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Counselling Adolescents when "Spiritual Emergence" Becomes "Spiritual Emergency"

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Abstract

This article provides a rationale for a closer examination and recognition of unusual consciousness events in adolescence that have a specifically spiritual content of the kind described by Stan and Christina Grof as "spiritual emergency". A case vignette is discussed in the light of new understandings about how non-ordinary spiritual experiences in adolescence, triggered by loss and grief, can lead to self-actualising outcomes. This article will broadly discuss these experiences and suggest attitudes and strategic positions that counsellors can adopt to help them recognise spiritual emergence and spiritual emergency in their adolescent clients, and to encourage their disclosure and support.

As a counsellor working with adolescent loss, I have noticed a significant link between the ordinary experiences that attend grieving and those non-ordinary experiences that have a spiritual content. Here, loss is specifically defined as an experience that forces normal developmental transitions and changes in consciousness. For example, it is suggested that experiences of loss are a normal part of adolescence (Viorst, 1986), but that some events, such as bereavement, have a greater significance and psychological impact than others (Balk & Corr, 2001). Froma Walsh's (1999) broad definition of "spirituality" is useful in this context as a personal experience, "whether within or outside formal religious structures," which "fosters a sense of meaning, inner wholeness, harmony, and connection with others—a unity with all life, nature, and the universe" (pp. 5–6).

This definition of spirituality coincides with Stan and Christina Grof's (1989, 1990) concept of "spiritual emergence", which is experienced as a subtle and gradual awareness of spiritual meaning, wholeness, and harmony. However, they suggest that a

significant loss can traumatically reorganise an individual's psyche, leading instead to a "spiritual emergency". In this state individuals are exposed to sudden inner experiences that destabilise their relationships with reality and their familiar worlds, and cause perceptual problems. Affected individuals then feel compelled to talk about these experiences and insights.

What follows is a case vignette which links adolescent loss, as a catalyst of positive inner change, to non-ordinary spiritual experiences. It particularly focuses upon an adolescent's supported experiencing of a "spiritual emergency" that offers him solace and insight. This scenario illustrates what can happen when an effective collaboration to sympathetically support the client's process is complicated by an agency with different protocols for intervention. It raises questions about spiritual experience; the impact of spiritual crises on development; and the availability of agency support that is sympathetic to the world views and needs of adolescent clients, their families, and their counsellors. After some analysis and discussion of relevant theory, suggestions are offered as to how counsellors might be effectively positioned with these particular clients.

It needs to be noted that the term "spiritual emergency" is controversial and its classification complex and confusing. This is not intended as a diagnostic guide, but to provoke discussion about the potentially serious nature and influence of loss on adolescent development and its impact upon spiritual awareness.

Counselling's "too-hard basket"

The following case vignette is drawn from my experience as a counsellor in a secondary school with a large Māori and Pasifika population (Bray, 2004). It illustrates a vivid experience of spiritual emergency that, being hard to define, understand, and explain, is quite likely to go into a counsellor's "too-hard basket".

Talking with Paul

Paul is referred to the counsellor by teaching staff because of his unusual tiredness. He is an athletic and garrulous 14-year-old New Zealand-born Cook Island Māori. He is normally a very active and confident student who plays rugby and other sports for the school. He has a record of regular attendance, above-average success in most of his subjects, and a number of close friends. The school has no record that he has used drugs or alcohol, or that he has a history of mental or physical illness.

Paul's father died in an inter-village dispute in the islands just before his "baby"

brother was born. Paul lives as a single child with his grandparents and has a number of older siblings. Although he comfortably manages his life as a New Zealander, he also richly identifies with his culture of origin. As Paul has matured, his grandfather, a high chief of his village and a practising minister of the church, has begun to teach him his cultural responsibilities and induct him into the traditions and "secrets" that come with leadership.

Paul rationally and calmly recounts a number of experiences that he is at a loss to explain in the context of his New Zealand life. However, set in the terms, logic, and context of his culture of origin, they make perfect sense. Paul expresses a strong desire to understand and normalise these experiences, and recognises that even though he has thoughtfully shared these with the counsellor, he cannot disclose them safely to others who are not members of his immediate or extended family.

Paul talks about the significance of his continuing bond with his deceased father, and calmly explains that his father's spirit regularly visits him to offer advice and protection, describing him as "my soul-mate, my whole life." He describes how this connection was powerfully transformed by the recent death of Paul's six-year-old brother, who also began to appear to him, "not how he was [when he died]" but as physically older. His brother, who often comes to him after his bedtime Bible reading and meditative prayers, offers guidance and protection too, as well as knowledge of things before their actual occurrence, or pre-cognition.

Loss and spiritual emergency

Grof and Grof (1990) suggest that changes to future expectations caused by the loss of a loved one or relationship may be significant enough to create the right environment for some form of spiritual emergence that can become a crisis of spiritual emergency. They suggest that the human psyche responds to a loss by making developmental adjustments which temporarily and powerfully attract and submerge the ego, allowing an opening for an influx of non-ordinary material, or "holotropic" (moving towards wholeness) phenomena. Throughout this process, the individual's cognitive abilities remain fully functioning as he or she experiences a gradual emergence of consciousness or the abrupt opening of spiritual emergency.

Spirits

Paul, who had only been nominally aware of his father's spirit since his death over six years ago, noticed that after the death of his sibling, his non-ordinary experiences had

intensified and become intrusive and tiring. However, he notes that just knowing that "it's not a dream" that these well-intentioned spirits are standing guard over him as he sleeps, gives him a strong sense of safety and comfort.

Paul also offers first-hand experiences of other spiritual encounters. In the last twelve months he has been woken in the night on a number of occasions by his spirit brother to watch his grandfather in conversation with the ancestors that "tell him things." He adds that, chaperoned by his brother, ancestors have appeared to him dressed in the traditional clothes of their time and that "He [grandfather] can hear them but I can't."

In the context of contemporary understandings of post-death experiences and processes of grieving, such experiences are also acknowledged as a form of continuing bonds between the living and the deceased (Klass, 1993; Klass, Silverman, & Nickman, 1996). Contrary to still-prevalent beliefs that in order to move forward in life it is necessary to cut off and let go of one's connections with the deceased, the maintenance of such connections is now being recognised, not only as part of healthy grieving, but also as potentially contributing to healthy living following a loss (Silverman & Klass, 1996). A variety of sensory experiences of a presence of the deceased, or *post death contact* (Kalish & Reynolds, 1976), have been reported by anywhere between 39% and 90% of participants in numerous studies of grief and mourning (see Klugman, 2006). In Klugman's own study, the high rate of participant reporting of such experiences, some of which could be classified as para-normal, suggests these are more common than is widely assumed.

Pre-cognition

Paul offers a number of examples of pre-cognitive experience. On one occasion his brother's spirit told him that an older brother had a drink problem. Paul sceptically confronted this brother who, visibly alarmed that anyone could know of his secret binge drinking, confessed immediately. The spirit has also indicated whether individuals can be trusted or not: "He shows me people that I hang around with … he tells me if bad things will happen and what they think." More intriguing is that his brother's spirit has shown him his future self:

> He takes me to my future and tells me what my wife will be like … I'll see me in the future. I'm an older man like my father. He shows me what I will be doing, everything that's going to happen … she is a good wife and she holds one child.

The shadow side of spiritual emergency

It is in the shadow side of these pre-cognitive experiences that Paul's journey becomes what Grof and Grof (1989) have termed a "spiritual emergency". Paul notes that during moments of heightened awareness his knowledge of other people becomes intrusive, disturbingly voyeuristic, and painful. He states that the spirit brother "shows me other things that I don't want to see … I can't say … people's things, things that I don't really want to see. Things he thinks I should see. Things that people are hiding away from me." Paul is unwilling to disclose details at these times and is often agitated and reluctant or unable to disclose in front of his spirits. A number of Paul's comments encourage me to acknowledge the participation of the spirits in our counselling sessions. On one occasion Paul suggests that "He'll [the brother] give me a sign if it's okay, if it's not okay I can't say anything else … is that a deal?" and, subsequently, his brother gives him the sign that talking to the counsellor is "all right".

The physical effects of Paul's spiritual emergency

Grof and Grof (1990) have suggested that spiritual emergency presents an enormous challenge to an individual, who feels compelled to disclose his inner experiences. Even as he comes to terms with his altering state, spiritual emergency activates fears of the unknown and of losing control. Functioning in a familiar way becomes problematic, as normal activities become troublesome and at times overwhelming. Concentration is difficult to maintain. Experiencing frequent changes of mind may cause panic, and there will be attendant feelings of powerlessness, guilt, and ineffectiveness. Commonly, individuals confront a sense of fear, vulnerability, and loneliness, which can range from "a vague perception of separateness from other people and the world to a deep and encompassing engulfment by existential alienation" (p. 52).

Paul notes a number of times when he physically reacted to the presence of non-ordinary phenomena. For example, when Paul is at all tempted to accept drugs, he gets the sensation of being physically restrained.

He also discloses that when his brother died he was literally unable to speak for five weeks because he was so upset. He later confirms that as the youngest son he would have to take on the leadership of his village. He is upset that he was displacing his deceased brother in a role that he had always considered was rightfully his. He also indicates that the trauma of the death, coupled with the new role and its responsibility, is overwhelming. He sometimes feels deep grief mingled with excitement that he can "see my brother who passed away last year … it's a miracle." However, he feels anxious

and "crazy" when he talks out loud to his brother, in case somebody might hear him and wonder why he is talking to himself. He is beginning to realise that it's all right to do this, but he doesn't want to disturb others: "When you see him [brother] I can tell my story but once you go to school and try and tell someone they think you are crazy."

It may be significant that the issue of tiredness that caused Paul to be referred for counselling is also one of the factors in precipitating his heightened sense of awareness. Paul is exhausted by his late-night studying with his grandfather to become a leader, his daily attendance at church for Bible study, school, homework, and team practices. Unable to manage the disintegration of dimensional boundaries, intuition, inspiration and imagination increasingly assert themselves with attendant high and low emotional responses, physical stresses, and pain.

Involvement in a spiritual life

Paul is conversant with both Cook Island traditions and with Christian doctrine, and he prays both morning and evening. Daily reading of the Bible is a part of the responsibility of being a leader. He reads in the quiet of his room and prays before bed. He is being encouraged by his uncles, who are all ministers of the Cook Island Church, to consider training as a pastor when he gets older. Paul believes that his ability to see spirits is a power passed down through the male line of his family. He has not told his mother of his experiences, only his grandfather, who confirmed that both he and his son, Paul's father, shared the ability.

My suggestion that his brother's apparition could be malevolent makes Paul very defensive and angry. He is not fearful at all, and derives enormous solace from this bond. As he is further prepared for leadership Paul seems to be more and more open to seeing visions, and more able to talk about them. It is possible that the leadership training, because of its deep spiritual nature, and drawing as it does on specific traditional Cook Island myths and archetypes, may be stimulating deeper spiritual interests in Paul.

Willingness to discuss and to learn about his experiences

In his journey to manhood, Paul's grandfather has permitted him to discuss his transpersonal experiences with me, but not his leadership training. This willingness to support Paul in counselling speaks of the grandfather's awareness of his grandson's need to explore these dimensions of experience responsibly. Paul's enthusiasm for his culture and willingness to understand his emergent spiritual experiences enable him

to communicate more fully with his grandfather. In turn, the grandfather has openly responded to his grandson's interest, observing that in his readiness to learn about his culture he need not be fearful of this new knowledge as he grows to manhood.

Paul's story is not uncommon among the "gifted" from many different villages in the islands. Anecdotally the gifted are defined as those who are able to communicate as a medium with *tūpuna* (ancestral entities) or may speak with them face to face. This gift of communication is considered to be a blessing conferred on only the few that the tūpuna see as worthy and who have the mana of leadership. However, not all leaders have this gift, for it arises in particular male and female lines.

Unfortunately this gift can also be interpreted as a symptom of disease. In consultation with a *matai*, it was explained to me that in New Zealand, "gifted" people are being diagnosed as psychotic and their "gift is poisoned, they try to kill it with pills … in the islands we know that tūpuna send messages to help, it doesn't hurt, but these doctors think we are sick, they don't understand our traditions" (W. Browne, personal communication, 2004).

Ideally, in therapeutic settings, Grof and Grof (1990) argue that the individual must be allowed to work through a process of psychic restructuring without any form of medication that would block its natural progress until peace and feelings of inner consistency that engage and link the positive experiences are achieved.

Responding to the client: What happened for the counsellor?

As the counsellor I found myself taking the following positions in response to Paul's experiences:

Reality: At first, even though the client is the expert in his own life, I wanted to distrust and dismiss Paul's disclosures as delusions, the products of a young man's over-active imaginative.

Research: Next, I felt a strong desire to familiarise myself with the literature and to interpret it through my professional and personal experiences. An explanation was found in Stan and Christina Grof's (1989) *Spiritual Emergency: When Personal Transformation Becomes a Crisis.* I began to understand that Paul's spiritual gifting was heightened by his losses, making the boundary between the spiritual and day-to-day reality more permeable.

Relationship: Armed with a little knowledge, I was able to ascertain whether Paul was distressed by these experiences and if he was prepared to explore and understand them, as an ongoing self-actualising process. He suggested that he needed someone outside of

his family to talk to about this to "get his head straight," and that his spiritual companions were not offering him harm or discouraging his discussions with me. Even though Paul's experiences presented a challenge to my world view, personal boundaries, and professional expertise, he assisted me to see them through his eyes. Based on Paul's disclosures, and knowing that he had understanding and strong support at home, I was able, with a degree of confidence, to conclude that he was effectively and positively managing his spiritual emergency and actualisation on a daily basis.

Review: Over time, our therapeutic relationship continued to be collaborative and effective as Paul learned to manage his spiritual emergency. Far from interfering, the spirits seemed to give Paul's life depth, meaning, and direction. However, the day that Paul secretly borrowed a ceremonial knife from his grandfather to bring to school to show his friend was the day that changed the trajectory of our relationship. He had not offered violence to anyone, but he had alarmed a number of staff and broken an important school rule by vigorously demonstrating traditional fighting figures and war cries in the school playground. Startled by an adolescent apparently running amok, staff voiced their concern for safety in the school and the boy's mental state. In spite of my reading of Paul's experiences, existing school policy and simple expediency demanded that at the very least Paul should be seen by Child and Adolescent Mental Health Services for an assessment. I was no longer able to work with Paul and his material confidentially, and I was uncertain about the outcome of Paul and CAMHS engagement.

I took my fears about referral to supervision, negotiated a peace with the school, and attended a number of useful family meetings wherein it was agreed that I would assist Paul to transition, and would mediate with CAMHS. I was caught in a typical role dilemma. I understood that after the knife incident the school was obliged to err on the side of caution. However, previous cases like Paul's had taught me that if he fully disclosed his non-ordinary experiences to CAMHS, they would only respond narrowly with medication to shut down his process rather than with understanding and support to help him manage it.

Referral: Although initially happy to engage with CAMHS, Paul grew less trusting of their process, and increasingly alienated, vulnerable and misunderstood—experiences that had once been so safe, familiar and reassuring were now being characterised as wrong and as manifestations of a sickness. His family, too, began to withdraw their support and his weakening compliance, characterised by periods of impatience and agitation, gave the impression that he was unable to function effectively. After an

initial assessment Paul was placed on medication, which he did not take, and his grand-father who knew about his grandson's "gift" finally withdrew his support from CAMHS. *Result*: The family decided upon a fall-back position that was more appropriate, to preserve their child, their privacy, and their world view. Soon after, at the age of 15, Paul indicated that he was leaving the area and he moved, or was moved, away.

Spirituality, health, and loss

As evidenced by Paul's case, the ways in which spirituality, spiritual emergence, and consciousness development are understood, assessed and managed have a significant bearing on our clients' lives.

Models of spirituality and health

An excellent example of existing practice and understanding about the significance of spirituality in Aotearoa New Zealand appeared in the health sector in the mid-1980s. At that time a number of influential Māori models of *waiora, hauora*, or wellbeing, notably *Te Whare Tapa Whā*, emerged and these have subsequently been broadly adopted by counsellors (Love, Malaulau & Praat, 2004). Compatible Pasifika models have also been developed (see, e.g., Pulotu-Endemann, 2001). In *Te Whare Tapa Whā* (see Durie, 1994) the holistic metaphor of a strong and balanced four-walled house is used to define individual and community holistic wellness. Differing from dominant Western conceptions of health in a number of respects, this culturally specific model emphasises the importance of *wairua*, or spirituality, as a sustaining and all-pervading "force connecting all elements of the world" which is fundamental to wellbeing (p. 14). In this context Paul was able to maintain his balance in spiritual emergence until the influx of non-ordinary material destabilised *te taha wairua*, the spiritual side of his *whare*, causing a spiritual emergency which critically affected the whole structure of his being.

Adolescent grief and loss

A developmental task of adolescence is to manage the changes brought about by what Viorst (1986) calls "necessary losses", such as experiences of adoption, divorce, illness and geographic relocation. An adolescent might also mourn the loss of his or her childhood, identity, role, and past experiences. However, as Balk and Corr (2001) have noted, in a case like Paul's where a young person has become prematurely detached from a parent or sibling, the achievement of normative developmental tasks can become much more difficult.

Transpersonal psychology explains Paul's experiences in terms of the management of psychic restructuring. The literature suggests that a traumatic event like bereavement unbalances and weakens the ego sufficiently to allow a freer flow of unconscious material into Paul's consciousness. The material, which can have a strong spiritual content, is experienced as a self-actualising event (Assagioli, 1989) or spiritual emergence, which, when processed through regression (Washburn, 1994), can serve to activate immediate personal development or later spiritual integration (Wilber, 2000). Ultimately, the effect depends upon the adolescent ego's ability to accept and master the outcome of trauma.

Support for young people

School counselling in New Zealand

As the roles of school counsellors become increasingly demanding (e.g. Crowe, 2006; Manthei, 1999), they find themselves needing to be realistic about what they can do, and to what extent their workload, training, and their own support networks enable them to be effective in particular situations and in meeting the needs of particular clients. Evidence also suggests that counsellors can be uncertain for a variety of reasons about referring clients like Paul to other services within the mental health system (Bray, 2004). After developing a relationship of trust with such a client, rather than referring on to another service of uncertain appropriateness, a viable option could be to maintain primary responsibility for working with the client, with the backing of a knowledgeable support system. The breakdown of the relationship between Paul and his family, and the mental health agency, illustrates Manthei's (1999) finding in a survey of school counsellors that mental health services can have difficulty in effectively maintaining their engagement with adolescent clients.

Adolescent mental health services in New Zealand

In recent years a picture has begun to emerge in New Zealand that adolescent service providers may not be sufficiently resourced to meet the increasing demand. For example, Relationship Services' youth counselling service reported that they were overwhelmed by adolescent clients in "high need categories" seeking support in 2002/3 (Relationship Services, 2003, p. 36). As early as 2000, Webster and Shields suggested that despite its growth in services, CAMHS remained inadequate to meet the needs of New Zealand's children and young people (p. 24). Sadly, CAMHS' own *Stocktake* in 2005 confirmed that they will "never be able to fully address the mental health needs of the

population" (Ramage et al., p. 63). Generally, the inadequacy of mental health services to meet the needs of the adolescent population does have serious implications for counselling. Their inadequacy was particularly apparent in this case, where CAMHS' strict adherence to a prescribed model of intervention confused processes of personal development with psychosis, and left little space to engage in discussions about the management of Paul's spiritual needs and experiences.

A further concern is the limited cultural focus given to the link between spirituality and wellbeing. Of course, consideration of the specific cultural and spiritual beliefs of Māori and Pacific Island clients, for example, is crucial, but are these factors any less important for the whole population?

Counsellor training and spirituality: A note

Paul's case illustrates that clients do bring the spiritual aspects of their experience to counselling. However, in their recent review of literature, Hall, Dixon and Mauzey (2004) suggested that counsellors do not see the need to examine their own spiritual values because client spirituality and spiritual care do not specifically feature in their training (West, 2004). Ten years earlier, Everts and Agee (1994) advised that New Zealand counsellor educators needed to be cognisant of the spiritual dimension of functioning in the therapeutic process and of the relevance of spirituality to both clients and counsellors.

Acknowledging adolescents' spiritual emergence

At present there is no specific mandate to assist adolescents who are experiencing spiritual emergence in New Zealand. There is insufficient available evidence of the incidence and effect of spiritual emergency in adolescence to justify the need for a national strategy. However, there is certainly a place for counsellors to discuss these important issues of spirituality and development both with each other and with their referral agencies, and to consider the impact they may be having upon clients, counsellors, and therapeutic relationships.

These conversations should lead to a better understanding of the effect of spiritual experiences on clients and their families at a local level. This is, perhaps, a more realistic way to improve public knowledge about spiritual emergency, encourage help-seeking behaviours among adolescents, and develop sources of family and community-based support.

Counsellor awareness

Crises of transformation such as spiritual emergency, although subjective, are to some extent identifiable (Grof & Grof, 1989, 1990). How, therefore, might the practice and training of counsellors working with adolescents like Paul be improved?

Sutich (1996) has broadly outlined the following requirements for counsellors working with spirituality and spiritual experiences. Ideally, he suggests that counsellors:

• are on a spiritual or transpersonal path, or striving to become aware of their own spirituality;
• accept the rights and choices of clients to pursue or not to pursue their own spiritual paths;
• accept the responsibility to function in the best way they know how;
• realise the principle in themselves and their clients that all human beings have continuous impulses toward emotional growth and higher states of awareness.

Similarly, West's (2001) broad-based training programme for counsellors dealing with spiritual issues includes suggestions for counsellors to:

1. Examine their positive and negative prejudices and biases around spirituality and religion.
2. Clarify, by familiarisation with the literature concerning spiritual experiences, the differences and similarities between spiritual direction, pastoral care, and counselling.
3. Address assessment issues such as: when an experience includes psychotic elements; when a client needs a referral and to whom; and the part played by spiritual emergence and spiritual emergency in people's development.
4. Get a sense of some of the main maps and theories of spiritual development.
5. Have appropriate supervision arrangements in place.

Recently, West (2004) has further expanded Sutich's principles and clarified his own by stressing that counsellor education should include elements of self-discovery such as:

6. Knowing where you as a counsellor might stand in relation to human spirituality.
7. Being present to the client's spirituality and understanding how it might be for her.
8. Being aware of "counter-transference" to spiritual issues.
9. Accepting that not everyone will believe in the validity of spirituality and spiritual experience.
10 Understanding personal and professional boundaries through ethical practice.

Counselling and spiritual emergency

As many counsellors will not have received training in managing religious and spiritual issues, is it enough to rely instead on personal convictions to guide our work with clients (West, 2001)? There are some obvious limitations for counsellors in the very specific work of managing clients who are experiencing spiritual emergency, not the least Grof and Grof's (1990) suggestion that to be effective, counsellors require an in-depth knowledge of non-ordinary states of consciousness experience. Individuals like Paul are at times in a heightened state of awareness and sensitised to their counsellors. They expect them to be genuinely responsive, empathetically understanding of their process, and to know the levels of intervention required. Counsellors who are unfamiliar with or unsympathetic to this phenomenon, and the humanistic belief that human beings have actualising impulses towards positive growth, may unwittingly do more harm than good for their clients.

Assessment

Assessment of spiritual emergency is difficult because non-ordinary states of consciousness and mental illness can occur together and do cover a wide spectrum of experiences (Powell, 2005, p. 5). Lukoff (1998) has identified the following simple constants which can alert a counsellor to spiritual emergency, drawn from his proposal for the relatively new diagnostic category "Religious or Spiritual Problem" in the *DSM IV*, which suggests that: cognition and speech relate to themes in spiritual traditions or mythology; there is openness to exploring the experience; and there is no conceptual disorganisation (American Psychiatric Association, 1994). Powell (2005) argues that the final criteria for assessing spiritual emergency rest upon whether a therapist and client view the spiritual crisis as holding an existential truth necessary for future development.

Theories and models of practice

Grof (2000) suggests that the types of modality chosen for clients with spiritual emergency should match the client's style and the counsellor's competence. Central to this is the therapeutic relationship, which is of itself a spiritual experience expressing the qualities of presence exemplified by Rogers' (1961) person-centred theory.

A powerful intervention for spiritual emergency is education to assist clients to access information and expand their understanding of what is happening to them by identifying it as a positive healing experience. In this way a counsellor permits an adolescent client to face more effectively the oncoming inner flow of experience,

tolerate the initially painful feelings it introduces, and travel within it rather than fight it, flee from it, or suppress it (Cortright, 1997).

In addition, West (2004) suggests that a counsellor's answers to the following questions will assist her or him to know how best to work with clients' spiritual issues: What position do I take about spirituality and its relationship to wellness? Can healthy spirituality be captured by a counselling theory? Are there phenomena that occur in the session that I might label "spiritual"? Are my beliefs about spirituality blocking my clients' disclosure of spiritual material? Are my responses to client material dictating the path of the session and the counselling? Do I accept that clients will be constantly working on spiritual concerns regardless of their presenting issues? Do I regard the journey as being as important as the destination?

Protective factors for spiritual emergency

A transformative spiritual emergence is less likely to turn into a spiritual emergency in the presence of three protective factors (Bragdon, 1988):

1. An adolescent has a conceptual framework to support, understand, and accept the experience.
2. The adolescent has the emotional flexibility and structure to integrate the experience: a healthy ego structure, tolerance for strong emotions and ambiguity, and flexibility.
3. The adolescent's family, friends, and social network, including helping professionals, define the experience as natural, positive, potentially healing, healthy, or initiatory.

Ideally both the family and significant friends should be included as equal partners in the group of supporters, and their open attitudes to extreme spiritual emergence and understanding of the effects on the individual are important factors in healing. Counsellors have an educative role here as well. However, as Grof and Grof (1990) observed, there is a world of difference between studying about "theoretical maps and spiritual systems" and "being in the middle of them" for both the counsellor and the young person (p. 53).

Conclusion

> … *assessing the wellness of concepts such as mauri, wairua and mana or spirituality … [we] recognise that what is not measured is often not counted.*
>
> (Love, Malaulau, & Praat, 2004, p. 25)

The management of loss and its attendant inner changes is important to the way in which an adolescent naturally adapts and develops. This discussion, which links loss and spiritual emergence with development and actualisation in adolescence, does raise more questions than it answers. However, it is genuinely offered to assist in making sense of processes that can significantly either hinder or improve an adolescent's developmental outcome.

Many adolescents are able to manage these personal experiences with minimal support but they still require knowledgeable counsellors to guide them. The mutual understanding among counsellors and adolescents that these experiences can occur, and that the concept of spiritual emergence is useful to understanding them, can only enhance our therapeutic relationships.

By presenting a theory of adolescent spiritual emergence, this article has sought to examine the role of spirituality in counselling and in the mental health of young people. It is hoped that this work will prompt further discussion and debate among counsellors about young people and their spiritual experiences, and support an environment in which these aspects of spirituality become visible because they are being acknowledged and taken into account, even if their very nature means they cannot be "measured" and "counted".

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