

Return to the Meeting Place for Art, Science and Spirituality: Mystical and Psychotic Perceptions of Reality - some replies to correspondents

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This is a digest of certain material in Schizophrenia: The Positive Perspective - in search of dignity for schizophrenic people to be published in 1997 by Routledge.

How do people think when they are insane? What is the stream of consciousness like in a psychotic mind? Even, say, for a minute or two? Since, sadly, I have been there myself nearly twenty years ago I can tell you. The memory of psychotic thinking indeed is quite vivid, I can even now play at recreating it whilst remaining perfectly sane, but I wouldn't recommend this to anyone else! In psychosis everything seems to 'mean' something; nothing is trivial; the most innocuous item is quite portentous. And the level of fear is beyond anything a sane mind has ever entertained. It is as if the world 'has a message', as if trivial things have been 'put there' as a sign - in this context it is hardly surprising that psychotics think they are being persecuted by the Mafia or the CIA. Cognitions change with every eye movement; five minutes is a *very* long time in an acute psychotic episode. The following eye movement/psychotic thought sequence is not atypical: I notice, for example, a dead moth on the window sill - 'a life extinguished' I think, 'like yours may be soon' I also think; I then notice a packet of mints with one left in it ('you have *one* chance left' I imagine my persecutors saying); then a half onion ('the layers of your mind and character are revealed for all to see' they snidely state); then my eyes alight on Quink ink ('drink you queer'), on painted flowers on the curtains ('your beauty is only painted on'). I turn on the radio, but the first words emitted (in a song) are, 'You can't hide!'. I turn it off immediately and abruptly - but this is curtly 'reacted' to by laughter from the street outside - as if I am being mocked for my evasiveness by some strange all encompassing power that can orchestrate such events. I turn the radio back on - but now the DJ is laughing too. I turn it off again. I cannot get away from the torment. The sound of a car window being smashed rips through the air ('they're breaking through' I fear). The sound of police sirens quickly follows ('help is near'). I relax, and as I relax the 'sequence' seems to stop. My 'galloping paranoia', at least for a few minutes perhaps, is over. Notice that the above is a kind of verbal window on an episode that may last several *months* in duration! One can see here why patients are in the dreadful state they are on admission: Sometimes every single audible line of a song on the radio can seem 'meaningful' in this way and produce what patients do call 'galloping' of this kind.

A cautious interpretation of narrations such as the above would see them as entirely intrapsychic in quality, mere 'coincidence processing'. At the time however one feels as if one has accessed some symbolic structure to the world and events such as the above, even those eventuating because of one's own eye movements(!) are 'sent' to torment one, even drive one to destruction. As if one is picking up on a plane of negative symbolic meaning or in the grip of some incredibly powerful force like MI5 or Satan who could somehow 'send' these events. In this way people can be driven suicidal by overheard comments from passers-by in the street as they walk past an open window ('stooges sent to persecute me') or reduced to terror by a driver honking his car horn at a 'critical' moment (e.g. at the thought, 'I wonder if they're still watching me?').

The mystic sees the world as an instantiated symbol, as 'all meaning'. But does the psychotic pick up on this world's negative symbolism? A sane person may look at beautiful scenery and also see it as 'symbolic', as 'full of meaning'. Lovers may reflect on their love and their relationships and seek its 'meaning'. Psychotics and sane people are not really so different. The 'planes', if one dare call them that, that they resonate to, I have called the Negative and Positive Borderlines¹ (Table I).

TABLE I

THE NEGATIVE BORDERLINE	THE POSITIVE BORDERLINE
Events feel like Satanic trick.	Events feel sincere.
Realm confuses and bewilders.	Realm clarifies and illuminates.
Realm terrifies.	Realm nurtures, calms and rests.
Events lead one downhill to destruction.	Events enable one to grow and thrive.
Realm paralyzes will.	Realm strengthens will.
One is at the centre of existence yet totally expendable.	One is part of existence yet utterly indispensable.
Realm induces one to feel that every raw nerve is exposed.	Realm protects and shields.
Events happen too fast to keep up with.	Events happen so that one has time to use them and learn from them.
Realm destroys all relationships.	Realm enables one to build innumerable new ones.
Realm gives 'signs' and 'directions' that in fact lead relentlessly down.	Realm gives 'direction' which leaves room for personal manoeuvre, choice and decision.

The former shows how events of potential meaningfulness impact on the psychotic, the latter shows how other events, not really less meaningful (such as a beautiful sunset) impact on sane people (in transcendent moods) and on mystics. Happy coincidences can be seen in the latter light and we do tend to see such events as meaningful to some degree - for example as evidence of 'the Divine light in the world' or as 'my guardian angel helping my life along' and so on. Whether the meanings that the psychotic and the mystic conceptualize are in fact merely read into the world or picked up from the world is at the present stage of our knowledge unknown. Materialists interpret in the former way, some religious and spiritual people lean toward the latter interpretation. Some esoteric people even see

psychotic sequences such as I outlined above as 'paranormal attacks'. The psychotic sees them as due to them being in the grip of an external controlling force of terrible awesome power. The coincidences consequent on eye movements would then require knowledge (at 'MI5 headquarters') of the psychotic's thoughts - hence the common delusion of having had 'electrodes' put in one's brain 'when sleeping' etc. etc.

One thing however is common to both the psychotic and the mystic - an, in a sense, enlarged perception of reality: a sense of an immanent Presence of great power, a sense of the significance of all things, both great and small. Further comparisons between psychotic and mystical thought are given in Table II (see also Table I in Chadwick, 1996² for other parallels and contrasts).

TABLE II

SUPERSANE (MYSTICAL) INTUITIONS	INSANE (PSYCHOTIC) INTUITIONS
I am not of this world.	I am an outcast, an alien, a hated freak.
I see the universe in a grain of sand.	The totality of my torment is in this little dead leaf.
I must suffer to reach The Kingdom.	Only by killing myself can I save my very soul.
There is a universe of love in a stranger's smile.	The whole of my life is summed up in that policeman's stare.
There is a purpose to all things.	There is a reason for all this persecution. I am destined for Heaven or Hell.
My mind is not of space-time.	I have terrible premonitions
There is a Great Presence we cannot see.	My privacy has gone! I'm being observed by a powerful organization.
The silence of the cosmos overwhelms me, envelopes me.	What is this deafening silence?! What are MI5 planning?!
Even birdsong has a celestial ring to it.	Traffic going by seems to damn me by its thunder.
Will, trust, faith and meaning are the bases of all things.	My will is powerless, I trust no-one, believe nothing anyone says to me.
The world is alive!	The world is a dead thing.

My previous article in *Network* on this issue² brought me a very considerable mail over a period of some six months. I will not detail individual correspondents, thankfully the overwhelming response was positive. However my insistence² that we be prepared to experience and study what I am here calling 'The Negative Borderline', and my suggestion indeed that we value the negative side and listen to the utterances of the decadent, the sinful and the mad to obtain a complete description of what is the case predictably provoked hostility from some correspondents. My inducements were seen by some as 'unhealthy', by others as 'irresponsible', by others as 'dangerous'. The Negative Borderline also was seen by some as a likely destination for those who venture into the outer reaches of human experience without a guru whilst others defended me by saying that great pioneers of the spiritual way in the past - such as Jesus and Buddha - themselves also had no guru and hence that the true researcher can never rely on a map provided by a forefather. Still others, in support, argued that thinkers from antiquity to Freud and Fromm have stressed the importance of incorporating and transmuting the bad rather than avoiding it.

To articulate my case I called for a rapprochement of art, science and spirituality, for more scientist-poets and artist-experimenters, the latter being my own identity. It seems to me that only with the aid of the intrepid questing of the artist and writer into the crags and ridges of experience, if necessary with an abyss beside one, can we confidently chart the phenomenological territory of mind and thus discover fully what needs to be explained and understood. Psychology will never progress to the status of a great endeavour if everyone sits safely in the valley of experience studying only the customary and the prosaic. This I do not see as irresponsible. Schizophrenic episodes (perhaps the very worst possible outcome of 'intrepid questing') are by no means a disaster for everyone. Recent research^{3,4} reveals a generally positive prognosis for most patients and indeed some go on not only to become well but to become weller still with time⁵. Only the day before I wrote this a student told me that his psychotic episode was the best thing that had ever happened to him. Psychosis can also reveal the deeper potential of consciousness; can confront one with one's whole life scenario in perspective and provoke spiritual experiences from which the individual can profit later¹.

We cannot, I would argue, afford any longer the luxury of ignoring the story from within in the interests of being only 'objective scientists' - and to understand madness we need partake also of our own madness, if only in minor ways, to better empathically indwell in the world of the patients we study and treat. Only an intense relationship with the subject can reveal the truths we seek in clinical psychology and psychiatry - if we stand back at a great distance we end up speaking our own scientific language while the patient speaks theirs - or doesn't speak very much at all - what Robert Lebel⁶ would call 'onanism for two'. In this context it is not pleasing to find⁷ that only 12 per cent of psychiatric patients (in a patient survey) found psychiatrists 'helpful' and that they were described typically as 'lacking understanding' and 'unconcerned'. This half-death of unawareness is, I claim, the result of a detached puritanism in the scientific community which sees 'problems' as something external to the Self and which thus probes them only using instruments to find facts guided by theories. The artist however seeks to understand via what he or she is guided by feeling. The scientist works in the service of order, the artist in the service of expression. In the realm of the decadent, the sinful and the mad I would challenge that only a fusion of both these attitudes can take us to a truly deep understanding that surely will also facilitate the treatment process in medicine and psychology.

Finally I would like to say that I feel strongly about these issues particularly given the distressing experiences of peers when consulting psychotherapists during their attempts at recovery in the 1980s. I also had some bad experiences of my own². Recovering psychotic patients seem to be slightly intimidating for psychotherapists as they have been to a psychic place that the therapist has no knowledge of and cannot (or will not) empathize with. One way it seems to deal with the insecurity that the patient provokes is to totally discount the psychotic's experience as being of no moment, as totally illusory, vacuous and worthless. Another technique is to regard the experience as a sign of weakness and escapism - as demeaning of one's integrity as an individual.

Side by side with the negative reactions of patients to psychiatrists⁷ it also has been found that psychotherapy of psychodynamic and humanistic orientation has made no inroads whatever into the clinical problems in psychosis^{8,9}. This does not surprise me. I therefore would urge that quite a different attitude is required for progress in the understanding and care of the 'mad, bad and sad', that the Victorian search for definiteness and the dispassionate detachment of neo-classical science are counterproductive and that unless we take cognizance of more subjective and romantic approaches the Establishment's perspective on the mentally ill will continue and solidify in its current lamentable state.

References

1. CHADWICK, P.K. 1997. *Schizophrenia: The Positive Perspective - In search of dignity for schizophrenic people*. London: Routledge, (in press).
2. CHADWICK, P.K. 1996. 'A Meeting Place for Science, Art and Spirituality: The Perception of Reality in Insane and Supersane States'. *The Scientific and Medical Network Review*, No 60, April, 3-8.
3. BARHAM, P. and HAYWARD, R. 1990. 'Schizophrenia as a Life Process,' in R.P. Bentall (ed.) *Reconstructing Schizophrenia*, London and New York: Routledge, Chapter 3, 61-85.
4. HARDING, C.M., ZUBIN, J. and STRAUSS, J. 1988. 'Chronicity in schizophrenia: Fact, practical fact or artifact?' *Hospital and Community Psychiatry*, **38**, 477-86.
5. SILVERMAN, J. 1980. 'When Schizophrenia helps'. *Psychology Today*, September.
6. SHORT, R. 1994. *Dada and Surrealism*. London: Lawrence King Publishing.
7. ROGERS, A., PILGRIM, D. and LACEY, R. 1993. *Experiencing Psychiatry: Users' Views of Services*, London: Macmillan.
8. KLERMAN, G. 1984. 'Ideology and Science in the individual psychotherapy of schizophrenia'. *Schizophrenia Bulletin*, **10**, 608-12.
9. MUESER, K.T. and BERENBAUM, H. 1990. 'Psychodynamic treatment of schizophrenia: Is there a future?' *Psychological Medicine*, **20**, 253-62.