

Psychosis and Spirituality

Consolidating the New Paradigm

Second Edition

Edited by

Isabel Clarke

Hampshire Partnership NHS Foundation Trust



WILEY-BLACKWELL

A John Wiley & Sons, Ltd., Publication

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This second edition first published 2010
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Edition history: Whurr Publishers (2001)

Wiley-Blackwell is an imprint of John Wiley & Sons, formed by the merger of Wiley's global Scientific, Technical, and Medical business with Blackwell Publishing.

Registered Office

John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

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350 Main Street, Malden, MA 02148-5020, USA

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Library of Congress Cataloging-in-Publication Data

Psychosis and spirituality : consolidating the new paradigm / edited by Isabel Clarke. – 2nd ed.
p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-470-68348-4 (cloth) – ISBN 978-0-470-68347-7 (pbk.) 1. Psychoses—Religious aspects. 2. Psychiatry and religion. I. Clarke, Isabel.
[DNLM: 1. Psychotic Disorders. 2. Delusions—psychology. 3. Religion and Psychology. WM 200 P9727 2010]
RC512.P738 2010
616.89—dc22

2010016273

HB ISBN: 9780470683484

PB ISBN: 9780470683477

A catalogue record for this book is available from the British Library.

Set in 10.5/13pt Minion by Thomson Digital, Noida, India.

Printed and Bound in Singapore by Ho Printers Singapore Pte Ltd.

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Acknowledgement

I would like to acknowledge the members of the Spiritual Crisis Network, people I have encountered in my work and all other experiencers who have inspired this enterprise; but above all, Chris Clarke, who has been my invaluable collaborator in all the detailed and technical tasks involved in the editing – it should really read ‘edited by Clarke and Clarke’.

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Psychosis and Spirituality Revisited: The Frontier is Opening Up!

Isabel Clarke

The first edition of this book began by observing that the connection between spirituality and psychosis was not new or surprising. Anyone familiar with the recurring themes of psychosis would recognise religious pre-occupations as commonplace. Similarly, psychotic experience could be said to lie outside the domain of logical discourse and many would say the same of religious belief. Rather it was the way in which psychosis and spirituality had been kept so distinct that demanded explanation. The 'New Frontier' referred to in the title was explained as the breaking through into an area beyond the efforts to draw distinction between psychosis and spirituality, and an exploration of the creative possibilities that this vista revealed.

The challenge lay in linking the *highest* realms of human consciousness and the *depths* of madness. It was recognised that this challenge would feel uncomfortable to many. It required a rethinking of the nature of both psychosis and spirituality. I argued then that the psychological research, accounts from marginalised areas of discourse (such as the cross-cultural and anthropological perspectives) and data from personal experience brought together in the chapters of that volume demanded that this challenging new perspective be taken seriously.

That edition came out in 2001, but the material was essentially gathered in 1999. In the intervening 10 years, this perspective has emerged from the shadows into the light in a way that makes any special pleading about the need for a second edition of this book redundant. Instead, I will sketch in some of the developments that I am aware of that have contributed to this change of intellectual climate, and then trace the part played by the process that was started by the first edition of this book. That process began with conferences arising out of the book itself, and has ultimately contributed to the founding of a Spiritual Crisis Network in the United Kingdom.

Developing Interest in Spirituality in The Health Service

A number of developments have transformed a situation when spirituality was not talked about, in the late 1980s (when I entered the NHS) and today. There is a belated recognition that the religious and spiritual priorities of other cultural groups cannot be ignored in our multicultural society. The Royal College of Psychiatrists Spirituality Special Interest Group started in 1999. The National Institute for Mental Health in England (NIMHE) and the Mental Health Foundation (MHF), started their 5 year spirituality project in 2002. Gilbert *et al.* (2003), launched the 'Inspiring Hope' manifesto. The project has now ended, with the launch of another joint publication (Coyte, Gilbert and Nicholls, 2007). This project had represented an alliance between NIMHE, the body charged with leading progressive thinking in the health service, and the MHF, a service user-led organisation. At the same time, John Swinton and others were very active in raising the profile of spirituality in the nursing field (Swinton, 2001a, b; Swinton and Pattison 2001). Publications and research on spirituality in the nursing journals have flourished ever since.

Recognition of the relevance of spirituality for psychosis was slower in emerging and does not sit easily with the 'illness' model of psychosis. However, there are some straws in the wind here. In 2006, I was invited to contribute a paper to the Royal College's *Spirituality SIG Newsletter* and present at a Spirituality and Mental Health Conference organised by the International Society for the Psychological Treatment of the Schizophrenias. The Somerset service user-led research project (Somerset Spirituality Project Group, 2002) was prominent among the pioneers of a new attitude to psychosis and spirituality.

The Recovery Approach

This service user-inspired movement which has been adopted by NHS Mental Health Services (see Ralph, Lambric and Steele, 1996, for the original research), identifies spirituality as a vital element in enabling people with serious mental health difficulties to rebuild a meaningful life. Within my own Trust, not trust, spirituality workshops run at recovery events laid the foundation for Spirituality Awareness Training for staff and now a Spirituality Network. There is increasing recognition that, irrespective of their personal position as regards spirituality, staff have a duty to those in their care to take this aspect of their lives seriously. In the context of the acute inpatient unit, this means no longer dismissing the spiritual content of psychotic communication as merely 'illness'.

Psychosis and Spirituality: Launch of a Conversation

This conversation about the psychosis and spirituality overlap, a conversation amongst friends and allies, started a while before the book came out. During

1997–1998, I was on a learning curve. I had spent many years pondering the phenomenon of spirituality and its enduring place in human experience, despite the intellectual triumph of the scientific world view, which accorded it no role. As I studied psychology as a second degree, I applied psychological thinking to my sense that human beings had access to two, qualitatively different and non-overlapping ways of experiencing. I first lighted upon Kelly's Construct Theory (Bannister and Fransella, 1971) as a way into this. As a clinical psychologist working in a setting (a psychiatric rehabilitation service) that enabled me to offer CBT for psychosis to people who had long sought to make sense of their experience, but until then had been denied therapy, I was struck by the way the psychotic experience matched the spiritual literature with which I was familiar. Coming across Peter Chadwick's book, 'Borderline' (Chadwick, 1992) was the catalyst that prompted me to organise my ideas and attempt to publish them. It was Paul Chadwick (no relation of Peter's!), my then boss, who suggested an edited volume and urged me to contact Gordon Claridge because of the relevance of Schizotypy to my subject. This invaluable advice proved the key. I wrote to all my heroes with the chapter I had prepared, Peter Chadwick, Mike Jackson, Peter Fenwick and many other contributors to the book, and was amazed when they replied, one and all, in the affirmative to my request for chapters. I began to conclude that this was an idea whose time was coming.

Bringing the contributors together as part of that process led to the suggestion of a conference on Psychosis and Spirituality that was made possible by Professor Kingdon and organised by the Southampton University Mental Health Unit's Education and Development Department. The success of the September 2000 conference led to the second in 2001, both held in or near Winchester, attended by about 60 delegates, with a good mixture of service users/experiencers, professionals and interested others. Both conferences ended with the sense of a conversation that needed to continue. Chris Clarke responded to this by setting up a closed Yahoo psychosis and spirituality discussion list, which flourishes on the World-Wide Web to this day.

The Psychosis and Spirituality Web Discussion List

This conversation has displayed respect for the individual's experience, open-mindedness about interpretation, a bias against dogmatism and a respect for mystery. Time and again, members of the list comment that this is an accepting and supportive place. There are little bursts of real intellectual excitement, but the main function seems to be to hold that space so that it can contain psychosis and spirituality together without judgement and without the need for ultimatum answers, but with real support and companionship through both dark and suffering, and exhilarating times.

Such accounts of experience featured in a special issue of the *Journal of Critical Psychology, Counselling and Psychotherapy*, which came out in 2002 (Clarke, 2002).

A final conference, with a wider focus on 'Ways of Knowing' was organised by Chris Clarke in Winchester in 2005 (Clarke, 2005). However, that was by no means the end of conferences! Conferences on spirituality, on recovery and spirituality, and even on psychosis and spirituality have abounded over the last few years.

The UK Spiritual Crisis Network

Just as our enthusiasm for organising conferences started to wane, the 'Revisioning Mental Health' conferences, organised by Catherine Lucas, which started in 2004 took up the baton. Significantly, these three successful conferences led directly to the formation of the Spiritual Crisis Network in the United Kingdom.

Our ultimate vision for the Spiritual Crisis Network (I am a member of the development group) is for a network of groups of people in every locality who could support someone going through a crisis, at the same time as receiving support from each other to provide this. Of course, where the risks are judged to be too great, the individual would be supported to access the local mental health services. At present, only groups exist in a few localities, but our website is up and running, and well used; the email advice line is contacted by one or two people every week, and at least there is evidence of another perspective on such crises for people experiencing them and their carers/supporters. The web address is listed at the end of this book.

Members of the Spiritual Crisis Network have contributed some of the new material in this second edition. The network has a thriving Kundalini Section and a member of the section has added an account of her own experience to House's (2001) chapter on Kundalini. Other contributors from the network are Sharon Warwick and Janice Hartley. Janice's contribution to the clinical section gives a striking account of her own experience, uses this as a therapeutic tool to help other people make sense of theirs and incorporates a powerful plea for an alternative to the conventional psychiatric approach.

An Explosion of Research

The explosion of research into this subject area that has taken place since 1999 gives me real optimism that the conceptual map is being redrawn. The first edition included all the research I was aware of 10 years ago; Mike Jackson's comprehensive study of the overlap between spiritual and psychotic experience, and Emmanuelle Peters' comparisons between diagnosed samples and members of new religious movements. It would be impossible to encompass the field in that way any longer. All I can do is to include examples of some of the most significant and interesting research that I am aware of, namely Caroline Brett's study, supervised by Peters, of anomalous experiences, and two examples of qualitative research by Sharon Warwick and Roger Waldram.

Rethinking Psychosis

I would like to think that this reconceptualisation of psychosis is set to move beyond a frontier and towards a paradigm shift. In my daily work as a clinical psychologist in an NHS acute mental health hospital, I am constantly confronted with the damage to hope and sense of self that the prevailing conceptualisation of psychosis produces. I am aware that there is a long way to go here, but at least we have started. The research explosion is producing the evidence and we are building on that research to develop new, more valuing and less stigmatising ways of working with people who have received that diagnosis. My prediction is that this new research stream will force those of us who work in the mental health services to look long and hard at how we handle the phenomenon of psychosis.

The conclusions of this research are inescapable. The apparatus of labelling, stigmatising and presenting medication as the only option is creating more and more persistent and serious dysfunctions than it aims to relieve. This research points to a new and more creative conceptualisation and attitude, which in turn can open the door to new and more creative treatment and response. The final, clinical, section of the book explores such responses, again with two new chapters. The first edition opened the door a little way to this new vision. Between the two editions, I have sought to open this debate to a wider audience with the generally accessible, 'Madness, Mystery and the Survival of God' (Clarke, 2008). My hope is that this second edition will move the discourse yet further and help to consolidate the new paradigm.

Section 1

Neuropsychology

Rethinking the interface between psychosis and spirituality raises major questions at the neuropsychological level, the inescapable scientific foundation for any consideration of non-ordinary experience. These questions concern both the neuropsychological correlates experience, and how the human mind/brain might transcend the confines of individual consciousness and reach beyond.

This field has developed momentarily since Fenwick's classical consideration, a development that is comprehensively covered by Lancaster. Both contributors firmly reject the reductionist viewpoint that this area of experience can be explained away by the peculiarities of the brain.

The Neurophysiology of Religious Experience

Peter Fenwick

Introduction

Throughout the ages, there have always been a small number of people who claim to have had more far-reaching and wider experiences than their fellows. How these experiences are regarded depends on the time and the culture. Joan of Arc's voices led her onto the battlefield. In more primitive cultures, the Shaman was viewed as powerful and his experiences were revered. In ancient Greece, the epileptic falling was believed to show the signs of the sacred disease and some epileptic experiences were regarded as mystical. Today, hearing voices and experiencing altered states of consciousness are no longer thought of as seeing through the veil of reality into its true structure but as the misfiring of a disordered brain distorting the everyday world.

Our culture is now becoming more tolerant of deviant experience, and the age-old question of the nature of subjective experience is coming once again to the top of both the public and the scientific agendas. The hippie era of the 1960s, when the taking of hallucinogenic agents became widespread, had a powerful influence on this process. Many people had the 'veil of perception' torn and perceived a different world of altered sensory experience, subjective time and strong emotions. The widespread nature of these experiences has called into question their special value, as it would appear that under particular circumstances they are common to us all. This raises the question of how they can be explained by science and whether some of these experiences do have a special meaning for the experiencer and a special value for society.

The Nature of Consciousness

For many centuries, there appeared to be no place in the physical universe for consciousness. Newtonian mechanics in the eighteenth century, at the time of the age

of enlightenment, assumed a totally materialistic universe without consciousness, evolving according to a set of unchanging physical laws. It is this Newtonian mechanical model of the world which has led modern mainstream science to conclude that mind cannot exist as a separate entity.

Neuropsychiatry deals with brain science and is based on the correlation of mental states with the complex patterns of activity arising from diffuse nets of interconnected neurones. It is impossible to predict subjective experience by the study of objective firing patterns, and therefore impossible to explain the subjective aspects of mind or consciousness. Conscious stuff and brain stuff are different. The idea of a mechanical universe which excludes consciousness is unsatisfactory from an experiential point of view. Both psychology and psychiatry suffer from the lack of a satisfactory theoretical framework for the investigation and explanation of consciousness.

The electrical probe of the neurophysiologist defines only the objective electrical mechanisms of cellular action, whereas the psychologist defines the objective aspects of subjective experience. There is as yet no clear understanding of how these two are linked. Our current science has reached a point of extreme sophistication with the techniques of positron emission tomography (PET), functional magnetic resonance imaging and magnetoencephalography, where there at last appears to be a possible point of contact between subjective experience and physical structure and brain function. But if consciousness is to be reintegrated into science, it is important to understand why and how it came to be excluded from it.

The Changing Scientific View

Our science is based on the rationalism of Galileo, Descartes, Locke and Newton. Galileo defined a two-stuff universe: matter and energy. These stuffs, he said, had primary and secondary qualities. The primary qualities were those aspects of nature that could be measured, such as velocity, acceleration, weight, mass, etc. There were also secondary qualities, the qualities of subjective experience such as smell, vision, truth, beauty, love, etc. Galileo maintained that the domain of science was the domain of primary qualities. Secondary qualities were too complex to be investigated, and should be ignored as non-scientific.

This view has conditioned science ever since and has led to science's rejection of secondary qualities or subjective experience. Descartes, in the seventeenth century, contributed to the exclusion of consciousness. He also maintained, like Galileo, that there are two radically different kinds of stuff, the *res extensa*, the extended substance, which has length, breadth and depth, and can therefore be measured and divided; and a thinking substance, the *res cogitans*, which is unextended in physical space (and thus other-worldly, the soul, a sop to the Church of that time) and indivisible.

This picture started to shift in the twentieth century. Quantum mechanics suggested that matter, rather than being seen as discrete particles, could also exist in wave packets, each one of which is theoretically distributed throughout the universe, but has a statistical probability of appearing in a limited region of space. This point of view admits the possibility of a highly interconnected universe; the idea of a discrete particulate universe, each particle of which is independent, now falls by the wayside. It also allows the possibility that the effects of matter are not necessarily limited to one specific area, and may be non-local. Quantum mechanics adds another important component that the presence of an observer in a quantum mechanical experiment, by his interaction, determines that there is a definite outcome to the experiment. The consciousness of the experimenter seems important in limiting the outcome of the experiment, although this is a matter of debate among physicists at the present time. This view of quantum mechanics would suggest that subjective experience and consciousness may be interwoven into the objective world.

Current Explanatory Philosophies

There is as yet no explanation of religious experience that satisfies both those who have had the experiences and those who seek a scientific basis for them. Two major philosophical schools currently attempt to explain consciousness and brain function. Dennett's neurophilosophy characterises one extreme. He argues that consciousness and subjective experience are just the functions of neural nets. Nothing else is required to explain personal and religious consciousness except a detailed knowledge of neural nets. This is clearly a reductionist approach and a strong form of the brain identity theory, which equates subjective experience with neural mechanisms (Dennett, 1991).

The other extreme is characterised by the philosophy of Nagel (1974), who argues that it is never possible to learn from an objective third-person point of view what it is like to have a first-person experience. Subjective experience is not available to the scientific method, as it is not in the third person and cannot be validated in the public domain. Nagel argues that however much we understand about the neurophysiology or anatomy of the functioning of a bat's brain, we will never know what it is like to be a bat. This view suggests that the explanation of subjective experience requires a new principle which is beyond neural nets. Others such as Searle (1992) argue from an intermediate position.

Until there is a satisfactory philosophical explanation of the nature of mind, it will be impossible to answer questions relating to the nature of subjective experience, religious experience and the possibility of extra-sensory perception. These areas are still by definition beyond the confines of science. At present, any scientific theory of consciousness and subjective experience must explain everything in terms of brain functioning. However, I expect there are many

people who, like Schrödinger (1967), feel claustrophobic when asked to accept that the broad sweep of the soul is contained only within the grey porridge of the brain. Will 'soul stuff' ever be probed by the microelectrode, or does it exist in a different dimension?

Features of Religious Experience

Religious experience is very common in the population. There are many studies of the frequency of mystical or religious experience. Surveys of the percentage of the United States or UK population reporting having had a religious or mystical experience (Glock and Starck, 1965; Back and Bourque, 1970) have varied between 20% and 44%.

In Britain, David Hay organised an NOP survey in 1976, asking a similar question, and found a similar rate of reply: about 36% gave positive responses. Of interest is the finding that although about a third of all people have had the experience, only 18% have had it more than twice and only 8% 'often and more'. There was no correlation with age, but positive replies were commonest in those whose education went beyond 20 years, e.g. the more articulate university graduates. There was also, interestingly, a sex difference: 41% of women gave positive replies against 31% of men. Fifty-one per cent said their experiences lasted between seconds and minutes; 74% said it lasted 'less than a day'.

Ecstatic mystical states, in which the subjects describe a feeling of universal love, become identified with some aspect of the cosmos and occur much less often. These states can occur spontaneously, but they, or fragments of them, may also occur in other circumstances, as in the near-death experience, for example. Such alterations in mental state can also be induced by a number of quite common meditation techniques. Some hallucinogenic drugs can induce similar mental states. They can occasionally occur in temporal lobe epilepsy (TLE), and frequently in psychosis, when they are usually associated with an elevation of mood.

It therefore seems probable that the ability to experience these wide mystical states is a normal part of brain function, and indeed, there are techniques in many eastern religions directed at inducing these wide feelings of universal love at will. Bucke (1961), a nineteenth-century Canadian psychiatrist, was one of the first Western scientists to attempt to define mystical experience. In his book *Cosmic Consciousness*, he examined many very deep experiences:

Now came a period of rapture so intense that the universe stood still as if amazed at the unutterable majesty of the spectacle: only one in all the infinite universe. The all-caring, perfect one, perfect wisdom, truth, love and purity: and with rapture came insight. In that same wonderful moment of what might be called supernal bliss came illumination. . . What joy when I saw there was no break in the chain – not a link left out – everything in its place and time, worlds, systems, all blended in one harmonious world, universal, synonymous with universal love.