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Better Understanding Psychosis: Psychospiritual Considerations in Clinical Settings

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Abstract

Throughout history, mental health professionals have generally endorsed an understanding of psychosis that occludes the consideration of possible psychospiritual determinants. However, in light of the similarities between psychotic and benign psychotic-like psychospiritual experiences, this article argues for the inclusion of psychospiritual matters in psychosis research and therapeutic practices. First, the relevance of psychospiritual considerations to mental health professionals is substantiated by examining literature whereby commentators seek to discern psychosis from nonpsychopathological psychotic-like experiences that often occur within psychospiritual contexts. Next, I step beyond this binary differential diagnosis approach to examine the possibility that psychotic and psychospiritual experiences share a common source and are intrinsically connected and indiscernible. Finally, I propose that this clinical dilemma may be redressed via the study and application of technologies of consciousness. Accordingly, I argue that the incorporation of psychospiritual research into better understanding psychosis calls for radical epistemological, diagnostic, and therapeutic changes within the mental health profession. Indeed, it appears that clinical efficacy may be advanced through mental health practitioners attaining expertise in technologies of consciousness, especially in seeking to understand psychosis in light of psychospiritual contingencies.

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Psychospiritual Considerations in Understanding Psychosis

Throughout the history of psychology and psychiatry, scant attention has been paid to psychospiritual matters.[1] Yet, etymologically speaking, the meaning of *psyche* in psychology and psychiatry is essentially psychospiritual. As Ayto (1994) explains, the Greek *psūkhḗ*, which "started out meaning 'breath' and developed semantically to 'soul, spirit'" (p. 418), was later transcribed into the Latin *psȳchē* and then adopted into English as *psyche*. Andreasen (2005) accordingly notes that "literally, a psychiatrist is a healer of the spirit, not of the mind or brain" (p. 51).[2] In a similar vein of thinking, Bentall (2004) asserts that "the study of psychosis amounts to the study of human nature" (p. xiv), thus inferring that psychosis research can ideally encompass the full holistic gamut of psychospiritual, psychosocial, and physical factors that influence the experience of being human. However, despite the apparent metaphysical dimensions of human nature, mental health practitioners have traditionally eclipsed psychospiritual considerations from their epistemology and construed psychosis to be a form of mental illness caused by a yet-to-be-discovered anatomical aberration. Is there more to psychotic experience than the psychopathological picture endorsed by clinicians? I maintain there is, particularly in light of psychospiritual considerations.

Distinguishing Psychotic From Psychospiritual Experiences

The relevance of metaphysical research to mental health professionals is evidenced by the incidence of striking similarities between psychotic symptoms and the characteristic features of nonpsychotic psychospiritual experiences. Indeed, the considerable literature on this subject[3] indicates that all the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*) "key features that define psychotic disorders" (American Psychiatric Association, 2013, pp. 87-88)[4] can also occur in psychospiritual contexts. Such occurrences, for instance, are common to shamanic initiatory processes. As Stephen and Suryani (2000) note, Balinese shamans "could be identified

as schizophrenic, meeting all the major criteria of delusions, hallucinations and disturbed behaviour" (p. 21), while Silverman (1967) maintains that novice Native American shamans "exhibit the most blatant forms of psychotic-like behaviors" (p. 22). Yet, apart from the recent recognition of cross-cultural considerations in diagnostic practice, mental health professionals have generally overlooked, or ignored, the fact that psychospiritual and psychotic experiences share common features.

The similarity between psychotic and psychotic-like psychospiritual experiences poses a significant dilemma for mental health professions, as it challenges the credibility of all core symptoms for defining and diagnosing psychotic disorders. It also raises an intriguing question regarding the nature of psychosis. Is psychosis a discrete form of psychopathology independent from a psychotic-like psychospiritual experience or are the two experiences intrinsically related? Most commentators in this field of research have assumed the former and sought to identify characteristics of differentiation. For instance, Grof and Grof (1995) coined the term "spiritual emergency" (pp. 18, 314-315) to designate extreme forms of developmental nonpsychotic psychospiritual experiences that mimic psychosis and formulated a taxonomy for discerning the former from the latter. Similarly, inspired by the work of Grof and Grof (1995), Lukoff (1985) proposed the psychiatric category of "Mystical Experiences with Psychotic Features" to diagnostically differentiate "mystical experiences from psychotic disorders" (pp. 162-163). Many other authors have also recognized similarities between psychotic and psychospiritual experiences and attempted to devise diagnostic typologies for discerning the two (e.g., Chadwick, 2001; Greenwell, 2002; Jackson & Fulford, 1997; Nelson, 1994). Such research not only questions the soundness of key criteria for diagnosing psychotic disorders, but it also highlights the considerable danger for misdiagnosis, whereby potentially beneficent psychospiritual experiences may be mistaken for, and mis-treated as, psychotic disorders.

Psychotic and Psychospiritual Experiences as Indistinguishable

While research into discerning psychotic from psychospiritual instances is laudable for recognizing the apparent play of human spirituality in clinical diagnostics, is it possible that psychotic and psychospiritual experiences share a common source and are intrinsically connected and indiscernible? There is evidence to suggest so. For example, Laing (1972) maintains that psychosis may be better understood as "a potential healing process" and a "voyage of

discovery into self of a potentially revolutionary nature and with a potentially liberating outcome" (p. 12). Perry (1974) likewise understands psychosis to be an archetypal "renewal process" (p. 21) that is "nature's way of healing a restricted emotional development and of liberating certain vitally needed functions—in short, a spiritual awakening" (1999, p. vii). This idea of "psychosis" being potentially remedial and essentially functional is antithetical to the psychopathological depiction of "psychosis" generally endorsed by the mental health profession. Indeed, Campbell (1972) suggests that "our schizophrenic patient is actually experiencing inadvertently that same beatific ocean deep which the yogi and saint are ever striving to enjoy: except that, whereas they are swimming in it, he is drowning" (pp. 219-220). He further notes that

> the mystic, endowed by native talents . . . and following, stage by stage, the instructions of a master, enters the waters and finds he can swim; whereas the schizophrenic, unprepared, unguided, and ungifted, has fallen or has intentionally plunged, and is drowning. (p. 209).

Here, the difference is not in the presence of certain observable diagnostic features but in the absence of the requisite skills, or technologies of consciousness,[5] for competently navigating psychospiritual domains of reality. As such, psychosis is not depicted as a form of psychopathology per se but as an experiential anomaly resulting from the absence of adequate psychospiritual 'swimming lessons.'

The idea that psychotic-like experiences may reflect the absence of psychospiritual skills acquisition, rather than the presence of psychopathology, is not conjecture, for the literature is replete with examples indicating such a possibility. For instance, this is evident in reports of "chronically psychotic" people who, after years of repeated hospitalizations, learn to integrate their anomalous experiences through training with traditional healers, and become healers themselves, never to return to the mental health system (for some cases in point, see Borges & Tomlinson, 2017; Marohn, 2003; Robbins, 2011). Indeed, the Māori spiritual healer, Wiremu NiaNia (NiaNia et al., 2017) maintains that had he divulged to clinicians his capacities to perceive spiritual realities invisible to others, "I would be in danger of being misdiagnosed. I could have been labelled as having hallucinations or being psychotic" (p. 2). Similarly, African shaman, Malidoma Somé (in Marohn, 2003) recollects the affront and dismay he experienced when he was first exposed to the treatment of 'psychotic' patients in an American psychiatric ward:

> I was so shocked. That was the first time I was brought face to face with what is done here to people exhibiting the same symptoms I've seen in my village

> . . . "So this is how the healers who are attempting to be born are treated in this culture. What a loss! What a loss that a person who is finally being aligned with a power from the other world is just being wasted." (p. 170)

Here, Somé infers that psychotic-like experiences are characteristic of natural, cross-cultural, and incipient spiritual rebirth process, which should not be medically thwarted but supported and guided by a practitioner skilled in technologies of consciousness.

Diagnostics and Psychospiritual Aptitude

It is apparent from the above discussion that endeavoring to better understand psychosis via psychospiritual considerations is a complex undertaking. Adding to this complexity is the fact that some cultural traditions stress the importance of discerning psychotic experiences from nonpsychotic psychospiritual experiences, despite the seeming impossibility of doing so via diagnostic observation. For instance, the New Zealand clinical psychologist and shaman, Ingo Lambrecht (2017),[6] maintains that skilled South African traditional healers must be able to discern psychotic cases of *amafufunyana* (i.e., a state of spirit possession that requires a healing response) from shamanic cases of *ukuthwasa* (i.e., a shamanic initiatory process, precipitated by ancestors, that requires a tutelage response). While this tradition sees psychopathological and shamanic experiences as discrete, both are understood as being psychospiritual in nature and are only discernible by healers adept in technologies of consciousness. In other words, it seems that the degree to which the nature of psychosis can be understood and differentiated from psychotic-like developmental instances is proportionate to the degree that psychospiritual knowledge and skills have been acquired by practitioners. It is subsequently feasible to suggest that a lack of skills and knowledge regarding technologies of consciousness prevents Western practitioners from definitively discerning psychotic from healthy psychospiritual contexts. From this perspective, gleaning a better understanding of psychosis is intrinsically dependent on better understanding psychospiritual realities.

Ramifications for Clinical Practice

The primary inclusion of psychospiritual considerations in clinical practice has radical ramifications for mental health professionals. For example, in terms of psychiatric epistemology, this requires that the profession extends the parameters of its traditional materialist-based worldview to incorporate metaphysical realities. According to American neuroscientist Steven Hyman

(2010), psychiatric materialism represents "an unintended epistemic prison" that has been "palpably impeding scientific progress" (p. 157) in psychiatric research. Indeed, materialist-based research generally proscribes metaphysical questions.[7] In terms of general mental health diagnostics, this also calls on clinicians to supersede their reductive approach of formulating discrete diagnostic categories with a holistic approach based on open-ended phenomenological research. Furthermore, in terms of clinical training, it appears that mental health practitioners need to attain conceptual and experiential expertise in technologies of consciousness, especially in better understanding psychosis in light of psychospiritual contingencies. Ostensibly, such practitioners may become 'soul doctors,' who, through their advanced holistic understanding and psychospiritual expertise, can exhibit greater therapeutic efficacy when working with psychotic-like experiences and other manifestations of the body–mind–spirit complex.

Conclusion

The fact that psychotic and psychotic-like psychospiritual experiences share many common features arguably constitutes solid feasible grounds for urging mental health clinicians to include metaphysical considerations in better understanding the phenomenon of psychosis. Indeed, failing to do so risks misunderstanding, misdiagnosing, and mistreating people experiencing anomalous states of consciousness. This represents a radical challenge to mental health professions for it entails making root-and-branch changes to their epistemological, diagnostic, and therapeutic models of understanding and training.

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Notes

1. For me, the term *psychospiritual* infers a synthesis between the psychological and the spiritual self, whereby it is impossible to identify the end of 'psychological'

and the beginning of 'spiritual.' Hence, it connotes the psychological and the spiritual nexus of human life. I use it synonymously with other terms such as *spiritual, metaphysical, transpersonal*, and *mystical*.

2. Dr Nancy Andreasen is a neuroscientist and psychiatrist who was a *DSM-IV* task force member.
3. I have undertaken a thoroughgoing critical appraisal and content analysis of this body of literature in my PhD dissertation titled *Better Understanding Psychosis: A Psychospiritual Challenge to Medical Psychiatry* (Spittles, 2018).
4. That is, delusions, hallucinations, negative symptoms, catatonia, and disorganized thinking, speech, and motor behavior.
5. The term *technologies of consciousness* denotes the practical techniques used for fostering psychospiritual development. They are fundamental to the cultural epistemologies of many societies. For instance, Wheelwell (1997) states that "spiritual practices, like insight (vipashyana) meditation and (zen) koans, are . . . technologies of consciousness, designed to access the road towards freedom" (p. 536), while Stutchbury (2004) holds that "cutting edge mind-science research draws on the dialogue developing between western scientific neuroscience and the 'technologies of consciousness' of Tibetan Buddhism" (p. 77).
6. Lambrecht (2017) describes himself as "privileged to undergo an intense shamanic training as a sangoma, a South African traditional healer" and notes that his field of expertise and research interests include "the relationships between culture, psychosis, and spirituality."
7. It is apposite to note, however, that while psychospiritual considerations have generally been omitted from mainstream psychiatric research and epistemology, this is not universal. For some seminal examples, see Bucke's (1894) notion of "Cosmic Consciousness," Dean's (1973) notion of "Metapsychiatry," and research conducted by the Royal College of Psychiatrists' Spirituality and Psychiatry Special Interest Group (2013), which investigates mental health issues relating to "a wide range of specific experiences invested with spiritual meaning including . . . mystical and trance states, and spiritual and religious awakening." Although these instances are exceptions to the prevailing biomedical rule, they demonstrate that psychiatry *can* consider, and *has* considered, psychospiritual contingencies within its epistemological scope and arguably sets precedence for more of the same, especially in the field of psychosis research.

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