

‘Psychosis and Spirituality: the journey of an idea’

Isabel Clarke

In all that follows, I am indebted to those people with psychosis (or similar) who have shared with me their experiences, and so have allowed me a glimpse into their world. The context is curiosity – and a bit of an eye for gaps in the dominant explanatory story, that aroused my interest first in spirituality and then in psychosis.

To start with psychosis, I qualified as a clinical psychologist in 1992, having trained in mid-life. Cognitive Behaviour Therapy (CBT) for psychosis was then relatively new, and the preserve of researchers and enthusiasts. In my pre-history as a volunteer with the Samaritans among others, while studying psychology, I had been drawn towards trying to get my mind around the psychotic experience. I was keen to both understand, and be able to offer effective help. Consequently, I studied the new developments keenly, and was soon, for a while, the only person in my area (a Rehabilitation Service) offering psychotherapy to people with a diagnosis of psychosis. The sharing of experience and development of therapeutic skills that resulted has had a profound influence on my practice and thinking.

My pre history on the spirituality side goes back much further. Growing up in intellectual circles in the 1950s and ‘60s, spirituality and religion were generally written off. However, I had a profound conviction of their importance, and as time went on, noted their persistence and even vigour in the face of this disdain. This fascinated me, and I wanted to understand both my own pull towards this facet of human experience and its survival. In my youth, I took a history degree, specialising in the medieval period – a time when spirituality was seen as central. I became acquainted with the literature of mysticism and spiritual experience, and was involved in contemplative Christianity. My sense of the inadequacy of the theories in the face of well-attested experience grew, and became better articulated.

Before training as a clinical psychologist, the following phenomena aroused my curiosity and interest.

- The persistence of spirituality in a scientific age.
- The place that adjustments to internal state and altering state of awareness played in people's lives, and indeed, the economy, through means such as drugs, alcohol, exercise high etc.
- The experience of meditation. The struggle for a mediocre meditator like myself to attain a truly meditative space, and the experiential nature of that space.
- Looking specifically at Christian scripture (as a practicing Anglican), the overlap between shamanism and the gospel stories; the interface between natural and the supernatural - for instance in the transfiguration and the miracles.

I concluded that these phenomena all pointed to there being two ways of perceiving/encountering the world available to human beings. One way would be filtered and exact, representing our normal experience, the other, unbounded, and suggesting underlying unity, but protected by a barrier that could be penetrated by spiritual practice or substances. I grounded this theory psychologically in Kelly's Construct Theory (see Bannister & Fransella 1971). Using this framework, I hypothesized that the unbounded state represented the de-activating of the construct system - or moving beyond it. In this state, crucially, the boundaries between minds dissolved - suggesting a way into the puzzle of psychic phenomena.

When faced with puzzles like these, I form hypotheses, grounded as far as possible in the facts as I, and others, have gathered them, and see whether they can usefully inform my clinical practice. I am aware that this is thin in these days of evidence based practice and randomised controlled trials, and would welcome any others who would help me to remedy this deficiency, and to research these ideas properly.

After training as a clinical psychologist, and having the opportunity to work therapeutically with people with experience of psychosis, I added the following areas of curiosity:

- The spiritual preoccupations of psychosis.
- The possible relationship between the experience of oneness and the intrusion and boundary-less experiences of psychosis (thought insertion/broadcasting etc.)
- The bizarreness and conviction characteristic of psychotic experiences (viewed in the context of therapeutic practice grounded in the continuum model of CBT (e.g. Birchwood & Tarrier 1992 for an early exposition).
- Possible parallels between the collapse into paranoia following euphoric, unitive type experience in psychosis, and the characteristic course of revolutions, which often start with high hopes and a sense of universal liberation and end in bloodbath and dictatorship (cf. French and Russian Revolutions). Peter Chadwick provides clear examples of this type of course of psychosis in his engagingly frank accounts of his own experience. (Chadwick 1992 and 1997).

The Construct system explanation seemed to offer much here as well. Bannister (Bannister & Fransella 1971) talks about schizophrenia and loose construing. It seemed reasonable to me that this looseness could lead essentially to dissolution, and so complete entry into that other way of knowing. Then, in 1995, I first encountered the Interacting Cognitive Subsystems model for making sense of recent experimental findings in memory and information processing (Teasdale & Barnard 1993). This offered a more precise understanding of how the two modes of operating I was hypothesizing might come about, and a mechanism for moving between them. This theory is expounded more fully elsewhere (e.g. Clarke 2001, pp135-136, Clarke 2005, pp 93 – 94). In the clinical application of mindfulness, this theory suggested a way of working with this model therapeutically (see Segal, Williams & Teasdale 2000).

In proposing a different way of looking at both psychosis and spirituality, I

had noted a number of other people whose writing and research was pointing in a similar direction. Coming across Peter Chadwick's 1992 account of his own breakdown, which was, like some of the people I had seen in therapy, preceded by an ecstatic experience of unity, was a major motivation in getting started. A literature search quickly brought up Mike Jackson's research into the area of overlap between psychosis and spiritual experience (Jackson & Fulford 1997), and the Emmanuelle Peters' investigation of similar themes (e.g. Peters, Day, McKenna & Orbach 1999.) Lighting upon Gordon Claridge and his collaborators and their extensive investigations into schizotypy (e.g. Claridge 1997) was a major step forward. Here was a new normalization to add to the normalization of thinking processes in psychosis of CBT - a normalization of variability in accessibility of that second way of knowing.

Aware of the daunting task of proposing a new way of viewing both psychosis and spirituality, I approached these authors, and others. The results have been far reaching. The book, "Psychosis and Spirituality: exploring the new frontier", came out of it, as did two conferences on Psychosis and Spirituality in 2000 and 2001. David Kingdon, one of the contributors to the book made this possible by proposing the subject to Southampton University Medical School Mental Health Group's education organiser.

The dialogue sparked by the conferences clearly did not want to stop, and has been joined by others from all over the world in the forum of a yahoo discussion list on psychosis and spirituality, that provides support, sharing and engagement in these issues (see www.scispirit.com/Psychosis_Spirituality/ for information about this list).

Despite these and other sorties into a wider domain, my main focus remains with my job as a clinical psychologist, which is now based in an acute psychiatric hospital, and working therapeutically across diagnoses, including psychosis. The perspective I have developed on psychosis offers ways of talking about the experience with service users that I have found most helpful in both alliance formation, formulation and therapy practice. The application of mindfulness has been mentioned (see Chadwick, Newman-Taylor & Abba 2005 for a researched version of this), as has the potential of the schizotypy continuum to provide a normalisation for the different quality of experience within psychosis. This makes it easier to discuss with people that their particular conceptualisations of reality might not be shared by others. The idea that "the feeling is real, but the story might be wide of the mark" lies at the heart of this approach. Negotiating a language that is acceptable to the individual, rather than imposing an external language is also crucial. (These approaches are illustrated in Clarke 2002a and Clarke 2002b). As well as proving useful in individual work, they have helped others through supervision, and teaching for Southampton University's doctoral course in clinical psychology, and CBT for severe mental health problems diploma course

There is a wider perspective to this conceptualisation of psychosis and spirituality. When breakdown is viewed in this way, the connection with the valued area of human experience of spirituality becomes obvious. The common preoccupation of people experiencing psychotic breakdown with religious ideas ceases to be mysterious. The way in which distinctions merge so that ordinary life is hard to navigate at such times is explained. A different type of logic takes

over (see Bomford (2005) for a discussion of this aspect), and the quality of experience often becomes charged. To dismiss this part of someone's journey as simply an epiphenomenon of illness is destructive of self-esteem and of the individual's autonomy in making sense of their life experience. Equally important to recognise, however, is that someone experiencing this particular part of their journey needs support and practical assistance.

This perspective is in sympathy with the Recovery Approach, which is currently influencing practice in the NHS (see, e.g., Davidson & Strauss 1992, and Roberts & Wolfson 2004). As part of a Recovery initiative in my previous job, I developed Spirituality Awareness Training for staff along with the chaplain. We noted that talking about this subject was as hard for people now as broaching issues of sex and sexuality once was, and consequently staff were frequently at a loss when faced with the religious and spiritual preoccupations of the people they were working with. Whereas in the hospital, I work as part of a team that thinks and talks in terms of "illness", the discussion list participants do not necessarily see things this way. I am also part of a group of people who want to see the development of an effective Spiritual Crisis Network in this country, so that there is support for an alternative view. This is a new initiative, which needs support to grow and flourish (see the website for more information: www.spiritualcrisisnetwork.org.uk).

What I have reported here is very much "work in progress". It has already taken me into far more areas than originally envisaged, and I have no doubt that the process will continue. For more information, and the updates, do check www.scispirit.com/Psychosis_Spirituality/

References

- Bannister, D. & Fransella, F. (1971) *Inquiring Man*. Harmondsworth Penguin
- Birchwood, M. and Tarrier, N. (Eds.), 1992. *Innovations in the Psychological Management of Schizophrenia*. Chichester: Wiley.
- Bomford, R. (2005) Ignacio Matte Blanco and the Logic of God. In Clarke, C, Ed. (2005) *Ways of Knowing: science and mysticism today*. Exeter: Imprint Academic.
- Chadwick, P.D.J. Newman-Taylor, K. & Abba, N. (2005). Mindfulness groups for people with distressing psychosis. *Behavioural & Cognitive Psychotherapy*, 33(3), 351-360
- Chadwick, P.K. (1992) *Borderline: A psychological study of paranoia and delusional thinking*. London and New York: Routledge.
- Chadwick, P.K, (1997) *Schizophrenia: The Positive Perspective - In search of dignity for schizophrenic people*. London and New York: Routledge.
- Claridge, G.A, (1997) *Schizotypy: Implications for Illness and Health*. Oxford University Press: Oxford.

- Clarke, I. Ed. (2001) *Psychosis and Spirituality: exploring the new frontier*. London: Whurr.
- Clarke, I. (2002a) Introducing Further Developments Towards an ICS Formulation of Psychosis: A Comment on Gumley et al. (1999) An Interacting Cognitive Subsystems Model of Relapse and the Course of Psychosis. *Clinical Psychology and Psychotherapy*, 9
- Clarke, I. (2002b) Chapter 4 "Case experience from a Rehabilitation Service", pp69-78 in *The Case Study Guide to Cognitive Behaviour Therapy of Psychosis* Edited by David Kingdon and Douglas Turkington. Wiley
- Clarke, I. (2005) "There is a Crack in everything. That's How the Light gets in". In Chris Clarke Ed. *Ways of Knowing: science and mysticism today*. Exeter: Imprint Academic.
- Davidson, L. & Straus, J.S. (1992). Making sense of self in recovery from severe mental illness. *British Journal of medical psychology*, 65, 131-145.
- Jackson, M.C. & Fulford, K.W.M. (1997) Spiritual experience and psychopathology. *Philosophy, Psychiatry and Psychology*, 1, 41 - 65.
- Peters, E.R., Day, S., McKenna, J., & Orbach, G. (1999) The incidence of delusional ideation in religious and psychotic populations. *British Journal of Clinical Psychology*, 38, 83 - 96.
- Roberts, G. & Wolfson (2004). The rediscovery of recovery: open to all. *Advances in Psychiatric Treatment*, 10, 37-49.
- Segal, Z.V., Williams, J.M., & Teasdale, J. D. (2000) *Mindfulness-Based Cognitive Therapy for Depression: a new approach to relapse prevention*. NY: Guilford.
- Teasdale, J.D. and Barnard, P.J. (1993). *Affect, Cognition and Change: Remodelling Depressive Thought*. Hove:Lawrence Erlbaum Associates.

© Isabel Clarke 2006