

# Psychotic Episode or Spiritual Emergency?

## The Transformative Potential of Psychosis in Recovery

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### Recovery and the Transpersonal Perspective

Recovery orientated models require a radical shift in the way we view 'mental illness'.

The transpersonal perspective allows us to consider that some challenging and unusual behaviours can be viewed as spontaneous, non-ordinary states of consciousness and subsequently treated as crises of transformation, or crises of spiritual 'opening'. On occasions, brief transient psychotic episodes can, if properly supported, signal a psycho-spiritual breakthrough rather than just a mental breakdown. Therapeutic work done to reframe a 'psychotic' experience as meaningful, leads a person, in some instances, towards wholeness, healing and recovery.

The concept of 'spiritual emergency' has sprung from the work of transpersonal psychiatrists whose view of the psyche stretches beyond our traditional reductionist medical model, and incorporates the concept of subtle levels of consciousness. Although our dominant, material worldview elevates the physical brain to a primary position, with consciousness an accidental by-product, the transpersonal view regards consciousness as primary, with the brain acting as a transducer between it and the physical world. This perspective allows us to build a modern scientific theory of 'madness' around a radically expanded view of consciousness.

This session aimed to provide an introduction to this fascinating area, included a personal account of one person's brief psychotic episode, which fits classical descriptions of the 'Kundalini spiritual awakening'.

### A Brief Introduction to Transpersonal Psychiatry

Transpersonal psychology is a school of psychology that studies the transcendent or spiritual dimensions of humanity. Among these factors we find such issues as self-development, peak experiences, mystical experiences in altered states of consciousness and the possibility of development beyond traditional ego-boundaries. Transpersonal psychology is interested in human experiences which apparently are 'trans-personal,' or 'trans-egoic'. A short definition from the *Journal of Transpersonal Psychology*<sup>1</sup> suggests that transpersonal psychology is 'concerned with the study of humanity's highest potential, and with the recognition, understanding, and realization of unitive, spiritual, and transcendent states of consciousness'.

Transpersonal psychology strives to combine insights from modern psychology with insights from the world's contemplative traditions, both East and West. The transpersonal and spiritual dimensions of the psyche have not traditionally been a focus of interest for Western psychology, which has mainly focused on the pre-personal and personal aspects of the human psyche.<sup>2,3</sup>

To appreciate the link between the transpersonal perspective and psychiatry, it is necessary to expand our neurobiological understanding of psychosis to include the concept of consciousness, and in doing so expand

the definition of psychosis. Psychiatrist John Nelson defines psychosis in these terms in his book 'Healing the Split' <sup>4</sup> as '*any one of several altered states of consciousness, transient or persistent, that prevent integration of sensory or extrasensory information into reality models accepted by the broad consensus of society, and that lead to maladaptive behaviour and social sanctions.*'

In his 50 year career, psychiatrist Dr Stanislav Grof has studied observations from many disciplines, including clinical and experimental psychiatry, modern consciousness research, experiential psychotherapies, anthropological field studies, parapsychology, thanatology, comparative religions and mythology, and synthesised these into the concept of 'spiritual emergency' a term that suggests both a crisis and an opportunity of rising to a new level of awareness or 'spiritual emergence.' He writes:

*'There exist spontaneous non-ordinary states of consciousness, (NOSC) that would in the West be seen and treated as psychosis, and treated mostly by suppressive medication. But if we use the observations from the study of non-ordinary states, and also from other spiritual traditions, they should really be treated as crises of transformation, or crises of spiritual opening, something that should really be supported rather than suppressed. If properly understood and properly supported, they are actually conducive to healing and transformation.'* <sup>5</sup>

It was those psychiatrists interested in spiritual emergencies that argued for acknowledgement of these types of experiences as more than just pathology within psychiatry, hence the diagnostic category V62.89 that has been accepted into DSM IV as follows:

***Religious or Spiritual problem:*** *This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of other spiritual values which may not necessarily be related to an organized church or religious institution. (American Psychiatric Association, 1994, p. 685)* <sup>6</sup>

In *The Atman Project* <sup>7</sup>, the transpersonal psychologist Ken Wilber has described three levels of transpersonal experience, in ascending order: Subtle, Causal and Atman. At these levels people have access to a fluid creativity from a higher order of inspiration than that of the personality.

The Subtle Level is said to be that level of conscious awareness which includes extrasensory perceptions indigenous to the body (rushes of heat, parasthaesia without organic basis), as well as those apparently separate to it, such as out-of-body experiences and psychokinetic phenomena (objects moving without any evident physical cause.)

The experience of this level is thought to be related to a system of energy centres in the body, referred to in yoga and Eastern medicine as chakras, which are of a more subtle order than physiological organ systems and which activate a higher order of perception than that possible from our five physical senses. They are said to act as interfaces between physical and subtle realms, and to represent discrete levels of consciousness.

Experiencing awareness of dimensions beyond physical, objectified reality is said to often be the basis for accessing a deeper, revitalised inner meaning of oneself in the world.

People have experienced Causal level consciousness as 'peak experiences' secondary to spiritual practice, inspired by music, taking mind-altering substances or following emotional trauma, childbirth or during intense sexual experiences. The Causal Level is described as a state of perfect ecstasy, untainted by any distracting thoughts, desires or moods. It goes beyond the awareness of the subtle and material dimensions to a fuller realisation of union with 'God', where there is said to be no sense of time, only eternity.

The Atman Level is beyond the Causal and this dimension of consciousness is said to be so completely immersed in the Highest Power that nothing else exists in awareness. It is described as bringing perfect ecstasy beyond emotion. Indications of the Atman level exist in mystical religious texts where it is referred to as being beyond description.

### **Clinical Applications**

Finally, for the purpose of contrasting a psychotic regression with an adaptive one, some knowledge of stages of consciousness is important. This knowledge could be usefully applied clinically by asking the following four questions<sup>4</sup>:

1. At what level of consciousness did psychotic regression begin?
2. At what level did it end?
3. What is the highest level of consciousness ever attained by the person?
4. Do the symptoms resemble those of emerging spiritual realisation?

### **References:**

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