PSYC-8860 (Independent Reading)

Advanced Transpersonal Psychology

Final Paper

The Relationship between Psychosis and Transcendence

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The Relationship between Psychosis and Transcendence

Purpose of the Study

In order to examine how transcendence, spiritual emergency, and psychotic episodes differ from each other, we must first observe what these states have in common. On that premise, I propose several research questions for this paper:

1. What are the overlapping features between psychosis and transpersonal experience?
2. How often are people misdiagnosed as psychopathic when they are really suffering from spiritual emergency?
3. Is it possible to transform psychosis into transcendence?
4. Would doing so enable re-entry into normal life?

Using research from available literature in the field of psychology, especially holistic or transpersonal psychology, and also my own field notes, I intend to answer these questions and presumably illuminate the subject further.

Gaps in the literature

Despite the increasing interest in the field of transpersonal therapy, foundational research clarifying the relationship between psychosis and transcendence is still relatively sparse. Additionally, much of what has been reported is somewhat anecdotal (Katie, n.d.). Future research should also address whether obsessive or repetitive thoughts induce schizotypal patterns in people who are predisposed, genetically or otherwise (Youakim &Salib, n.d.). In previous literature, the spiritual dimension has been viewed in connection with minor disorders like depression and anxiety, whereas psychoses and other severe disorders have been excluded from examination connected with spirituality (Kaminker & Lukoff, 2013). The latter authors noted that religious and spiritual beliefs have been considered as part of the pathologies rather than as a

means of healing them, and that conventional mental-health practitioners lack interest and education in transpersonal modalities.

Need for this type of research

Up until recently, conventional psychiatry and psychology have regarded spiritual and transcendent experiences as pathological, seeking to suppress or somehow "normalize" the symptoms. Transpersonal psychology accepts the validity and usefulness of non-ordinary states of consciousness, including spiritual crises which, in conventional psychology, is too often relegated as pathologies (Kaminker & Lukoff, 2013).

It turns out that spirituality is not necessarily all peace and comfort. Cortright (2010, ch. 6) observed that adherents of spiritual paths may fall into obsession, cultism, and powers (e.g., *kriyas, kundalini*, and tremors) for which the person may be inadequately prepared, leading to anguish or even emergency hospitalization; worse yet, demons of the various religions may attach themselves to people, possessing them (or at least vulnerable people *believe* that this is what is happening to them) and even leading them to violence or suicide. Research is needed for understanding what kinds of support and facilitator training are required to prevent negative reactions to spiritual experiences, or even to evaluate the efficacy of exorcisms or "disobsession" rituals. Conventional treatments would be tragically inadequate for such emergencies (Cortright, 2010).

Foundations and Background for the Study

Background

Grof and Grof (1990, ch. 1) outlined the path from spiritual emergen*cy* to spiritual emer*gence*. They began by explaining that a spiritual emergency occurs during a transformational period in one's life, characterized by altered states with intense emotions,

frightening visions, sensory hallucinations, unusual thoughts, and even physical manifestations (e.g., ailments with no apparent physical cause). These episodes can be enactments of a death-and-rebirth scenario, past-life memories, or supernatural encounters (e.g., ghosts, alien abductions, secret portals, and visitations).

Triggers for spiritual emergency

Some combination of stress, illness, injury, sleep disruption, over-exertion, childbirth, loss of a loved one, intense sex, a career or lifestyle change or loss, use of drugs or psychedelics, or even over-excitement, can overload a person's physical and psychological endurance, so that a transformative challenge or experience occurring during such times could trigger a spiritual emergency (Grof, 2000: Grof & Grof, 1990). Other triggers can be intentional altering of a person's conscious state, as with hypnosis, past-life regression, shamanic rituals, or indoctrination into a cult or corporate mindset.

Even disciplines like meditation and mindfulness practices can become so intense that a spiritual emergency is triggered, according to the authors, especially practices involving *chakra* energies, *kundalini*, or rebirthing. In my own long experience with spiritual disciplines, I have at times (and observed other people similarly) found myself acting obsessively, bouncing between anxiety and depression, over-reacting emotionally, or needing to sleep too much; I have even sought medical help and counseling during some of these episodes, as when I had been learning lucid dreamwork in which I was confronting issues with past and present relationships.

Description of spiritual emergence

The Grofs (1990) defined spiritual emergence as the elevation of emotional and psychosomatic well-being, increased personal options, and greater connection with other people, with nature, and with the universe. Along with these comes greater awareness of the spiritual

side of a person's life and meaning in the overall world. The authors asserted that spiritual emergence or rebirth is innate in humans, and only needs to be triggered; this may initially cause a spiritual emergency but, with the guidance of a properly trained transpersonal therapist, the client can be brought through the constriction to a new level of insight and well-being.

Paradigms from the field of psychology

Wilber's (2000) model of transformation begins with locating the individual's evolutionary progress in terms of waves on a scale he called "the Great Nest of Being" which should be seen more as concentric dimensions rather than as a linear progression. As in Gurdjieff's paradigm (Ouspensky, 1977), Wilber's hierarchy has Spirit both as the foundation and as the highest pinnacle. Wilber referred to this model as the key to Perennial Philosophy, and proposed that it could be used for guiding therapy from one level to the next higher (from the dense material through several ego levels to spiritual levels), which is what this current study is seeking in terms of spiritual emergency to spiritual emergence.

Grof's (2000) model also makes use of nested levels, but in a different way. In this context, the overall construct is called "systems of condensed experience" (COEX), and the stages of causation and transformation are called "basic perinatal matrices" (BPMs) in which each of four stages around the birth process can be viewed as both the cause of (spiritual) disorders and also a map for treating them. In BPM-1, the fetus dwells in a timeless bubble of nurturance with nowhere to go; ego-identity is undifferentiated. Its concomitant emergency might be that a person feels stuck in their life. BPM-2 focuses on the contractions preceding the opening of the birth canal, so that a no-exit hell may ensue for a person re-experiencing this stage. In BPM-3, the infant is "falling through" (or being pushed out) the birth canal, not knowing where s/he might land, so an appropriate emergency would be one of anxiety or dread.

BPM-4 is the stage wherein the infant has been born in an unknown new world; the emergency could be feeling lost, abandoned or helpless.

The idea that psychological disorders are found in women, due to "hysteria," is still found in the works of some authors in the field; Jung endeavored to explain such issues in terms of a "collective unconscious" (Youakim &Salib, n.d.). Freud's model had that mystical states could be described as oceanic experiences accompanied by "infantile helplessness" and "regression to primary narcissism," this in contrast to Assagioli's, Jung's, Grof's, and Underhill's views that such experiences could be a potent tool for healing and transformation (Kaminker & Lukoff, 2013). The latter authors also noted that patients with mystical or holistic experiences show lower levels of decompensation and terror than those with actual psychopathologies.

Ancient and non-Western perspectives

One group of researchers found that 75% of their psychiatric patients had consulted with faith healers, and that this trend was especially predominant in India and other strongly religious cultures (Youakim &Salib, n.d.). Ken Wilber (2000) based his view of transpersonal therapy on the *perennial philosophy* from such sources as Aurobindo, Fa-tsang, Lady Tsogyal, Plotinus, and Shankara. Wilbers's (2000) perennial philosophy and his "great nest" model are based, to a large degree, on ancient Eastern traditions, as well.

Issues and Criteria for Making Distinctions

Cortright (2010, ch. 6) described criteria for adjudging spiritual emergencies, as opposed to psychopathic episodes. Spiritual emergency, as opposed to emergence, may occur during times of stress or special vulnerability for the patient. The author outlined two general cases:

1. The transpersonal experience is overwhelming or shocking to the person who has inadequate inner resources for dealing with it. If the therapist is properly trained in

transpersonal techniques, s/he will probably be able to draw out the person's trust and spiritual desire to find a way to absorb the insights and power of the experience, which may require some length of time to accomplish. Conventional practice will usually determine this as a "psychotic break" or similar, and prescribe anti-psychotic medications or electro-shock therapy, thereby burying whatever understandings the person may have benefitted from.

2. If the patient has not sufficient resilience and strength to endure and integrate a strong spiritual experience, the person's ego-identity may become disoriented or even shatter, in which case the situation becomes one of psychopathic emergency requiring a more conventional treatment.

Rodrigues and Friedman (2013) enumerated several types of possible spiritual emergency situations which could be treated with transpersonal methods (and which would probably be treated as psychopathic delusions in conventional practice). These include:

1. Shamanic crises – people may believe they have been cursed or barbed with something harmful.
2. Traumatic *kundalini* awakenings – *kundalini* is a strong spiritual energy which runs up the spine, but which may augment or interfere with the natural energies of the *chakras* (centers of the various energies and impulses of the organism and spirit).
3. Peak experiences for which the patient is unprepared – these have been referred to as "bad trips" in connection with improper use of psychedelics, particularly LSD-25. "Talking down" has proven more effective and less harmful over time than the conventional use of depressive drugs or hospital techniques for containing the experience.

4. Psychological rebirth – people may feel disoriented or helpless after a session or experience which has peeled away the "ego mask" and regressed them to a primal state.
5. Psychic-opening crises – as with the above, people who are unprepared for the sudden expansion of their senses may feel traumatized or disoriented.
6. Past-life episodes – people may feel guilt or shame from a past-life regression which exposes some crime or evil which they may have done in a previous life. This is similar to the process in the 12 steps of Alcoholics Anonymous (Wilson, 1976) which, I believe, ought to be considered among the other transpersonal therapies.
7. Near-death experiences (NDEs) – similar issues as with rebirth or psychic awakening.
8. Encounters with spirits – in shamanic or psychedelic-induced situations, people may have the experience of meeting with entities which may be frightening, especially those of lower levels who have fixated on some event, such as a violent end of their human lives.
9. UFO or elvish encounters or abductions – "little people" (elves, fairies, humunculoids, trolls, or extraterrestrials, depending on era and culture) are believed to capture and examine people, leaving them with pain, amnesia, and lost time.
10. States of possession or obsession – a person may feel paralyzed or taken over by some entity, which may replace their native language with unrecognizable utterances or even make them mute, and which may make them act out against their will. This situation can be quite difficult to distinguish from psychosis.

From my own field notes as well as from resources on supernatural events (Hancock, 2006; Kardec, 1989; Strieber, 1987), I would merge the last three types of experiences, since

UFOs, elves, and ghosts are frequently conflated together, and different people may attribute the same sort of encounters to the disparate entities.

Grof & Grof, 1990) offered a convenient chart for comparing the features of emergency and emergence. Table 1, below, is my summary of their chart in tabular form:

Table 1.

Emergency	Emergence
Subjective experience is erratic, disturbing, and difficult to integrate.	Internal experience is comfortable and comprehensible.
Spiritual insights may seem threatening.	Insights are expansive and welcome.
Experiences and insights feel overwhelming.	Insights and experience are integrated smoothly.
Energy disruptions cause tremors and disturbances.	Experienced energies feel manageable and agreeable.
Can be difficult to separate internal from external impressions.	No problem making such distinctions.
Perceptions of self and world shift jarringly.	Smooth or manageable shifts of perception.
Opposition to change.	Attitude of acceptance.
Distrust of process, or aversion to it.	Compliance and trust.
Obsessive and indiscriminate need to discuss experiences.	Relaxed and tolerant.

Review of the Literature

Castaneda's (1974) book is the fourth of his don Juan series, although I regard it as the second of his six books of an organized sequence, the first being *Journey to Ixtlan* (the author's third book) and concluding with *The Power of Silence*, although Castaneda wrote several books afterwards. In *Tales of Power*, Castaneda explained how different states of consciousness, ranging from ordinary variations of daily awareness to otherworldly states confronting the supernatural, can be depicted as positions and groupings of what he termed the "assemblage

point." In this book, the author also distinguished between ordinary attention and realities (the *tonal*) and heightened or expanded awareness (the *nagual*); these are his special usages of the terms because, in the Yaqui language, they refer to totems or fetishes.

Cortright's volume (2010) is a comprehensive treatment on transpersonal theories and applications. Specifically for this current paper, Chapter 6 elucidated the conditions and issues involved in treating spiritual emergencies, along with appropriate treatments for them. Cortright particularly focused on transforming spiritual emergency into spiritual *emergence*.

Friedman's (2013) paper (Chapter 11 in the Wiley-Blackwell Handbook) is a good overview of transpersonal psychology in general, plus some discussion on his theory of self-expansiveness.

Grof (2000) is a comprehensive and useful textbook on holistic psychology, although it is oriented toward his proprietary ideas about human development and therapy, particularly in terms of COEX and perinatal matrices.

Grof and Grof (1990) is a collaboration of this highly respected husband-and-wife team of transpersonal therapists. Their book is a comprehensive and practical guide to transpersonal healing and therapy.

Hancock's 2006 volume is a fascinating description of how the symbols of altered consciousness remain consistent across time and geography, from 35,000-year-old cave drawings to east-African shamans to clinical experiments with psychedelics to UFO abductees.

Byron Katie (n.d.) had been an institutionalized mental patient who came up with a set of techniques (her *Work*) for bringing herself back to the normal world. Since then, she has been teaching others to heal themselves with her methods.

Kaminker and Lukoff's 2013 chapter offers a useful and quite comprehensive survey of psychotherapeutic theories and practices for distinguishing among, and treating, psychopathic disorders and spiritual emergencies. The authors clarified distinctions between conventional medical and psychological models, and transpersonal approaches.

Kardec (1989) was a well-known spiritist of the 19th century. He compiled three resources books (using input from the major spiritists of his time) as an aid to mediums and spiritists: *The Spirits' Book, The Book of Mediums*, and *The Gospel Explained by Spiritism*. These volumes are still in wide use today, especially in countries like Brazil, where spiritism is strongly entrenched in their culture.

Klein (2013) – this is my own compilation of everything I have ever learned about developing self-awareness and higher consciousness. It is not yet in published form, but a decent draft is available on my personal website.

Lukoff, Lu, and Turner (1998) provide a useful connection between transpersonal therapy and the DSM-IV.

Ouspensky's (1977) book is a classic of esotericism and "the fourth way," being a collection of the teachings of the mystic G. I. Gurdjieff. These teachings concerned man's possible evolution and his place in the cosmos. Ouspensky himself was, in the early 20th century, considered to be both a mystic and a journalist.

Rodrigues and Friedman (2013) gave a practical overview of the kinds of therapy used in transpersonal psychology, as well as ways in which transpersonal therapists should be trained and prepared.

Strieber's (1987) book did not pretend to be a research document, but it has become a classic among the anecdotal literature on alien abductions.

Vaughan's (2012) brief paper provided a context, based on personal experience, for the use of entheogens within the transpersonal treatment model.

Wilber's (2000) volume laid out the author's paradigms on levels of consciousness and man's place in the universe. It also compared a number of the significant ideas from the field of transpersonal psychology.

Wilson (1976) – the "blue book" of Alcoholics Anonymous. This is considered to be "the bible" for recovering alcoholics and addicts, and its 12-step program has often been used as a template for holistic therapies.

Youakim and Salib's paper (n.d.) claims to be, itself, a literature review, focused on distinguishing between neurological or psychopathic disorders, and spiritual, religious or culturally-based emergencies. The authors drew on theories and observations from such research pioneers as Campion, Jung, Loewenthal, Teja, and Verma. However, the article was so geared to supporting the authors' ideas about religion and spirituality that I dispute the term "literature review" or even "research paper"; my choice of title, for this paper, would be "An *Essay* on Spiritual Healing as it Applies to Psychotherapy."

Approach and Methodology

Necessary conditions

Social support proves indispensable for psychological or spiritual healing and for prevention of suicide. This can be in the form of a reliable friend, a church, or a support group (Youakim &Salib, n.d.). Also useful, according to the authors, were pilgrimages to holy places or high spiritual teachers; cleansings, purifications, and initiations; and rituals.

In order to distinguish a spiritual emergency from a pathological presentation (differential diagnosis), it is necessary to take use of drugs and other substances into consideration. Intoxicants such as alcohol, cocaine, and heroin can produce psychotic effects, especially during detoxification, while various psychedelics can induce mystical states unless used improperly (Kaminker & Lukoff, 2013).

The Grofs' criteria for assessing spiritual emergency, as opposed to a conventional psychotic episode, required the patient to be able to work with the therapist in a constructive manner. Not only should there be non-ordinary features present in the patient's consciousness or emotional functioning, but typical transpersonal features must be present in order to be considered a *spiritual*, rather than psychotic, emergency (Cortright, 2010). That would include the patient's being amenable to doing inner work on the experience. One difference that the author points out, between spiritual and psychotic emergencies, is that the patient fears "going crazy" (having an observing ego) vs. simply "acting crazy" without the added insight. As before, medical and physical impairments must be ruled out in order to assess the condition as a spiritual emergency. Otherwise, according to Cortright, the DSM criteria should be applied:

1. Incoherence or obviously illogical thinking,
2. Delusional obsessiveness and hallucinations, and
3. Highly disorganized behavior or even catatonia.

Here, again, the researcher or therapist must make a judgment in cases of ambiguity. For example, a person in, or following, a transpersonal or holotropic state may be temporarily incoherent or illogical, s/he may be reporting magical visions or being the recipient of "sacred knowledge" or of having a messianic mission, or catatonic or disorganized behavior may be observed briefly, as when the person has been possessed by some sort of entity. However, these

features will present only temporarily in spiritual/transpersonal episodes; how long a duration will still fall to the judgment of the therapist/facilitator (Cortright, 2010).

In order to assist in the finding of spiritual experience, Cortright offered Lukoff's criteria for mystical experiences with psychotic features. First of all, the patient's mood is likely to be high or even ecstatic rather than depressed or dark. The second criterion was a sense of having received special knowledge but, as before, this can be a sign of psychotic delusion. The third is that, if a delusion had some archetypal or mythical theme (e.g., death and rebirth, a mission or pilgrimage, or the fight between good and evil), then it could be assessed as *spiritual* rather than psychotic; this also may come down to a judgment call by the researcher or therapist, aided by the DSM-IV's additional criteria, that the patient should be diagnosed as psychotic if at least two of the following features are observed: a) poor pre-episode functioning, b) the acute onset occurred more than three months prior, c) the onset was not caused by stress, or d) the patient had a negative attitude toward the experience.

Cortright also referenced Washburn's RIST (regression in service of transcendence) criteria, pointing out that RIST experiencers differ from schizophrenics in that a) the onset occurs later in life, b) RIST people have significant insight from and into their experiences and have a generally positive attitude about their situation, and c) schizophrenics do poorly on reality and cognition testing, which distinguishes them from the lucidity of RIST patients. Additionally, in RIST, hallucinations and delusions are taken as messages or advice rather than as obsessions or commands.

Vaughan (2012) gave a useful rundown of preparations salutary to ingestion of psychedelics, but it would also work well in preparing for any strong peak or transpersonal experience. Her own experience, under the guidance of Myron Stoloroff, was that she was given

appropriate books to read: Alpert (Ram Dass), Leary, and The Tibetan Book of the Dead; my own preparation also included several of Stanislav Grof's books along with those of Castaneda, Ouspensky, and Gurdjieff; I also believe that science fiction greatly helped me to apprehend these novel experiences. Then, according to Vaughan, a conducive set and setting were established, imbuing trust and safety. The author stressed the importance of developing trust for one's intuition, to learn to focus the mind as with meditation, to perform devotional and mindfulness practices, and to cultivate spirituality.

Distinctions in treatment

According to Cortright (2010), it is important to correctly diagnose spiritual emergency as distinct from psychosis, since their treatments are quite different. Conventional therapy would treat psychosis as pathological and attempt to quash it quickly, using antipsychotic drugs, cold baths, electroshock therapy, or other means. In contrast, treating the condition as spiritual emergency requires creating a supportive environment and taking the time for a transformative process to unfold. In order for this to occur, said Cortright, the therapist needs to educate the patient with a psychospiritual framework for understanding the experience and the healing process. Next is to provide a safe place conducive to transformation, and the therapist must be experienced, knowledgeable, and trustworthy. The author also recommended conscious diet and physical preparation for proper grounding; this would include bodywork, sleep hygiene, exercise, and changing or removing medications. Other treatments could be emotional release-work and creative activity,

Training and preparation of the transpersonal psychologists

Rodrigues and Friedman (2013) compared the training requirements of conventional therapists and those in the transpersonal field. The two groups share having a therapeutic

relationship between the counselor and the client(s), much of the same kinds of professional training in which they personally undergo, in most cases, the types of therapeutic techniques that they will be using with clients, and either a formal or an informal diagnosis or goal. Where they differ, according to the authors, is that consciousness, identity structure, and transformation are the key constituents of transformational practice. The authors primarily used Presti's definition of consciousness, which focuses on self-identity, perceptual/sensory experience, and internal processes comprising thoughts, moods, feelings, and attitudes. They also seemed a bit too ready to attribute self-awareness to, basically, any creature born of woman, as with LeShan; my own experience has shown that true self-awareness is a rare and hard-won event (Castaneda, 1974; Ouspensky, 1977).

However, a much broader, more transcendent, view of consciousness would allow the therapist to help move the client from emergency (spiritual or possibly psychotic) to transcendental emergence (Grof, 2000, ch. 2; Grof & Grof, 1990, ch. 7; Klein, 2013, chs. 3, 11, 16; Ouspensky, 1977, chs. 3, 7, 8; Wilber, 2000). In these more expansive models, the view of consciousness is stretched to include levels of dreaming, unconscious and subconscious processes, fragmentary/temporary ego-forms, ecstatic union with the supernatural world, and even "assemblage-point positions" (Castaneda, 1974) in which each change in the "luminous egg" (energy body) of a being transforms its reality to various degrees, from simply the variants of ordinary life to worlds and life-forms beyond imagination. With these latter models, required training would entail not only formal study in psychology and transformational techniques, but also a lifestyle of spiritual disciplines including extensive meditation and mindfulness practices, "not-doings" and other Zen-type techniques, vision quests, "diets," initiations, and esoteric rituals.

Rodrigues and Friedman discussed how skill in ego-definition can be integrated both with models from standard psychotherapy as well as typically transpersonal techniques such as Wilber's "holarchical waves of the Great Nest of Being," Grof's (2000) COEX (systems of condensed experience) paradigm, and Friedman's (2013) Self-Expansiveness Therapy. The authors also explained that transpersonal therapists need to participate in some forms of spiritual traditions and/or modern techniques for altering states of consciousness, and also to undergo similar transformative processes to what their clients may. Such processes may include such activities as hypnosis, meditation, drumming, chanting, breathwork, guided imagery, biofeedback, and rebirthing.

Discussion and Conclusions

How the research questions fill the literature gap

In this paper I endeavored to answer the research questions I posed at the beginning of the paper. Following is my itemization of how this study fulfilled that task:

1. What are the overlapping features between psychosis and transpersonal experience, and how often are people misdiagnosed as psychopathic when they are really suffering from spiritual emergency?

I illustrated these conjunctions and confusions with descriptions from Cortright (2010), Grof (2000), Kaminker and Lukoff (2013), Lukoff, Lu, and Turner (1998), and Youakim and Salib (n.d.).

2. Is it possible to transform psychosis into transcendence? Would doing so enable re-entry into normal life?

I believe I covered these issues with references to Cortright (2010), Friedman (2013), Grof (2000), Grof and Grof (1990), Katie (n.d.), Kaminker and Lukoff (2013), and Rodrigues and Friedman (2013). I also provided examples from my personal experience.

Findings from the research

Even though conventionally treating (with medication and hospitalization) spiritual emergencies as pathological has often proven disastrous for the patient, including a transpersonal approach – assisting patients in finding meaning in their experiences – has shown promising improvements (Kaminker & Lukoff, 2013). A specific study, led by one of the latter authors (Lukoff), showed some improvements in patients at a state mental-health facility, by dividing them randomly between a conventional treatment and a holistic approach; at the very least, the holistic treatment did no harm.

Future possibilities for this type of research

More research would verify to what degree religious beliefs affect clinical diagnoses, treatments, and patient management (Youakim &Salib, n.d.). The authors also called for more data on the efficaciousness of symbolic or spiritual healing.

According to Rodrigues and Friedman (2013), future research should perform studies for standardizing data from randomized, parallel groups, taken both before and after their therapy sessions, and comparing results from conventional and transpersonal batteries. Also essential, claimed the authors, would be phenomenological research exposing psychological, energetic, and neurobiological issues which may have been missed in the quantitative analyses. Mixed-methods research could reveal processes and results occurring in the treatment sessions. The authors also called for new instruments for measuring conscious states and specific energies occurring with clients during treatment; such instruments could be questionnaires, but they could

also include biofeedback and brain-mind devices as well as neuro-imaging equipment. These would be useful not only for measuring conscious and energy shifts, but also for inducing particular transformations for treatment as well as for research data. New consciousness-altering drugs will likely become available for both treatment and research data. Finally, according to the authors, more research is needed on the effects of emotional and social support on the effectiveness of treatment.

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