

Is Spiritual Emergence Up the Spine always a Benign Process? Can it teach us anything new about spiritual pathways?

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The results of a questionnaire completed by those who had experienced 'kundalini energy' rising, with a discussion of the psychiatric, 'energetic' and spiritual components.

Introduction.

There are many forms of spiritual emergence described in both eastern and western literature. One particular form is felt rising up the spine and has been described as 'kundalini energy (KE) rising', but it is also known in ancient cultures around the world by different names.¹ There appear to be very few details of these experiences published in the UK, where Christianity has taught that all spiritual 'gifts' are brought down by the 'Holy Ghost'. Accordingly, many who suffered this apparent upward spiritual emergence in earlier centuries were persecuted or sent to lunatic asylums.

Eastern sources site primal KE lying at the area of the coccyx. In those few who have a clear 'energy' pathway it is said to 'wind up the spine like a snake'. In spontaneous experiences, the person affected is usually unprepared, and feels burning, tingling or 'fire' in one or both big toes or the coccyx. This passes up the spine, both inside and outside the body, to exit at the crown of the head. Occasionally, it is said to travel down the front of the head and neck to re-enter the body again at the abdomen. This rising 'energy' is highly regarded in the East, as it is said to bring spiritual growth with changes in consciousness, but may cause rare psychiatric imbalance. As a westerner I shall use the term 'Spiritual Emergence felt rising Up the Spine', which will be abbreviated to SEUS.

The USA has several specialist centres dealing with spiritual emergence in its various forms.

Following my published letters requesting information from those who had had such experiences in Network (Issue 68) and 'Healing Today', (issue 75,) a publication of the National Federation of Spiritual Healers, there were 34 replies, and 20 completed questionnaires.

Results

Table 1. Demonstrating some of the responses to the SEUS questionnaire.

CASE	SEX	AGE	MAJOR SEUS	MODES T SEUS	MINOR SEUS	HOSP ADMIN	OP/GP VISIT	PRIOR STRESSES	PSYCH HISTORY	SPIRIT GIFTS
1	f	30+		+	+++					1
2	f	40+		++	+++					2
3	m	50+		+						2

4	m	20+	+			+		+		3
5	m	20-		+	+++					4
6	m	50+		+	+++			+	+	2
7	f	50+	+	+++		+		+	+	3
8	f	30+	+	+++	+++		+	+		4
9	f	50+	+	++		+		+		-2
10	m	30+	+			+		+		2
11	m	50+		+						1
12	f	30+			+++					2
13	f	30+		+++	+++		+			1
14	m	20+	+			+		+		2
15	f	50+	+	+		+		+	+	5
16	f	20+		+++						0?
17	f	40+	++	+++	+++	+		+		4
18	m	40+			+					1
19	m	20+		+	+		+		+	2
20	m	20+	+	+		+		+		0?

+++ represents 3 or more such experiences.

The respondents were of equal sex distribution whose ages ranged from 19 to 57 years. 8 respondents were SMN members, 10 were 'healers', and there were two others. Many respondents were professionals and 15 had degrees or diplomas. 3 lived outside the UK. All the respondents were of western origin and had received a western education.

Prior to their SEUS experiences 8 respondents were non-practising Christians, 2 were non-practising Jews, and one was a non-practising Buddhist. Most respondents (17) had used western or eastern spiritual practices to varying extents. These included prayer, meditation, spiritual healing, yoga, Martial Arts, T'ai Chi and Kabbalah study. 3 respondents wrote that they had not used any spiritual practises.

For the purpose of this paper I have divided the SEUS experience into three categories of severity. The first, a *major* SEUS is one so severe as to require acute psychiatric hospital admission, or a minimum of 3 months off work. (This definition does not always correspond with the respondents description of the severity). This was experienced by 9 respondents, of which 8 were admitted to hospital, (see Table 1). The second category, classed as a *moderate* SEUS, was experienced by 15 respondents. Here the symptoms were severely disabling and often multiple, but did not result in hospital admission. In the third category a minor SEUS event was experienced by 10 respondents. These were often recurrent and interspersed with more serious events. All varieties of the phenomena occurred over months, or up to 18 years apart.

The psychiatric diagnoses made on the 10 respondents who had suffered major SEUS events included manic-depression, acute psychotic disorder, hysteria, nervous breakdown, stress, adjustive disorder, and possible Jacksonian fits. One was given an early presumptive diagnosis of schizophrenia, which was later changed to a 'stress reaction with upswing of mood'. Two had multiple diagnoses, and two were acutely suicidal during their experiences, one in the manic phase, and one in the depressive phase.

Respondents offered a wide range of precipitating factors which included stress and stressful events (4), and subsequent to working in the spiritual field (11), or both, for example after giving a lecture to doctors on spiritual healing. Stress was a significant factor in all the major SEUS experiences. Ten respondents described serious stress prior to the event. (4 had faced one or more recent family bereavements, 4 had suffered severe marital problems, 4 had financial or other stresses, and some multiple stresses.) Of the 10 with stressful events, 8 were to have hospital admission, and 2 out-patient or GP treatment. No one had experienced previous psychiatric hospital admission, although 2 of the respondents had previously suffered depression, and 2 manic-depression.

Most respondents had never heard of SEUS experiences, or KE rising, but 7 received a premonition that 'something was about to happen to them'. One of these was received by her daughter, and one had a 'channelled' warning message.

The respondents described a variety of symptoms which included the classical description of a SEUS experience. In the acute phase physical symptoms also included:- severe headaches, neck, chest, diaphragm, and abdominal discomfort or pain. One saw (at her third eye) "flames of fire as the KE ascended." A few described temporary muscle paralysis with respiratory problems, whilst two noted severe involuntary muscle spasm such that they were thrown across, or out of bed. Another developed menorrhagia (uterine bleeding in excess). Persistent sexual stimulation was noted by 3 respondents, one for 24 hours, whilst another 3 experienced kidney problems.

Emotional symptoms included feelings of elation, fear, sorrow, and unconditional love. In a few, depression was the more significant feature. This stage was always accompanied by a marked change of consciousness. The elation and ecstasy lasted for minutes to weeks. Similarly, there was often prolonged insomnia, particularly in those with major experiences. One respondent commented "It was like being on a permanent LSD high for 6 weeks." Emotional breakdown often followed.

Most respondents noted psycho-spiritual experiences, these included precognition, synchronicities, hallucinations, hearing noises or voices, out-of-body experiences, and

unusual smells and tastes. Many felt that they were part of 'Universal Consciousness at the Highest Level' with a sense of light or bliss. For others this came much later. Different SEUS experiences produced different symptoms in the same individual.

The chronic or later symptoms included exhaustion, followed by depression, a lack of self worth associated with a deep sense of guilt, particularly in those with moderate or major SEUS experiences. Fear was a common emotion, particularly that SEUS events and hospitalisation would recur. Some felt over sensitivity to people and situations. Three respondents described severe 'jumping' when asleep in bed over some years prior to their SEUS experiences. This has now ceased. Three respondents are able to partially raise the KE at will up the spine which is at first pleasurable, but 2 respondents report that it can be quickly followed by involuntary shaking.

Musical notes sometimes stimulated bizarre involuntary movements. A particular musical note caused one respondent to 'freeze in horror'. In 2 respondents their internal 'noises' later changed to beautiful songs and orchestral music. Neither of these respondents are musical in this life. Unusually sensitive and significant poetry and prose was heard by others. In 3 cases regular prophetic channelled communication emerged.

Several respondents noted over weeks to months that electrical equipment fused with contact e.g. radios, and PC's. One theatre sister found that her mere presence altered patient's medical instrument readings. Three respondents reported involuntary complex movements of Yogic postures, dances, or T'ai Chi which had not been learned in this life. Two of these three cases noted recurrent 'bubbles' in the body which were to exit along the meridians to the mouth. (There is a video recording some of both of these actions.) Both had removal of their previously acquired 'gifts'. In one case these 'gifts' were returned two years later in a changed form after a spiritual emergence of a different kind.

Most of the respondents described themselves as now having more loving sensitivity, being more mature, and being closer to Divinity. 'Gifts' included the following:- spiritual awareness (6), prophetic perception (4), healing (4), intuition (4), clairaudience (3), clairvoyance (3), clairsentience (1), poetry and literacy skills (3), automatic writing (2), speaking in tongues (2), musical and artistic abilities (3), understanding and dreams of cosmic/ancient mathematics and physics (1), special 'gift' relating to pre-history and evolution (1), tasting and smelling energies (1), dream lucidity (1), bible decoding (1), and many others. In some, these 'gifts' were diminished or enhanced with time.

Eighteen of the 20 respondents considered that their experiences were beneficial although they had had some difficult years integrating the many changes into their personality. Two described being healed of chronic skeletal pain. One considers that he feels worse after his experiences, as he is now ultra-sensitive to other people, which makes social interaction difficult. All respondents are now well, and only one receives occasional medical attention. Most now have different working patterns.

Literature, and research.

Hansen described 2 cases of spiritual emergence and possible SEUS in Denmark. He considered that they had been erroneously labelled with a diagnosis of Schizophrenia.² Bentov and Sannella have researched and described 17 cases each of SEUS sufferers³. The subject has also been researched by Grof⁴, Nelson⁵ and Scott⁶. Personal testament is recorded in the books by Gopi Krishna⁷. Physiological aspects of SEUS have

been described by Bentov⁸. He showed that the motor and sensory areas of the left cerebral hemispheres, and other parts of the fore-brain, were the sites of stimulation of the central nervous system. In Network (67) Peter Fenwick wrote of mystical experiences being perceived in many parts of the brain. The respondents' accounts of SEUS experiences suggest that they have permanent brain changes, and that new neural pathways are opened up in the right brain, and between the hemispheres.

There are increasing numbers of papers on the relationship of disease to spirituality, particularly in the field of psychiatry. Lecturers such as Peter Chadwick⁹ writes that the experiences of the psychotic "indicate the principle of genuine spiritual laws," whilst Peter Nolan¹⁰, a lecturer in nursing, discusses the place of spirituality in mental disease.

Discussion of the medical and psychiatric aspects.

Dr Robert Orange MRCPsych., an SMN member, comments as follows:- "I have examined the twenty questionnaires and related correspondence, grouping the respondent's experiences during the SEUS according to their similarity to traditional psychiatric symptoms. There is a striking pattern within the symptom groups: ten of the respondents seem to have experienced changes in consciousness which resemble very closely those commonly found in a classic manic episode. In fact this cluster of experiences occurred more commonly than any of the other groups: depressive symptoms (3), anxiety (5), hallucinatory-type phenomena (4), self-referential ideas (4)

Although this study contains only a small number of cases from a self-selected group, it strongly suggests that a significant proportion of people presenting to mental health services with manic-type symptoms may be going through an acute spiritual emergence of this type.

A further observation is important. In a number of cases, individuals became significantly depressed and distressed at times, and two actively suicidal. In caring for the person with SEUS, we must remember to consider the risk of deliberate self harm."

As Dr Orange notes, there are a number of psychiatric presentations of SEUS, which make diagnosis by an orthodox trained GP very confusing and difficult. In particular the manic patient is the least likely to seek early help and advice. In the convalescent stages a few respondents were able to attain the support and specialist counselling they required, particularly through complementary therapists who had some knowledge of the 'subtle energy system', and of difficult spiritual pathways. Other respondents regretted that they were less fortunate.

'Energetic' Aspects

The 'subtle energy system' is believed to be the key to the understanding of the energetic aspects of the SEUS phenomena. This system is generally accepted by western 'healers' such as Barbara Brennan¹¹, and complementary therapists. (Modern physicists label these human subtle energies as morphic fields.) The 'energy leaks' of KE from blocked sacral chakras can be felt and seen by 'sensitives' and healers, The 'subtle energies' can now be demonstrated through a variety of sensitive electronic equipment, such as Polycontrast Interface Photography which can visually demonstrate leaking KE, auric fields, chakras, and meridians¹². Modern healing knowledge accepts that disease and imbalance can first be demonstrated in the auric fields (Hunt¹³) and chakras (Brennan¹⁴.)

The energetic pathway of KE is first felt at the base chakra where the 'normal' unreleased KE resides. Damaged chakras are known to respond in various ways, e.g. elicit pain, muscular activity, or dis-ease. These could be stimulated in some respondents by relevant musical notes, or vibrations.

The second phase involves release and raising of KE to the sacral chakra. Respondents replies suggest that those who reported jumping in bed could have had KE which was unsuccessfully attempting to be released due to sacral blocks. Respondents described a variety of sexual difficulties which are known to relate to this chakra. The pelvic muscular activity of being thrown across/out of bed demonstrated severe sacral blocks. By contrast, the spontaneous healing of arthritic hips demonstrated the clearing of a block at this level.

The third phase involves the raising of KE to the heart chakra with feelings of heat in the chest, but if intermediate chakras are partially blocked, they will cause appropriate symptoms. It is known that damage to a stress filled solar-plexus chakra is likely to lead to pathological mental conditions, due to the close relationship of this chakra with the auric mental fields.

The fourth phase involves further raising of KE to the throat and brow chakras with possible psychic-hearing, and psychic-seeing. Personal experience showed that both are initially severely distorted after a major SEUS, and thus give rise to a 'psychotic state'. On reaching the crown chakra the whole process is raised to a higher spiritual level of vibration. In practice most respondents seemed to have partial blockages of several chakras, which in a few appeared to manifest almost concurrently. Several respondents report incomplete classical SEUS experiences.

According to Traditional Chinese Medicine the reported kidney problems suggest a dysharmony of the kidney meridian, and energy, (excess 'fire/yang'.)¹⁵ The bubbles leaving the body via different areas of the oral cavity suggest a clearing of meridian stress.

The holistic complexity of the SEUS can be shown by one respondent's story. He described having a significant dream a few nights before his SEUS experience, in which he felt "deep anger, and a sense of injustice, as he was led to be executed in a past epoch of time". His chronic neck pain was healed by the SEUS. He also describes the removal of much anger from his personality following the event, and a greater sense of unconditional love, which has persisted. There were several other respondents who had relived apparent difficult past-life experiences with their relevant emotions, and this had led to inner healing.

The diverse chakral activity, as explained above, needs to be closely orchestrated at a higher individual level of vibration in a major SEUS experience. Classic healing teaching suggests that this occurs within the super-conscious mental field or mind. (In healing terms this means levels seven and eight of the auric field.)

Spiritual Aspects.

The respondents had no single orthodox religion or spiritual belief system. It seems significant that 12 respondents knew nothing of the processes of reincarnation before their experiences; all 20 now do so. Only 2 of them are unsure of the validity of this process.

One respondent who had 'heard beautiful songs' later received channelled information that the singer she had heard was herself, recorded between lives when her musical blocks were not in place. This information was confirmed after formal prayer. The respondent who heard

fine orchestral music learned that she had been a wind player of this orchestra, and also believes that it was similarly recorded between lives. It seems logical, and is the teaching of healers that the 'spiritual gifts' that the respondents received were ones that they had previously earned for themselves, in this, or in other past-lives. Some 'gifts' (which perhaps would be better termed prizes) appear to have been earned in the distant past.

The spiritual practices, pilgrimages, and study of the respondents suggest that they were searching consciously, or unconsciously, for personal spiritual growth. It is important to note that of the three respondents who did not admit to conscious spiritual practices, two as healers, must have used meditation at an unconscious level (healer's brain waves change automatically to alpha rhythm when they are in the healing mode.) The third respondent appears to be both sensitive and creative, and may have been working unconsciously at this level. Many, particularly the healers, described an on-going process of spiritual emergence by means of a variety of pathways. Thus it seems that the form, and timing of the SEUS experiences relate not only to the state of the individuals' actions, and chakras, but also to their individual spiritual pathways; past, present, and future.

Some Eastern sources suggest that the SEUS process is an automatic one, governed by the individual's actions, biology and chakras. The spontaneous holistic SEUS events described in this paper suggest that there is, in addition, a much higher vibrational level of control which healers believe emanates from the Highest Level of Consciousness, or Divinity. By contrast, Western Christianity has lost the equally important understanding of the lower spiritual pathways which were known to the ancient Egyptians and Greeks.

Conclusion

Replies from the 20 respondents who have experienced the spontaneous SEUS phenomenon bring important new data in psychiatry, and an apparent updating of 'energetic', and spiritual information. Whilst most respondents eventually acquired benefits, these were sometimes gained at significant emotional and psychological costs.

There is a need for greater education and awareness of the pathways of spiritual emergence with their inherent medical problems.

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Erratum (sic)

The errors reported by the author in *Network* No 72 have been corrected in the above version of the article.