; I knew from that day I was to follow that voice within my heart. While I was in Monserrat I bought myself, a Buddha made of wood that I found in a small shop. I went to Brazil and lived there for 3 months. The first month my mother was there too and it was a month that was deeply healing for our relationship. She had been an immense support following the months of my dark night of the soul.*

*The vision I had four years ago of sitting meditating on a mountain top became true there. While I was there the connection to my own soul and the spirit world expanded. Healing came naturally. One of my greatest insights was when I found myself asking the question, why do we judge? When we stop judging anything, everything starts to flow naturally. I could sit with any emotions and let it flow through me. I learned and experienced to surrender to the divine within and allow nature. I experienced freedom coming from embracing it all and knowing love from within.*

*At my return to Denmark in the summer of 2013 I moved to Jutland and became an intern at the Ignatius Healing Centre (IHC) in Denmark. I moved into a bright white room where I placed my wooden Buddha. Again, the other vision I had four years before came true. I finished my work there with an internship report about spiritual healing for my first semester on my Master's program in Health Promotion. I continued working as a volunteer at IHC until the end of 2014 and in the beginning of 2015, I moved to Australia to study communication at RMIT University in Melbourne. One day on my way home from University I met four Aboriginal people on Flinders Street Station. We started to talk and went together on the same train. Being in their presence felt as leaving time and space. I felt deeply connected to them as they were my family. Two weeks later, I travelled through Australia to get a deeper understanding of the history, livelihood and the healing traditions of the Aboriginal people. The journey made me feel deeply connected to the land and nature. Then back in Denmark a year later, I started to research for my thesis wanting to write about the Aboriginal people, but then I found my way to the 'Emergingproud', embracing spiritual experiences of people all around the world. Katie's vision of mending the gap between psychiatry and spirituality fell into my story. I knew this was the direction that my thesis needed to take, to be able to study the spiritual phenomenon worldwide and within the framework of Health Communication as the role of spirituality in health is in its infancy to be collectively understood.*

*While writing my thesis I have attended a spiritual ceremony. Under the ceremony I noticed that a figure of one animal was standing in the ceremony decoration: A deer. Taking me back to my first spiritual experience in 2008, with my spirit animal presented as a deer. Given a sense a synchronicity. I now feel that I am ending a circle in my own life, with the writing of this thesis and a new door will be possible to open.*

To set my position as a narrative inquirer, I have highlighted details of my own story that demonstrate my pre-understandings and to show the development of my being in the world (ontology), which has developed my knowledge (epistemology) about this subject of research through my own experiences. It is through telling my story that the methodology opens up naturally, as it is in the stories told that an understanding of the spiritual phenomenon and transformation can emerge. In the following, the method of narrative inquiry will be explored to elucidate how narratives, as a scientific qualitative research, is valuable when investigating human experiences.

## 5.2 Narrative Inquiry

The methodology to approach the case study of the stories in the #Emergingproud campaign is to be analysed through narrative inquiry, which goes to the heart of the matter to discover what the story has to tell us about the human and spiritual experience. Jeong-Hee Kim (2016) says it clearly, “Recall that narrative inquiry is a way of understanding human experience through stories that, in turn, help us better understand the human phenomena and human existence” (p.190).

In the last 20 years there has been a turn in the field of Health Communication towards narrative inquiry as a way of expanding the horizon and legitimizing alternative approaches to understand health, illness and delivery of health care. Narrative inquiry makes it possible to examine “(...) the role of narratives and stories in the health, healing, coping, and dying processes” (Bosticco & Thompson, 2008: 39).

It is important to understand that together with the topic of the thesis, narrative inquiry is also an emergent field and is therefore, something that is expanding and evolving as a way of inquiry. Jeong-Hee Kim notes that it is difficult, for several reasons, to answer the question of what narrative inquiry is “...(a) there are so many narrative researchers in different disciplines who have adopted narrative theory and method in different ways; (b) the narrative field is changing and evolving; and (c) narrative inquiry attempts to embrace diversity in methods, avoiding association with only one of many currently in use” (Kim, 2016: xvi). This thesis will approach narrative inquiry in the disciplines of communication and health promotion. By applying this method is the intend to highlight the significance of spirituality and transformation in the field of health communication.

It seems relevant to describe two other disciplines, where narrative inquiry is researched and applied that links to the study of this thesis. In the discipline of medicine there has in fact, always been a concern for the narrative but through the bio-medical paradigm it has faded into the clinical practice. However, narrative inquiry is being reclaimed in the study of the “illness narrative” (Kleinman in Kim, 2016: 16) to better understand illness and healing, by paying attention to the personal stories of the patients. Mattingly argues that, “narrative medicine or clinical storytelling is becoming one way in which clinical practice exceeds the bounds of its own ideology” (Mattingly in Kim, 2016: 17).

The reclaiming of narrative in medicine is a call to re-humanize the practice of medicine, where



empathy and just treatment is at the heart of the concern. “In brief, narrative medicine, as a way of (re) humanizing the field, helps medical practitioners develop narrative competence, in enabling them to act upon their empathy, trust and sensitivity” (Kim, 2016: 18). The narrative emerging in medicine is deeply linked to the outline of the thesis; to expand the understanding of the spiritual and transformative narrative in psychiatry.

The other discipline that of education, where narrative inquiry is explored through lived experience. Connelly and Clandinin “(...) argue that narrative inquiry, embodies theoretical ideas about educational experiences as lived and told stories” (Connelly & Clandinin in Kim, 2016: 18). The transformational learning theory that will be applied for this case study, is born in Educational research and creates the link to the narrative inquiry and the interpretation of lived experiences.

Let’s turn to an understanding of the narrative inquiry’s place in the field of human science research and in this study. The word narrative, in itself, comes from the Latin word *narrativus*, which means “telling a story” (Kim, 2016: 6). Narrative is a basic communication form to express human life, through language, by telling a story that comes from a history of lived experiences. MacIntyre explains that, “(...) the unity of human life is the unity of a narrative quest” (MacIntyre in Kim, 2016: 8). Hence, the stories in the International #Emerginproud Campaign tells the narratives of their experiences.

It is important to understand that narrative and story can be used interchangeable, which is also the case in this thesis, but here is one of the ways in narrative inquiry, that show distinction between the two. Narratives are seen as parts in the overall story “(...) in this sense, a story has a connotation of a “full” description of lived experience, whereas a narrative has a connotation of a “partial description of lived experiences” (Kim, 2016: 9). In this case, the #Emergingproud stories are the “full” description and the narratives are the experiences they tell through their story.

Narrative inquirer, Cathrine Kohler Riessman (2008) highlights, how narrative becomes an inquiry, “A fundamental criterion of narrative is surely contingency. Whatever the content, stories demand the consequential linking of events or ideas. Narrative shaping entails imposing a meaningful pattern on what would otherwise be random and disconnected” (Salmon in Riessman, 2008: 5). Interpreting the stages of transformation is moreover, a way of seeing the pattern in the narratives through the stories.

A function of narrative Riessman (2008) explains, is that they can have a mobilizing effect for social action and progressive social change. Resistance movements of the twentieth century were born out of individuals sitting together and telling stories about their common experiences. These movements

included civil rights, feminist, and gay and lesbian movements that gathered around stories of discrimination. That they felt commonalities in their stories set the stages for collective action (p. 9). Even though this is not at the center of focus in this thesis, it is an important to state that the stories in the International #Emergingproud campaign, set the stage for collective action in countries around the world, to validate spiritual experiences and normalise the way mental health distress is being conceived.

Two other points related directly to the purpose of narrative inquiry is that “(...) stories reveal truths about the human experience” (Riessman, 2008: 10). Truths about different and common human experiences, will be revealed about the spiritual phenomenon through the narratives in the stories in the international #Emergingproud campaign. The other point, is that “Telling stories about difficult times in our lives creates order and contains emotions, allowing a search for meaning and enabling connection with others” (Riessman, 2008: 10). Through the #Emergingproud campaign a connection through commonalities with others is established in connection with their spiritual and transformational experiences.

The core of the narrative analysis is case-centred research, as the focus of narrative analysis is on the interpretation of texts. “Narrative analysis refers to a family of methods for interpreting texts that have in common a storied form” (Riessman, 2008: 11). The “crafting stories” and “thematic analysis” is a method device for the interpretation of texts and will be presented after this clarification of narrative inquiry. When it comes to generalising the findings in the thesis, there will be truths revealed about the spiritual phenomenon and transformational experience but not any “ultimate truths”. The generalisation will therefore, not be a statistical approach that refers to an entire population, but a generalisation from the methodological and theoretical propositions “(...) which are to some degree, transferable” (Riessman, 2008: 13).

Neuman (2006) argues for the validity of qualitative research. Validity refers to the truthfulness of the research. He states that the validity of the qualitative research is not focused on finding a single version of truth, but is interested in authenticity (p. 196). Neuman argues authenticity to be a fair, honest, balanced account of the lived experiences. This thesis gives direct accounts of self-reported stories from the International #Emergingproud Campaign. In this case the focus is on the spiritual phenomenon and transformative perspective, where the experiences are the authentic account of the people being studied. The qualitative researcher hence, provides an inside view to the accounts being

studied, bringing pre-understandings and theoretical perspective into play to validate the subject of study.

To end this section let's take it back to the human science. Narrative inquirer Kim (2016) refers to Max Van Manen, who in the "philosophy of science" section, showed the significance of using stories in human science. Kim stated that it further validates narrative inquiry (Kim, 2016: 11) by linking lived experiences to scholarship and practice, researchers use a theoretical standpoint to "(...)become fully part of the world for the purpose of improving it" (Kim, 2016: 31). This is precisely the purpose of this thesis: To bridge understanding of transformation and the spiritual phenomenon within the field of health communication, to improve the way we assist people diagnosed with mental health issues to promote health.

### **5.3 Empirical-Data**

Narrative inquiry is the qualitative research methodology for studying a case of specifically selected narrative data. Most narrative inquiry methods use qualitative interviews, but Kim (2016) stresses that there are other data-collection methods than interviewing (p. 171). She refers to the data-collection method of (Digital) Archival Data. Because of the Internet there is today, a huge access to data available online to the public, where you find a "(...) wide range of personal stories, folk tales, audio files, and video files about any genre" (Kim, 2016: 180). The stories in the International #Emergingproud Campaign are digital Archival Data on the campaign homepage. The stories are self-communication personal stories mediated for the purpose of the International #Emergingproud campaign.

As the data is available online for the public there are no requirements for confidentiality and privacy protection, which is highly important from an ethical standpoint, when it comes to qualitative interviews (Kim, 2016: 158). My research purpose has been announced on the International #Emergingproud campaign website thereby, people participating with their stories have been informed that their stories can be used for this study.

Instead of going through every story archived on the #Emergingproud Campaign website, Katie Mottram gathered all the stories in a booklet that she was kind to send to me, with all the stories included.

There is a total of 52 stories and I started the process of selecting five of them. The decision to use 5 of the stories was taken at supervision meeting. In order to explore the stories fully and go in depth with them, it made sense to only use five. I first read all the stories and then did a selection process. The criteria that I was looking for was:

1. Clear narration in the story to be able to analyse the transformative perspective.
2. That there are narratives of spiritual experiences within the story.
3. That the person has been diagnosed within the mainstream psychiatric system, to highlight the spiritual phenomenon and transformation from that storyline.
4. Both genders to be presented (2 men and 3 women was selected).

The five selected stories are found in full in the appendix I and II.

## **5.4 Analytical Framework**

The way to link the theoretical framework with the empirical-data to investigate the spiritual phenomenon and transformative perspective, is to make use of analytical strategies, which are the following two: Crafting stories and thematic analysis.

### ***5.4.1 Crafting Stories***

The way to assess the spiritual phenomenon presented in the stories of the #Emergingproud campaign, is by “crafting the narratives in the stories.” The method device of crafting stories is rooted in hermeneutic phenomenology and provides glimpses, into the meanings that reside within human experience (Crowther et al. 2016: 1). The word “crafting” describes the process of “deriving narratives from transcripts” that in this case, expresses details about the spiritual phenomenon.

Using this approach, it is possible to tune into the spiritual phenomenon, as a dimension of human

experience that stands forgotten in the current mental health paradigm. “The intention of hermeneutic researchers is to illuminate essential, yet often forgotten, dimensions of human experience in ways that compel attention and provoke further thinking” (Crowther et al. 2016: 2) as to provoke a re-thinking of the role spirituality has in mental health care.

Gadamer explains, “we are at once interpreting and making the story our own; understanding a story is to ‘always and already’ to understand and recognize ourselves within it” (Gadamer in Crowther et al. 2016: 2). This research of studying the spiritual phenomenon comes from an understanding and recognition of my own story told earlier. It is transparent that my pre-understandings underpin and initiate my narrative inquiry. Gadamer argues that as a researcher, you often start with having questions you want to answer, and then you go in search of finding the method to best investigate those questions that come to the application of the crafting stories (Gadamer in Crowther et al. 2016: 4). Studying the spiritual phenomenon came from wanting to illuminate the spiritual phenomenon in health communication and then finding this method to do it.

To investigate the spiritual phenomenon from this method device, guidelines are to be applied to work with the data. Hereunder, I will highlight the guidelines being applied for the purpose of the analysis. The final “crafted stories” will be presented in the analysis and the full stories can be found in the appendix I.

<i>Collecting and crafting story</i>	<i>Ensure the story flows</i>	<i>The interpretive process</i>
<ul style="list-style-type: none"> <li>• The analysis is not working <i>on</i> the data but working <i>with</i> data.</li> <li>• Remove extraneous detail that does not add to the story. For example: Where the conference was, that the weather was cold, the comments about the conference as a whole</li> <li>• Keep the data as “story”—this is what happened, this was the experience, and</li> <li>• Keep the sentences that seem to hold the meaning; remove the sentences that repeat or expand in a manner that is not needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Adding words where the sentences have been removed to make the link from one section to the next</li> <li>• Giving details of context</li> <li>• Polishing grammar</li> <li>• Reordering sentences to keep the flow</li> <li>• Going back to the original transcript to add in bits that now seem to matter as the polished story comes to life, and</li> <li>• Reading it aloud to “hear” how it sounds.</li> </ul>	<ul style="list-style-type: none"> <li>• Does this story “show” the experience?</li> <li>• Does it engage?</li> <li>• Are we still holding the meaning as gifted by the participant?</li> <li>• Have we seen “more” in the process of crafting up this story?</li> <li>• Does it work?</li> <li>• Does it still need more pruning?”</li> </ul>

(Elaborated from Crowther et al. 2016: 4-6)

The process of crafting stories will bring forth the narratives that reveal meanings of the spiritual phenomenon; “Like poetry, the crafting brought forth “felt” meanings as each story contributed to revelation of the phenomenon” where, the main role is for the story “...to gift insights into human experience from which we can all learn” (Crowther et al. 2016: 8). It is further underlined that “hermeneutic phenomenology is concerned with shared common understandings of experiences that are illuminated through crafted stories that resonate with us all” (Crowther et al. 2016: 9). This thesis will thus, bring forth insights and illuminate common understandings of spiritual experiences through the crafting stories hence, adding knowledge to the field of health communication.

### ***5.4.2 Thematic Analysis***

Thematic analysis looks at the content of the case. It looks at “what” is being said, that is the exclusive focus and not the language. The thematic narrative analysis is emphasising what is being told. It addresses the content of the story to which the language refers. As such, language becomes a resource through which the stories are expressed, rather than a topic of inquiry itself (Riessman, 2008: 58-59). Hence, the focus will not be on the language, but on the content of what is being said.

Thematic analysis is a well-applied approach in the field of health studies, “many studies in nursing and other occupations (including those influenced by interpretive phenomenology and hermeneutics) have implicitly adapted the approach to uncover and categorize thematically patients’ experience of illness” (Riessman, 2008: 53). In the subsequent case study, the thematic categorisation, will be linked to the stages of transformation.

The purpose, as a qualitative researcher, is to look deeply into the data “...go through this data analysis process several times, they will engage in a detailed description of what they discover from the analysis, classify the information for the reader (discussing emergent themes), and provide an interpretation of the findings in light of the literature and their theoretical perspectives” (Kim, 2012: 188). Thus, there will be an examination of emergent themes, of the transformation experience in the self-reported intra-personal communication in the five stories, from the International #Emergingproud Campaign, which will demonstrate how the stages of transformation in the transformational learning theory come into play.





## CHAPTER 6: ANALYSIS

The first part of the analysis will illuminate the spiritual phenomenon through the crafting stories method and highlight, the findings in relation to health and healing thus, answering the first sub question: What narratives can be crafted from the five stories in the International #Emergingproud campaign about the spiritual phenomenon and what does this reveal in relation to healing and health? The second part of the analysis, will study the transformative perspective through thematic analysis and illustrate, the stages of transformation that emerge in the five stories, with participants diagnosed with mental illness together with their experiences of spiritual significance to answer the second sub question: How do these narratives follow the stages of transformation in the transformational learning theory? Together the two parts will reveal insights into the spiritual phenomenon, and transformation, which be beneficial to the discussion to illuminate the findings hence, contributing with an expanded understanding of spirituality and transformation in the field of health communication and to move, towards mending the gap between spirituality and psychiatry.

### 6.1 Crafting the Spiritual Phenomenon

In this section of the analysis, the spiritual phenomenon will be researched by using the crafting stories method device, presented in the methodology section. As the method is rooted in hermeneutic phenomenology, the purpose is to derive narratives from the story that give glimpses into the human experience of the spiritual phenomenon and facilitate the communication of health promotion. The process of crafting the narratives that illuminate the spiritual phenomenon, as well as, relating the spiritual experiences to health and healing, is the interpretive process which brings hermeneutics into play. As highlighted in the method chapter, by using hermeneutics it is possible, to elucidate dimensions of human experience that have been forgotten. In this case, the spiritual dimension as emphasized in the chapter *Setting the Scene* is ancient wisdom, which has been forgotten in the mental health paradigm and is thus, at its infancy to be reclaimed in health communication. The method device crafting stories, is rooted in hermeneutic phenomenology therefore, and a qualitative researcher's pre-understandings are interplaying with the analysis, as also stated in the qualitative research section. As Gadamer explains, "we are at once interpreting and making the story our own; understanding a story is

to 'always and already' to understand and recognize ourselves within it" (Gadamer in Crowther et al, 2016: 2). As a qualitative researcher, I recognized myself in the International #Emergingproud Campaign stories, which inspired this research to bring attention to the spiritual phenomenon within health communication.

In order to apply the crafting stories method certain guidelines have been followed in the process of crafting the narratives of the spiritual phenomenon. The overview of the guidelines, which can be found in the method chapter 5, 5.4.1 introducing the guidelines as provided by Crowther et al. (2016) will be used in each crafted story. Each crafted story will be analysed, illustrating the findings as well as, how these relate to the person in question own experience of the spiritual phenomenon. The crafted stories are placed in a table displaying each person's story (The full crafted story can be found in appendix I). Let's refer back to the philosophy of science in order to place the analysis in hermeneutic phenomenology, as the philosopher Martin Heidegger says, "The meaning of phenomenological description as a method lies in interpretation (...) The phenomenology (...) is a hermeneutic in the primordial signification of this word, where it designates this business of interpreting" (Heidegger in Manen, 1990: 25). The analysis of the spiritual phenomenological description already lies in interpretation by using crafted stories, to interpret the narratives that speak to the lived experiences of the spiritual. The analysis draws further on interpretation from the qualitative researcher's pre-understandings as well as, Grof's terminology of spiritual emergencies and spiritual emergence, Taylor's prerequisites for transformation, and Wills's spiritual characteristics for health and healing, as presented in "setting the scene" and reintroduced in the chapter of theories. This part will illustrate an interpretation, of how the spiritual phenomenon is of health promoting significance, through the terminology and characteristics that have just been identified.

### ***6.1.1 Jordana***

The guidelines used to craft the narratives of the spiritual phenomenon from Jordana's story and the other four stories, was done by working with the data and not on the data. Hence, details were removed from the story that did not express the spiritual experiences and contained the meaning of the spiritual phenomenon. Parts that were repetitive were removed. For making the story flow words were added, where sentences have been removed to link one sentence to the next. The story was read out loud to hear how it sounded and to make sure it engages. The important issue, is that the story shows

the experience of the spiritual phenomenon, as it is experienced by Jordana. This crafted story process created the following result (Guidelines, see method chapter 5, 5.4.1).

I was reading the book “The Secret” when my first Spiritual Emergency occurred. Things I wanted began to manifest instantaneously, and my life was flooded with synchronicities. Time and space disappeared, and I could see a higher consciousness in everyone and everything! And then Spirit entered inside of me and I couldn’t stay in this reality. The hold was too powerful, and I plummeted into a Spiritual Emergency. My being was transported into an incredibly wild, spectacular mystical dream full of saints and sages, beautiful beings, messages, premonitions, and teachings beyond what words could describe. A huge spiritual opening had manifested like a dream state in my mind, in which the Christ came and comforted me. I could feel and see the Mother Mary guiding me, I felt I was one with everything, I could see God consciousness everywhere, including in a leaf, and time and space didn’t exist. I experienced wild visions, huge spiritual epics, states of euphoria, electronics failing, real earthquakes, conversations with God, even forgiving Hitler for the Holocaust, and experiencing my own death while fully conscious. I honoured my intuition and found my true Self and purpose in life to guide people to raise their vibrations to connect with Spirit. This is part of the evolution of my soul. There is a bigger purpose for me, of which I am now living more aligned with. Spirit is guiding my way.

(See appendix I, 1.1 for full version of the crafted story)

“The secret” by Rhonda Byrne is a book that speaks about the law of attraction, which entails a spiritual theory. That book was the catalyst for Jordana’s spiritual emergency. She experienced manifestations and synchronicities, in the same way I explained in my pre-understandings from my own story, having visions and synchronicities where things in my life connected. Her experiences with time and space disappearing and seeing a higher consciousness in everything, connects to two distinctions in the terminology of spiritual emergencies. First, Grofs fourth distinction: Unitive consciousness, that is characterised as a mystical experience, meaning without having spiritual understanding attached to it by in this case feeling a higher consciousness. Second, the spiritual emergencies ninth distinction, which is: Activation of the central archetype, where a person connects to strong energies and feeling at the centre of cosmic significance, which relates how Jordana expresses feeling connected to a higher consciousness connecting her to everyone and everything. This can also be related to one of the

spiritual themes in Grof's terminology to feeling one with the universe (Grof & Grof in Goretzki et al. 2013: 106). Her feeling that it was too powerful can be related to when Grof highlights that the spiritual emergencies can be disruptive, to the person's psychological framework. Her following experiences with saints, sages, beautiful beings, being connected to Christ and Mother Mary is one of the spiritual themes in Grof's terminology, where there is an encounter with various mythological beings, and other similar motifs (Grof & Grof in Goretzki et al. 2013: 106). Jordana having wild visions and premonitions highlight, the fifth distinction of spiritual emergencies that is a psychic opening, which is described in the case where a person can experience precognition. Her experience of even forgiving Hitler for the Holocaust relates the term spiritual emergence that states that an increased spiritual awareness gives an expanded sense of compassion (Thalbourne in Goretzki et al. 2013: 105). This is an interpretation that her feeling of forgiving Hitler, comes from an expanded sense of compassion. That she experiences her own death, relates to Grof's first distinction of a spiritual emergency, which refers to the dark night of the soul that brings forth experiences related to death. Her transformation through following her intuition, the connection to her purpose, spirit and working with others connecting to spirit relates with the characteristics of the term spiritual emergence which enhances emotional health in connection with one self, others and cosmos (Grof & Grof in Goretzki et al. 2013: 105). As argued by Wills, this links to the spiritual characteristic for healing and health in Wills (2009) where connection to others, the universe and to herself, by discovering her life purpose is an indicator of health promotion through connection (p. 12-13). Jordana shows, through her experience of the spiritual phenomenon to have moved through a process, through spiritual emergencies, spiritual emergence and to a greater sense of connection to the whole. This demonstrates the vital spiritual characteristic of connection as argued by Wills, to be integral to health promotion.

### **6.1.2 Crissy**

The guidelines used to craft the spiritual phenomenon within Crissy's story, was removing details that did not add to her experience of the spiritual phenomenon. The sentences that contained the meaning were kept and the ones that did not were removed. Words were added where sentences have been removed to keep the story flowing (Guidelines, see method chapter 5, 5.4.1).

I woke up with the most amazing energy within me. I felt better than I ever felt in my life. I felt coming to a new level of awareness, two years before I had ever even heard of what a spiritual emergence was,

“a new level of awareness” was how I described it, as if I intuitively knew that it was an evolution of consciousness. I felt energy radiating within me, and from me. I felt hot like, as if I was on fire. I felt all knowing, like my intuition was turned up high. I felt like I understood the law of attraction. I felt like I could control time and space. I felt the Divine Intelligence within me, giving me the gift of knowing and understanding. I felt a part of the Universe. It was amazing, magical, and Sacred. I had been having déjà Vu dreams since 2008, but I could never pin point these premonitions until they happened. You see, the experience left me fundamentally transformed in a positive way. It was a puberty of the soul, a metamorphosis into a butterfly. It took bravery, a willingness to face the dark in order to walk to the light. It took me trusting myself, both consciously and spiritually. I had to own my own truth. I am feeling integrated, and healed.

(See appendix I, 1.2 for full version of the crafted story)

Crissy’s feeling of coming to a new level of consciousness that she felt, she intuitively knew as an evolution of consciousness and later on experiencing that she can control space and time and feeling a Divine intelligence within her, as well as, feeling part of the universe relates, as for Jordana, to the fourth and nine distinctions of spiritual emergencies of unitive consciousness and activation of the central archetype, and the spiritual theme of feeling one with the universe. Her experience of an energy radiating from her and within her and feeling hot like she was on fire, can be related to the second distinction of a spiritual emergency: The awakening of Kundalini, which is characterised by a current of energy moving through the body. She explains having premonitions, which relates to the fifth distinction of a spiritual emergencies: Psychic opening, where a person can experience premonitions. Her feeling that these experiences made her transform in a positive way with her own description of a metamorphosis into a butterfly, and a puberty of the soul, show the experience as a spiritual emergence that moved her into an expanded way of being that is positive and shows emotional health. She furthermore, shows a willingness to become active in her own healing process of facing the dark to walk to the light. This demonstrates, the spiritual characteristic of health and healing as asserted by Wills work (2009), in that Crissy is active in the process. Moreover, as Taylor’s (2017) prerequisites for transformation to acknowledge the dark to be able to transform it. That she feels she needs to own her own truth, shows a connection to herself also a spiritual characteristic in health and healing (Wills, 2009). Crissy shows to have moved through a spiritual emergency and emergence to greater health,

through an active role in her own process hence, coming to a deeper trust and connection to herself making her feel integrated and healed.

### **6.1.3 Brian**

Brian's starts by addressing his emotions, which characterises the first distinction of a spiritual emergency: A dark night of the soul. Here, he expresses emotions of anxiety and a fear of being crazy. This is highlighted here, because this part of the spiritual phenomenon is not shown in the crafted story, but will be revealed in the following part of the analysis. Thus, in the crafted story below details that do not add directly to his experience of the spiritual phenomenon have been removed. However, still holding the meaning gifted by Brian in order to show his experience. In the end, the story has been read out loud to see if it flows (Guidelines, see method chapter 5, 5.4.1).

I believe that my spiritual emergence began early in my life. I grew up in a very loving family environment with a sense of spirituality. Yes, I was on a spiritual journey, one that was extremely challenging. Remarkably I found a therapist who specialized in spiritual emergence and she helped me greatly, always honouring my journey. She was a fellow experiencer of a spiritual emergency. Yes, my journey has involved medication and I have come to learn that it can have a place in spiritual emergency. More importantly, I realized that this subtle sense from within was intuition, my connection with the divine, my guidance and yes it could be trusted even when it didn't seem logical. I had discovered divine guidance. I had this loving divine presence within that would beautifully take care of me even through the darkest of times.

(See appendix I, 1.3 for full version of the crafted story)

Brian shows acknowledgement that he experienced a spiritual emergence early in life and had a sense of spirituality from a loving family, and later discovered to be on a spiritual journey that he acknowledged to be extremely challenging. This highlights the prerequisites (Taylor, 2017: 124) of acknowledgement for transformation to occur when facing challenges. That Brian worked with a therapist that honoured his spiritual emergence and emergency, illustrates that he takes an active role in this own process, which

encompasses a spiritual characteristic of health and healing asserted by Wills (2009) research. Brian shows a connection to himself, through intuition and inner guidance, as well as a connection with the divine as a loving divine presence taking care of him. This shows the connection with himself and the divine, as the spiritual characteristic of health and healing, which he also expresses himself, helps him through the darkest of times. The spiritual therefore, elucidates the role in his life as a health promoting factor, to get through life challenges and darkness.

#### **6.1.4 Susie**

The narratives of the spiritual phenomenon in Susie's story, were crafted by removing details that did not add to her spiritual experiences, for the story to contain the meaning of the spiritual phenomenon. Sentences were removed and connected with words. Repetitions were furthermore removed and grammar was polished. The story was read out loud to see the story come to life, as it shows the spiritual phenomenon (Guidelines, see method chapter 5, 5.4.1).

I was flung into an intense spiritual awakening experience. I was led back to my childhood to relive certain events, and an outpouring of emotion culminated in a complete liberation of my voice. Not only my voice – my whole body felt free of tension, and my mind felt free of fear and chatter. I wanted to dance and sing. I felt a strong sense of oneness and connection with all people of the world. As I watched people walking past me in London I felt I had known them all before, and a synchronicity seemed to flow as I swapped belongings with different people I met, and was led from one interplay to the next. I again relived parts of my childhood and felt the subsequent outpouring of emotion. I let go of all fear and felt a deep knowing that my soul was eternal. I felt intimately connected to nature and cared deeply for the Earth and all living things. It was as though my soul knew its true vocation, even if I did not. Sometimes I felt slightly psychic, as though I could see what people needed, or what would be healing for them. One time, walking through a wood at night, I felt pulled into a pool of water. As I went deeper and deeper in, my soul seemed to travel back in time showing me all the traumas it had experienced, leading me back through childhood and then on into glimpses of past lives. I came up, gasping in the moonlight, cleansed like a new born. Led by spirit, I work as a violinist and violin teacher, which brings me great joy. Every day I feel connected to my soul and seek guidance from spirit. I see it as a gateway to a higher consciousness, which, when open, can lead me to great insights, guidance and healing, connecting me to my soul, the greater whole, and to what lies beyond.

(See appendix I, 1.4 for full version of the crafted story)

The spiritual awakening that Susie describes of feeling an outpour of emotions, liberation of her voice, her whole body feeling free of tension and a mind free of fear and chatter, relates to Grofs terminology of a spiritual emergency to be a profound psychological transformation (Grof & Grof, 1991: 31). Her feeling of oneness with all people of the world, unites with one of the spiritual themes in Grof's terminology. Her feeling of connection with all people of the world, illustrates Wills (2009) spiritual characteristics of health through the connection with others. When she walks through the street and feels, like she has known them all before, it can be interpreted as a sixth distinction of a spiritual emergency, where you feel connected to past lives that start to merge into consciousness. She does not state more at that point, then that she felt she knew them all before, but she later one goes through a deeper experience where her soul feels like traveling back in time showing her memories of past-lives, where after she felt reborn. Psychological rebirth connected with memories from past-lives is a spiritual theme in Grofs (Grof & Grof in Goretzki et al. 2013: 106). As illuminated through my own story, I as well, went through experiences of being in contact with past lives in my process of spiritual awakening.

Another experience she mentions is that she feels intimately connected to nature and caring deeply for the Earth and all living things, which shows compassion. These are both experiences that are part of a spiritual emergence (Grof & Grof in Goretzki et al. 2013: 105). Her feeling of being psychic and sensing what people need for healing, relates to the fifth distinction of a spiritual emergency where a person becomes open to extrasensory perceptions, such as telepathy, which she illustrates in this spiritual experience, by being able to sense what others are feeling and needing. In the end, where she finds great joy in connection with others through being led by spirit, feeling connected to her soul, guidance and healing, unites with the spiritual characteristic of health and healing, in that she feels connected to a greater whole.

### **6.1.5 Dan**

To craft the spiritual phenomenon within Dan's story, details were removed to hold the meaning that comes forth about the spiritual phenomenon. Sentences were then removed from the story and grammar was polished. The story has been read out loud to see if it engages hence, making sure that the story shows Dan's experience of the spiritual phenomenon (Guidelines, see method chapter 5, 5.4.1).



I experienced a series of altered states and a sense of spiritual crisis. I came across the idea of “Spiritual Emergency”. I was having a rebirth of a sense of creativity and enthusiasm for life, as well as a renewed interest in the topic of Spirituality. At this time, I found out about someone doing group meditation sessions/Satsangs, and I decided to give that a try. During my first attempt at meditating in that group, I experienced a radical shift in consciousness, where I woke up to a new level of awareness that has remained with me to this day. For me, Spirituality has become more than just a “personal interest” but a practice that is vitally essential to living my life in a healthy and stable way, and it is a source of a great sense of well-being for me. At this point, I have no doubts about the validity of the process that I went through being a “Spiritual Emergence/Emergency”. The topic of the intersection between Spirituality, Psychology and Mental Health is a central area of interest for me, and I plan on being involved in the world around this in one way or another.

(See appendix I, 1.5 for full version of the crafted story)

Dan expresses himself, to be going through a spiritual crisis and altered states and that he read about spiritual emergency. Later on, in his story he validates his own experience as a process of spiritual emergency/emergence. The experience that he had of a rebirth is one of the spiritual themes in a spiritual emergency and an increase sense of creativity, is an indicator of a spiritual emergence (Goretzki et al. 2013: 105-106). Another indicator of his spiritual emergence came through the meditation session, where he felt coming to a new level of awareness from a radical shift in consciousness. By attending the meditation session, he took an active role in his own healing process. He made spirituality as a vital practice to live a healthy and stable life, providing well-being in his life. This is a direct indicator of the two spiritual characteristics of health and healing: Active and connection, where spirituality gives him a practice of taking an active role in his own health and makes him connect to a greater sense of well-being in himself. His interest in the intersection between Spirituality, Psychology and Mental Health and his wish, to be involved in this, moreover, shows his need to connect with the world around him. His story relates to my own story of how my spiritual emergency and emergence, led to getting involved in connecting spirituality and health promotion as is communicated within this thesis.

## Summary

The previous analysis has applied the crafting stories method, to derive narratives that narrate the lived experiences of the spiritual phenomenon in the five stories from the International #Emergingproud Campaign. This answers the sub-question: What narratives can be crafted from the five stories in the International #Emergingproud campaign about the spiritual phenomenon and what does this reveal in relation to healing and health? The narratives that can be crafted about the spiritual phenomenon reveal, to have a correlation with Grof's terminology of spiritual themes, spiritual emergency and emergence Taylor's prerequisites for transformation and Wills spiritual characteristics of health and healing. All five stories show spiritual experiences which relate to Grofs terminology. Crissy and Brian demonstrate prerequisites for transformation. Crissy, Brian and Dan furthermore, demonstrate the first spiritual characteristics of health and healing of being active in their own process. The second characteristics, which is hope, is not mentioned as significant in these stories. Their narratives all validate the third characteristic, which is connection, that appears to be the key health promoting factor that concluded all the stories. This analysis demonstrates that in the cases of the five stories within the International #Emergingproud Campaign, the spiritual phenomenon has a health promoting effect in all five cases. The next part of the analysis will go into the whole story, to examine their transformational process from their diagnoses of mental illness and how, the transformation arrives at a place of spiritual connection as a characteristic of health and healing, as this first part of the analysis has shown.

## 6.2 Thematising the Stages of Transformation

The following is a thematic analysis of the five stories in the International #Emergingproud Campaign. Kim (2012: 188) highlights that thematic analysis, entails to go through the narrative data and discover emergent themes, giving an interpretation of the findings in the light of the theoretical perspective, which is the transformational learning theory. Through the themes emerging out of the six stages of transformation, it will be discovered if there is a commonality that occur in each of the stages, to

illustrate a transformational pattern in the five stories. From the findings, it will be clarified if there is an overall theme for each stage, as with the case study of the people, who have HIV/AIDS and are cancer survivors (See table in Chapter 4, 4.2).

When going through the narrative data, it was revealed that each of the participants experienced transformation over different time frames. Although, it is not a factor that is going to be explored here, it illustrates the uniqueness of their experiences (Manen, 1990: 7). The second part of the analysis, will go through each of the six stages of transformation (see table chapter 4, 4.2) and highlight, the themes that emerge from each story and discover, how they connect and whether, there is an overall common theme in each stage of transformation. Furthermore, it will also reveal possible similarities in their transformational patterns. This will aid in understanding, what it takes for transformation to happen and how, health practitioners and health communicators can better support and facilitate healing processes of spiritual transformation.

### ***6.2.1 Diagnose/The triggering events***

The first stage refers to the diagnose or triggering event. The participants have all been diagnosed with mental health illness however, only three of them addresses, which diagnose they have been given. The triggering events will be unfolded below.

The triggering events that came forth in Jordana's story, was to go through a spiritual emergency where she experienced higher states of consciousness in everyone and everything, and the feeling that spirit enters her. These became too powerful and she explains, she could not stay in that reality. She was hospitalized and diagnosed with brief psychotic episodes, and was not understood in psychiatry for what was happening to her spirituality. She went through a similar experience two years later in her life, where she explained how she experiencing her own death fully conscious and struggled with validation for her experiences, which kept her in the same place of suffering, because of the lack of understanding for her experiences.

And then Spirit entered inside of me and I couldn't stay in this reality. The hold was too powerful, and I plummeted into a Spiritual Emergency, and ended up in the psychiatric ward of the local hospital (...) Meanwhile, my body, here on Earth in the hospital, entered into a catatonic state, and I was pumped full of meds to bring me back to the material world. They diagnosed me with a brief psychotic episode, put me on Zyprexa, and after a 2-week stay in the hospital, I was back in Spain. But that was the diagnosis of the doctors (...) When

I returned to Spain, I took myself off the meds, and nothing happened again for two years. And then the episodes returned with a vengeance (...) and experiencing my own death while fully conscious (...) No one could help me and I was prejudiced with the diagnosis of being bipolar with cyclical psychotic episodes. Nothing I tried would break the cycle of the episodes. My friends and family in Spain were there to support and care for me, but no one would recognize the spiritual openings, my connection with God consciousness, seeing God in everything, and the beauty of it all. All they saw were psychotic episodes and that this woman needed meds!! Not being validated in this way made things worse for me. I was medicated for years, and left to live life dead inside, like an emotional zombie, with no higher meaning, significance, or purpose in life, and hiding everything because I would be ruined socially if the people in my community knew what had happened to me (Appendix II, 2.1).

The triggering events that came forth in Crissy's story, started in the same way they did for Jordana, as a wonderful experience, where she felt coming to a new level of awareness and had not felt better in her life, feeling a Divine intelligence within in her. Then she was hospitalised, as she explains was what her husband thought was best for her. She does not explain why she was hospitalized, but that her point of view was not listened to and she was given a diagnose of being bi-polar. As in Jordana's case, she was not being understood for her spiritual experiences and was then, being diagnosed as bi-polar. She later on explains, the shame and the stigma of having a mental illness diagnose.

When I got put in the hospital, I felt spiritually raped of being in touch with my soul. I don't blame my husband; he was just doing what he thought was in my best interest at the time. I felt so lost, and, because the doctor diagnosed me without hearing my point of view, I lost my voice (...). Only, the shame of the stigma behind a mental health diagnosis kept my wings wet for quite some time (Appendix II, 2.2).

The triggering events for Brian started when he at 18 years old, felt anxiety and was given medication. He feared that he might be crazy. He was referred to a psychologist that had a spiritual outlook on life. Thirty years later he felt in darkness, in a place of remorse and being un-forgiven and lost his divine-connection. It became a downward spiral, where he had sleeping problems and suicidal ideations and felt his existence was hopeless. Through an acupuncturist he got to understand his experience as a spiritual emergency. His experience got darker and getting hospitalised became an urgent option for him, even though he was afraid of being labelled in psychiatric ways.

When I was eighteen, I experienced weakness while I was in class at school. I went to the doctor who said that this was anxiety and prescribed a medication. I felt better for a little while and then things got worse. Eventually I was referred to a psychologist. This was not easy for me. I feared that I might be 'crazy'. I saw this psychologist several times over the spring and summer (...) Thirty years later, I found myself in a bewildering state (...) 'dark things' coming up (...) tremendous remorse for things that I had done in the past. I felt that I was un-forgiven and had lost my divine connection (...) My life, my world was falling apart, spiralling rapidly downward and all I seemed to be able to do was watch (...) Suicidal ideations began to come up as my ego desperately sought escape from this seemingly hopeless existence (...) My spiritual emergence continued to get darker and darker and more desperate until hospital became an urgent option for me, a very scary one at that. I was deathly afraid of going to a hospital, being judged and labelled in a western medicine psychiatric way (Appendix II, 2.3).

The triggering event Susie went through was being depressed, having suicidal thoughts and going through traumatic incidents over a long period of time. She did not have a framework to integrate her spiritual experiences; she was hospitalized three times and was diagnosed with bi-polar disorder. Susie felt her experience of being hospitalized as traumatic, furthermore as her own interpretations were not taking into considerations and were thus, invalidated by the medical model, which simultaneously made it hard for her to integrate her experiences.

At the age of 18, despite being outwardly successful, with a place at Cambridge university and high achievements on my violin, I was depressed and suicidal. (...) In my twenties, I was diagnosed with bipolar, and advised to take mood-stabilizing medication. This meant that, together with the anti-depressants I'd been on previously, I ended up taking psychiatric medication, on and off, for around fifteen years. In my thirties, stuck in an admin job that meant nothing to me, and following a relationship breakdown, my extreme states intensified, and I was sectioned three times. Being in hospital was traumatic, and the treatment was sometimes brutal. I did need help; however, no one working on the wards understood my interpretation of what was happening to me, and the medical model completely invalidated it. I was ill, I needed medication – that was it. This made it difficult to integrate my experiences (Appendix II, 2.4).

The triggering events for Dan, was that he experienced altered states of consciousness and a sense of spiritual crisis, where he came across the term spiritual emergency. He expresses that his experience was difficult to handle and he was hospitalized. He explains, the hospitalisation was a rough experience and reveals that he, in the aftermath, questions the understanding in the mainstream mental health system of what he was experiencing. He reveals that in the hospital, an attempt was not made to address the meaning of what he was going through but instead used medication to suppress his experience.

In 2011 and 2012 I experienced a series of altered states and a sense of spiritual crisis, which was difficult to handle and resulted in being hospitalized. This was a pretty rough experience as it involved being put into jail cell like solitary confinement for over 48 hours, and being forced to take drugs against my will, without being told what it was they were giving me. While I was going through this stuff, and in the aftermath of those experiences, I was very curious about what exactly did it all mean, and what was really going on there? The idea that it was just my brain “malfunctioning” in some way, that I was “crazy” or had a “mental illness” did not seem like satisfactory answers to me, and I wanted to explore the deeper meaning of what was going on in those processes. However, in the mainstream mental health system, the approach is to not make any attempt to address or understand the meaning of what is going on there, but instead to medicate and suppress it in an attempt to make it go away, so the person can basically try to forget that any of that ever happened, and resume a “normal” life (Appendix II, 2.5).

The diagnose/triggering events in the five stories reveal to be related to emotional traumas, anxiety and fear, life challenges, spiritual crisis, spiritual emergency, being diagnosed with mental illness and being hospitalised. Jordana, Crissy, Sussie and Dan reveal that they did not find validation or were listened to,

in concern to their spiritual experiences while being hospitalized. This will be shown in the next stage, as the catalytic experience in their transformation. Brian stands out, as he found validation for his experience while working with an acupuncturist. Hospitalisation, became an urgent option for him, as will come forth later, where it turns out to be a turning point in his transformation.

### **6.2.2 Catalytic experiences**

The second stage of transformation characterises the catalytic experiences that are the point of transformation where the persons worldview (frame of reference) changes. In the five stories the catalytic experiences, will demonstrate their interrelation to the spiritual experiences. These experiences come forth, intertwined with the suffering and diagnose of mental illness and hospitalization. As demonstrated through Grof's terminology (1991:31) and Taylor's research on spiritual awakening, in *Setting the scene - Spiritual Emergencies and Transformation*, the stage of difficult psychological transformation can be labelled as mental illness (Taylor, 2017: 9).

Going through an analysis of the wholeness of the five stories and the stages of transformation, it demonstrates that the five persons are diagnosed with mental illness and at the same time, they are having experiences of spiritual significance that are catalysts for their transformation towards greater health.

Correlating with Jordana's diagnose of episodes of psychosis, she had spiritual transformative experiences that she herself acknowledged, but what was happening to her, was not recognized in the hospital setting.

No one knew what had happened to me. My body was here, but my being was transported into an incredibly wild, spectacular mystical dream full of saints and sages, beautiful beings, messages, premonitions, and teachings beyond what words could describe (...) What had really happened to me, was a huge spiritual opening that no one could see, because it had manifested like a dream state in my mind, in which the Christ came and comforted me (...) Meanwhile in the hospital, strange unexplainable things were happening around me, electronics were failing, people were trying to give me bibles, I could feel and see the Mother Mary guiding me, I felt I was one with everything, I could see God consciousness everywhere, including in a leaf, and time and space didn't exist (...) wild visions, huge spiritual epics, states of euphoria, electronics failing again, real earthquakes, conversations with God, even forgiving Hitler for the Holocaust (Appendix II, 2.1).

Crissy's diagnose of bi-polar disorder and hospitalization, had profound catalytic experiences of spiritual significance, of coming to a new level of awareness that she felt, as an evolution of consciousness. As stated earlier, this was not acknowledged in the hospital. She later on saw these experiences as a positive transformation.

I woke up with the most amazing energy within me. I felt better than I ever felt in my life. I turned to my husband and said, “You know, honey, I think I’m coming to a new level of awareness.” (...) “a new level of awareness” was how I described it, as if I intuitively knew that it was an evolution of consciousness (...) You see, the experience left me fundamentally transformed in a positive way. It was a puberty of the soul, a metamorphosis into a butterfly (Appendix II, 2.2).

Brian stands out from the others. When he was going through his dark night of soul (using Grof’s term for a spiritual emergency) he found acknowledgement for his spiritual experiences through his psychologist and acupuncturist, who validated his spiritual emergency. Hospitalisation became for him a safe space later on, and the use of medication an option in his healing process.

I saw this psychologist several times over the spring and summer. He was from New York and he gave me three books that would open new areas for me...a different look at spirituality and life. The authors were Hermann Hesse, Krishnamurti and RD Laing (...) I saw an acupuncturist one time. After the session, I asked her opinion on what I was dealing with. She said “spiritual emergency”. This was the first time I had heard of this....and it resonated with me at a deep level. Yes, I was on a spiritual journey .....one that was extremely challenging (Appendix II: 2.3).

Susie went through spiritual awakening experiences over a long period of time intertwined with times being hospitalised and diagnosed as bi-polar, where she was not validated for her experience and found the experience of being hospitalised traumatic, as earlier stated.

While undergoing therapy, I was flung into an intense spiritual awakening experience. I was led back to my childhood to relive certain events, and an outpouring of emotion culminated in a complete liberation of my voice. Suddenly it was deep, resonant, and the range of notes I could reach was staggering. Not only my voice – my whole body felt free of tension, and my mind felt free of fear and chatter. I wanted to dance and sing. I felt a strong sense of oneness and connection with all peoples of the world (...) Despite becoming wildly out of control, these states were still of enormous value to me. I again relived parts of my childhood and felt the subsequent outpouring of emotion. I let go of all fear and felt a deep knowing that my soul was eternal. I felt intimately connected to nature and cared deeply for the Earth and all living things (Appendix II: 2.4).

Dan had come by the term spiritual emergency and after being hospitalized, he started questioning the mental illness diagnose given by the medical model. He could not, at that time, find his way to bring this understanding into his experience because of a high dose of medication and feeling depressed, but coming off the medication, was simultaneously a catalytic experience where he felt a rebirth and renewed interest in spirituality.

I came across the idea of “Spiritual Emergency” early on, but in the immediate aftermath of those experiences, I was heavily medicated and felt depressed about the whole situation, and so I was wondering how relevant that idea was for me, because at that point in time I certainly didn't feel like I was “spiritually awake” or “enlightened” or anything like that. (...) In 2014, I made an attempt to come off the medication that I was on, and at the same time I was having a rebirth of a sense of creativity and enthusiasm for life, as well as a renewed interest in the topic of Spirituality (Appendix II: 2.5).

All five stories show that the catalytic experiences that herald transformation were of spiritual significance, that was viewed in mainstream psychiatry as diagnoses of mental illness. Brian's story stands out in terms of being validated for his spiritual emergency by his psychologist and acupuncturist, and finding a safe space in being hospitalised. Common for all five stories of catalytic experiences was that they were going through experiences of spiritual significance. The catalytic experiences reveal the point of how, the spiritual emergencies may look similar to a psychotic state and therefore, come to be diagnosed as mental illness. The question is then: is it a mental illness or a spiritual emergency of a consciousness in transformation?

### ***6.2.3 Immersion***

There is no black and white answer to the question just posed above, but validating the reality of the spiritual experiences comes forth, as a way to immerse into the transformation of the spiritual experiences, as well as, following their intuition is revealed.

Jordana explains that one day, it became enough that she was not validated for her spiritual experiences. She explains that she had to listen to her intuition, which took her further to search online for information and here she found validation, about the spiritual emergencies that were happening to people all around the world. This illustrates that she immersed herself into the experience by not being scared anymore, as she was not alone in having these experiences.

Until one day I said enough. I had to listen to my gut instinct and honour my intuition. I took myself off the meds again, began to do research online, and found that Spiritual Emergencies were happening to thousands of people around the world. I wasn't the only one. Suddenly, I wasn't so scared anymore, and I wasn't alone (Appendix II: 2.1).

In Crissy's case, she discovered the work of Stanislav Grof and Sean Blackwell, which helped validating



her experience, which immersed her into the reality of her spiritual experiences on a road to recuperation.

The very next morning, I googled "bipolar enlightenment," and came across the work of Sean Blackwell and Stanislav Grof. My intuition that I had a Spiritual Experience was validated. I've been on the road to recuperation since (...) I'm grateful for the groundwork that was laid before me, that helped map my recovery (Appendix II: 2.2).

Brian had already found validation for his spiritual emergency, but following his intuition also became a way to immerse himself, into his spiritual experiences of connection with the divine, which he could trust.

More importantly, I realized that this subtle sense from within was intuition, my connection with the divine, my guidance and yes it could be trusted even when it didn't seem logical (Appendix II: 2.3).

Susie, after years of having difficulties integrating her experiences also found, validation in the work of Stanislav Grof and other people, who shared similar stories that gave her great comfort, seen in this context, as a point of immersion into the spiritual experiences.

Thankfully, in the months and years that followed, I was gradually able to meet others who shared my views, and I discovered the work of Stanislav Grof and others, which gave me great comfort (Appendix II: 2.4).

Dan by going to a meditation group immersed himself into the spiritual experiences and by continuing to work with a spiritual teacher. In that process, he had no doubt about the validation of his experience being a spiritual emergence/emergency.

During my first attempt at meditating in that group, I experienced a radical shift in consciousness, where I woke up to a new level of awareness that has remained with me to this day. To this day I continue to meditate and work with the same spiritual teacher that introduced me to this in 2014 (...) At this point, I have no doubts about the validity of the process that I went through being a "Spiritual Emergence/Emergency" (Appendix II: 2.5).

This third stage of the transformational process is revealed to entail validation for the spiritual experience that be through the work of Stanislav Grof, Sean Blackwell, or other people, who understand the experience. Furthermore, by following an intuition that provides trust in themselves and to be able to immerse into the transformation coming through the spiritual experiences.

#### ***6.2.4 Turning point***

The turning point is intertwined with the transformational stage of immersion. They are closely related, as the turning point also affects them to lean into the transformational process of integrating the experiences.

For Jordana, a turning point was, being supported by family (however in her story her mother does not show support) and friends. After she immersed herself into the experiences and receiving validation, she found a community of peer support that shared similar stories as her own. It was also a turning point for her, to make a life decision between her son and husband as a fruition in her life.

(I'm Jewish by birth, and really have no connection with Christ, in fact my mother would crucify me if she thought I believed in him!) my nephews and my firefighter brother-in-law resuscitated me back to life, I went through a Jewish confirmation ritual with rabbis and saints by my side, I had to choose between my partner and son, which recently came to fruition in my real life and I chose my son, I had a beautiful wild coloured butterfly tattooed inside my abdomen, my father-in-law came to me with the Philosopher's Stone, and I was told I was the One, whatever that meant, I still don't know (...)The euphoria passed, and the more I was comforted by other people's stories, the better I felt. I began to find my true Self and my path, gratefully through the incredible healing power of peer support and community. I am so grateful for my birth family in the U.S., and my new friends in Spain for their unconditional love and support, and for accepting me for who I am (Appendix II: 2.1).

Crissy's turning point was also finding support and understanding from her husband. It was a turning point, as it made her make sense of what had happened to her, in line with being validated for her experience. The turning point came before the immersion in Crissy's case, which is an indicator that the transformational process is not necessarily linear.

I spent two years trying to make sense of what had happened to me. My brain was not broken; I had experienced something profound. When the second anniversary came, my husband FINALLY asked me, "What happened?" I was excited to share my point of view. After I explained my experience, he questioned, "Hmm? I wonder if, in the future, they find out that bipolar disorder is the mind's way of coming to a new stage of Enlightenment?" That resonated with me on a deep (Appendix II, 2.2).

Brian's turning point comes forth, through being supported in the honouring of his spiritual journey by his acupuncturist. He followed his intuition, where he sensed that being hospitalised became a turning point for him, to find a safe space and given medication to help his spiritual emergency process. The safe space he found in the hospital, stands in opposition to the others experience of this and the fear of being labelled with a diagnose of mental illness, is not revealed as an issue when he is hospitalised. After Brian's time in the hospital, he immerses himself into trusting his intuition. This is an indicator, as with Crissy that the transformational process it not necessarily linear, as the immersion came after the turning point in Brian's case.

Remarkably I found a therapist who specialized in spiritual emergence and she helped me greatly, always honouring my journey. She was a fellow experiencer of a spiritual emergency (...) Eventually, I listened to my inner sense and just went, trusting that something would work out somehow... and miraculously it did ... I stayed for a week, felt safe, and found a medication that really helped me. Yes, my journey has involved medication and I have come to learn that it can have a place in spiritual emergency (Appendix II, 2.3).

Susie's turning point is also intertwined with immersing herself into the transformative of her spiritual experiences, when she met other people that shared the similar experiences as her. It later shows that it transforms her own view on the diagnosis as bi-polar, by not seeing it as a disorder, but in a spiritual significance, as a turning point towards integrating her experiences.

I still often describe myself as bipolar; however, I do not see this as a disorder. I see it as a gateway to a higher consciousness, which, when open, can lead me to great insights, guidance and healing, connecting me to my soul, the greater whole, and to what lies beyond (Appendix II, 2.4).

The turning point in the case of Dan is also intertwined with immersion into the transformation through the spiritual experience, when he joined a group meditation, where he felt a radical shift in consciousness, which remains to this day.

At this time I found out about someone doing group meditation sessions / Satsangs, and I decided to give that a try (Appendix II, 2.5).

The turning point comes forth in the five stories, as support and understanding for their spiritual experiences that be through family, friends, people with similar experiences, peer support, a meditation group or a spiritual teacher. Brian, in contrast to the others, found a safe space in the hospital and that is a valid point to bring forth, as it is not the hospital as such, which is the issue but how they are being met there. Which is also exemplified in the case of the other four that felt invalidated when hospitalized. The turning point thus, interweaves with the transformational stage of immersion, where they are met with validation for their spiritual experiences that makes them immerse into the experiences. From the stages of immersion and the turning point, they are led towards integrating their experiences.

### ***6.2.5 Integration***

In the stage of integration, they have all experienced a turning point and immersed themselves into the spiritual narrative. They now show to be led with trust by a spiritual dimension that transforms their lives.

Jordana feels that she is living in alignment with her purpose and being guided by spirit, and she reveals to be in a process of integrating the spiritual into her life, by seeing the experiences as an evolution of her soul. She has stopped taking medication, feeling that it is important to follow her own path and living from the perspective that everything that happened to her was a part of a soul growth.

And now I am currently med free and episode free for 2 years. My whole life has changed in amazing ways I could never have imagined (...) In hindsight, I believe the episodes happened as a necessary part of the evolution of my soul, because I wasn't listening to my Higher Self, and I wasn't following my path. I was listening to my partner and following his path, doing everything for him, and not listening to me. I had lost myself as a person, a mother, and a being, and I think the episodes were trying to show me that there was a bigger purpose for me, of which I am now living more aligned with (...) And most of all, I am truly grateful to Spirit, for guiding my way (Appendix II: 2.1).

Crissy reveals, in what is interpreted as her integration that she trusts herself consciously and spiritually. She has come to a willingness to face darkness and to walk a path of light, where she is her own advocate in what is true for her. She has come off medication and expresses that she feels integrated and healed.

It took bravery, a willingness to face the dark in order to walk to the light. It took me trusting myself, both

consciously and spiritually. It also took being my own advocate. I had to own my own truth. I'm currently 3-months medication free, feeling integrated, and healed (Appendix II, 2.2).

Brian reveals that the integration comes in form of discovering divine guidance, which helps him through darkness which can be interpreted as a way to integrate and grow through his spiritual emergencies.

I had discovered divine guidance ..... I had this loving divine presence within that would beautifully take care of me even through the darkest of times. A few years later and much wiser I have experienced more very challenging spiritual emergence...from which I continue to grow (Appendix II, 2.3).

Susie reveals her integration by having been off medication for 10 years and living an integrated life with her partner and two daughters. She describes, how she has been able to embrace her experience and integrate it more and more. It is therefore, as for Brian, also a growing process. It furthermore, revealed that the connection to a spirit guidance and her soul, helps her to integrate states that feel extreme but are now integrated as states that give her insights to her path.

I now have not taken regular psychiatric medication for ten years (...) I live with my partner and we have two beautiful daughters. Over the last few years I have been able to embrace and integrate my unique experiences more and more. Every day I feel connected to my soul and seek guidance from spirit. I feel that I can more easily dip in and out of extreme states, which sometimes give me insight into a relationship difficulty or a path to follow (Appendix II, 2.4).

Dan reveals a process of integration in his meditation and spiritual practice that he expresses, as a part of an awakening process. He furthermore, reveals this integration process as an essential part of living a healthy and stable life that integrates well-being into his life. He also explains that he has come off medication for four months (Appendix II, 2.5).

I have found that meditation and spiritual practice has been greatly beneficial to stabilizing in this awakening process, and as I continue in life, and life presents itself with new situations, I continue to be shown more areas in myself to work through, where the mind is clinging and holding on with attachment. For me, Spirituality has become more than just a "personal interest" but a practice that is vitally essential to living my life in a healthy and stable way, and it is a source of a great sense of well-being for me (...) It's also important to mention that I spent last year doing a slow tapering and coming off the one psychiatric medication that I was on, a process that

was successfully completed without much difficulty in November 2016. At the time of writing this I have been medication free for four months (Appendix II, 2.5).

The transformation stage to integrate the spiritual experiences in their lives, is revealed to be relying on trusting in being led and guided by spirit or the divine, to take them through challenges and darkness. Jordana and Crissy reveal that their integration has do to with following a purpose and trust in themselves. For Dan, it comes forth as having a spiritual practice integrated in his daily life which is creating well-being. The integration is also seen, as a process of growth and as an evolution of the soul. Jordana, Crissy, Susie and Dan, express that they have come off medication, which shows that the integration process has removed the need for medication. Their transformational process of integration leads to examine the sixth stage of the transformational process.

#### **6.2.6. *Disclosure to others***

The last stage of the transformational process, which entails disclosure to others, is evident for all of them as they are a part of the International #Emergingproud Campaign, which sets the scene for their narratives being disclosed in this thesis. The stories are made public and contribute to others, with similar experiences by sharing their stories online. Although, neither Brian nor Crissy reveal the importance of disclosing or contributing to others in their stories, they have, as all others sharing their stories in the campaign, chosen to do so, for the same reason.

The other three express, how their spiritual transformative experiences have contributed to others in the way they work. They furthermore express that it can still be difficult to express the experiences to others however, they also reveal hope for the future in regards to mending the gap of spirituality, health, psychology and psychiatry.

Jordana reveals that from her own experiences, she discloses and contribute to others by having a successful practice where she helps others to connect to the spiritual, which brings fulfilment to her own life as well. She also reveals that the disclosure to others, by telling her story in the campaign, feels like alchemy and she wishes to disclose it to as many as possible.

I now work for myself and have a successful practice guiding people to raise their vibrations to connect with Spirit. And I have never been more fulfilled, content, and full of purpose in my life!!! (...) Telling my story is like alchemy, and I thank you for listening. I feel better for having shared it and to be able to finally come out of the spiritual closet. Thank you Spirit, for waking me up! It's been an incredible ride! And I am committed to share that ride with as many people as possible who want to join me! (Appendix II, 2.1).

Susie reveals that she uses her connection to spirit to contribute to others in her work and within her family dynamics. She also reveals that she still has difficulty speaking out because she feels ashamed, and is afraid of being ridiculed and creating confusion. She expresses that holding back to disclose her experiences, comes from the lack of validation in the mainstream, which in this case reveals the hindering of a healing and transformational process, if the psychiatric medical model does not validate the spiritual experiences. She moreover, stresses the need on mending the gap between spirituality and psychiatry, where people going through crisis are met with understanding, validation and gentleness.

Led by spirit, I work as a violinist and violin teacher, which brings me great joy (...) Sometimes the connection helps me to see what people need when I'm teaching them, or helps me to understand the dynamics within my own family more clearly (...) I still often feel afraid and ashamed to speak out about what I have experienced. I fear ridicule and confusion. There still seems to be little room in the mainstream for a discussion on spirituality, and the psychiatric medical model continues to dominate, blocking people's healing, invalidating their spiritual experiences, and preventing the soul connection which is their birthright. I am so happy to be part of this campaign, and I hope that in the future we in the West can discuss spiritual matters much more openly, and that people in crisis can eventually be treated gently, with validation and understanding (Appendix II, 2.4).

Dan Burkett reveals his interest in contributing to others with getting involved in the world around the topic of spirituality, psychology and mental health.

The topic of the intersection between Spirituality, Psychology and Mental Health is a central area of interest for me, and I plan on being involved in the world around this in one way or another (Appendix II, 2.5).

All five stories are in themselves a disclosure to others, by being publicly posted in the campaign website and shared globally. They also reveal, how their own transformational process becomes a contribution to others and heralds a desire for mending the gap between spirituality and psychiatry - for a "healing of the soul" to manifest, as the *Introduction* addresses.

The analysis has revealed, from the five stories, the themes emerging within each stage of transformation and the similarities in their transformational pattern, where an overall common theme emerges in each stage of transformation. The process has proven not to be necessarily linear and the stages have revealed to be intertwined with each other.

Stages:	<b>Diagnose/ Triggering events</b>	<b>Catalytic experiences</b>	<b>Immersion</b>	<b>Turning point</b>	<b>Integration</b>	<b>Disclosure to others</b>
Five #EP Stories	Diagnose of mental illness/spiritual  Emergencies	Spiritual  Experiences	Validation for their experiences and follow an intuition	Peer support, understanding and a safe space.	Led by spirit/divine guidance. Living with trust and purpose.	Disclosure to others and contributing with their transformational story

The analysis of the transformation perspective in the five stories have through the hermeneutic lens revealed to follow the six stages of the transformational learning theory and validate a transformational process. The five stories have demonstrated similarities, which validate an overall common theme (as illustrated in the table above, elaborated by the author of this thesis) from each stage of the transformation, which has emerged from the narrative data within the five stories. Differences have also emerged, which is highlighted on each transformational stage. The process has shown to not necessarily be linear but nevertheless, they go through the stages of transformation.

The first stage of the transformation is the diagnose/triggering events, which in the five stories has revealed to be related primarily, to a diagnose of mental illness and the process of spiritual emergencies. Four of them were hospitalized and were met with invalidation for the spiritual significance of their experiences. Brain stands out in this case, as he felt validated for his spiritual emergency before being hospitalised. The second stage of the transformation is the catalytic experiences/transformation. Here they all reveal to go through a catalytic experience/transformation, which is of spiritual significance. These experiences happen together with the diagnose of mental illness hence, questioning the difference between a mental illness and, a person, as revealed in these stories, going through a psychological transformational process of spiritual significance. The third stage, where the person immerses themselves into the experiences has been revealed in the five stories, to relate to being



validated for their spiritual experiences, which also entwines with the fourth stage of transformation that is the turning point, where the peer support in different forms becomes an essential part of the transformation process. Brian stands out, as he in contrast to the others finds a safe space in the hospital, which is a turning point for him. The validation, peer support and safe space becomes the stepping-stones to integrate the spiritual in their lives, which leads to the fifth stage of transformation, wherein the integration manifests. The integration reveals that they begin to trust themselves, living with a sense of purpose and with the spiritual guiding them in their lives. That comes in the form of being led by spirit, the divine and integrating a spiritual practice into the daily life for enhancing well-being. With the exception of Brian, they all express to have come off medication, which correlates with the integration of their spiritual outlook in life. This is also expressed as a growing process, as part of an evolution of the soul. The last and sixth stage of the transformational process, has to do with disclosure to others, which they all take part in by publicly posting their story in the International #Emergingproud Campaign. It is furthermore revealed, how their spiritual transformation is of contribution to others in their work. They speak out, to mend the gap between spirituality and psychiatry seeking for a validation of the spiritual phenomenon and a deep interest with the intersection, between spirituality, psychology and mental health.

### **Summing up the analysis**

The analysis of crafting the spiritual phenomenon has revealed narratives that are connecting with Grof's terminology of spiritual emergencies and emergence, which show the significance of their spiritual experience. The terminology validates the spiritual phenomenon found in the narratives of the five stories analysed. Taylor's prerequisites for transformation also come forth, as a factor, in two of the stories. It is revealed from the crafted narratives of the spiritual phenomenon that there is a correlation with Wills spiritual characteristics of health and healing, as all five stories disclose these, health promoting characteristics through the spiritual phenomenon. This uncovers the health promotion factor of the spiritual phenomenon and it furthermore, validates that spiritual communication has a vital role in health. The second part of the analysis, discloses the six stages of transformation, which are thematised and furthermore, illustrated in the table above. Here the participants diagnosed with mental illnesses revealed the road of transformation, towards health and healing through being validated for their spiritual experiences. All five participant stories follow the six stages of transformation, showing similarities in their transformational pattern and as well as uniqueness. This demonstrates, the

hermeneutic perspective which postulates both look for the commonalities and the unique. The transformational process, as elucidated, is not necessarily linear and the stages intertwine with each other; nevertheless, the six stages transformational process are validated.

The findings will be reviewed in the following discussion in order to investigate, how the analysis can contribute to an expanded understanding of spirituality and transformation in the field of health communication, to better assist people going through mental health crisis of spiritual significance.



## CHAPTER 7: DISCUSSION

The following discussion will go deeper into the key findings of the analysis, to discuss what has emerged from the research in this thesis and address the problem area, through the key findings. First, I wish to illuminate my reflections on my research design. To have made connection with the International #Emergingproud Campaign and to be able, to initiate a research on the topic of spirituality and psychiatry has been a privilege. Moreover, to be able to communicate the subject of spirituality in health promotion, as stated earlier, has not been a subject matter that I have been taught in, through my years of study. This has thus, taken me on a research journey, to discover other researchers in health communication who research spirituality and transformation. This has furthermore, guided the methodological and theoretical framework, leading me to choose the hermeneutic phenomenology, as my philosophy of science, as Thombre and Rogers (2008) did when they conducted a health communication research in the transformation experiences of cancer survivors and the role of spiritual significance in that process, which came from Roger's own experiences with cancer. This hence, validated the use of the hermeneutic approach, to place my own experiences in this thesis in relation to the field of study and having, the phenomenological approach integrated with the hermeneutics. This enabled the use of the crafting stories, to analyse the spiritual phenomenon and to illuminate the significance of it. Furthermore, in relation to health promotion, the crafted stories draw on Wills spiritual characteristic of health and healing, as well as, on the terminology of psychiatrist Stanislav Grof, thus, the analysis is placing spirituality in the field of psychiatry.

The transformative perspective, as presented in Mohammed and Thombre's (2005) research of self-reported stories of people diagnosed with HIV/AIDS to be found on the World Wide Web, was framed in a narrative inquiry research design. This research validated the method of narrative inquiry and the empirical-data method, of using Digital Archival data, as the five stories in my analysis are self-reported stories for the purpose of the International #Emergingproud Campaign, which are posted online. Both researchers, discovered emerging themes in the stages of transformation in their study. This hence, validated the use of thematic analysis in my research in order to examine the transformative perspective, in relation to the five stories, with diagnoses of mental illness with a spiritual significance. Thus also, following Thombre and Rogers' (2008) recommendation for further research in health communication on other health related issues, to see if there are commonalities in their transformative experiences and the role of spirituality in that process (p. 270). As the analysis has revealed, the spiritual

phenomenon has an effect on health and commonalities have been represented within the six stages of transformation. However, for further consideration and delimitation of my research design, I could have analysed more stories or conducted in-depth interviews. Nevertheless, the analysis does bring forth key findings to answering the problem area and contributes with emerging perspectives within the field of health communication. This takes us further, to discussing the key findings, in order to ground spirituality and transformation in health communication, and to mend the gap between spirituality and psychiatry. The key findings that will be discussed are the following: First, discussing the key findings, which are revealed in light of the narratives in this thesis, to come closer in mending the gap between spirituality and psychiatry, Secondly, I will further discuss the importance of grounding spirituality and transformation in health communication to pave the way for facilitating the healing process and health promotion. Finally, a discussion of the mental health framework will take place; as Brian found a safe space in being hospitalised and given medication, in contrast to the others, who felt the experience in the hospital as invalidating, rough and traumatic. This will open up, for a discussion to build a bridge between the gap of spirituality and psychiatry, where a spiritual and holistic framework can expand the way health communication is transmitted in psychiatry, for the purpose of health promotion.

## **1. Psychiatry and Spirituality – Mending the Gap**

In the introduction of this thesis the question is asked, “What distinguishes a person who has an acute and transient psychotic disorder, from one who has, what turns out to be a life-changing spiritual revelation?” (Cook et al. 2016: 45). After the question was posed in the introduction, Katie’s story followed. Katie’s story revealed that she knew from working in psychiatry that her spiritual experiences, were not going to be validated but seen, as a psychotic disorder or as having delusions of grandiosity. Her path to healing and transformation, were found in the validation of the UK Spiritual Emergency Network. Katie’s narratives together with my own lived experiences, became the starting point for this thesis, to research stories in the International #Emergingproud Campaign, a campaign which Katie founded, to create awareness of the positive transformation coming out of the spiritual experiences. This thesis has examined within five of those fifty-two stories, the spiritual phenomenon and the relationship to health and healing, and investigated the narratives in the stories to reveal the themes following the six stages of transformational process. In the first stage of transformation, which entails the diagnose/triggering events, it stands forth that they are going through a spiritual emergency, which is demonstrated in the first part of the analysis that assessed Grof’s 10 distinctions of spiritual emergencies, which are found in the narratives of the spiritual phenomenon within the five stories. In

the second part of the analysis, in the first stage of transformation, the spiritual emergencies are diagnosed as mental illness. Jordana, Crissy, Susie and Dan are invalidated by the hospital staff, for their own interpretation and narrative of what is happening inside them.

Jordana reveals that, “No one could help me and I was prejudiced with the diagnosis of being bipolar with cyclical psychotic episodes. Nothing I tried would break the cycle of the episodes. My friends and family in Spain were there to support and care for me but no one would recognize the spiritual openings, my connection with God consciousness, seeing God in everything, and the beauty of it all. All they saw were psychotic episodes and that this woman needed meds!! Not being validated in this way made things worse for me” (Appendix II, 2.1). Jordana further explained that she was medicated for years, living without purpose in life and felt she had to hide her experiences as, they would not be accepted by her community. The spiritual significance of her life crisis was not validated but seen, as a diagnose of mental illness and the repercussion of that, blocked her healing process.

Crissy experiences something similar, she explains that she felt the violence to her soul and she lost her voice by not being heard in the hospital “When I got put in the hospital, I felt spiritually raped of being in touch with my soul (...) I felt so lost, and, because the doctor diagnosed me without hearing my point of view, I lost my voice” (Appendix II, 2.2). She reveals that after it took her two years to understand what happened to her, where the validation of her spiritual experiences helped her transformation, the diagnose had contrastingly kept her in shame and stigmatisation: “Only, the shame of the stigma behind a mental health diagnosis kept my wings wet for quite some time” (Appendix I, 2.2).

Susie shares commonalities with the others, and shares her own unique experience of how no one in the hospital understood or validated her interpretation, of her experience and that it was a traumatic experience: “Being in hospital was traumatic, and the treatment was sometimes brutal. I did need help; however, no one working on the wards understood my interpretation of what was happening to me, and the medical model completely invalidated it. I was ill, I needed medication – that was it. This made it difficult to integrate my experiences” (Appendix II, 2.4). In the end of Susie’s story, she reveals how the psychiatric medical model block for healing to occur, by invalidating the spiritual experiences. “There still seems to be little room in the mainstream for a discussion on spirituality, and the psychiatric medical model continues to dominate, blocking people’s healing, invalidating their spiritual experiences, and preventing the soul connection which is their birth right” (Appendix II, 2.4).

Dan expresses something commonly to Susie, that he did not experience the mainstream mental health model address the meaning of what he was going through, but instead suppressed symptoms with the use of medication. “The idea that it was just my brain “malfunctioning” in some way, that I was “crazy” or had a ‘mental illness’ did not seem like satisfactory answers to me, and I wanted to explore the deeper meaning of what was going on in those processes. However, in the mainstream mental health system, the approach is to not make any attempt to address or understand the meaning of what is going on there, but instead to medicate and suppress it in an attempt to make it go away, so the person can basically try to forget that any of that ever happened, and resume a “normal” life” (Appendix II, 2.5).

The narratives reveal the gap between psychiatry and spirituality, where experiences that are of high significance for the healing of the people in these stories, are hindered because of their invalidation and their subsequent diagnoses of mental illness. As the psychiatrist Grof and psychologist Steve Taylor demonstrate, in their research on spiritual emergencies and the psychology of spiritual awakening, these processes can be labelled as mental illness in the psychiatric medical model however, from their terminology it is a stage of difficult psychological transformation. It is clear that from the first stage of transformation that the spiritual experiences, disrupts their frame of reference in life however that transformation, is blocked when the spiritual experiences are not validated in the psychiatric hospital. The narratives within this thesis, demonstrate that the health communication field in the framework of mental health, face a task to communicate the terminology of spiritual emergency in psychiatry for, as the stories within this thesis reveal, the lack of this framework blocks the possibility for health and healing. The third stage of the transformational process, where they immerse themselves into the spiritual experiences comes from being validated. This could be facilitated by health promoters together with psychiatrists, when a person is already in the hospital setting and if they were met with understanding and validation. Meanwhile, as stated in the introduction of this thesis, “psychiatrists face a unique challenge when evaluating experiences phenomenologically indistinguishable from mental illness, yet potentially invested with profound spiritual significance” (Lucas in Cook et al.). In that regard, it is important to state that, there can be diagnoses of mental illness that valuably are not related to a spiritual transformational process and it is therefore, the task of the health communication field, from the point of this thesis, to bring further research into how to validate spiritual experiences and their significance, in health promotion. An attempt will be made to further illustrate this in the next part of the discussion.

## **2. Grounding Spirituality and Transformation in Health Communication**

Through crafting the narratives of the spiritual phenomenon in the five stories of the case study, it has been illustrated that their spiritual experiences are connected with the distinctions presented in Grof's terminology of spiritual emergencies. Further, it is illustrated that Wills spiritual characteristics of health and healing, are revealed in the spiritual narratives. In the second part of the analysis of the six stages of transformation it is also demonstrated, how the spiritual phenomenon is vital in their transformational process to health promotion. It is highlighted in the discussion above that the invalidation of their spiritual experiences blocked their healing process, whereas when validated, the integration of the spiritual transformation could emerge. This illustrates, the importance of validating spirituality and the transformational process, to expand the facilitation of health promotion practices.

The discussion is meant to illuminate, how the spiritual is of transformative significance and health promoting, in contrast to a diagnose of a mental illness. This is also revealed in the narrative analysis of the transformative perspective. Jordana reveals that she sees the episodes she went through, as a part of an evolution of her soul that, the experiences helped her to listen to herself and to live a purposeful life. "In hindsight, I believe the episodes happened as a necessary part of the evolution of my soul, because I wasn't listening to my Higher Self, and I wasn't following my path (...) I had lost myself as a person, a mother, and a being, and I think the episodes were trying to show me that there was a bigger purpose for me, of which I am now living more aligned with" (Appendix II, 2.1). The effect the spiritual experiences had in her life, do not demonstrate a mental illness, on the contrary they indicate health promotion in her life. Crissy reveals in a discussion with her husband two years later, after being diagnosed with bi-polar disorder, and trying to figure out what happened to her that she experienced, what was diagnosed as bi-polar as a way of coming to a new state of awareness that resonated truth in her. It reveals that the spiritual experience did not make her ill but transformed her in a positive way, "you see, the experience left me fundamentally transformed in a positive way. It was a puberty of the soul, a metamorphosis into a butterfly" (Appendix II, 2.2). Brian reveals that spiritual experiences, are what takes care of him through life challenges, "I had discovered divine guidance ... I had this loving divine presence within that would beautifully take care of me even through the darkest of times" (Appendix II, 2.3).

Susie reveals that she describes herself with the mental illness of bi-polar disorder, but that she does not see it as a disorder, "I see it as a gateway to a higher consciousness, which, when open, can lead me to great insights, guidance and healing, connecting me to my soul, the greater whole, and to what lies



beyond” (Appendix II, 2.4). Susie expresses here, how the spiritual experiences are not a disorder in her understanding on the contrary, it is a guidance to healing and a source of connection in her life. Dan elucidates the spiritual, as a source of health and well-being, “For me, Spirituality has become more than just a “personal interest” but a practice that is vitally essential to living my life in a healthy and stable way, and it is a source of a great sense of well-being for me” (Appendix II, 2.5). These narratives, illustrate that we as health promoters, need to take the spiritual into account to facilitate healing, for without the validation of the spiritual experiences, these narratives demonstrate that it will block the healing and transformation. The key findings in the analysis are thus, here drawn into discussion to illuminate, the importance of grounding spirituality and transformation in health communication practices to facilitate health and healing. As Gonzales asks of the health communication researchers, it is to make it an important contribution to the research “(...) that will return our understandings of health care to its roots – to the spiritual” (Wills, 2009: 3).

### **3. Building a Bridge - An expansion of the Mental Health Framework.**

This discussion thus far has brought to light, key findings that become critical toward mainstream psychiatry; and has stressed the need to validate the spiritual narrative to facilitate positive transformation, health and healing. However, it is not either or, as Brian’s (appendix II, 2.4) story illustrates. He stands out with his story, compared to the other four stories, as he first found validation for his spiritual emergency in working with an acupuncturist and meanwhile, found in the challenges he was going through, the need to be hospitalised and given medication to support his healing process. Brian expresses that before being hospitalised, he was afraid of being labelled with a mental illness but what came through his experience at the hospital, was a safe place where he could rest. The other four stories illustrate, the experience of being hospitalised as invalidating, rough and traumatic, and they express it, as part of their health promoting process and healing, when coming off the medication. Drawing on my own life experiences, I also felt as Brian that the hospital was a safe place to rest but I experienced, as the other four that it was invalidating of the spiritual experiences hence, blocking for further healing. I was even confirmed by this, by both a nurse and psychologist who admitted that there was little understanding for the connection between body and mind, and the soul had no place at all. I experienced the use of anti-psychotic medication, which I took for two days as supressing myself as Dan also describes in his experience as well. I took anti-depressants for 4 months and felt that it helped to manage the difficult process but I did not, experience it as a source of healing and have not needed medication since. Coming into soul connection is my source of healing and health. It has been

illustrated that there are commonalities in the experiences but each story is also unique, including my own. In regards to better assisting people in mental health distress, the spiritual narrative as already argued is important to validate. This discussion reveals the uniqueness in each story, and that the healing process both shows commonalities and unique distinctions. To embrace these findings in this thesis, it becomes relevant to draw on the research of Geist-Martin et al. (2008) whom, in *setting the scene* demonstrate the emergence of spirituality in health communication when communicating healing holistically. A holistic framework holds a space for spiritual emergencies and holistic treatment methods have the ability to go deeper into psychic pain and assist people, through these life transformations that are often downplayed or disregarded in bio-medicine (p. 108). This thesis reveals key findings that open up for an expanded mental health framework that is not an either-or framework, but instead one that is building a bridge between mainstream psychiatry and a holistic framework that can bring forth health strategies, able to both accommodate accurate diagnoses of mental illness, as well as, validate mental distress that comes through a spiritual transformation process leading to greater health. Susie's words resonate with my own hopes when she says, "I hope that in the future we in the West can discuss spiritual matters much more openly, and that people in crisis can eventually be treated gently, with validation and understanding" (Appendix II, 2.4).



## CHAPTER 8. OUTRO

This thesis research has set out to ground spirituality and transformation in health communication and mend the gap between spirituality and psychiatry. It has done so by studying the spiritual phenomenon and transformation, through five self-reported stories from the International #Emergingproud Campaign that have been given diagnoses with mental illness. The research has revealed through a hermeneutic phenomenology stand point and through narrative inquiry with the method of crafting stories, by studying the spiritual phenomenon in the five stories that their spiritual experiences, are related to Grof's terminology of spiritual emergencies. This validates their spiritual experiences, which in mainstream psychiatry can look like a psychotic-like state and thus, be categorised as mental illness. The spiritual phenomenon is contrarily revealed in the study, to have a healing and health promoting purpose in the light of Wills's spiritual characteristics in the field of health communication.

The study of the transformative perspective, from a hermeneutic stand point and through narrative inquiry together with the method of thematic analysis, have shown that the themes found in the narratives within the stories, reveal the participants going through six stages of transformation process. They demonstrate commonalities and uniqueness in their stories going through the transformational process where common themes emerged and unique points illustrated in the discussion. A vital part for their transformation to be integrated is being validated for their spiritual experiences, however it does not mean that hospitalization and medication cannot be of help, to deal with the difficult psychological transformation when going through a spiritual emergency, as one of the stories reveal. The four other stories reveal hospitalization to be invalidating, rough and traumatic. This has been discussed in the discussion where the importance of validating the spiritual experiences and not see them as a mental illness but narratives to be listened to, are vital for their transformational process, which comes forth as health promoting in their healing process.

The discussion gives the task to us health communicators to further research, how to assist and validate people going through these transformational processes, I as the qualitative researcher, have revealed to have gone through a crisis of a spiritual transformative nature and therefore, decided to conduct this research as I saw the vital need for spiritual matters to be rooted in the mental health framework. This thesis thus, advocates for an expanded mental health framework where the mainstream psychiatry works together with a holistic framework, where the spiritual transformation that this thesis has researched can be supported, for bettering the process of health promotion. This thesis findings have

revealed narratives that require an expanded understanding of spirituality and transformation in health communication.

This thesis has contributed with truths through the study of narratives about the spiritual phenomenon and transformational experiences but not provided with an ultimate truth. The generalisation of the findings of this thesis refer to the methodological and theoretical propositions. The validity grounded in qualitative research is not focused on finding one single version of truth, but studying the authentic accounts comprehended by the five self-reported stories in the International #Emergingproud Campaign. They have revealed new findings that are common and unique, which can expand the understanding of spirituality and transformation in health communication. The findings of this research moreover, contribute to the field of health communication with a study of narratives of spirituality and transformation, in the mental health framework of psychiatry, revealing new ways of addressing, what is commonly understood as mental illness, to embrace a broader understanding of the human experience as spiritual and embracing a holistic view as well as placing narratives as a vital part of understanding the health paradigm. Thus, ultimately contributing to a new way of communicating health promotion.

This is seemingly the first research in health communication about the transformation perspective and spiritual phenomenon in people diagnosed with mental illness. Hence, giving the task to health communicators to change the narrative of spiritual experiences, as a sign of mental illness and instead as these findings reveal, as having health promoting significance.

This thesis highly recommends the health communication field, the disciplines of communication and health promotion for further research into these topics. As the findings in this thesis came from the study of five stories from the International #Emergingproud Campaign, the campaign had in total been reported with 52 stories and thousands of people have been involved in the campaign. There is therefore, a need for bigger studies in these topics, to bring spiritual matters into the conversations in health communication and into the practices of mental health care.

## AFTERWORD

Coming to an end of writing this thesis, it stands clear to me that this is also a new beginning. The spiritual transformational journey that I have been on and still am, together with the findings in this thesis show the health promoting potential of spirituality to contribute to psychiatry. It is a task to validate and implement strategies to assist spiritual emergencies in psychiatry. As this thesis reveal in the five stories, in my own story, Katie's story and all the thousands of people worldwide involved in the International #Emergingproud Campaign, it is a task for health communication to return to the ancient wisdom of spirituality and support people going through transformational processes.

So here I leave with,

“The endings you’re going through are bringing about the beginnings you’ve been waiting for”

– Mastin Kipp

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## WEBLINKS

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## RESUME IN DANISH

Dette speciale tager udgangspunkt i den internationale #Emergingproud kampagne for, at undersøge det spirituelle fænomen og transformative perspektiv for at forstå, hvordan disse kan bidrage til sundhedsfremme feltet, samt psykiatrien igennem sundhedskommunikation og gøre op med det biomedicinske paradigme ved, at anbefale en mere holistisk tilgang.

Det empiriske casestudie er fem menneskers historier fra den Internationale #Emergingproud-kampagne, der sætter fokus på folks spirituelle oplevelser og kriser, hvor der er blevet diagnosticeret med en psykisk sygdom. Igennem narrativ og tematisk analyse gennemgås de fem historier for at undersøge, hvordan det spirituelle bidrager til en transformations proces, og hvorledes det viser sig sundhedsfremmende i modsætning til diagnosticeringen af psykisk sygdom. Ydermere, skildres deres oplevelse af mødet med psykiatrien, hvilket bidrager med viden som kan afstedkomme en bedre sundhedsfremme kommunikation. Specialets videnskabsteoretiske tilgang er hermeneutisk fænomenologisk, hvilket bidrager til, at kunne nærstudere oplevelser i de fem historier og tilmed, at kunne placere min personlige oplevelse sammen med deres som den kvalitative forsker. Denne videnskabsfilosofi har styret den narrative metodologi således, at undersøgelsen har kunne tage udgangspunkt i narrativerne i de fem historier. Den analytiske ramme består af ”crafted stories” og tematisk analyse. ”Crafted stories” har været brugt til, at belyse og fortolke det spirituelle fænomen. Dette bliver belyst i forhold til Stanislaw Grof’s terminologi om ”spiritual emergencies/emergence”, der belyser en svær og dyb psykologisk transformation igennem stærke spirituelle oplevelser. Margaret Wills undersøgelser i sundhedskommunikation, om spiritualitetens indflydelse på heling og sundhed, belyses også igennem analysen af de fem historier for, at undersøge den sundhedsfremmende påvirkning af de spirituelle oplevelser. Den tematiske analyse er blevet brugt til, at afdække fremvoksende temaer i seks transformationsstadier udviklet fra det teoretiske perspektiv af John Mezirows transformative læringsteori. Analysen af transformationsstadierne har fremvist, at de alle fem gennemgår en transformations proces. Fire af dem oplever, at blive invalideret af deres oplevelser på en psykiatrisk afdeling, hvor deres spirituelle oplevelser sammenkobles med psykisk sygdom. Den sidste, som tidligere, i mødet med en akupunktør, er blevet valideret for hans ”spirituel emergency” oplever indlæggelse på psykiatrisk afdeling, som en tryk oplevelse, hvor medicinen hjalp hans helings proces. De andre fire oplevede det at komme ud af medicinen, som det vitale i deres helings proces. Det væsentlige ved deres transformation, er at de bliver valideret for deres spirituelle oplevelser.

Resultaterne af denne forskning viser, at når personernes spirituelle oplevelser valideres, fremkommer der en transformation, heling og sundhedsfremmende effekt. Disse resultater sætter således spørgsmålstegn ved deltagernes diagnosticering af psykisk sygdom under kriser. Der diskuteres valideringen af de spirituelle oplevelser i mainstream psykiatri. Der anbefales at støtte op om en sundhedsfremmende holistisk tilgang, hvor både krop, sind og sjæl har betydning i den samlede sundhedsforståelse. Samtidigt med behovet for den psykiatriske indlæggelse og medicin, åbnes der op for anerkendelse af de svære psykologiske transformationer, der er forbundet med den spirituelle åbning. Det ses som helsefremmende, når dette kan assisteres og valideres i psykiatrien.

Dette speciale har bragt det narrative felt i fokus for at kunne belyse spirituelle fænomener og transformationerne i den mentale sundhedsramme. Resultaterne for analysen viser, at de spirituelle oplevelser vender personen fra en sygeliggørende tilstand til en sundhedsfremmende tilstand. Det frembringer opgaver indenfor rammerne af mental sundhed for sundhedsfremmere, at åbne op og indarbejde spiritualitet i sundhedskommunikationen. Dernæst opfordres til, at udvikle strategier til at føre mennesker igennem spirituelle transformative processer.

## APPENDICES

### Appendix I: Full version of the crafted stories

#### 1.1 Jordana Jyoti, Barcelona, Spain



I was reading the book “The Secret” when my first Spiritual Emergency occurred. Things I wanted began to manifest instantaneously, and my life was flooded with synchronicities. Time and space disappeared, and I could see a higher consciousness in everyone and everything! And then Spirit entered inside of me and I couldn’t stay in this reality. The hold was too powerful, and I plummeted into a Spiritual Emergency, and ended up in the psychiatric ward of the local hospital. No one knew what had happened to me. My body was here, but my being was transported into an incredibly wild, spectacular mystical dream full of saints and sages, beautiful beings, messages, premonitions, and teachings beyond what words could describe.

Meanwhile, my body, here on Earth in the hospital, entered into a catatonic state, and I was pumped full of meds to bring me back to the material world. They diagnosed me with a brief psychotic episode, put me on Zyprexa, and after a 2-week stay in the hospital, I was back in Spain. But that was the diagnosis of the doctors. What had really happened to me, was a huge spiritual opening that no one could see, because it had manifested like a dream state in my mind, in which the Christ came and

comforted me (I'm Jewish by birth, and really have no connection with Christ, in fact my mother would crucify me if she thought I believed in him!), my nephews and my firefighter brother-in-law resuscitated me back to life, I went through a Jewish confirmation ritual with rabbis and saints by my side, I had to choose between my partner and son, which recently came to fruition in my real life and I chose my son, I had a beautiful wild coloured butterfly tattooed inside my abdomen, my father-in-law came to me with the Philosopher's Stone, and I was told I was the One, whatever that meant, I still don't know. Meanwhile in the hospital, strange unexplainable things were happening around me, electronics were failing, people were trying to give me bibles, I could feel and see the Mother Mary guiding me, I felt I was one with everything, I could see God consciousness everywhere, including in a leaf, and time and space didn't exist.

When I returned to Spain, I took myself off the meds, and nothing happened again for two years. And then the episodes returned with a vengeance, wild visions, huge spiritual epics, states of euphoria, electronics failing again, real earthquakes, conversations with God, even forgiving Hitler for the Holocaust, and experiencing my own death while fully conscious. No one could help me and I was prejudiced with the diagnosis of being bipolar with cyclical psychotic episodes. Nothing I tried would break the cycle of the episodes. My friends and family in Spain were there to support and care for me, but no one would recognize the spiritual openings, my connection with God consciousness, seeing God in everything, and the beauty of it all. All they saw were psychotic episodes and that this woman needed meds!! Not being validated in this way made things worse for me. I was medicated for years, and left to live life dead inside, like an emotional zombie, with no higher meaning, significance, or purpose in life, and hiding everything because I would be ruined socially if the people in my community knew what had happened to me. Until one day I said enough. I had to listen to my gut instinct and honor my intuition. I took myself off the meds again, began to do research online, and found that Spiritual Emergencies were happening to thousands of people around the world. I wasn't the only one. Suddenly, I wasn't so scared anymore, and I wasn't alone. The euphoria passed, and the more I was comforted by other people's stories, the better I felt. I began to find my true Self and my path, gratefully through the incredible healing power of peer support and community. And now I am currently med free and episode free for 2 years. My whole life has changed in amazing ways I could

never have imagined. I now work for myself and have a successful practice **guiding people to raise their vibrations to connect with Spirit**. And I have never been more fulfilled, content, and full of **purpose in my life!!!**

In hindsight, I believe the episodes happened as a necessary **part of the evolution of my soul**, because I wasn't listening to my Higher Self, and I wasn't following my path. I was listening to my partner and following his path, doing everything for him, and not listening to me. I had lost myself as a person, a mother, and a being, and I think the episodes were trying to show me that there was a **bigger purpose for me, of which I am now living more aligned with**. I am so grateful for my birth family in the U.S., and my new friends in Spain for their unconditional love and support, and for accepting me for who I am. And most of all, I am truly grateful to **Spirit, for guiding my way**. Telling my story is like alchemy, and I thank you for listening. I feel better for having shared it and to be able to finally come out of the spiritual closet. Thank you Spirit, for waking me up! It's been an incredible ride! And I am committed to share that ride with as many people as possible who want to join me!

## 1.2 Crissy Mohr, Arizona, USA



It was April 30, 2013. **I woke up with the most amazing energy within me. I felt better than I ever felt**

in my life. I turned to my husband and said, "You know, honey, I think I'm coming to a new level of awareness." Two years before I had ever even heard of what a spiritual emergence was, "a new level of awareness" was how I described it, as if I intuitively knew that it was an evolution of consciousness. I felt energy radiating within me, and from me. I felt hot like, as if I was on fire. I felt all knowing, like my intuition was turned up high. I felt like I understood the law of attraction. I felt like I could control time and space. I felt the Divine Intelligence within me, giving me the gift of knowing and understanding. I felt a part of the Universe. It was amazing, magical, and Sacred.

When I got put in the hospital, I felt spiritually raped of being in touch with my soul. I don't blame my husband; he was just doing what he thought was in my best interest at the time. I felt so lost, and, because the doctor diagnosed me without hearing my point of view, I lost my voice.

I came back into awareness in the hospital room. My chart on the board said, "Keep her safe." I said, "I dreamt this months ago." I had been having déjà Vu dreams since 2008, but I could never pin point these premonitions until they happened. I spent two years trying to make sense of what had happened to me. My brain was not broken; I had experienced something profound. When the second anniversary came, my husband FINALLY asked me, "What happened?" I was excited to share my point of view. After I explained my experience, he questioned, "Hmm? I wonder if, in the future, they find out that bipolar disorder is the mind's way of coming to a new stage of Enlightenment?" That resonated with me on a deep level. You see, the experience left me fundamentally transformed in a positive way. It was a puberty of the soul, a metamorphosis into a butterfly. Only, the shame of the stigma behind a mental health diagnosis kept my wings wet for quite some time. The very next morning, I googled "bipolar enlightenment," and came across the work of Sean Blackwell and Stanislav Grof. My intuition that I had a Spiritual Experience was validated. I've been on the road to recuperation since. It took bravery, a willingness to face the dark in order to walk to the light. It took me trusting myself, both consciously and spiritually. It also took being my own advocate. I had to own my own truth. I'm currently 3-months medication free, feeling integrated, and healed. I'm grateful for the groundwork that was laid before me, that helped map my recovery.

### 1.3 Brian Farlinger, Vancouver, Canada



#EMERGINGPROUD

I believe that my spiritual emergence began early in my life. I grew up in a very loving family environment with a sense of spirituality.

When I was eighteen, I experienced weakness while I was in class at school. I went to the doctor who said that this was anxiety and prescribed a medication. I felt better for a little while and then things got worse. Eventually I was referred to a psychologist. This was not easy for me. I feared that I might be 'crazy'. I saw this psychologist several times over the spring and summer. He was from New York and he gave me three books that would open new areas for me...a different look at spirituality and life. The authors were Hermann Hesse, Krishnamurti and RD Laing.

Thirty years later, I found myself in a bewildering state. There was tremendous fear that was unexplainable and nebulous, and 'dark things' coming up (through phrases and images), a sense of dread, a sense of impending doom. There was also tremendous remorse for things that I had done in the past. I felt that I was un-forgiven and had lost my divine connection. My life, my world was falling apart, spiraling rapidly downward and all I seemed to be able to do was watch. I found myself becoming more and more isolated .....as I desperately attempted to escape/avoid what was happening to me..... to a point where I would sit alone in a darkened room all day and taking a sleeping pill at night to get a little rest...for days, and weeks and months on end. Suicidal ideations began to come up as my ego desperately sought escape from this seemingly hopeless existence.



I saw an acupuncturist one time. After the session, I asked her opinion on what I was dealing with. She said “spiritual emergency”. This was the first time I had heard of this....and it resonated with me at a deep level. Yes, I was on a spiritual journey .....one that was extremely challenging. Remarkably I found a therapist who specialized in spiritual emergence and she helped me greatly, always honoring my journey. She was a fellow experiencer of a spiritual emergency. My spiritual emergence continued to get darker and darker and more desperate until hospital became an urgent option for me, a very scary one at that. I was deathly afraid of going to a hospital, being judged and labeled in a western medicine psychiatric way. Eventually, I listened to my inner sense and just went, trusting that something would work out somehow .....and miraculously it did ..... I stayed for a week, felt safe, and found a medication that really helped me. Yes, my journey has involved medication and I have come to learn that it can have a place in spiritual emergency. More importantly, I realized that this subtle sense from within was intuition, my connection with the divine, my guidance and yes it could be trusted even when it didn't seem logical. I had discovered divine guidance ..... I had this loving divine presence within that would beautifully take care of me even through the darkest of times. A few years later and much wiser I have experienced more very challenging spiritual emergence...from which I continue to grow.

#### 1.4 Susie M, South East of England



**#EMERGINGPROUD**

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and that perhaps this was caused by a traumatic incident at that age. I completely dismissed this and even became angry that he should suggest it. However, just a year later, while undergoing therapy, I was flung into an intense spiritual awakening experience. I was led back to my childhood to relive certain events, and an outpouring of emotion culminated in a complete liberation of my voice. Suddenly it was deep, resonant, and the range of notes I could reach was staggering.

Not only my voice – my whole body felt free of tension, and my mind felt free of fear and chatter. I wanted to dance and sing. I felt a strong sense of oneness and connection with all peoples of the world. As I watched people walking past me in London I felt I had known them all before, and a synchronicity seemed to flow as I swapped belongings with different people I met, and was led from one interplay to the next. This was my most intense extreme state so far, and although it was immensely healing, I had no framework to fully integrate it, and as it faded I stopped thinking about it much anymore.

In my twenties, I was diagnosed with bipolar, and advised to take mood-stabilizing medication. This meant that, together with the anti-depressants I'd been on previously, I ended up taking psychiatric medication, on and off, for around fifteen years. In my thirties, stuck in an admin job that meant nothing to me, and following a relationship breakdown, my extreme states intensified, and I was sectioned three times. Despite becoming wildly out of control, these states were still of enormous value to me. I again relived parts of my childhood and felt the subsequent outpouring of emotion. I let go of all fear and felt a deep knowing that my soul was eternal. I felt intimately connected to nature and cared deeply for the Earth and all living things. I did not care about any of the usual written and unwritten rules of society, and walked through the streets early in the morning, singing. I had not played my violin much for years, but suddenly it was with me all the time, out of its case – I played on trains and buses, in the doctor's surgery and outside people's houses. It was as though my soul knew its true vocation, even if I did not. Sometimes I felt slightly psychic, as though I could see what people needed, or what would be healing for them. One time, walking through a wood at night, I felt pulled into a pool of water. As I went deeper and deeper in, my soul seemed to travel back in time showing me all the traumas it had experienced, leading me back through childhood and then on into glimpses of past lives. I came up, gasping in the moonlight, cleansed like a newborn. Being in hospital was traumatic, and the treatment was sometimes brutal. I did need help; however, no one working on the wards understood my interpretation of what was happening to me, and the medical model completely invalidated it. I was ill, I needed medication – that was it. This made it difficult to integrate my experiences.

Thankfully, in the months and years that followed, I was gradually able to meet others who shared my

views, and I discovered the work of Stanislav Grof and others, which gave me great comfort. I now have not taken regular psychiatric medication for ten years. **Led by spirit, I work as a violinist and violin teacher, which brings me great joy.** I live with my partner and we have two beautiful daughters. Over the last few years I have been able to embrace and integrate my unique experiences more and more. **Every day I feel connected to my soul and seek guidance from spirit.** I feel that I can more easily dip in and out of extreme states, which sometimes give me insight into a relationship difficulty or a path to follow. Sometimes the connection helps me to see what people need when I'm teaching them, or helps me to understand the dynamics within my own family more clearly. I still often describe myself as bipolar; however, I do not see this as a disorder. **I see it as a gateway to a higher consciousness, which, when open, can lead me to great insights, guidance and healing, connecting me to my soul, the greater whole, and to what lies beyond.**

I still often feel afraid and ashamed to speak out about what I have experienced. I fear ridicule and confusion. There still seems to be little room in the mainstream for a discussion on spirituality, and the psychiatric medical model continues to dominate, blocking people's healing, invalidating their spiritual experiences, and preventing the soul connection which is their birth right. I am so happy to be part of this campaign, and I hope that in the future we in the West can discuss spiritual matters much more openly, and that people in crisis can eventually be treated gently, with validation and understanding.

### 1.5 Dan Burkett, Vancouver, BC, Canada



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difficult to handle and resulted in being hospitalized. This was a pretty rough experience as it involved being put into jail cell like solitary confinement for over 48 hours, and being forced to take drugs against my will, without being told what it was they were giving me. While I was going through this stuff, and in the aftermath of those experiences, I was very curious about what exactly did it all mean, and what was really going on there? The idea that it was just my brain “malfunctioning” in some way, that I was “crazy” or had a “mental illness” did not seem like satisfactory answers to me, and I wanted to explore the deeper meaning of what was going on in those processes. However, in the mainstream mental health system, the approach is to not make any attempt to address or understand the meaning of what is going on there, but instead to medicate and suppress it in an attempt to make it go away, so the person can basically try to forget that any of that ever happened, and resume a “normal” life. I came across the idea of “Spiritual Emergency” early on, but in the immediate aftermath of those experiences, I was heavily medicated and felt depressed about the whole situation, and so I was wondering how relevant that idea was for me, because at that point in time I certainly didn't feel like I was “spiritually awake” or “enlightened” or anything like that.

In 2014 I made an attempt to come off the medication that I was on, and at the same time I was having a rebirth of a sense of creativity and enthusiasm for life, as well as a renewed interest in the topic of Spirituality. At this time I found out about someone doing group meditation sessions / Satsangs, and I decided to give that a try. During my first attempt at meditating in that group, I experienced a radical shift in consciousness, where I woke up to a new level of awareness that has remained with me to this day. To this day I continue to meditate and work with the same spiritual teacher that introduced me to this in 2014. I have found that meditation and spiritual practice has been greatly beneficial to stabilizing in this awakening process, and as I continue in life, and life presents itself with new situations, I continue to be shown more areas in my self to work through, where the mind is clinging and holding on with attachment. For me, Spirituality has become more than just a “personal interest” but a practice that is vitally essential to living my life in a healthy and stable way, and it is a source of a great sense of well being for me. At this point, I have no doubts about the validity of the process that I went through being a “Spiritual Emergence/Emergency”. The topic of the intersection between Spirituality, Psychology and Mental Health is a central area of interest for me, and I plan on being involved in the

world around this in one way or another. It's also important to mention that I spent last year doing a slow tapering and coming off the one psychiatric medication that I was on, a process that was successfully completed with out much difficulty in November 2016. At the time of writing this I have been medication free for four months.

## Appendix II: Demonstration of the thematic analysis

The six stages of transformation - colour division

1.Diagnosis/the triggering event. 2.Catalytic experience/transformation. 3. Immersion  
4.Turning point 6. Integration. 7. Disclosure to others.

### 2.1 Jordana Jyoti, Barcelona, Spain

I was reading the book “The Secret” when my first Spiritual Emergency occurred. Things I wanted began to manifest instantaneously, and my life was flooded with synchronicities. Time and space disappeared, and I could see a higher consciousness in everyone and everything! And then Spirit entered inside of me and I couldn’t stay in this reality. The hold was too powerful, and I plummeted into a Spiritual Emergency, and ended up in the psychiatric ward of the local hospital. No one knew what had happened to me. My body was here, but my being was transported into an incredibly wild, spectacular mystical dream full of saints and sages, beautiful beings, messages, premonitions, and teachings beyond what words could describe.

Meanwhile, my body, here on Earth in the hospital, entered into a catatonic state, and I was pumped full of meds to bring me back to the material world. They diagnosed me with a brief psychotic episode, put me on Zyprexa, and after a 2-week stay in the hospital, I was back in Spain. But that was the diagnosis of the doctors. What had really happened to me, was a huge spiritual opening that no one could see, because it had manifested like a dream state in my mind, in which the Christ came and comforted me (I’m Jewish by birth, and really have no connection with Christ, in fact my mother would crucify me if she thought I believed in him!), my nephews and my firefighter brother-in-law resuscitated me back to life, I went through a Jewish confirmation ritual with rabbis and saints by my

side, I had to choose between my partner and son, which recently came to fruition in my real life and I chose my son, I had a beautiful wild coloured butterfly tattooed inside my abdomen, my father-in-law came to me with the Philosopher's Stone, and I was told I was the One, whatever that meant, I still don't know. Meanwhile in the hospital, strange unexplainable things were happening around me, electronics were failing, people were trying to give me bibles, I could feel and see the Mother Mary guiding me, I felt I was one with everything, I could see God consciousness everywhere, including in a leaf, and time and space didn't exist.

When I returned to Spain, I took myself off the meds, and nothing happened again for two years. And then the episodes returned with a vengeance, wild visions, huge spiritual epics, states of euphoria, electronics failing again, real earthquakes, conversations with God, even forgiving Hitler for the Holocaust, and experiencing my own death while fully conscious. No one could help me and I was prejudiced with the diagnosis of being bipolar with cyclical psychotic episodes. Nothing I tried would break the cycle of the episodes. My friends and family in Spain were there to support and care for me, but no one would recognize the spiritual openings, my connection with God consciousness, seeing God in everything, and the beauty of it all. All they saw were psychotic episodes and that this woman needed meds!! Not being validated in this way made things worse for me. I was medicated for years, and left to live life dead inside, like an emotional zombie, with no higher meaning, significance, or purpose in life, and hiding everything because I would be ruined socially if the people in my community knew what had happened to me. Until one day I said enough. I had to listen to my gut instinct and honor my intuition. I took myself off the meds again, began to do research online, and found that Spiritual Emergencies were happening to thousands of people around the world. I wasn't the only one. Suddenly, I wasn't so scared anymore, and I wasn't alone. The euphoria passed, and the more I was comforted by other people's stories, the better I felt. I began to find my true Self and my path, gratefully through the incredible healing power of peer support and community. And now I am currently med free and episode free for 2 years. My whole life has changed in amazing ways I could never have imagined. I now work for myself and have a successful practice guiding people to raise their vibrations to connect with Spirit. And I have never been more fulfilled, content, and full of purpose in my life!!!

In hindsight, I believe the episodes happened as a necessary part of the evolution of my soul, because I wasn't listening to my Higher Self, and I wasn't following my path. I was listening to my partner and following his path, doing everything for him, and not listening to me. I had lost myself as a person, a mother, and a being, and I think the episodes were trying to show me that there was a bigger purpose for me, of which I am now living more aligned with. I am so grateful for my birth family in the U.S., and my new friends in Spain for their unconditional love and support, and for accepting me for who I am. And most of all, I am truly grateful to Spirit, for guiding my way. Telling my story is like alchemy, and I thank you for listening. I feel better for having shared it and to be able to finally come out of the spiritual closet. Thank you Spirit, for waking me up! It's been an incredible ride! And I am committed to share that ride with as many people as possible who want to join me!

## 2.2 Crissy Mohr, Arizona, USA

It was April 30, 2013. I woke up with the most amazing energy within me. I felt better than I ever felt in my life. I turned to my husband and said, "You know, honey, I think I'm coming to a new level of awareness." Two years before I had ever even heard of what a spiritual emergence was, "a new level of awareness" was how I described it, as if I intuitively knew that it was an evolution of consciousness. I felt energy radiating within me, and from me. I felt hot like, as if I was on fire. I felt all knowing, like my intuition was turned up high. I felt like I understood the law of attraction. I felt like I could control time and space. I felt the Divine Intelligence within me, giving me the gift of knowing and understanding. I felt a part of the Universe. It was amazing, magical, and Sacred.

When I got put in the hospital, I felt spiritually raped of being in touch with my soul. I don't blame my husband; he was just doing what he thought was in my best interest at the time. I felt so lost, and, because the doctor diagnosed me without hearing my point of view, I lost my voice.

I came back into awareness in the hospital room. My chart on the board said, "Keep her safe." I said, "I dreamt this months ago." I had been having déjà Vu dreams since 2008, but I could never pin point these premonitions until they happened. I spent two years trying to make sense of what had happened to me. My brain was not broken; I had experienced something profound. When the second anniversary came, my husband FINALLY asked me, "What happened?" I was excited to share my point of view.

After I explained my experience, he questioned, "Hmm? I wonder if, in the future, they find out that bipolar disorder is the mind's way of coming to a new stage of Enlightenment?" That resonated with me on a deep level. You see, the experience left me fundamentally transformed in a positive way. It was a puberty of the soul, a metamorphosis into a butterfly. Only, the shame of the stigma behind a mental health diagnosis kept my wings wet for quite some time. The very next morning, I googled "bipolar enlightenment," and came across the work of Sean Blackwell and Stanislav Grof. My intuition that I had a Spiritual Experience was validated. I've been on the road to recuperation since. It took bravery, a willingness to face the dark in order to walk to the light. It took me trusting myself, both consciously and spiritually. It also took being my own advocate. I had to own my own truth. I'm currently 3-months medication free, feeling integrated, and healed. I'm grateful for the groundwork that was laid before me, that helped map my recovery.

### **2.3 Brian Farlinger, Vancouver, Canada**

I believe that my spiritual emergence began early in my life. I grew up in a very loving family environment with a sense of spirituality. When I was eighteen, I experienced weakness while I was in class at school. I went to the doctor who said that this was anxiety and prescribed a medication. I felt better for a little while and then things got worse. Eventually I was referred to a psychologist. This was not easy for me. I feared that I might be 'crazy'. I saw this psychologist several times over the spring and summer. He was from New York and he gave me three books that would open new areas for me...a different look at spirituality and life. The authors were Hermann Hesse, Krishnamurti and RD Laing.

Thirty years later, I found myself in a bewildering state. There was tremendous fear that was unexplainable and nebulous, and 'dark things' coming up (through phrases and images), a sense of dread, a sense of impending doom. There was also tremendous remorse for things that I had done in the past. I felt that I was un-forgiven and had lost my divine connection. My life, my world was falling apart, spiraling rapidly downward and all I seemed to be able to do was watch. I found myself becoming more and more isolated .....as I desperately attempted to escape/avoid what was happening to me..... to a point where I would sit alone in a darkened room all day and taking a sleeping pill at night to get a little rest...for days, and weeks and months on end. Suicidal ideations began to come up as my ego desperately sought escape from this seemingly hopeless existence.



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### **Appendix III: 12th May International #Emergingproud Report**

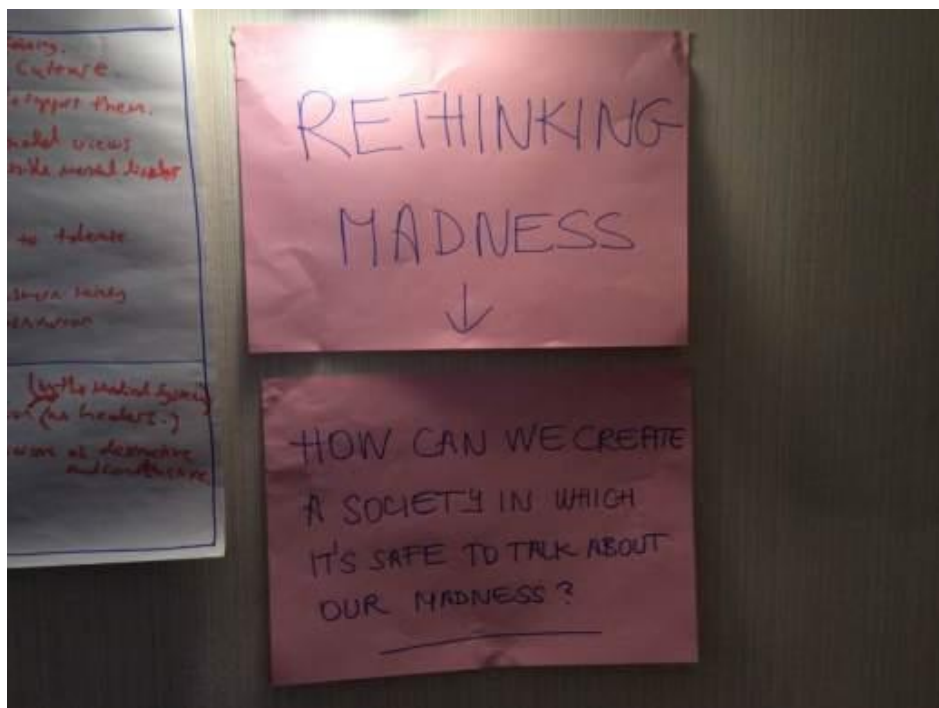
(<https://emergingproud.com/ep-launch-international-report/>)



**#EmergingProud 2017 LAUNCH: INTERNATIONAL REPORT**

**Synopsis:** On the 12th May 2017, 17 events were facilitated throughout 12 countries with the focus on Open Spaces to discuss the umbrella question;

***“Rethinking Madness: How can we create a society in which it’s safe to talk about our ‘madness’?”***



This report outlines the outcomes from these discussions, and highlights the commonalities and actions points raised, in order that they can be carried forwards to influence positive change at an international level.

**London (host event) discussion topics raised under the umbrella question, and related main action points:**

**Places of safety to enable deep listening**

- Encourage peer – peer sharing and training in deep listening
- Positive risk- taking and allowing the process

**Spirituality in the workplace**

- Raising awareness / education of spiritual emergence
- Enable brave and vulnerable sharing to change perceptions
- More anti- discriminatory sharing practices
- Education needed in schools with youth

**Spiritual Crisis Network development**

- Increase the number of local peer support groups
- More crisis responder training
- Awareness- raising events around spiritual emergence needed

### **Emotions and the wounded healer**

- Value of sharing our stories and owning them as a path to healing Self and others
- Importance of embracing both aspects of the Self; Human and spiritual
- Daring to speak from an authentic heart space and also authentic listening

### **The art of deep listening and open dialogue**

- Importance of Self- awareness in being able to listen deeply
- Importance of having clear boundaries
- More training to 'be with' in a non- judgemental, accepting way
- Listening and learning needs to be experiential

### **Healers of our time**

- Valuing the quality of compassion in the medical system
- Recognising mysticism as both destructive and constructive

### **Expressing 'madness' through art**

- Development of community creative spaces
- Creative learning; lead 'creative schools'
- Creating dialogue through creative expression
- Permission to improvise; 'authentic allowing'

### **Human rights and ending stigma**

- Re- framing of language and more dignified approach to 'madness' needed
- Healing both society and the psychiatric system necessary
- A need to return to the roots of 'psychiatria' – "healing of the soul"
- Focus on voluntary assistance, non- forced, respecting agency and choice in care

### **Inspiring love, wonder and connection with nature**

- Use of arts for safe emotional expression
- Raising awareness of green spaces
- Re-establishing trust and connection with intuition and natural cycles / rhythms
- Recognising the natural seasons (eg. weeping / anger / laughter) as normal expressions
- Develop Facebook group with nature as the focus
- Encourage story- telling (fairytales / folklore)
- Create GP toolkit for 'social prescribing'

- Cultivate curiosity of the life in nature

### **The Mayan calendar versus the Gregorian calendar**

- We need to get back in- tune with the natural cycles of the Earth
- Return to natural living; away from unnatural man- made structures
- Raise awareness of the Oneness of all and synchronicities

### **Men's mental health, gender and sexuality**

- Increase resources for men to be more emotionally expressive / resilient
- More integration of the masculine / feminine and polarized groups needed; to stop 'other-ing'
- Encourage increased authentic emotional expression
- Education around social stereotyping of men ('don't cry' / anger / effeminate etc)

### **Model of the human being**

- Need to change our language
- Integration of philosophical discussion alongside logical / analytical thinking

### **Psychedelics**

- Education around the benefits and dangers of psychedelics
- Supported facilitation; techniques to alter states of consciousness for healing
- Support networks; more aftercare and support to integrate experiences post- event
- Responsibility of facilitators / sitters to be educated in the subject

### **Developing safe spaces**

- Safe spaces are necessary for all people, whatever their role
- Safe spaces needed during times of crisis; to encourage growth: practical help and experienced peers to support a 'flow with the process'
- Changes needed within NHS; more funding for safe spaces
- List of safe spaces available to be highlighted on SCN website
- Making philanthropists aware of this need; stars and celebs who are speaking out
- Further discussion needed; Group to reconnect and also continue via social media group

### **Science and technology**

- Mix art (right brain activity) with science / logic
- Collaboration from all sectors of society necessary to create tools to help everyone

### **Spiritual and personal relationships**

- Safe spaces to share and discuss the unspoken taboos; co- dependency / relationship with Self / romantic connections / parental / friendships / polyamory / sex and celibacy

### **The battle of the mind and the suppression effects of religion**

- Raising awareness of non- consensus realities
- Trusting the process / inner- wisdom
- Bridging medical and spiritual worlds
- Education for our youth needed
- More trained therapists with lived experience needed

### **Truth and reconciliation**

- Target education; Post- reg / CPD courses
- Change needed from within the system
- Necessary to look for the meaning behind the diagnoses
- Address hierarchy and polarization of groups

### **Transformation**

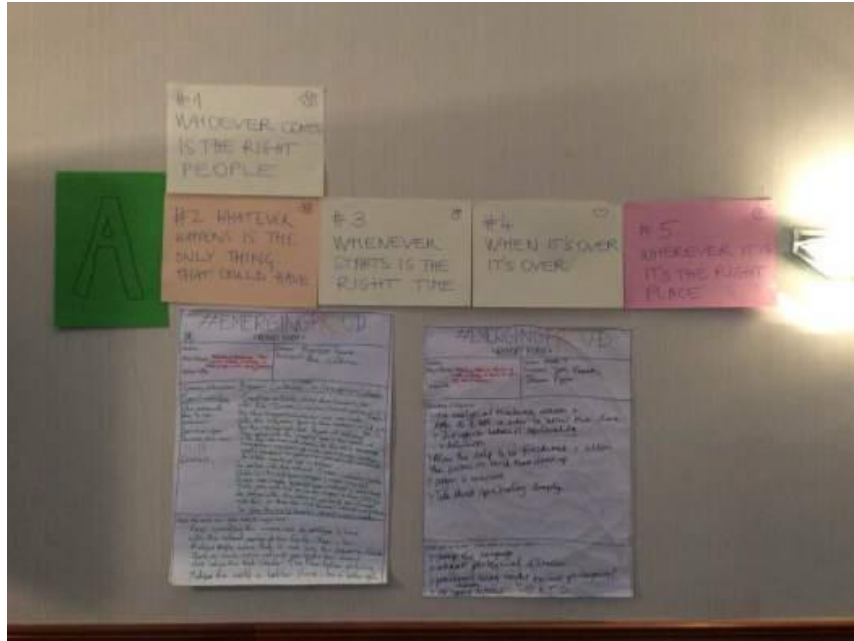
- Importance of grounding spiritual experiences and ‘holding polarities’
- Recognising the power of the spiritual emergence process and share our own in order to help others going through it
- Re- framing illness as a blessing; transmutation through facing our darkness / shadow

### **Uncovering the root of psychosis and its value**

- ‘Cracking’ – mostly due to repressed trauma in early life
- Too much energy to manage in our system – kundalini
- Physical illness manifestation can be a catalyst to awakening
- We need to develop the attitude of gratitude
- Universal blueprint that is passed down; we need to embrace all of the shattered parts of ourselves and the bigger picture.

### **Overview: Main focus points of action needs from London**





- **INCREASED SAFE SPACES FOR LISTENING / SHARING / SUPPORT**
- **CHANGE IN LANGUAGE USED: MOVE AWAY FROM 'ILLNESS' CONCEPT**
- **AUTHENTIC STORY SHARING AND EMOTIONAL EXPRESSION**
- **PEER SUPPORT: LIVED EXPERIENCE IS VITAL IN SUPPORTING THE PROCESS**
- **VALUE OF NATURE / ART + HOLISTIC METHODS OF HEALING**
- **ALLOWING THE PROCESS; TRUSTING THAT IT HAS MEANING**

#### **Synopses of discussions / action points from other locations:**

##### **SALTBURN, UK**

- Acknowledged the value of sharing, and opportunities to be engaged in such deep and meaningful conversation
- Speak out – with PASSION!
- Be brave enough to listen
- LEAD FROM THE HEART
- To see a change in the respect and support given from the medical profession towards spiritual emergence; bridge – building

- To have continuity of care when in ‘crisis’ from a holistic team of/for our choice, and access to holistic services

## **QUEENSLAND, AUSTRALIA**

- Increased networking opportunities for collaboration
- A new Spiritual Emergence Network developing in New Zealand; links with this
- SEN Australia to set up a new social media discussion / connection group

## **MUNICH, GERMANY**

- Importance of authentic story- sharing
- Regular peer group meetings to be a focus of support for people
- Re- generation of voluntary services in collaboration with facilitators in Berlin; to discuss affiliation with ISEN

## **SEDONA, ARIZONA, USA**

- Start to create a safer culture for authentic expression / sharing
- Acknowledging that inspired action should come from intuition and not just logical / analytically – driven (TEAL organisational model)
- Importance of honest and authentic sharing to encourage others to also emerge

## **WELLINGTON, NEW ZEALAND**

- Increased networking opportunities for collaboration
- Introduce the spiritual emergence information into spiritual communities in addition to medical
- More peer support groups / safe spaces for sharing and validation needed
- Allow organic and intuitive growth; do not force the process and be aware of self- care (TEAL organisational model)
- Increased desire to be part of a wider international network / collaborations
- Just the beginning; ideas have been seeded, many more questions raised!

## **BUDAPEST, HUNGARY**

- Personal sharing and connection; a general feeling of being 'home' amongst others who understand each other
- Peer communities for safe sharing needed
- Increased communication between psychiatry and spiritual / Integral communities necessary for education and understanding; creating bridges between groups.

## **NORTHERN IRELAND**

- Community training and debate nights to raise awareness and de- stigmatise
- Training for frontline workers in spiritual emergence process
- Mindfulness and education needed in schools
- More validation of experiences and non- hierarchical approaches in care

## **BUCHAREST, ROMANIA**

- Raising awareness in psychiatric system to transform the biomedical reductionist view
- Bridge- building through increased education of the science of spirituality
- A voluntary support group set – up on a rota system basis for people in the spiritual emergence process; Validation and allowing the process as main focus, with transparent feedback between the group and person supported
- Discussions around the meaning behind the term 'madness' – deep meaning
- Public awareness- raising to create a safer society for people to go through awakening
- Many ideas for service needs initiated from the day; education / campaigning / developing supportive communities / increased free resources

## **NURMIJARVI, FINLAND**

- Development of a Spiritual Emergence Network for Finland
- Translation of the crisis guide into Finnish
- Development of local peer support groups for safe sharing
- Collate list of therapists who are knowledgeable about the SE process

- Multi – disciplinary support services needed for those in crisis; psychological / arts / bodywork / energy work

### **KAMPALA, UGANDA**

- Participants realized that they were experiencing similar challenges with other MHPs globally – less isolation
- Sharing stories of experiencers
- Awareness- raising through theatrical performances like plays in schools, film documentaries and engage a cross section of stakeholders from professional service providers, legislatures, and communities under HEARTSOUNDS Uganda.
- Regular support group meetings
- Make use of social media for collaboration and sharing

### **SAO PAULO, BRAZIL**

- Importance of being able to talk openly about experiences
- Online Facebook closed support group created (Portuguese)
- Core group established to continue discussions and the movement
- Follow a sustainable economy model with collaborators instead of volunteers
- Every member can offer a service or product that is aligned with the ideas of the movement
- Create a free online course introducing the movement and talking about these experiences
- Online support groups on the closed facebook page (consumers and professionals that are interest in offering support will be trained based on the course)
- Create different teams to divide the work: Communications team, Courses Team, Support/Integration Groups Team, Research Team and Translation Team
- Create an online system with: a website, YouTube and Vimeo for Rethinking Madness

### **NEW YORK, USA**

- Peer support and safe sharing spaces are vital; we have lost these community connections, so will work to recreate them
- Build online Peer support groups

- Create an online platform for story- sharing
- Create a list of trained professionals who are knowledgeable in this field

## **REYKJAVIK, ICELAND**

- Overview was to create a group to work on developing this vision of supporting madness as a transformative process; SEN Iceland?

## **BERLIN, GERMANY**

- Group benefitted from Safe- space sharing
- Create ongoing support groups / places for further exchange
- Places for holistic approaches to healing in crisis to be founded
- Home treatment and post- crisis holistic support also vital
- Education and awareness- raising through PR / media outlets to change pathologising to normalising perspectives.
- Give talks to Mental Health professionals by those who have emerged through crisis
- Group formed to meet bi-weekly to continue developing the above and campaigning for change.

## **AUSTRALIA**

- SEN peer support group to start in Lismore
- Online group started to increase connection virtually
- Acknowledgement of the benefits of having a safe space for personal sharing

### **Overview: Main focus points of action needs at an International level**

- **INCREASED SAFE SPACES FOR LISTENING / SHARING / PEER SUPPORT**
- **CHANGE IN LANGUAGE USED: EDUCATION TO NORMALISE DISTRESS**
- **AUTHENTIC STORY SHARING AND EMOTIONAL EXPRESSION**
- **PEER SUPPORT: LIVED EXPERIENCE IS VITAL IN SUPPORTING THE PROCESS**
- **BRIDGE -BUILDING WITH MENTAL HEALTH SERVICES: TO EDUCATE IN THIS ALTERNATIVE PERSPECTIVE**

- VALUE OF HOLISTIC METHODS OF HEALING
- COLLABORATION TO REDUCE ISOLATION OF VISION; LOCALLY + INTERNATIONALLY

## Conclusion:

The need for change is consistent at a global and transcultural level; outcomes from each country were significantly consistent, and actually quite simple considering the complex topic.

Reflections from some of the events facilitators and participants:

**Ella, Australia:** *"I am determined to find a way to keep this going.. I think that there will be a way to take it forward, probably more than one way, and one where the process itself enhances the livelihood, health and wellbeing of all involved."*

**Gyongyi, Hungary:** *"Many people said, they really feel 'home' and not a stranger as it was during many years. They could talk to people who really understand each other. Personal sharing and connection was inspiring."*

**Jordana, London:** *"The Emerging Proud Conference London, May of 2017 has lasting effects! I feel inspired and motivated to be part of a powerful grassroots campaign, and an empowered member of the Spiritual Emergence(y) tribe! This conference planted the seeds for many long lasting relationships and collaborations with like-minded leaders from within the movement."*

**Bongo, Uganda, Africa:** *"Sharing stories of experiencers is not a new thing with HEARTSOUNDS members as it's what service users have in common...however, on the International #EmergingProud day, participants realized that they were experiencing similar challenges with other Mental Health Participants globally."*

## Next steps:

- A Facebook forum has been created to continue discussions and further international collaboration ([www.facebook.com/groups/emergingproud/](http://www.facebook.com/groups/emergingproud/))
- A follow- up call will take place between all event hosts to reflect on their respective events and to ensure action points raised are carried out. Further calls will be planned in order to stay connected.
- This report will be made available publicly online
- A press release will be circulated to the media
- #EP will be set up as a not-for-profit organisation, initially UK based with 3 Trustees

- Funding will be applied for to run a year – long screening roadshow to introduce this concept to the wider public and encourage ‘safe space’ discussion peer groups
- Fundraising will begin to run another international event in 2018

## Appendix V: Communication Article

### Title:

### **MASTER THESIS STUDENT COMMUNICATES THE NEED OF AN EMERGING PERSPECTIVE IN THE MENTAL HEALTH FRAMEWORK**

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The theme in the Psychiatry Fund Magazine this quarter brings focus on a holistic framework of mental health that includes the body, mind and soul. Bringing forth this theme is to expand the understanding of mental health coming from emerging perspectives, which are not embedded in the psychiatric medical model.

This article brings forth the perspective from the findings from a Master Thesis in Communication and Health Promotion from Roskilde University. The Master student, Anne-Kirstine Klitmark, went through a profound crisis in her life that was labelled as a mental illness, which actually was a difficult psychological transformation towards a positive spiritual transformation. She therefore decided in her thesis to research spiritual and transformative narratives within a medical diagnoses of mental illness from five self-reported stories posted online for the purpose of the International #Emergingproud Campaign. This campaign was initiated in October, 2016 by Katie Mottram in the UK, as a grass root social

One of the persons sharing their story reveal that he found validation for his spiritual emergency and in the difficult process, needed to be hospitalized and given medication for some time. The other four found that being hospitalized was invalidating, traumatic and a rough experience, whereas coming off medication was a part of their healing process. Therefore, it is not a matter of excluding hospitalization and medication when people are experiencing a crisis. However, it is one of creating a more holistic framework, which embraces spirituality and not labelling people with spiritual experiences as mentally ill. Instead their experiences should be regarded as that of going through a deep psychological transformation.

The Master Thesis research illustrated how the five people had spiritual experiences that are distinctions of spiritual emergencies, that ultimately come to have a transformative and health promoting significance in their lives, by establishing a deeper connection to themselves, others and the divine.

movement to validate mental distress with a spiritual significance as a positive transformational process and not a sign of mental illness.

The thesis studied six stages of transformation in the five stories. It was revealed in four of the stories that not being validated for their spiritual experiences within the framework of the psychiatric medical model, hindered a positive transformation. Their experiences could be integrated as a positive transformation, when they were validated through other people's stories that had common experiences as well as through the work conducted by psychiatrist Stanislav Grof.

He has for 50 years researched what he calls spiritual emergencies, that can, from a psychiatric medical model, look like a psychotic-like state, but are in fact a difficult psychological transformation of spiritual significance, that has a healing and health promoting potential.

Anne-Kirstine argues that the narrative findings in her thesis, stresses to validate spiritual emergencies processes. Her thesis furthermore, advocates for the psychiatric system to distinguish between mental illness and spiritual experiences. The former should instead be seen as a sign of health promotion. A more gentle and open approach is needed and can be accomplished by listening to the narratives of people going through spiritual emergencies.

Anne-Kirstine emphasises that "It is the task of health communicators to reclaim the spiritual as vital, as my thesis has demonstrated. People can be labelled with a mental illness, but may in fact be going through a spiritual transformational process, where the difficult psychological transformation needs to be validated and assisted in psychiatry, which is only possible if psychiatry is merged with a holistic health framework that includes spirituality."

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## Considerations for the Article

The article sets out to communicate the importance of including a holistic framework in the psychiatric medical model that can validate spiritual experiences as health promoting and not a mental illness.

## Choice of Media

I have chosen the Danish Psychiatry Fund Information magazine. "Psykiatri Fonden" is a Danish humanitarian fund that focuses on promoting mental health in a Danish context. The information magazine is for members and is published every quarter with a new theme, communicating personal stories and research in the mental health framework. I have chosen this magazine, as this thesis



communicates the significance of including spirituality and spiritual experiences in the current framework of psychiatry, thus contributing with a more holistic framework to the field.

### **Target Group**

The target group is aimed at psychiatrists and psychologists who read the Psychiatry Fund Magazine, and who works with patients that can be experiencing a spiritual emergency, as well as members of the magazine, who might be going through experiences of spiritual emergencies themselves.

### **Angle of Article**

I have chosen to emphasize the need to include spirituality and a holistic framework within mainstream psychiatry. It is written as if the Psychiatry Fund has decided to make a theme about a holistic framework of mental health to highlight emerging perspectives on how to promote health. The article has been written as if a journalist from the Psychiatry Fund is writing about my Master Thesis.

