## Report - Psychosis and Spirituality: Exploring the New Frontier

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I recently had the opportunity to visit England and while there I joined the Friends Fellowship of Healing. A conference called "Psychosis and Spirituality: Exploring the New Frontier" was the reason for my trip. I am grateful for the opportunity to have joined with professionals and people who have had powerful spiritual experiences for dialogue. For me as a Quaker, a psychologist, and a person who has had many experiences of voices, visions, and presences that I conceptualize as Holy Spirit energy, the conversation was rich. There were diverse viewpoints and many points of validation for my own writing project in which I have collected stories of people's experiences of God.

The stage was set by CHRIS and ISABEL CLARKE whose goals for the event were to: 1) begin to write a new story around the treatment of spiritual experiences, and 2) learn to respect the beliefs and experiences of others. With a background in physics, Dr. Chris Clarke has explored a new conceptualization of the scientific method called "The Cooperative Inquiry Model". This model allows for the uncertainty that is a necessary part of being called to faith and emphasizes our participation on one another's experience.

As a clinical psychologist, Isabel Clarke has explored a "discontinuity model" which says that a polarization between psychosis and spirituality is a false dichotomy. Both represent an experience of inner and outer reality that is qualitatively different from the everyday. She proposed there are two ways of operating in the world: the everyday and the transliminal (beyond ordinary). Both are available to all human beings and both are equally valid. Her model brings psychosis into the realm of universal human experience, helps explain common experiences of labeled as psychotic, promotes "both/and" or "transrational" rather than "either/or" thinking, and promotes a "we are all in this together" rather than an "us/them" mentality. She asked us to make distinctions between the pure experience within the body and our conceptualizations of what happened. The experiences are universal; conceptualizations vary depending on one's culture, religion, and many other factors. NICK MAGUIRE presented psychosis as a "continuum model." He noted that paranoia and delusions are present in non-clinical populations and that the pathological aspects build over time because it is natural for humans to need explanations for experiences.

Dr. PETER CHADWICK talked about his religious experiences that were part of a psychotic break in the 1970's and made clear distinctions between the mystical and psychotic. His transliminal experiences began with powerful feelings of Love and being cleansed. He did not have the spiritual development to hold the experiences and they turned quite dark, ending with suicide attempts. An experiencer noted that psychosis appears to be the shadow side of mysticism. "A strong ego is needed to have an ego-less experience."

Dr. NATALIE TOBERT is a medical anthropologist who spoke on the nature of reality and the nature of human experience. "Objective" researchers need to be aware of their own beliefs. Our human nature is to think "Our belief system is more correct than yours" or "We have knowledge, they have beliefs." Across cultures there are many conceptualizations of consciousness.

Dr. NEIL DOUGLAS-KLOTZ is a psychotherapist incorporating much from the Sufi tradition and focusing on bodily experiences. He says, "when you wake up in the morning, ask your body what it wants." Helpful interventions for people having spiritual experiences are: 1) companioning, 2) teaching breathing awareness, 3) letting people tell their stories including the paradoxes, and 4) compassion - listening with a heart large enough to hold what the person brings. Building a container that provides a context for the story is important and must include the mind and the body. Language can alienate or provide bridges; we need to seek bridges.

Dr. MIKE JACKSON has done research with people who have had similar spiritual experiences, some have become psychotic and some have not. An underlying continuum of fear underlies a continuum of outcomes. Validation is important. Sara heard Jesus tell her to leave her career and serve Him. Her priest believed her and offered her a job in his parish. Sara did not become fearful and functions at a high level in her community. Another person having similar experiences did not find validation and ended up with a psychotic label. The response of others is important in affecting the outcome of experience. William James talked about the similarities between mysticism and mental illness. The Group for the Advancement of Psychiatry declared them to be the same thing in 1976. Dr. Jackson says "madness is not knowing when not to say what you are thinking." Delusions are framed as pathology but serve a problem-solving function.

Dr. DAVID KINGDON, a practising psychiatrist, noted many difficulties with diagnosing "religious delusions." Doctors are paid to make distinctions and judgments about experiences. The diagnostic process is affected by religious beliefs (a much higher percentage of the population believes in God than do professionals and one wonders if this leads to a bias toward pathologizing experiences of God). An audience member captured the essence with a question, "Can't you see that even if you do it politely and 'objectively,' labeling our experiences as religious delusions is just not respectful or helpful?"

The new story is not seamless. I felt so privileged to sit for two days with people willing to struggle with the issues of how spiritual experiences are viewed by professionals trained in traditional medical models or in cognitive behavioral models. Some find distinctions in the experiences to which they give the label spiritual or psychotic. Others view much overlap. Still others view the raw bodily experiences as possibly the same but the frameworks and reactions of others around the experiencer playing important roles in how the experiences are lived and integrated. Clients come to professionals for help to function more effectively in the world. Regardless of the model, experiences and stories must be treated with respect and I heard a commitment from professionals present to do so.

People having spiritual experiences have been opened to a new place beyond ordinary reality. When we are opened to the divine, we also often become opened to things like early unresolved trauma that are not pleasant. Either of those openings can be growth experiences that lead us to a richer quality of life. Regardless of the need for dichotomies and distinctions, spiritual experience is often a dance that moves between love and fear. With or without diagnoses, people benefit from being respected, having companions, being able to tell their stories, and caring for their bodies, including their breathing. I left the conference with many questions: is it possible that models that espouse a dichotomy between mystical and pathological spiritual experiences are helpful to some people who come from religious traditions that espouse a stronger sense of dualities in the world? Is it possible that models that transcend the dualities might be more helpful to those whose

religious traditions ask for that transcendence as many of the mystical traditions have done? Do we really need diagnoses of paranoia or delusions in this realm of spiritual experiences to help people at the deepest level? Do those diagnoses do more to harm than to help at the deepest soul level? As I heard stories about the progression of experiences that eventually were labeled as psychosis, I couldn't help but ask "What if someone had deeply listened and heard this story along the way? Might the snake have turned into a seraph?" Might the listening help provide the needed container? The issues are deep and finding adequate language is often a barrier. As Quakers, we seek to find that of God in every person and to see the availability of God in all experience. Isn't that what lies below the words and theories?

The presenters at this conference have a book due out in November of 2000 called Psychosis and Spirituality: Exploring the New Frontier. It is available from Whurr Publishers, Ltd., 19B Compton Terrace, London N1 2UN, UK, email: info@whurr.co.uk.

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Another report of this conference by Natalie Tobert is available on the Network web page.