

Psychosis versus Psycho-Spiritual Healing

From personal and professional experience, I have come to hold the view that certain instances of psychological crises may be developmentally healthy, even transformative, rather than psychopathological. These types of experiences are sometimes described as psychospiritual or as *spiritual emergence* or *spiritual emergency*. I view spiritual emergence or spiritual emergencies as transformative processes of personal, psychological and spiritual growth rather than symptoms of psychopathology. These personal, psychic and spiritual evolutionary processes need to be clearly differentiated from mental illness.

Mainstream psychiatry currently makes no distinction between psychospiritual transformation and psychopathology. In general, psychiatry indiscriminately dismisses a number of great spiritual traditions and their contribution to our understanding of the nature of the psyche, even though so many ancient disciplines, (Taoism, Shamanism, Hinduism, Buddhism, Earth-based African and South American Tribal traditions) are known to be based on centuries of deep psychological exploration and experimentation.

When there is so little understanding and recognition of these long-standing, proven spiritual and mystical traditions, the emergence of associated behaviors, actions and speech that can occur in such spiritual processes are often seen as frightening or threatening. The mystical or spiritual content, as well as the non-ordinary states of consciousness that people experience during these events are automatically put in the category of mental illness and treated accordingly.

The insensitive use of psychiatric labels and the various repressive measures commonly used in psychiatric treatment can interfere with the healing, integrative and evolutionary potential of the spiritual emergency. Such ignorant interventions present an unfortunate contrast to those situations where an individual's transformative psychospiritual experience is supported and enabled to reach completion.

Even if the concept of spiritual emergency is not accepted within psychiatry, at the very least, psychiatrists need to be informed of the potential healing capacity of spiritual emergency, which shares many similar symptoms with psychosis, but is significantly and distinctly not an indication of mental illness.

It seems that, in current clinical practice, very little attention tends to be paid to the *content* of the presenting “psychosis;” instead, most of the content is coarsely classified (e.g., as “delusions of grandeur”) and attempts are then made to administer anti-psychotic medication as quickly as possible. There can be great benefits when the therapist or clinician probes the detail of the ideational and affective content of the psychosis, withholding judgment or assumptions, and instead allowing the possibility that, rather than being simply the random products of a dysfunctional brain, the content may conform to one of the transformative patterns known to be displayed by spiritual emergence. “Psychotic” communications, often dismissed as useless, might then be seen as the brain’s attempt to heal itself, to unify fragmentation and organize multiple dimensions of perception.

I believe it is the role of the therapist, clinician or helper to aid in the client or patient in their attempt to heal, not simply by administering medication, but by trying to discern whether there is a pattern to the presenting actions, behaviors and communications, which, once found, may respond better to a responsive presence and intimate human connection than the clinical indifference so often dispensed today. In the current scientific climate, there seem to be a number of factors holding back the exploration of content in these experiences but until the psychiatric profession moves beyond its current limited reductionist framework there will be limited or no recognition of the positive potential in the appearance of what we only know in the west as “psychosis”.

Granted, for the uneducated, untrained or unexperienced, the differentiation of mental disease from psychospiritual development may be challengingly subtle. However, in my estimation the distinctions ultimately do not lie within the presenting experience of the client. Rather, the so-called difference between psychosis and transformative spiritual awakenings is dependent on the perspective and worldview that is adopted and held by the therapist, clinician and helpers to describe and understand for themselves the processes, experiences and expressions which are emerging before them.