

**Psychosis and the Mystic Path\***

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The connection between madness and the mystic state has always been with us, a fact of human history, and is important to rediscover. Even though any study of this relationship must risk idealizing one or pathologizing the other, it may still be possible to find a basic common ground. Both are experiences that begin with a nonordinary state of consciousness, where discursive, analytic thinking has lost its dominance—the starting point of all mystic disciplines. They are deeply felt, personal events about which there has always been much confusion because of the functional inability of language to truly communicate with any but the already experienced. The universal significance of both these states is in the attempt to advance beyond the existing conditioned personality; that has always been the meaning of healing in its most fundamental sense.

The study of mystic states in the form of tribal shamanism uniquely points to an intrinsic relationship among altered states of consciousness, insanity, and mystic healing. In his study of shamanism, Eliade<sup>6</sup> refers to the “archaic techniques of ecstasy” by which the tribal healer emerges through the triumphant endurance of ecstatic states. These states are equivalent to a psychic illness of initiation involving suffering, death, and resurrection and are the outcome of particular disciplines and practices orally transmitted across generations. The experiences of ecstasy, transformation involving bodily disintegration, death, and return take place within altered states. These states and their characteristic contents became distinctive aspects of the shaman's specialized role in his tribal community. The history of shamanism also reveals that the ecstatic sufferer-healer

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was an expert in the use of organic hallucinogens, ritually used to enhance visionary experiences. Indeed, the first written words of Aryan people from the Indus Valley were spoken by shamanic priests in praise of the god Soma, now believed to be a hallucinogenic mushroom.<sup>5</sup> It has become evident that exstatic states of consciousness of one form or another, through mystical, chemical, or schizophrenic states, have been an important part of human experience since Mesolithic times.

The epochal study of religious experience by James made the connection between mysticism and insanity clear and almost respectable. In 1901 he said:

... religious mysticism is only one half of mysticism. The other half has no accumulated traditions except those which the textbooks on insanity supply. Open any one of these and you will find cases in which “mystical ideas” are cited as characteristic symptoms of enfeebled or deluded states of mind ... it is evident that from the point of view of their psychological mechanism, the classic mysticism and these lower mysticisms spring from the same mental level, from the great subliminal or transmarginal region of which science is beginning to admit the existence but of which so little is really known.<sup>8</sup>

In that same year, the jurist Daniel Paul Schreber, at an inspired crest of his illness, insisted that he had revealed to us ultimate truths about man and God acquired during his psychosis.<sup>12</sup> As an outstanding lawyer of wide culture and encyclopedic knowledge, he was promoted to the presidency of the Supreme Court of the Kingdom of Saxony in 1893. He suffered his illness and insights shortly thereafter. From his own experience, Schreber attempted to detail a profound relationship among religion, mystic states, and psychosis; by doing this he made one of the most heroic and lasting contributions to the study of schizophrenia.

People in psychosis continue to confirm the elusive relationship between insanity and mysticism. The psychotic inner world often explodes with states of ecstasy, feelings of profound truth, contact with an ultimate reality, and excruciating insights into the nature of self that have always been the characteristic and life-changing qualities of the mystic experience. Some psychotic people are strident in their announcement of discovered truth, while others are careful, even secretive, about their transcendent inner experiences, exposing them only to the most nonthreatened and nonthreatening listener. My own

observations as therapist, supervisor, and administrator have so compellingly indicated the ubiquity and significance of these mystical states within the psychotic experience that I now believe them to be necessarily connected; that the definition of a schizophrenic illness implies the attempted radical transformation of the self that the mystic path, so singularly within the repertoire of human experience, has the power to provide.

Until only recently, Western psychology has tended to see mysticism as a pathological manifestation, even though the search for ecstatic and visionary states seems to be as much a part of the history of culture, religion, healing, even childhood, as of the history of madness. We are coming to have greater understanding of practitioners of the mystic path and are no longer obliged to see them only as victims of psychopathology or developmental failure. There is a gathering body of work—of which this article is a part—that sees the mystic experience within a psychosis as a most vital attempt at recovery and a direct expression of the desire to transcend and remodel an intolerable image of self and life situation.

Bowers and others have cataloged the numerous altered states of consciousness that are so frequently shared by the psychedelic drug user, the mystic, and the person in an acute psychotic state. He goes so far as to suggest that “the central nervous system appears to possess a latent capacity, neurobiologically speaking, for a pattern of functioning, which experientially is human psychotic consciousness.”<sup>4</sup> The same can be said about the mystical experience—that the potentiality for it resides within the inherent structure of mind, and its occurrence is not necessarily a sign of deficiency or failure.

Yet the mystic and the psychotic share more than a fundamental structure. They also seem to share a means, a path, even at times a common discipline, used for the production of altered states of consciousness. This altered state is characterized by changes in thinking (such as the ascendancy of “primary process” thinking; this refers to the coexistence of opposites, changes of time sense, etc.); the appearance of deep connections between the body and emotions; changing perceptual abilities; and many other phenomena that are increasingly being clarified. The mystic and the psychotic have an ability to enter easily this altered state of consciousness, which then becomes a vehicle or transitional stage for experiencing the self, the environment, and others in a new and different way. It is within these changed states of

consciousness that new meaning and significance is felt to be discovered, just as the oracles of Delphi used the altered state of carbon dioxide intoxication to predict the future and defy kings. To quote Freud in one of his few remarks about mystic and altered states, for which he seemed to have such distaste in others but that he so fearlessly courted and explored in himself, “It is easy to imagine, too, that certain mystical practices may succeed in upsetting the normal relations between the different regions of the mind, so that, for instance, perception may be able to grasp happenings in the depths of the ego and in the id which were otherwise inaccessible to it”.<sup>7</sup>

## The Path

Intensive study of personal histories and autobiographies reveals that neither the psychotic nor mystic experience can occur without considerable preparation; they have a much more complex archeology than we ordinarily hear about.

The mystical experience is often described as originating outside the receiver, as a “visitation.” Similarly, psychotic episodes may be recalled by patients and therapists as overpowering a person, as “an attack” or a seizure from or by the “unconscious”; in short, it is an involuntary happening in which the patient may come to experience himself or herself—in collusion with others—as the victim of persecuting agents. It is not unusual for someone to describe an illness in such a way, but it is important to become more aware how conceptualizations about psychopathology might confirm that naive model of mental causality. This is the way very young children talk about their dreams, coming from “out there,” or under the bed. Piaget has shown how this kind of causal explanation is part of the same progression through which children must pass if they are to take ownership of their dreams and complete their developmental passage in discriminating the dream from the waking state.<sup>11</sup> As an example of this conceptual difficulty—through the failure to appreciate an achievement of the highest order in a traditional and arduous discipline of body and mind—Alexander referred to the Buddha's “schizophrenic regression”; and in a convulsion of psychoanalytic concepts he understood the state known as deep “samadhi” to be a “catatonic attack.”<sup>1</sup>

Even the catatonic episode of the truly schizophrenic subject

should not be seen as a helplessly involuntary fall into regression. I have done intensive psychotherapeutic work lasting several years with a number of patients who passed through deathlike catatonic periods; I became convinced each time that this was the long sought-after product of a strict regimen of mind and body control through which there was enormous relief from suffering. It was only used secondarily for purposes of aggression and defense, not as an expression of bitter defeat, but as the representation of a sense of perfection. It could be seen from another vantage point as primarily a stage in the development of a mystical-psychotic path. In this way a catatonic phase was not only a posture of aloofness and safety for the subject but also a true attainment in which there was much feeling of mastery and pride.

A chronically schizophrenic man who was my patient could suddenly induce a form of contemplative state that was virtually impenetrable by outside interference. He could stand staring at the sky for hours, looking “lost in concentration,” as described by myself and others. This would leave me feeling estranged, sometimes with an urgent wish to run away from him or physically hurt him to “shake him” out of his trance. This sense of urgency to burst into, to make oneself felt, is a characteristic emotional response of therapists to such people. I gradually came to understand that this state was the fruit of thirty years of work; he had become able to identify each of his emotions with different cloud formations and thereby bring about inner sensations of bliss and spacious freedom. It was learned that during his childhood a surrogate mother had schooled him in an autistic mental discipline known as “eidetic imagining.” At the age of four he was noted to have an inordinate interest in the weather. By the age of ten he had become an expert in meteorology and, in adolescence, he could easily produce trancelike states involving cloud formations. There was a conscious design and purpose for these altered states of consciousness, goal-directed, highly prized, and delivered from years of practice and self-discipline.

Trancelike or ecstatic states have always been greatly esteemed by both mystics and the insane. As mentioned, these altered states become the areas in which new perceptual and cognitive transformations can occur. These experiences are frequently seen as ultimate and irrefutable, and ideas contained within them may reach the level of full conviction. There may be many insights and feelings of revelation

but, for the psychotic person, one frequently stands out from the rest: the feeling of being basically good, creative, and compassionate, as against having lived so much of a life feeling destructive and worthless. It is useful to understand the meaning of profound ecstatic experiences in this way, perhaps more so than on the well-discussed basis of pleasure and pain, orgasmic intensity, or regressive symbiotic fusion. Even in his still unsurpassed study of the phenomenology of schizophrenia, Bleuler lapses into reductionism when he talks of the “transformations of sexual drives into religious ideas and feelings.”<sup>2</sup> However, it is just this fundamental alteration in the experience of self that can cause such loyalty, attachment to, and desire for these states.

For the accomplished mystic the ecstatic state is only an intermediary stage to which attachment and compulsive repetition would mean a diversion from the major task of further perfecting a different relationship to reality. On the other hand, most schizophrenic subjects seem to have an attachment to altered states of consciousness that might be called a form of addiction.

During periods of external conflict, hopelessness, or therapeutic impasse, one can observe a frantic return to the use of visualizations, controlled hallucinations, and a repertoire of confusional techniques used for perceptual alteration. There are many examples of patients who have been maintained “quiet” and “free of symptoms” on major tranquilizing medications, yet who feel impelled to use hallucinogenic chemicals secretly to resurrect altered states of consciousness of an ecstatic nature. Medication seemed to make their lives lonely, mundane, or hollow, and they would seek relief through the use of chemicals or techniques they had cultivated and practiced throughout their development. Their facility with such methods of mind regulation might constitute both their gift and liability in childhood maturation.

The urge to cure by discarding or transcending the self is embedded within the shamanistic initiation illness, the psychoanalytic transference neurosis, and the psychotic ecstasy. It was suggested by Freud and pursued by Brown that our species seems to require a Dionysian breakdown in quest of periodic self-renewal.<sup>5</sup> I find in most people an unconscious fantasy that indicates a need to destroy existing structure as the necessary condition for further growth. Not surprisingly, it is a basic theme in the mythology of all cultures. This fantasy is particularly powerful in psychotic people, and a variant of it

is also encountered in the progression of the “mystic way” that will be described later. For example, following an acutely agitated and violently psychotic time of treatment, I sat with a young woman for what seemed endless hours, while in complete muteness she knitted a woolen scarf for weeks at a time, always ripping it apart and beginning again. During some of this time I would hold her ball of wool and also attempt to establish a thread of verbal contact. Once she broke her silence and said, “Now I will tell you what made me crazy.” She described how her mother had chased her through the house as a child and held her down to cut off her long, dark hair, in order for it “to grow out again, more beautiful than ever.” This example suggests the dramatization of an unconscious fantasy that impels toward ecstatic destructuralization and its possible route of transmission.

This patient was a virtuoso in the use of techniques for altering her state of consciousness and consequently achieving experiences of ecstatically destroying her sense of self. From the age of three onward she was noted to have the need and ability to dance wildly yet with a sense of freedom and abandonment. Similarly, the dervishes of Sufi tradition have practiced “whirling” dances to bring about altered states and ecstatic conditions. As she grew up, it was observed that she did this when she was lonely and frustrated; she enjoyed a mystical-religious state while dancing in solitude. During her psychosis this dancing reached a peak of perfection such that she could easily and gracefully achieve an alteration of her sensorium, which then became the vehicle through which she not only could attain blissful experiences, but she had the ability to communicate with her dead father. But this was only one pathway. For many years she had also practiced rolling back her eyeballs so that only the whites would show, thus producing distinctive and meaningful visual phenomena. She practiced a form of breath control through breath holding, which would change her bodily sensations and the perception of self in space; a chronic and painful coughing could at times achieve similar results. Even her practice of compulsive masturbation was perfected to produce trancelike states that were far more important to her than orgasmic satisfaction. Throughout all of this she consorted with God and the devil and was preoccupied with the mysteries of witchcraft.

I have found other subjects who discovered and developed the ability to catch and hold onto hypnogogic and hypnopompic states to a degree that they could be called forth on demand. The availability

of these states grew from experiences involving an early childhood sleep disorder. Some psychotic people have the peculiar ability to capture and willfully reinvoke the experiential quality of their dream life. The dreamlike altered state can then act as the vehicle through which new combinations of the self and others can be felt and even dramatized. Here is a reversal of the child's developmental unfolding of learned control at being able to gradually force an awakening out of the dream or nightmare and then to circumscribe and forget that dream space. This is a fragile achievement and, through the appropriate discipline, the reverse is possible. It is probable that many forms of altered states of consciousness have their roots in early childhood behaviors such as whirling, falling, head banging, breathing changes, and many others, including experiences surrounding sleep and dreaming; later, in adulthood, perfection is achieved in secret rituals and obsessional practices. All of these may become involved primarily or secondarily with urges to transform the nature of perception and self. The appearance of just these varied capacities in children is what marks the future shaman, just as the presence of epileptic seizures gives notice to members of a shamanistic tribal community that a new initiate may have arrived.

### **The Mystical Psychosis of Daniel Paul Schreber**

In her now classic work on mysticism, Underhill elaborated stages of the prototypical “mystic way.”<sup>14</sup> These are five stages of progression, often taking many years, through which all the great mystics of every religion have passed. She says that, “Taken all together they constitute phases in a single process of growth; involving the movement of consciousness from lower to higher levels of reality, the steady remaking of character....”<sup>14a</sup> Stage one is the “awakening of the self”; the subject comes to recognize within himself or herself another sphere of perception and an intensity of awareness that is ordinarily nonfunctional. It is similar to the “conversion experience” described by James, where one “takes possession of an active subliminal self”. There follows the stage of “purgation” or cleansing, of simplifying life, and the freeing one from the constraints of social and conditioned existence toward the goal of obliterating the more ordinary self by “pain and effort.” Modern Buddhists might relate this to the path of “egolessness.”<sup>13a</sup> “Illumination of the self” is the third phase; this is a state of



happiness, often ecstasy, involving a sense of intense personal relatedness to ultimate reality, whatever its form. The fourth phase has been called “the dark night of the soul”; there comes a despairing recognition of the emptiness of ecstasy, the relinquishment of ordinary attachments to the world, beginning a new phase where “the self now surrenders itself, its individuality, and its will completely. It desires nothing, asks nothing, is utterly passive....”<sup>14b</sup> In the final “unitive way” is the goal of the mystic quest; it is often described as a “spiritual marriage” involving new levels of understanding and compassion for others, made possible by repeatedly dissolving the boundaries between subject and object.

This outline of the “mystic way” is abstracted from experiences of the great saints and mystics whose lives show a continuing oscillation between success and failure, great joy and heroic suffering, and an impulsion toward completion of a path by the utmost exposure of the inner world. I believe that these stages of the “mystic way” have clearly recognizable and therapeutically important parallels in the life experiences of chronically schizophrenic subjects. Intensive psychotherapeutic work with these people and often their autobiographical writings reveal the form of a mystic path not only within their childhood developmental histories but also within the structure and progression of a long psychotic experience. From this point of view one can read Schreber's description of his insanity and of his self-generated attempts at recovery in a way that would allow these seemingly fragmentary and rambling psychotic events to fit into a unitary, well-traveled, and perhaps necessary path.

Schreber's delusions clearly became the object of love. This is not surprising, since they are similar to the dream life of everyone; they represent a synthetic, creative aspect of oneself, private, pregnant with meaning, forging together warded-off parts of the self and others into an acceptable, even aesthetic, whole. What a fruitless and perhaps dangerous enterprise it would have been to “confront” Schreber with the unreality of his agonizingly created delusion about his “special relationship with God.” Such a therapeutic technique would only have aroused the immense scorn of his corrosive intelligence to the implied threat that we might steal all that he felt worth saving and most important about himself. It is possible to read his *Memoirs of My Nervous Illness* as just such a description of a therapeutic misadventure.

Schreber's special relationship with God was, he claimed, the product of a “divine revelation” that appeared to put an end to much of his doubt about continuing to live and brought hope for the terrible contradictions that he faced. At the age of fifty-two Schreber, certainly at a developmental impasse, discovered himself to be “reawakened” to a “new life.” **12a**

“This new life beyond,” he writes, is a “state of blessedness,” but he cautions that this could not be arrived at “without prior purification and sifting of the human nerves ... which required a shorter or longer time for preparation and perhaps intermediate stages.” **12b** He describes how in the beginning he had seen “miraculous visions in a dream” that were later followed by his “divine revelation.” Throughout his writings Schreber reveals the presence of a profound sleep disorder, probably since childhood, around which most of his more spectacular symptoms seemed to cluster. The dream visions were heralded by the appearance of a mysterious light of “dazzling and overwhelming brilliance.” The appearance of the “mystic light” occurs with expectable regularity in the conversion experiences of many shamans, saints, reformers, and mystics and is usually seen as a sign of election or spiritual initiation. Of this Schreber says, “I believe I may say that at that time and at that time *only*, I saw God's omnipotence in its complete purity... a radiant picture of His rays became visible to my inner eye, which while I was lying in bed not sleeping but awake ... reflected on my inner nervous system.” **12c**

For the next several weeks Schreber endured visions that were mixed with joy and fear and were later followed by a new phase during which he continually talks of being “forsaken by God.” He is, in fact, also feeling rejected by his idealized therapist and wife. Then he “... mainly sat *motionless*,” because he “... considered absolute passivity almost a religious duty.” **12d** He is desolate and empty and makes several suicide attempts; for the next couple of years he is usually withdrawn, mute, often violent, and engages in a dazzling struggle with questions about the nature of internal and external reality.

He seems to emerge from his catatoniclike state deeply changed, and he experiences this both physically and emotionally as the beginning of his transmutation into a woman. It is his resignation and happiness at becoming a woman that accompanies decisive changes in his character, with an increasing control over what he calls his “compulsive

thinking” and an increasing contact with social realities. No longer does he feel the helpless victim and passive recipient of his psychotic symptoms, for he now begins to recognize and assume active control over his unconscious processes. In fact, he feels deepened and enriched by the acute psychotic events: “Apart from knowledge of spiritual matters gained in the course of years which I would not erase from my memory for all the gold on earth,” even the “compulsive thinking,” the most hated and struggled-against of all his psychotic symptoms, forced him “... to trace the causal relation of every happening, every feeling, and every idea and, has given me gradually deeper insight into the essence of almost all material phenomena and aspects of human activity....”**12e** I do not doubt that this was so.

It seems that this strange form of self-analysis involving years of lonely introspection had transformed Schreber into a master psychologist who transmitted to us more than was ever known before about the nature of hallucinations and delusions. He writes of his practice, even play, with an active form of controlled hallucination: “By vivid imagination I can produce pictures of all recollections from my life of persons, animals, and plants, of all sorts of objects in nature, and objects of daily use, so that these images become visible either inside my head or if I wish, outside, where I want them to be seen by my own nerves....”**12f** These practices are immediately familiar to experienced users of hallucinogenic agents. With this picturing technique, Schreber is able to “experiment”; he reconvenes absent people, amuses himself, counters his “boredom,” and explores the boundaries of mind.

Within this selected view of the course of Schreber's psychosis there is, I believe, the outline of a “path,” an intention, a series of stages and goals that at times is unconsciously unfolding and at other times even consciously pursued. Although Schreber's personal history and style are quite unique, his path was not; instead, it is a common one crossed by countless mystics, religious figures, and those involved in psychotic transfigurations.

Following the prototypical “mystic way” described by Underhill, one can think of the course of Schreber's psychosis in the following way.

1. The “awakening of the self” corresponds to the onset of Schreber's psychosis, which is interwoven with altered states of consciousness involving sleepless exhaustion and the forebodings of his dream life.

It is his “conversion experience” that involves a discovery of new capacities for feeling and perception.

2. The stage of “a purification of the self” is indicated in the larger sense by Schreber's wholehearted embracement of patienthood and the consciously planned renunciation of his former self and life. He eagerly severs his ties to social realities, which soon becomes the delusion of the nonexistence of the world. ‘He engages in persistent mortification of his body but, more important, he attacks the grounding of his own selfhood to the point of experiencing a complete loss of any feelings of willfulness or autonomy.
3. In the stage of “illumination of the self” we meet the joyous and a blissful Schreber. Through the redefinition of his self in relation to an ultimate reality, he experiences the transcending “mystic light.” At times for Schreber this stage seems to be only an indication of his path but, more often, it seems to be his goal, and his memoirs are filled with a desire to rest here and to live in a state of bliss ever after. This is the trap, the *cul-de-sac* of even the most disciplined technicians of the sacred; this is the stage to which Schreber becomes addicted but in which, despite all his efforts, he cannot live.
4. In the “dark night of the soul” we see the obvious correspondence to Schreber's despair, continual experience of being “forsaken” by the energy-giving other, and his movement into catatonia, the mirror image of his ecstasy.
5. The “unitive life” phase is one that Schreber never seems to enter but about which he describes brief yearnings and glimpses. Schreber's ultimate goal is “mystical marriage” and yet, more than that, he strives for annihilation of the self through being attractive to an ultimately absorbed by God.

As we now know from the devoted research of Niederland,<sup>10</sup> Schreber's father imposed on his son another kind of path, more like the developmental path described before. Impressed on the young Schreber was a developmental discipline filled with severe moral constraints, physical brutality, and intellectual terrorizing; this left the young boy an unconscious slave and emotional cripple. Schreber's psychotic path became a caricature of the developmental path cut by his father, in that whole disciplines, developed talents, and secret

rituals are lifted from childhood and made the stepping-stones of his new, his own, psychotic path. In a way, he imitated yet defeated the goals of his father's training for supermasculinity; he became more womanly than manly and was often tender and compassionate. In his memoirs, the writing of which itself constituted an attempt to cure and return to the world, Schreber frequently displays the urge to return as a prophet, one who has given to us experiences and teachings of great religious value from which he deeply hopes the reader will benefit. It is known that after nine years of hospitalization, of internal chaos and dilapidation, and virtually without any therapeutic help or support, he brilliantly argues for his legal release. He then gives to his adopted young daughter a degree of “maternal” love, concern, and attention that she claims always to cherish. That he kept hidden cheap trinkets and woman's clothes were secrets known only to himself and his wife.

Unbearable suffering, pain, despair, and violence were the outward signs of his life during long periods of his psychosis, but through all of that Schreber claimed “... yet it was also the holy time of my life when my soul was immensely inspired by supernatural things...”<sup>12g</sup> No matter how much he drones about his misery, there is always the counterclaim of his pleasure and attachment to the products of his altered states of consciousness.

Schreber's love and clinging to a life of psychosis is, in my experience, the usual fate. No one wishes to be “cured” of psychosis. One might like relief from some painful or destructive symptoms (e.g., that the voices be kinder or that one be less impulsive), but at no time have I observed a wish to return to the prepsychotic state of being, no matter how much better that might look to others. A healer who, in a conscious or unconscious attitude, expects or exhorts a patient to renounce the delusional life—a life with moments of bliss, union, and the chance to be a different and better person—will find the patient choosing martyrdom and chronic psychosis.

This choice enlivens that ubiquitous, unconscious fantasy that destruction is the prelude to renewal and transcendence, to begin again from nothing. It penetrates our rituals, dreams, customs, personal histories, myths, delusions, and often the wish to be rid of egob when the pain of its claustrophobic presence becomes intolerable. At one point Schreber seems to destroy his sense of selfhood and so loses his personal relationship to the phenomenal world, often feeling himself

to be the last human survivor on the planet earth. This self-willed catastrophe revealed his aloneness and loneliness and led to suicidal despair. At the same time, his brief experiences of freedom from the glimpses of egolessness nourished his addiction to altered states.

In the midst of Nietzsche's megalomaniac psychotic period he raved in his letters to Strindberg, signing himself "Nietzsche Caesar" or "The Crucified." He received in reply the obscure ancient quotations, "I want, I want to be mad" and "meanwhile it is a joy to be mad." Strindberg addressed only Nietzsche's passion, his lust to be insane. Such joy without the mystic's austere discipline leads only to desperate attempts to maintain itself through identification with the heroes of one's spiritual pantheon, the realm of the gods.

Another who recovered from psychosis with greater clarity than Schreber expressed his affection and nostalgia for that period of his life from which he would never wish to separate.

Throughout those entire periods it was my best self that was dominant, something strong and deep and tender and intense, which was, I still believe, more than just myself. My great difficulty in the period of "normality" is to remain true to the vision which came to me then. I must recognize that in this present life of active participation in the world of men I am very far from having maintained the mystical identification which I felt so keenly during the disturbance.<sup>3</sup>

If we called Schreber's *Memoirs* a work of art we could have expected only his reproach. It was for him a work of "science," of science and religion, a new synthesis, transcending both. It was his body that he claimed as artful, his body transformed into a female capable of giving birth. After years of marriage lacking the children he so greatly desired, Schreber himself assumes the procreative form and function. Some commentators have seen in this, his frustrated urge to create, the core of his psychosis.

It is the driving urge to create and communicate that Schreber shares with most who endure psychotic episodes. On shards of stolen paper and in the darkness Schreber, like a political prisoner, scribbled his visions and messages; the work was completed in nine months. Rarely did he lose control of his media. But he had always been an accomplished technician of language, and this ability was never lost. As Lionel Trilling pointed out, Van Gogh was first of all an artist, his later madness being contained within the discipline of his art form, even though he lacked this discipline in ordinary life.

The best creations from mystic artists are also deeply personal. The lyric poetry of St. John of the Cross and the thangka painting of the vajrayana practitioners both involve the evocation of personal yet universal experiences of states of being encountered during a spiritual journey. They involve the expression of an egoless perception of the phenomenal world, a diminished sense of mind's aggressive clinging, and a new relationship to space. "Quite out of self suspended - /my forehead on the lover's own reclined. / And that way the world ended / with all my cares untwined / among the lilies falling out of mind" (St. John of the Cross).

The productions of psychotic artists, on the other hand, frequently became a rampant celebration of psychosis itself. In the poetry from his years of chronic psychosis, Holderlin assumes the role of a prophet. The mystical experience may lead to the assumption of power rather than compassion, and the creative work becomes an attempt to capture and maintain an ecstatically empowered ego. Creativity from that kind of inspiration is always problematic. It results in a constant confusion between the orgiastic feeling during creation and the value of the created, as described by Milner, a British psychoanalyst.<sup>a</sup>

### **The Path of Treatment and Conclusion**

The meaning of the therapeutic endeavor in work with psychotic subjects, its goals and accomplishments, cannot easily be reconciled with the usual standards of healing the ill. For a patient, the psychotic experience is not what needs to be removed; one believes the experience to be the best of all available paths, better than family, medication, or psychotherapy.

After the experience of psychotic transformation, nothing is the same again. Even if one returns to school, work or, like Schreber, to marriage, something is fundamentally different. One patient whose college career was interrupted by an acute psychotic episode was quickly restored to conventional thinking by using antipsychotic medication. Each time the medication was withdrawn, the psychotic symptoms appeared in the form of excitement and threatening grandiosity. Unable to return to school, he became painfully depressed, often craving death. In fact, a growing fascination with death began to surface as the expression of his urge to continue his psychotic

transformation uninterrupted by medication. When he was hospitalized for intensive psychotherapy, the psychosis was seen to continue in a modified form but one in which he could again make contact with the important experiences of his bitterly suppressed capacities. In the transference dialectic he pleaded for me to be his spiritual savior or, it might be said, to be the agent of his quest for a new developmental stage; however, he became alternately elated and suicidally disillusioned. Eventually, the guiding principle of the treatment became its alignment with the progressive thrust of his psychosis.

The psychosis is frequently instrumental in transforming self-loathing attitudes and impossible conditions of living. For example, some obese patients feel incapable of losing weight, feel self-disgust, except during periods of agitated psychosis, when mania and starvation allow them to achieve idealized bodily states. In working with patients with starvation syndromes (anorexia nervosa) it is usually hopeless to bargain for weight gain in the name of health; that is to overlook the discipline, the extraordinary sensations of that bodily state and, finally, the pride. The ability to fast, to overcome hunger, to triumph over a lifelong craving to overeat to the point of bulimia— these are true accomplishments for the person involved, and it is important that this aspect of many psychotic symptoms be acknowledged and worked with. Within *any* symptom is not only the representation of an internal conflict and a persistent infantile wish, but also the literal statement or symbolic display of one's acquired gifts and secret accomplishments, the hidden relics of self-esteem.

The therapeutic problem is not how to make such a person turn away from a world of unreality and magic but, instead, how to guide and channel the psychosis itself into a workable life situation. Then there may be potentialities for new growth and for new visions of the nature of suffering and the transiency of self, when the psychosis loosens one's allegiance to discursive thinking processes and to ego. For those patients involved in a mystical-psychotic experience the important distinction is not between what is pathological and what is normal but, as Boisson lived it, what constitutes the difference between “spiritual defeat and spiritual victory.”

It is characteristic of psychosis that along with what seem to be revelations about ultimate reality and forms of transcendence there also occurs naked and painful insight into the dynamics of self, other,



the family, and always the therapist. Uncomfortably familiar is the patient who enters treatment and soon begins to hemorrhage his experiences of childhood trauma, fears, and phobias, soon overwhelming both self and therapist. Bowers noted that these patients are not prepared for the insights that become revealed during psychotic experience and so cannot integrate and use them in a meaningful way. The abundant information offered to a therapist makes it easy to give dynamic and psychogenetic interpretations or to clarify the patient's deep sense of pain and failure, but this form of insight may be of little value. The psychotic patient is usually excruciatingly aware of dreadful feelings of inadequacy and history of defeat—so long preoccupied with envy, greed, frustration, hatred, tendency to violence, withdrawal, and desires to end it all by total transformation or death—that he hardly needs such insight or reminders. A therapist's strong demand for the patient to deal with these obvious shortcomings often leads to categorical denial of any problem, wound, or disaffection.

If the therapist is not to cure or give insight in the traditional sense, then the work becomes more complicated, yet also open to new possibilities. The difficult task becomes the need to shift one's view from seeing the psychotic experience as a totally destructive cataclysm to being able to see and appreciate the constructive attempt at self-transcendence, to see that its conscious goal is not a relinquishing of life but an attempt at renewal. Within the mystical-psychotic experience and the dramatic capacities for change made possible by the various altered states of consciousness, the psychosis itself becomes a means to deal with formerly impossible problems. With such a means one can actually or symbolically nurture or leave a psychotic mother, heal or reinstate a lost, idealized father, or exorcize an entire family. The psychotic child may become the feared apostate of his or her family but, more often than not, the wishes are to heal, to resurrect, and to liberate beyond the confines of constricted thinking and sadistic morality both the self and others. In this endeavor he or she may once again share the iconography of the tribal shaman.

The defensive function of altered states of consciousness and the visionary experiences within them becomes obvious and, at a certain point in therapy, can be demonstrated within every therapeutic session. But such interventions have no meaning until the therapist and patient agree that what presents itself as an obstacle to treatment is

also the patient's secret discipline and creative indulgence. The means of producing altered states can be seen as hidden practices that, when one really begins to look for them, are all around. A crucial and ongoing event within the therapeutic relationship is to establish the fact that there has been a "developmental line" (in the terms of Anna Freud) leading to the maturation of altered and ecstatic trancelike states. The childhood forms of these experiences are manifold and tend to be extinguished by acculturation and "reality demands." The infant's capacity for these experiences, which range from trance to hallucinations, seems to be inherent and primordial. Close attention to the developmental history of these states reveals how they have been selected out by identifications, etc., as preferential modes of defense; that the quest for states of "conversion" and "illumination" did not arise *de novo* in psychosis but have their first occurrences in early childhood; and that the methods of perfecting the altered state have always been under conscious control.

The histories of impending psychosis reveal repeated episodes of daze, dreaminess, out-of-the-body experiences, etc., which are usually labeled as "depersonalized" or "dissociated" states. As a psychosis is approached, these events intensify and cluster; they contain moments of fear and exhilaration that become the means to getting out of, or beyond, the self. Passing beyond the need for sleep, transcending physical pain, and liberation from hunger are some of the characteristic practices that will continue to expand the psychosis.

The exhilaration of a psychosis is related to those landmark events in one's life that might be called "developmental awakenings." Psychoanalytic work reveals that in everyone's childhood there are singular experiences that are unforgettable in clarity yet still bewildering, like the child's first experience of flicking an electric light switch. This enigmatic experience often leads the child to repeat it rapturously, sometimes as if in practice or obsession. The behavior itself does not last long, but the mental reorganization does. It can be said to be an experience of dawning realization of the vastness and range of human consciousness and achievement that lie within the self; it is a moment when the child identifies with mind beyond expectations and is oneself and out of oneself at the same time. Similarly, nursery-school teachers can recognize the characteristic demeanor of a child who has just learned to read; the aliveness, clarity, and synthesis taking

place within the child are awesome. For a patient, the psychotic experience carries with it similar hopes of passing beyond, renouncing, or destroying the self that is felt to be so incompetent and diseased by imperfections. A complete understanding of the psychotic experience must include knowledge of the desire and methods to transcend, obliterate or, at times, even murder the mundane and hopelessly undeveloped prepsychotic personality.

In any account of an aspect of journey or path in a psychotic illness there is the risk of it being seen as an attempt to legitimize, even recommend, the psychotic path as a solution to suffering. This would miss the point that the mind seems to insist on being involved in some form of journey or other—in normality or pathology, neurosis or psychosis—for its continued survival. A visit to a nursing home or chronic psychiatric ward is informative of what mind without a sense of journey actually looks like.

If successive phases of a psychosis can be seen to have these parallels to the categories of experience lived through by those who have been involved in the stages of the “mystic way” then, through these stages, the course of a psychotic experience might have predictable features and thus reveal its purposeful strivings and a progressive movement.

From this point of view one can see the mystic and psychotic paths as converging, for stronger or shorter periods, on that same mental pathway that is part of everyone—independent of health or “illness”—and is a route for radical transformation of “self.” It remains an objective of future work to determine whether or not the experiential categories of the “mystic way” may be inherent in our nature and have the potentiality to be articulated by the urge to transform, whether it be induced by chemicals, culture, suffering, or love.

## Notes

<sup>a</sup> An endless proliferation of speculated meanings and functions attributed to the term “ego” in post-Freudian literature has made it almost clinically useless. The Buddhist conception of ego describes an ongoing series of experiential processes that are constantly attempting to maintain (passionately and aggressively) an illusory sensation of solid centeredness, a preconceived identity that is always self-serving and rationalizing in its attempt to seek further territory. Ego thus stands between one's true subjectivity and the phenomenal world as it really is, a constantly distorting veil to all perception and action. There are many similarities to the conception of ego proposed by Lacan. <sup>b</sup>Refer to footnote a.

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