

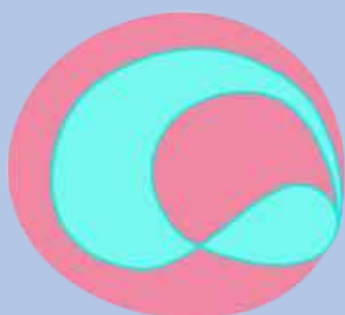
Asylum

Autumn 2011
Volume 18
Number 3
£4.00

Sales and subscriptions
Tel 01989 763900
www.pccs-books.co.uk

the magazine for democratic psychiatry

Information
Asylum Collective
www.asylumonline.net



Spiritual
Crisis
Network



An international magazine for
democratic psychiatry, psychology,
and community development

Incorporating the
Newsletter of Psychology
Politics Resistance

ISSN 0955 2030

© **Asylum and Asylum Associates**

Limbrick Centre
Limbrick Rd
Sheffield, S6 2PE
peterbullimore@yahoo.co.uk

Executive Editor:

Phil Virden: tigerpapers@btinternet.com

General Editors:

Prof Alec Jenner: alecjenner@btinternet.com

Lin Bigwood: lin.bigwood@btinternet.com

Business Manager:

Peter Bullimore: peterbullimore@yahoo.com

Poetry & Creative Writing:

Clare Shaw: shaw_clare@hotmail.com

Phil Thomas: philipthomas@talktalk.net

Members of Asylum Collective:

Jim Campbell: allingoodfaith@hotmail.com

Clare Crestani: cncronin@hotmail.com

Jacqui Dillon: jacquidillon333@aol.com

David Harper: D.Harper@uel.ac.uk

Paul Hammersley

Paul.Hammersley@manchester.ac.uk

Ian Parker: I.A.Parker@mmu.ac.uk

Helen Spandler: hspandler@uclan.ac.uk

Stephen Ticktin: sjticktin@hotmail.com

Design & layout:

Old Dog Graphics

Administration & Distribution:

PCCS Books

2 Cropper Row, Alton Rd

Ross-on-Wye, HR9 5LA

Subscriptions (see below for rates):

www.pccs-books.co.uk

sales@pccs-books.co.uk

tel: 01989 763 900

fax: 01989 763 901

Front Cover Picture: 'Spiritual Crisis' by Maria Ravisankar
and her daughter, Iona

CONTENTS

THE SPIRITUAL CRISIS NETWORK Catherine G Lucas	4
STRANGE CHANGES: A PSYCHOTHERAPIST'S APPROACH TO SPIRITUAL EMERGENCY Courtenay Young	5
REDISCOVERING WHOLENESS: ANNABEL'S STORY Annabel Hollis	8
A JOURNEY OF SPIRITUAL EMERGENCE Frances Goodall	10
OPENNESS TO UNUSUAL EXPERIENCES: PSYCHOSIS AND SPIRITUALITY REORGANISED Isabel Clarke	13
POEM: 'Symmetrical Poem' by Dunstan Clarke	15
POEM: 'My Crisis' by Anon	15
DARK NIGHTS BEFORE THE DAWN Kate	16
BEYOND SPIRITUAL CRISIS: WHAT'S NEXT? Janice Hartley	18
A WALK IN THE WILDERNESS Maria Ravisankar	21
FINDING HELP FROM RELIGION Lisle Ryder	23
POEM: 'Shadows' by Rywa Weinberg	24
SUPPORTING A PERSON IN CRISIS Annabel Hollis	25
THE 'WHAT IS REAL AND WHAT IS NOT' GROUP Isabel Clarke	26
POEM: 'The Walls of Silence' by Janice Hartley	27
POEM: 'Communication' by Emma Laughton	27
POEM: 'Psychosis' by Maria Ravisankar	27
POEM: 'Return from a Far Country' by Emma Laughton	27
AND FINALLY ... 'WHAT CAN WE DO?'	29
FURTHER READING	30

Asylum magazine is a forum for free debate, open to anyone with an interest in psychiatry or mental health. We especially welcome contributions from service users or ex-users (or survivors), carers, and frontline psychiatric or mental health workers (anonymously, if you wish). The magazine is not-for-profit and run by a collective of unpaid volunteers. Asylum Collective is open to anyone who wants to help produce and develop the magazine, working in a spirit of equality. Please contact us if you want to help.

The views expressed in the magazine are those of the individual contributors and not necessarily those of the Collective. Articles are accepted in good faith and every effort is made to ensure fairness and veracity. © The Asylum Collective, on behalf of contributors.

2011 Annual Subscription — print, incl. delivery — online at www.pccs-books.co.uk, by phone: 01989 763 900
or send cheque payable to 'PCCS Books' to PCCS Books, 2 Cropper Row, Alton Rd, Ross-on-Wye, HR9 5LA

UK Individual £15.00 Overseas Individual £17.00
UK Organisation £26.00 Overseas Organisation £30.00

Bulk orders/Trade/Resale call 01989 763 900
for information on discounts.

Digital subscriptions — each issue as a colour PDF — available from www.pccs-books.co.uk

UK Individual £13.20 (inc VAT) Overseas Individual £11.00
UK Organisation £24.00 (inc VAT) Overseas Organisation £20.00

**VAT payable on digital products by
UK customers**

Welcome to this themed edition of *Asylum* magazine. The Spiritual Crisis Network (SCN) is delighted to present it, and we hope to be able to introduce the concept of spiritual crisis and to give an idea of who we are and what we do. The first article, by our founder, Catherine Lucas, explains in more detail who we are. But, very broadly, we are a group of people who recognise that spiritual experience and mental health difficulties often overlap. Often by personal experience, we have learnt that, given the right circumstances, turbulent and extreme psychological disturbances may lead to profound personal transformation. And so we recognise and value a spiritual perspective towards such experience.

What exactly might the spiritual perspective be? This gets hard to explain, since the whole area of spirituality is highly subjective and value-laden. It can be closely linked to religious beliefs and practices, or it may be about a sense of connection - with others, with nature or the universe, or with some spiritual reality greater than ourselves. It may be about finding a meaning and a sense of purpose in our lives, for example, by making sense out of suffering, or by learning more about ourselves and others. The Spiritual Crisis Network recognises all perspectives and has no affiliation or allegiance to any particular faith or spiritual path.

So, generally, in the SCN we tend to take a more hopeful and optimistic approach towards mental health difficulties, seeing them in a holistic context. We recognise that profound and unusual or altered states of consciousness are valid and meaningful human experiences. But we also know that they can be disturbing and the cause of much suffering, distress and even danger. So we understand that people often need support and understanding when in crisis, and as a network we do what we can to help. For example, we try to raise awareness that mental health difficulties may have a positive potential, and we offer an email support service from our website: www.spiritualcrisisnetwork.org.uk

A fundamental influence is the work of Czech psychiatrist Stanislav Grof, with his concept of 'Spiritual Emergency'. Grof and his wife Christina established the Spiritual Emergence Network (SEN) in California in the 1980s, with the aim of providing support for individuals in crisis. This was the original inspiration for setting up the Spiritual Crisis Network here in the UK. (See the article by Catherine Lucas.)

Much of what we do is about raising awareness. Since we live in such a secular and materialist world, spirituality is often a taboo subject, and this seems to be especially so in mental health. We have found that simply letting people know that a well-recognised spiritual perspective is available can be enormously helpful, in itself. So we do what we can to get people together, either in local groups, or in an email group hosted by a founder member, clinical psychologist Isabel Clarke, on which people can explore their unusual experiences in a safe and supportive environment: www.isabelclarke.org

Finding a suitable terminology can be tricky in this realm of experience. Some people talk about 'my crisis' or 'my spiritual emergency'. Others may use the terms 'breakdown' or 'psychosis'. Still others talk about 'an awakening', or 'a psychic opening'. Every experience is different and we recognise that everyone has to find the right language to make sense of it within their own frame of reference. But

generally we do not believe that diagnosing people with various stigmatising labels is helpful, and we have found that psychiatric approaches sometimes do more harm than good, especially as they tend to pathologise deeply meaningful inner experiences. 'Spiritual Crisis' or 'Spiritual Emergency' is one perspective or possible conceptualisation. 'Mental Illness' is another. In the Spiritual Crisis Network we believe that our perspective may be more meaningful and empowering. But we leave it to you, the reader, to decide ...

Now to introduce this edition. First of all is the letter from our founder, mindfulness trainer Catherine Lucas, who talks about the history of the Spiritual Crisis Network and how you can get involved. Psychotherapist Courtenay Young then describes Grof's concept of Spiritual Emergency. Next follow two accounts of personal experience: Annabel Hollis highlights the impact of the cultural differences between her experiences in India and here in the UK, whilst Frances Goodall describes the effects on the body's energy systems in the form of Kundalini awakening and chronic fatigue syndrome. Both Annabel and Frances have recently been interviewed by Conscious TV about their experiences. This is recorded on YouTube. (Search for: 'Conscious TV Spiritual Crisis'.) Next, clinical psychologist Isabel Clarke talks about her work in this area, and offers a cognitively based framework for this type of experience. She highlights the difficulties of finding the right language, and stresses the dangers of trying to stick too rigidly to specific theories or ideas. Kate describes her battles with the lows of depression and the heights of Kundalini awakening. My own article highlights the limitations of the concept of 'spiritual crisis', the lack of any generally accepted coherent psychological understanding of unusual and extreme experiences, and the need for interdisciplinary approaches in this area. Maria Ravisankar describes how the support from a church, and a spiritual frame of reference, helped her recovery. Lisle Ryder, a former deliverance ministry advisor, offers advice for those seeking spiritual support with their difficult paranormal or spiritual experiences. In terms of therapeutic approaches Annabel Hollis describes the work of the Stroud Spiritual Crisis Network group in providing a local support service to people in crisis, and Isabel Clarke describes running her 'What is real and what is not' groups. We have also suggested some further reading. We would like to thank everyone for their contributions and apologise to those whose work we could not include due to a lack of space!

We hope you will also enjoy the pictures and poetry which further illustrate the theme of Spiritual Crisis. For artwork, we thank John Hartley, Annabel Hollis, Matthew Potticary, Clare Gill, Hara Willow, Maria Ravisankar and her daughter, Iona, and Rev. Niradhara Marie (whose work may be purchased from her website: www.777sangam.blogspot.com). For their poetry, we thank Dunstan Clarke, Rywa Weinberg, Emma Laughton, Maria Ravisankar, and an anonymous contributor. Thanks also to Chris Clarke and John Hartley for their help in Photoshop, and to everyone who has helped to get together this special edition. We hope you will enjoy it!

Janice Hartley Director of the Spiritual Crisis Network and an independent mental health trainer. Email: enquiries@heroes-heroines.co.uk



Spiritual Crisis Network

The Spiritual Crisis Network

Catherine G Lucas (founder)

Spiritual crisis causes untold misery. Some people even die when going through such crises, either through accidents or by tragically taking their own lives. When I was writing my new book, I felt it was important not to shy away from this, especially as I too had thoughts of killing myself when in spiritual emergency. Yet there is nothing wrong with spiritual crisis, in itself. If properly understood and supported, it can be a wonderful blessing, an opportunity for healing, growth and spiritual awakening.

Since 2004, a group of us has been working to raise awareness and understanding of this phenomenon, to help reduce the suffering caused by it. The Spiritual Crisis Network (SCN) was born directly out of our personal experience of such suffering, and the heart-felt desire to help others going through it. How the Network came to be will, however, always remain something of a mystery to me.

Sure, I can tell you about the conference at which the Network was born. I can tell you about our first telephone conference calls, which was how we 'met' initially, because we were scattered all around the country. I can tell you about the two subsequent conferences on spiritual emergency, when more people joined the core group. All that I can tell you.

What I can't tell you, what I can't explain, is the wonderful and mysterious way the Universe brought us all together – how the seed of a vision has become something concrete and real. It's not as if there was some great master plan of how the Network would develop. Yet, here we are, soon, before we know it, to celebrate our tenth anniversary. We have grown in a steady, solid and sustainable way, albeit with minor hiccups along the way.

I have found the whole experience very humbling. It's almost as if it needed to happen, as though the Universe intended for it to happen. As it turned out, I wasn't the only one who felt we needed some sort of equivalent in the UK to the American Spiritual Emergence Network. Those who were drawn into forming the core group were 'experiencers' and mental health professionals working with those going through, or recovering from, spiritual crisis.

From the outset then, the core team was made up of those with personal or professional expertise. Many had both, which was invaluable. This has given the SCN its distinctive quality and strength. Bringing the two together brings a particular depth and wealth of expertise. Over the years, members of the core group have come and gone, but that special mix has remained, and is very important to our ethos.

In 2008 we formalised our legal structure, registered as a company and established a Board of Directors. This in turn enabled us, thanks to the hard work of a couple of Directors in particular, to gain charitable status in 2009. Our logo came the following year.

For several years we've been operating a rota system of responding to emails. Some of these are requests for information; many are from people struggling with their experience. Whilst we have to be very realistic about what we can offer, we know from their replies that people are

grateful. They feel heard and reassured – despite there being no easy answers. Our volunteers do a fantastic job.

We are in touch with several local groups around the UK, and our vision is for there to be many more. Again, these tend to wax and wane, depending on the time, energy and other commitments of those involved. The whole Network is currently organised on a voluntary basis.

Our efforts to raise awareness and the understanding of spiritual crisis have taken both a top-down and bottom-up approach. Academic texts like *Psychosis and Spirituality: Consolidating the new paradigm* (edited by Isabel Clarke, Wiley-Blackwell 2010) are aimed at helping to shift the paradigm of the prevailing medical model by appealing to mental health professionals, whereas books such as mine, *In Case of Spiritual Emergency: Moving successfully through your awakening* (Catherine G Lucas, Findhorn Press 2011), are aimed at empowering experiencers and their supporters. By giving readers the tools to move successfully through their spiritual crisis, this guide helps them to understand and cope with the experience. Both top-down and bottom-up approaches are complementary and very much needed.

Supporting the SCN

There are two main ways you can support our work. One is by becoming a Friend of the Network. This involves making a monthly donation by standing order, which can be as little or as much as you can afford. You can download a form from the website. You can also make donations online.

The other way is by becoming involved with your local group or maybe even setting one up, if there isn't one in your area yet. This is a great way of both giving and receiving. Meeting up regularly with others who share such powerfully transformative experiences is very nourishing. You can email info@spiritualcrisisnetwork.org.uk about this.

When you've read this copy of *Asylum* magazine, tell others about it. Maybe leave it in a GP's surgery or pass it on to someone else. Thank you for helping.

Together we can raise awareness and understanding of spiritual crisis

www.SpiritualCrisisNetwork.org.uk

Catherine G Lucas is the Founder of the UK Spiritual Crisis Network, and a Breathworks Mindfulness Trainer. She is the author of *In Case of Spiritual Emergency: Moving successfully through your awakening* (Findhorn Press), to be launched on World Mental Health Day, 10 October 2011.

You can follow her blog at:
www.in-case-of-spiritual-emergency.blogspot.com
For details of her courses see The Academy of Living Wisdom website: www.academywisdom.co.uk



STRANGE CHANGES

A psychotherapist's approach to Spiritual Emergency

Courtenay Young

A phenomenon increasingly found in some areas of psychotherapy is that of people going through a deep transformational process due to some sort of shock or trauma. The shock might be physical: a car accident, a mugging, an illness, a near-death experience, or the traumatic birth of a child. Equally, it might be more purely emotional or mental: discovering that one's partner has been dishonest or unfaithful, or that one was abused as a child or is an alcoholic, a loss of faith, a psychic experience, or a psychotic episode.

For the many people who experience them, such events are in themselves shocking but, after a while, the person works through it or, for the most part, seems to get over it. Life then seems to continue relatively normally. However, the same events can trigger for others a process of deep and powerful change. They seem to effect not simply 'a personality change' but more a fundamental change of life, direction, and perhaps beliefs. The triggering event is significant in itself, but the greater significance is in the resulting underlying process. People commonly say that the event 'changed my life'.

And yet, other than births and marriages, we do not often welcome profound developmental changes. Nor do we recognise them for what they really are, or see them as particularly significant to our maturation. When they happen, and even though they may feel that 'the status quo' is unsustainable, most people try to avoid such changes because they are uncomfortable or unpleasant. People yearn to 'get back to normal'. This is where the psychotherapist can intervene, and his or her contribution can be crucial in helping to affirm the person's process as a process of change. And perhaps the therapist can encourage the person to move forward with that change.

The process of change

As a psychotherapist, I am often concerned with such 'life changes'. Not only does the individual often need quite a lot of help, counselling and support during parts of this transition – with the often stormy passages of change –

but some of the symptoms that a person evidences during the process sometimes look much like the symptoms of psychosis. Perhaps there is little observable difference between the process of someone suddenly changing quite radically and someone 'going crazy'. I am certain that people going through transitional experiences have often been diagnosed as psychotic, and treated as such, with subsequent permanent damage due to inappropriate medical-psychiatric treatment.

Carl Jung, Harry Stack Sullivan, Frieda Fromm-Reichmann and RD Laing all contributed to a tradition in which such change is viewed as a deep process. But it was only relatively recently, and only as a result of pressure from people like David Lukoff and Stan Grof, that *DSM-IV* (American psychiatry's diagnostic manual) was amended to include 'a spiritual crisis' as one of the possible origins of manic or schizophrenic symptoms. This appears under the heading: 'Other Conditions That May Be a Focus of Clinical Attention: Code V62.89'.

It seems difficult for society to recognise such processes of change. If one wishes to change 'the system' – in whatever way – then one is often seen as a nuisance, a heretic, a misguided hippy, on drugs, a revolutionary, a communist, a terrorist, or crazy: someone to be ignored, excluded or punished.

Consider, for a moment, a society that did not recognise puberty as a healthy stage of development: for some reason, this society was fixated on childhood. Pre-pubertal norms were its ideal. Puberty and adolescence would become an aberration. Changes in female body shape would be seen as strange and disgusting distortions requiring corrective surgery; the growth of facial, underarm and pubic hair would be seen as weird and obnoxious and in need of instant depilation; adolescent spots would be treated as a serious skin disease, like the buboes of the Black Death; puppy fat would be viewed as a moral degeneracy, to be corrected only by a regime of starvation. Those people who protested that it was not them and their developing bodies but society which was 'sick' would threaten such a world-view and would be excluded or locked away.

I suggest that, for all its knowledge and 'civilisation',

our present society generally treats the maturational or developmental process of the psyche in a similarly disrespectful and abusive manner.

I use the phrase 'maturation' or 'development of the psyche'. However, Stan and Christina Grof have described this type of transformative life change as 'a process of Spiritual Emergence'. If this process is not recognised, or rejected by significant others or by society at large, a process of 'spiritual emergence' can easily turn into 'a spiritual emergency'. This is when the person may be unable to cope and professional help may be needed.

Types of process

Based on his research, Grof categorised many hundreds of accounts and finds ten main types. These are fully described in his books but include 'Shamanistic Experiences', 'Psychic Openings', 'Near-Death Experiences' and 'Kundalini Awakening'. In the latter, sometimes quite violent bodily symptoms predominate – tremors and shakings, hypersensitivities, hot and cold flushes, waves of feelings and emotion. There are also some more bizarre 'Past Life Experiences', 'Encounters with UFOs' and even 'Demonic Possession' (thankfully, very rare), as well as a 'Synthesis of Forms'.

One might also add drug-induced spiritual experiences. Since Aldous Huxley's *The Doors of Perception*, people in the West have begun to realise that certain drugs can 'open the mind' to mystical experiences. Certain naturally occurring drugs are well known in many non-modern cultures and many are regularly used as an entheogen, i.e., a psychoactive substance used in traditional religious, shamanic or spiritual ceremonies, such as the peyote used in Mexican and Native American cultures. Such use is bounded and controlled when rooted within a culture. But when used indiscriminately, as in the psychedelic revolution of the 1960s, the results can be disastrous. Zaehner suggests that the murder of Sharon Tate and several others in 1969, perpetrated by Charles Manson and his accomplices, was the result of an attempt at drug-induced enlightenment which went tragically wrong. Again, when a culture does not properly contain such processes of change – note, contain rather than suppress – they may move from spiritual emergence into emergency.

What happens during such changes?

David Lukoff suggests that when we take such an inner journey we begin to experience the world from a different perspective – that of a more archetypal mode. Our world begins to be peopled by Gods and Demons, Myths and Legends, Dreams and Nightmares, Wondrous Beings or Monsters. We may see ourselves in these shapes, and we may also see others the same way. Actions take on a deeper

significance, like that often carried by myth. 'Forgetting to change the sails of one's ship from black to white' can mean the death of one's father; or a chance-encountered object (such as a ring) means the possibility of defeating The Enemy. If this world of myths is not understood, as well as great beauty it can bring great fear. Normal rational thought plays little part in this realm.

As an example, I remember that during such a period in my own life, having read DM Thomas' classic, *The White Hotel* (the imaginary account of one of Jung's patients), not only did I seem to be surrounded by the most incredible and 'electrifying' eroticism, which emerged from mundane objects, but also with juxtaposed images of extreme violence: I became terrified of the tunnels linking the different London Underground platforms, for it seemed as if all these crowds of people (and myself) were being funnelled to some horrific end – like that of Babi Ya, as described in the book.

Paranoia and psychosis indeed – or perhaps! Well, that is the issue.

How to respond to such changes

And yet during such a process we must also live within the world, maintain our jobs and careers, pay the mortgage, raise a family, meet deadlines, be nice to others, etc. It is a classic 'both ... and ...' situation. As a Zen 'koan' so rightly puts it: 'What did you do before enlightenment?' 'I chopped wood and carried water.' 'What did you do after enlightenment?' 'I chopped wood and carried water.' We need to stay grounded, centred and in the present, and also maintain the process within us. We may need help with understanding, or protection from those around us.

For example: some time ago, an elderly lady in Texas rang up a Spiritual Emergence Network referral service in California. She asked: 'Can you help me? Last Christmas, God came and sat in my head.' When asked what she meant by that, she said, 'I seem to know things that are going to happen before they happen and I get messages telling me what to do and what is happening with other people. I know what people are thinking. ... Now, my Minister says that I am of the Devil and my women's group at the Church say that I am a witch, and my husband, well, he just doesn't want to know anything about this at all. So can you help me?' She was referred to a counsellor, who was aware of some of the aspects of these inner psychic processes. The elderly lady had already defined her situation, and was not afraid of it, saying matter-of-factly, 'God came and sat in my head'. The problems that she was having were with those around her, and especially with those who should be supporting her and seeing her through the process.

Accepting these changes

So I would like to reinforce the importance of a more general acceptance of this type of process. Society's fear of mental illness and the horrible social stigma that surrounds it can blind us to some of the other possibilities that can exist 'on the fringes' of so-called mental illness. I am in favour of supporting a wider framework where some of these potential areas can be more widely recognised and worked with more creatively. There are also many well-recorded incidences where certain conditions produce symptoms both subjectively and objectively almost indistinguishable from hallucinogenic intoxication or psychotic experiences or bewitchment. These include toxic brain pathology in reaction to local anaesthetic; reactions to withdrawal of Valium; temporal-lobe epilepsy; vitamin B12 deficiency; allergic reactions to wheat or rye (especially if the grain is affected by ergot); prolonged sleep deprivation; sensory isolation; allergic viral encephalitis; post-traumatic stress disorder; ingestion of psilocybin mushrooms, etc. In other words, there are a variety of causes for the production of apparent insanity.

It is very easy to add 'spiritual emergence' to this list, especially when one reads personal accounts of the direct experience of such a transformative process. Much depends on the perspective of the observer. As counsellors and psychotherapists, we owe it to our clients not to maintain the usual societal perspective but 'be with them' during such a process, wherever that may lead us.

An apocryphal story tells of a psychiatric patient just released from hospital. He happens upon a guru who sits naked under a tree, surrounded by a host of attentive followers. He asks the guru, 'What are you doing that is so different? When I did that, they locked me up in a mental hospital. I only just got out.' The guru thought for a moment and said, 'It all depends on who you talk to?'

This article is extensively revised from a much shorter version originally published as a chapter in Featherstone, C & Forsyth, L (Eds)(1997) *Medical Marriage: The new partnership between orthodox and complementary medicine*. Findhorn: Findhorn Press.

Courtenay Young was resident psychotherapist at the Findhorn Foundation, a spiritual community in North-East Scotland, from 1986–2003. He now works privately and in the NHS, in and around Edinburgh. He may be contacted: courtenay@courtenay-young.com

References

- GROF, S. & GROF, C. (1989) *Spiritual Emergency: When Personal Transformation Becomes a Crisis*. New York: Warner Books
- GROF, S. & GROF, C. (1997) *The Stormy Search for the Self: A Guide to Personal Growth Through Transformational Crisis*. Los Angeles: Tarcher.
- FROMM-REICHMANN, F. (1959) *Psychoanalysis and Psychotherapy: Selected Papers of Frieda Fromm-Reichmann*. Cambridge: Cambridge U.P.
- HUXLEY, A. (1954) *The Doors of Perception: And heaven and hell*. London: Harper.
- JUNG, C. (1906, 1953) 'The Psychology of Dementia Praecox', (1906), *Collected Works*. Routledge and Kegan Paul.
- LAING, R.D. (1970) *The Politics of Experience and the Bird of Paradise*. London: Penguin.
- LUKOFF, D. & EVEREST, H.C. (1985) The Myths in Mental Illness. *The Journal of Transpersonal Psychology*, Vol. 17, No. 2, pp. 123-153.
- SULLIVAN, H.S. (1947, 2006) *Conceptions of Modern Psychiatry*. Whitefish, MT: Kessinger.
- THOMAS, D.M. (1982) *The White Hotel*. London: Penguin.
- ZAEHNER, R.C. (1974) *Our Savage God*. London, Collins.



'Dream' by Niradhara Marie
 'ab insomni non custodia dracone' (Latin)
I had a dream, there were dragons and they were not what they appeared. And I saw sages and the woman before whom all knowledge bows (in the clouds). Where are dragons now that I need them?

Subscribe to Asylum

- pass the word on to friends and colleagues —
 — give a subscription as a gift —
 — help *Asylum* break even and survive —
 • see inside front cover for details •

REDISCOVERING WHOLENESS

Annabel's Story

People who have experienced what they intuit as a spiritual awakening are often quick to insist that it was not a psychosis – implying that psychosis is a lesser experience, in some way tainted. I fully own the element of psychosis in my own spiritual emergency, although I don't like the word itself, since 'psychosis' is so much misunderstood. There is no doubt that very strange behaviour can be exhibited when in this state but, as in dreams, there is an underlying logic that is not immediately obvious. I want to show how, like dreaming, psychosis is an essential part of a journey with healing at its heart. I also recognise that to reclaim my wholeness as a woman, as a human being, is an ongoing process, the work of a lifetime.

To start life not feeling at home in one's body, let alone on the earth, creates a pattern of disconnection which, like a dark shadow, accompanies the person until he or she is able to address it and heal it. Where there was trauma in the early environment, as in my own life, there is a tendency to dissociate, meaning a loss of contact with the body and its feelings. Dissociation successfully dampens the pain of the traumatising environment but it also cuts off the person from a deeper engagement with life, which is essentially in the here and now, and on the physical plane.

In my late teens I experienced episodes of debilitating depression in which I would stay in bed for up to a month at a time. I had to take anti-depressants. At eighteen I attempted suicide, the only serious attempt I have made, although at times suicidal thoughts were with me during my twenties and early thirties. Despite these episodes, I managed to get a degree in psychology, pursue nursing training and be employed as a nurse, as well as having longstanding friendships and plenty of adventures.

At the age of twenty-eight I made a trip to India where I stayed with a Hindu family for nine months, and where I was the only Westerner. At the beginning of my stay I had a powerfully transformative experience. The trigger may have been culture shock. Without a warning, I entered a process which included spontaneous deep breathing and which culminated in an ecstatic state.

At first, I entered a space of deep grief in which I was unable to stop crying, and I intuited that I was connecting with the grief of the earth. This changed into a much lighter mood, and I began laughing, and I sensed that I was pregnant and about to give birth. My hosts took me along to my bedroom, and as I lay down I experienced a golden light pouring into the crown of my head, and with it the invitation to dream up a 'New Earth'. Lots of ideas came which had the strong themes of love, co-operation, creativity and respect for nature. When this finished, I felt a strange sensation in my hands, as if they were growing lotus flowers, and then my lower arms lifted up and I made a very strong 'Ahhh' sound which was later remarked on as being very beautiful.

Soon, I went out into the courtyard garden which was in darkness, and lay down on the earth. As I lay there I heard music which seemed to emanate from the star-lit sky. This was so exquisite that it filled my body with a profound ecstasy in which every muscle in my face twitched with unearthly delight and my body melted in a sweet surrender. I recall hearing choirs singing, and also organ music.

After this elevated and unified state, a much more fragmented and dark phase took place. I felt the powerful threat of a nuclear attack, but although this was frightening I felt I could prevent the devastation. I recall seeing a snatch of television in which a woman said, 'They have dropped the bomb.' This was weird and synchronous. Accompanying this experience was a sense of the earth going through a deep purification, with the seas going wild and the winds raging. My sense was the clearing away of an old order so that a new one might be born. I also recall quietly reciting spell-like mantras to ward off what I perceived as negative influences. The theme of the Holocaust then entered me. Like the threat of nuclear war, this made me very fearful. But

despite the fear, I felt as if I were the captain of my own ship throughout these darker experiences.

On a different note, in amongst this experience was a thread which involved a reconnection with a past love, and the promise of this reunion was a major element in my stamina for the whole process. I so looked forward to the wedding feast that would take place when we found each other again.

Meanwhile, I hardly slept for two to three days, and awareness of my hosts' presence was generally limited. I recall one occasion when the grandmother and head of the household, Mama, was sitting close to my head as I lay there. On leaning back my head I saw her face transform into that of an owl with laser-like beams coming from



'Down into the darkness, into the unknown, to bring back the Soul's treasure'
Annabel Hollis

her eyes and into mine. Although much of the process was internal and invisible to others, there were episodes in which my outward behaviour was clearly bizarre.

My host family, whose spiritual roots were deep, instinctively trusted the process I was going through. Although alarmed by my behaviour, they kept me at home under close and loving watch. At that time I had only one visit to a psychiatrist, in which I was given two doses of anti-psychotic medication. The main form of treatment was gentle nourishment, including wholesome food, plentiful rest and regular Indian head massages. I recovered quickly and was able to spend a further nine months with this family, enjoying India.

After this first experience of psychosis, which was not yet tarnished with the brush of pathology, I was left with the sense of an unsolved mystery.

On returning to the UK, and inspired by my Indian trip, I began to meditate daily, sometimes for up to an hour. I also had a job as a nurse in a hospice. One year after returning, in 1996, I again experienced a psychosis. But this time it was not preceded by an ecstatic state. Instead, as with the psychoses which followed, it crept on me slowly, and before I could stop the process I was lost in it, unable to connect with everyday reality. It seems to me that the trigger may have been a combination of stress, the springtime of the year, and the meditation practice, alongside susceptibility due to the lack of rootedness I felt in my own body. On this occasion I was hospitalised 'under section', and several times, against my will, injected with a high-dose anti-psychotic.

During the next four years I was sectioned and hospitalised three times – in 1996, 1998 and 2000. Each of those visits was from four to six weeks, and after each one I felt dispirited, depressed and hopeless. The general message was that I had a serious illness, a biochemical imbalance in the brain, and that from now on I needed regular medication. After the first two hospitalisations I took medication for a little while, but then I chose not to take any more since I was not convinced that it solved the problem. However, after the third occasion, in which I had an accident in my car, I decided I would take Carbamazepine more long term. I did this for three or four years, before choosing to cut down and then stop altogether. This proved a positive decision.

I received valuable support during those four years. I encountered community psychiatric nurses who were very helpful, despite the limits of their role, and one psychiatrist stands out particularly because she honoured the spiritual



'Though there are steps to follow, the way ahead is not without obstacles' Annabel Hollis

dimension whilst also realising the benefits of medication, when used sparingly. Also, when I had a job in an anthroposophical setting,¹ I had an employer who offered an invaluable support system which enabled me to continue my nursing work and also to gain a deeper understanding of my 'bipolar condition' than the notion of 'biochemical imbalance'. Again, the dimension of spirit was honoured. I am very grateful to all of these people, and of course my family and friends.

In 2002 I had a wobble, but for the first time I was able to take charge of the situation rather than be taken over by the psychiatric services. I was able to ask my psychiatrist for medication (Risperidone), which I took at the lowest dose, and decided to stop working as a nurse for a while. I was able to get through

this crisis without the need for hospitalisation. This was a great triumph. It was at this time that I committed myself to uncovering the root cause of this pattern of illness. This decision included a move to Stroud in Gloucestershire, where a new and rich episode of my life began. Occasionally I continued to visit a local psychiatrist, but this soon became unnecessary since I weened myself off medication by small amounts at a time.

Where is the spiritual emergency? The experience of psychosis is a crisis, and my account shows it can be handled in profoundly different ways. This is clearly demonstrated by the contrast between my experience in India and the interventions in the UK. A psychosis is accompanied by intense openness and vulnerability. An environment that is safe and supportive, which combines understanding and compassion, can facilitate the unique manner and timing of this unfolding deep process. The safe environment must also be one which responds promptly and effectively if the person concerned wishes to do harm to herself or to others. We are still far from providing an ideal context for people in this state.

As I move into my forties, my desire is to be of service to life, and to uncover and to utilise my talents and gifts so as to benefit the world. Like all worthwhile processes, this will take time and patience. I no longer identify with the label 'bipolar disorder', and I know I've arrived much more fully into my body, so that life can now unfold in a

1. Anthroposophy translates as: 'wisdom of man'. It is a profound Christ-centred philosophy inspired by the visionary, Rudolf Steiner. Its essence is that man is a spiritual being who inhabits a body, and that humans and life on earth are in a process of ongoing evolutionary development. Biodynamic agriculture, Waldorf education, anthroposophical medicine and the Camphill communities are all Steiner-inspired initiatives.

much more fruitful way than before. Far from a curse, my experience of psychosis has been a wake-up call to my own deep imbalance and need for healing. I hope now to be in a position to support others as they travel through disturbing and frightening territory, on their way back to wholeness. Being a director of the Spiritual Crisis Network, and offering public talks about my journey of healing has given me an opportunity to share with others the fruits of my experience.

A key element of recent years has been the reclamation of my creative spirit. This has included a commitment to the process of dreaming. Dreams have highlighted my fears and blocks as well as my gifts and talents, and for over twenty years I have recorded them daily. Dreams also provide profound inspiration for my paintings. Connection to my own creativity has been very much facilitated by attending a number of excellent creative art courses. And, so as to encourage others to step onto the creative path, I have started running groups or workshops which tap into the wisdom and creative power of dreams. I am also passionate about celebrating the cycle of the year, which I do with a circle of women. Honouring the seasons, and the transitions between them, has greatly enhanced my connection to the earth and its rhythms. Dance and the practice of meditation have also facilitated a deeper connection with my body, as has my work as a massage therapist.

I have also done short-term, one-to-one work with a number of spiritual healers and psychotherapists. This has supported me through various phases. Integrating change is a slow process and I endeavour to live a spacious life. This requires finding a balance between work and leisure. I don't rush about as much as I used to, but occasionally I

can still find myself worn out, and have to stop completely.

It is a great gift to have lived through profound change in my own life, and also to witness this in others and to appreciate the unique nature of each transformational journey. We urgently need to bring this knowledge into the mental health services where so many people find themselves during an awakening process like mine, but frequently without the support and understanding they so desperately need. As it sits at the edge of deep change and upheaval, the world at large also cries out for more awareness about transformation.

Annabel Hollis is a founding member of the UK Spiritual Crisis Network www.annabelhollis.co.uk



'A chance to open up anew, to a new life, a new way of seeing' Annabel Hollis

A Journey of Spiritual Emergence

Frances Goodal

When I was eighteen, travelling and teaching in Nepal, my mind opened up to new ways of experiencing. My awareness expanded somewhat as I connected with the wisdom of Meditation, Mindfulness and Buddhism. Although before then anything 'spiritual' would have seemed odd and nonsensical to my rational and scientific mind, I was amazed by how much sense it all seemed to make – like it touched a deeper part of me that always 'knew'. It just felt so natural and right to simply live with more awareness in whatever you do, and to develop compassion.

The 'spiritual' path and search began. Initially, this seemed to recreate the highs experienced on drugs during my misspent youth. I remember after the first meditation saying to my friend Jenny, 'Wow, it's like being naturally stoned.' It felt like being in a bubble of blissful and protective calm. While travelling the rest of that year I met some interesting people who assisted

the process of beginning to open-up to a more mystical way of seeing this human journey of being alive. Back in the UK, I eagerly joined the university Buddhist society. I particularly enjoyed the meditations and how they left me feeling afterwards. In retrospect, I feel kundalini energy had begun to stir in me at this time.

Kundalini is 'coiled energy' stored at the base of the spine. It can rise in the body, ultimately assisting a process of awakening. However, if it is unleashed too early it can cause havoc in a body-mind that struggles to integrate the experience. A whole host of strange physical and psychological symptoms can incur, such as fatigue, involuntary body movements and psychosis. And I feel that this contributed, within three months, to my being floored with the symptoms of Myalgic Encephalopathy/Chronic Fatigue Syndrome (ME/CFS).

I see now that in many ways I had been out of balance. Always busy – at university, having a job,

something on every night with the various societies I had joined, away every weekend surfing or walking ... I was living on adrenalin, running away from a lot of unresolved emotional material which came out later. All of this was in contrast to the pockets of time I sat in meditation, opening up to deeper states of awareness. Something had to give, and I plummeted with ME/CFS symptoms.

The decline in my health forced me to leave university. I experienced fatigue, headaches, weakness, brain-fog and depression, caused by the sudden onslaught of strange symptoms and having to be back at home. I was glad at least to have meditation, and decided early on it was to help me with my recovery, and that I would use this as an opportunity for spiritual growth.

After two years, a lot opened up during a meditation at my local Buddhist centre: bliss, love and energy flooded my body. After this I was high for two weeks and hardly slept. This was followed by two years of major ups and downs physically, emotionally and spiritually.

At a weekend workshop, after another two years, I completely surrendered to God and the Universe, praying to be completely healed, free and able to get on with my life. I also prayed to know myself fully, to awaken and to give over my ego entirely. I returned home feeling spiritually transformed but strangely inhuman, and as if the deep bond of love with my boyfriend of two years had now disintegrated. This led to our separation.

After this, I felt lost – far too open spiritually, and unable to contain my experience. I wanted to hide under the duvet and be able to escape what was happening: too much, too soon. I had out-of-body experiences where I thought I might actually be dying, so clearly was I leaving my body. I remember feeling weak in my body, as if I were dissolving and disappearing. And yet more often than not I did have energy, and I was also in the process of beginning work after a long time ‘on the sick’. On good days this was fine; at other times I really struggled with physical symptoms and an intense open state of consciousness. It didn’t help that my first part-time job, to run alongside developing therapy work, was at an after-school club. Suddenly, after what had in some ways felt like a four-and-a-half-year retreat, I was surrounded by hordes of loud children! I didn’t last long in that job, and soon focused solely on my therapy work. I

varied between extremes of energy, clarity, health and happiness, and fatigue, fear, doubt and depression.

At this time I felt as if I didn’t exist. I had to keep pinching myself to remind myself I was actually there. I had out-of-body experiences while lying in bed going to sleep, as if I was rising up out of my body and might never come back. Once I was walking out in the woods and I heard a beautiful harmonic sound and stopped in awe. My body jolted in meditation as I felt the energy meet a block in my solar plexus and random sounds came out of my mouth – sometimes shock-like sounds, occasionally more harmonic sounds. I had an involuntary muscle spasm in my tongue which made a clicking sound. This came on after sensations of being strangled had come up in meditation, and I thought I’d see if I could clear it through by surrendering to the experience. I felt like I was balancing on a tightrope, with enlightenment on one side and complete insanity on the other, and I wasn’t sure which way I was going to fall. As a result, I was very frightened. Clearly, these experiences weren’t ‘normal’! But apparently they can be quite normal for someone undergoing a kundalini awakening.

It all felt like it had got out of control, and I thought I may end up having to see a psychiatrist and take medication. I got into one of the worst lows I had ever been in, like I was in a dark, strange, terrifying black hole from which I couldn’t escape. There was light in the periphery, but I felt I was in darkness and couldn’t escape. I felt very scared, fatigued and ill.

At this point there were moments when I considered suicide. We were on holiday on the East Coast, and it got so bad I thought I’d be better off throwing myself off a cliff. Fortunately, at exactly this time my new partner printed some material off the internet which he felt would be very relevant to me. Mystified at my insistence that it was no longer good for me to meditate, he researched why this could be so. With relief, I read about kundalini energy and the problems it can bring, as well as the ineffable, transcendental states of consciousness it can produce. I also found some good advice which gave me hope. I felt that if I can figure my way through ME/CFS symptoms, why can’t I find my way through this, too?



‘The light shines, even in the darkest of woods’

Annabel Hollis

However, some of the articles only made me more afraid: I read about people ending up on anti-psychotics and suffering physical and mental difficulties for years afterwards. I thought that perhaps I had veered off the spiritual path into a darkness from which I could not escape. At times I felt there was no point in going on. Yet these feelings would clear-up and a clarity, peace and acceptance would return to me. It was as if another level of my consciousness was being cleared, leaving a feeling of peacefulness and relief. I stopped meditating completely, and focused on developing my therapy business, and doing positive things. I began regular exercise – swimming, Karate and walking. My task now seemed to be to integrate the whole experience into my life and being.

I then worked on a retreat, and I was grateful to talk to people with a lot of experience of meditation, and to meet someone who had undergone experiences similar to mine. The turmoil gradually all settled down, and now I feel much more balanced and grateful for the journey forced upon me by ill health and my spiritual development. Eventually, by the age of twenty-three, I considered myself cured of CFS/ME.

Although my entire illness may be attributed to my body being too dense with trapped energy and emotion, to me it seems conceivable that when I began to open myself spiritually my body shut down: I'd begun to practise meditation just before getting ill. It seems as if it was clear that I had a lot of healing to do before I could open up myself to spiritual development, and the illness was the way my body would force me to do this.

I was nineteen when I contracted ME, and twenty-one when I had my initial 'awakening' experience, so it's not surprising I suffered those difficulties. The ME came on after some chaotic teenage years involving alcohol and drugs, and it took me on a journey of healing and transformation. I now see that ideally it is necessary to have the roots right before one goes too deeply into spiritual practice – to be functioning in the world, to have a job, to have healthy relationships and to be in a healthy environment. Yet despite all the problems this energy caused me, paradoxically, I feel it was a central part of my healing. I had experiences in which I woke up during the night with the sensation that healing light was just pouring through me. Each time I hoped I would wake up fully cured.

I write about all this so as to give insight to other people who may be having similar experiences. It also interests me that sometimes ME/CFS symptoms can be linked to this process, since it seems that, with kundalini-related problems, many people go through periods of extreme fatigue.

The fatigue would come in waves, and it always seemed that when I went through an unbalanced patch I'd eventually 'drop through' to a new level of peace and freedom. It was as if I had to go through the darker times in order ultimately to experience greater wholeness. I am

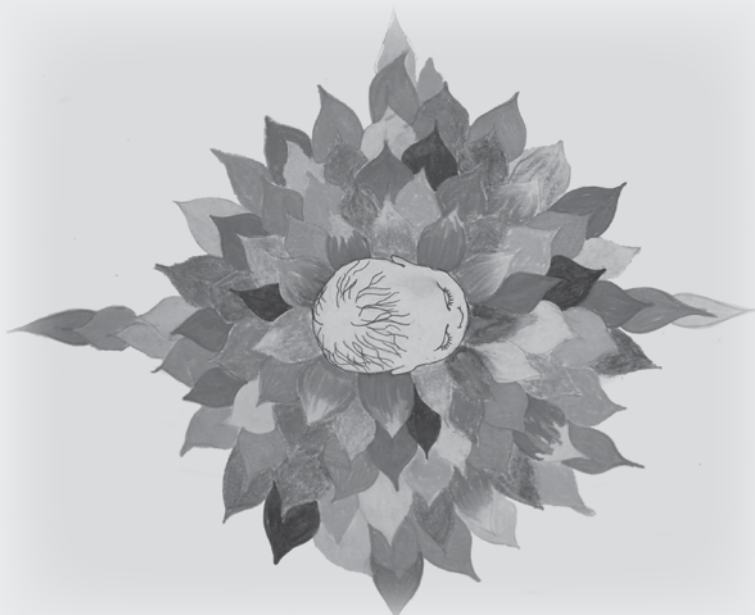
now twenty-eight, and this process continues, to some degree. Now I generally experience so much more peace and freedom, but I am grateful for the journey I was taken on. I also feel generally very stable and integrated, with usually only little relapses in which I feel less stable. But now, if this happens, I know how to work it through.

For example, I had a bigger relapse earlier this year, having got involved in an ungrounded spiritual group (which I now consider a cult). In part, this relapse was a reaction to an ex-partner having a mental health breakdown. He had previously been very happy, open and spiritually aware, and also a great support to me in my own personal crisis. This made a big impact on me, and I feel that this partly led me to relapse into escapist, delusional and unsustainable states through participation in a group which encourages such behaviour. That group uses practices which feel great yet which are very ungrounded and create dependency. As it was, I was nearly completely sucked away from my own life, to devote everything to the group – until circumstances led me to see through it.

This really taught me a lesson, and now I feel very settled and grounded. I have a wonderful support network in Sheffield, with many spiritually minded friends. I am in a brilliant relationship that feels healthy and sustainable. I am training in Rosen Method Bodywork and massage, so as to add to my range of skills as a therapist, while also assisting me to remain grounded and connected to my body.

I work as an Integrative Therapist, using skills from both bodywork and psychology, in both one-to-one and group settings. I love the work. I put my heart into what I do and I believe in the power of compassion and awareness in healing, and in empowering people to believe that they can heal themselves. Also, for people in Spiritual Crisis (or simply interested in spirituality and awakening), in Sheffield I have set up a local group.

Contact: www.theintegraltherapist.co.uk



'Rebirth' by Hara Willow

OPENNESS TO UNUSUAL EXPERIENCES: PSYCHOSIS AND SPIRITUALITY RE-ORGANISED

Isabel Clarke

Wrong questions and insidious assumptions

If you ask the wrong questions you get unhelpful or meaningless answers. Ask the right questions, and the answers can be liberating and life-enhancing. In the late-1990s, I set out to challenge the questions that were then being asked about psychosis and spirituality. Nearly fifteen years, three books, and five years' involvement with the Spiritual Crisis Network later, I am convinced that this was a creative challenge. However, the wrong questions continue to be asked and answered – with depressing and disastrous results.

In this particular field, which questions are 'right' and which 'wrong'? Two big ones to start with. The first wrong question: 'Is what is happening a spiritual emergency/crisis, or is it "just a psychosis"?' The second (and related) question: 'What is this person's diagnosis?'

These might sound like relatively obvious questions, but packed inside them is a world of insidious assumptions that need to be brought into the light of day. The assumptions behind the second question might be familiar to the readers of *Asylum* magazine: the idea that there is an identity between mental health problems and physical ones, that 'mental illness' is a dodgy metaphor with a limited range of convenience. Then there is all that follows from this faulty logic: that 'the symptoms' of 'mental ill-health' must be removed by medication, at all costs, regardless of an impact on the quality of life; that the doctor is the expert; that 'the patient' must simply follow good medical advice, etc., etc.

What is behind my quarrel with the 'spiritual emergency vs. psychosis' question is the whole idea of 'experts' who pronounce on matters of an individual's inner experience.

Taking experience seriously

This entire topic poses problems for our empirical-scientific age because it is essentially about personal experience. We only have their word for it. And they might not be able to describe it well enough to really get it across anyway, especially if it comes into that category of 'unusual experiences' or, as I often call it, 'unshared reality'. So, let us stop trying to categorise such experience from the outside. Ultimately, that always ends up by putting someone down. Instead, let us try to discover what is really going on.

That is what I did when I prepared the book that became the first edition of *Psychosis and Spirituality: Exploring the new frontier* (Clarke 2001). This is now relaunched as a second edition: *Psychosis and Spirituality: Consolidating the new paradigm* (Clarke 2010) and the popular version, *Madness, Mystery and the Survival of God* (Clarke 2008).

A word about where I am coming from. Unlike most of

the people I work alongside, I am not really an 'experiencer'. But spirituality has always been central to my life. This was probably behind my youthful decision to study medieval history, which gave me a good acquaintance with spiritual literature. Subsequently I became interested in mental health issues because of the breakdown of a friend. I worked as a volunteer for many years and took a second degree followed, in my forties, by training in clinical psychology. That has been my profession for the last twenty years. As a Samaritan volunteer, all that time ago, I was expected simply to hear, to bear, and to respect people's experience. And that has remained at the heart of what I do.

What is going on here?

But I am also trained as a scientist, and I want to understand – in a way that will make me a more effective helper. That is where I started to put together what I knew about the mystical literature, from my early studies, with the experiences related to me by the patients in the hospital where I worked. Sometimes they seemed identical. Sometimes they were similar but a bit different. And even where they were quite different, there were common themes. I started to collect these cases and to consider what might be going on.

The people I saw had strange and often disturbing experiences. Recurring themes were the loss of the sense of boundaries between one person and the next, the loss of a fixed sense of the self, and many 'meaningful' coincidences. In small doses, any of these experiences could seem positive, even ecstatic, but they became disturbing and persecutory if they carried on for too long, and if the person could not easily return to 'the shared world'. So, it seems that the experiences of the mystics were not different in kind from those of people who nowadays are diagnosed as psychotic. The mystics were simply better at getting back and forth across the boundary between the two ways of experiencing – shared and unshared. Also, I suspect that spiritual practitioners in a monastic setting, for instance, had good support systems to tide them over during periods when they were not managing the practicalities of life so well.

New terms for a new paradigm

So, in everything I write, and the therapeutic programmes I devise and run in the hospital where I work, I use this reorganised way of looking at things.

Instead of distinguishing between spiritual experience (or spiritual emergency) and psychosis, I make a distinction between two ways of experiencing the world. Because this is a new way of looking at it, and since the old language is full of assumptions that maintain the old paradigm, I had to

look for new terms. Clinically, I use the terms 'shared' and 'unshared reality'. In my theoretical writings, for 'unshared reality' I borrow the term 'transliminal' – meaning across the threshold. This word was coined by Thalbourne (1991) and used by Claridge (1997), who has led a whole research effort examining the way in which, given the right conditions – drugs, trauma, sleep deprivation, etc. – we are all open to this other way of experiencing, but some are more open than others. This is known as Schizotypy research. Along with greater vulnerability to psychotic breakdown, the research identifies positives – such as creativity and spirituality associated with high schizotypy – and therefore hope.

Support from the researchers

Other research backs up this new perspective. In the first edition of *Psychosis and Spirituality* there are chapters written by such researchers. Mike Jackson and Emmanuelle Peters both examined the areas of overlap and difference between spiritual and 'psychotic' experience.

In the latest edition of my book there are new chapters reflecting the explosion of development in the field, both in research and in new therapeutic approaches. Caroline Brett's chapter (Brett 2010) is particularly exciting. She completed a comprehensive study to compare people with a diagnosis of psychosis with those who had just as unusual experiences but had found ways of making sense of them outside of the mental health system. Whether they were mediums, had joined groups interested in psychic and spiritual matters, or whatever, these people adapted to their experiences in a way that was less disruptive to their lives and self-image than those who were dealt with by the mental health services. There was a tendency for the latter to have more distressing experiences.

Of course, such experiences respond to the atmosphere and circumstances around them, so it can be hard to disentangle cause and effect. The overall conclusion seems to point to the importance of creating more understanding and acceptance of such experiences as an integral and sometimes welcomed part of human life, and the creation of benign contexts for people undergoing them. This is where the Spiritual Crisis Network comes in!

Circuits in the brain

I have written about how the distinction I make between two ways of experiencing can be understood in terms of how the brain is hard-wired – and about how, if this is taken seriously, it leads to a re-examination of the whole illusory concept of the self-sufficient, individual, human being. Briefly, there appear to be two fairly separate circuits in the brain. One concerns the precise, logical, verbally based bits of our thinking apparatus that we acquired late in our evolutionary journey from apes to humans. The other bypasses cumbersome, verbal, new-brain thinking: it comprises the sensory and body-based systems, and it reacts rapidly and emotionally.

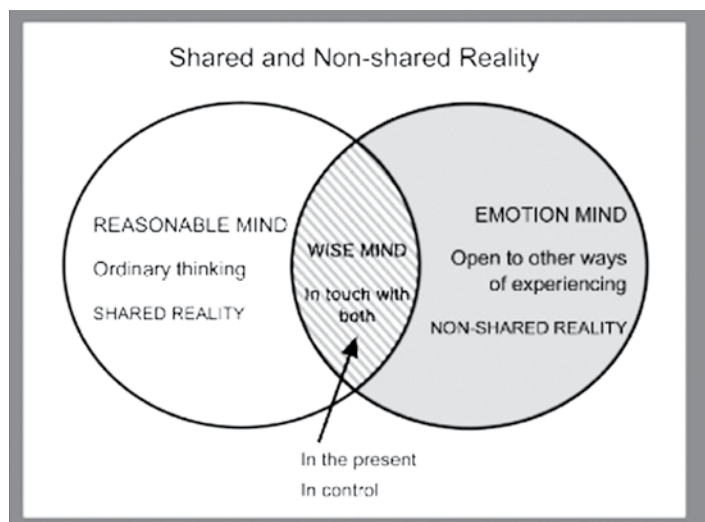
Normally the two systems work smoothly together, but neither is in overall control. This explains why human beings are prone to break down under stress. When stress is extreme, or under the influence of certain practices or certain substances, the two circuits drift apart. We are left with the dominance of the older, less precise, more supernatural, feeling one. This governs whether we experience the world in the 'shared' or 'unshared' or 'transliminal' manner. Linehan's *Dialectical Behavior Therapy* (1993) has a neat diagram (below left) which refers to the logical bit as Reasonable Mind and the other as Emotion Mind. I simply added 'shared' and 'unshared reality'.

Holding the balance – a challenge for the Spiritual Crisis Network

The forerunners of our Spiritual Crisis Network all used Grof's rather splendid term 'spiritual emergency'. While having great respect for Grof and his work (e.g. Grof & Grof 1986), I argue against this phrase because it tends to assume a distinction between spiritual emergency and psychosis. While recognising that quite a lot of the experiences of breakdown diagnosed as a psychosis are not at all spiritual, I want to get away from that distinction and the rather invidious debates to which it can lead. I want to be part of an organisation prepared to offer support to anyone who strays too far into 'unshared reality' and gets lost there. I do not wish to exclude those who find themselves deep within the mental health system. As a therapist for such people, I have found that that they can also report experiences that mirror those of the great mystics.

This has meant that, as an organisation, we do not have a preferred interpretation of what is going on. We all have our favoured models. (I have just shared mine with the reader.) We agree to be light on theory, to recognise that we are dealing with areas of human experience that transcend the limits of what may precisely be known. We offer not dogma but our humanity. This requires an element of letting go, of sacrifice, of a respect for uncertainty. In fact, this is particularly hard since one of the characteristics of any transliminal or unshared reality is a sense of profound conviction.

When a theory held with conviction elevates one individual or group at the expense of another, this can be seriously damaging – actually to both parties. I see the qualities of sitting lightly to dogma and tolerating uncertainty as important correctives for the sort of assumptions which devalue peoples' experience and often keep them trapped in life-diminishing circumstances. Holding true to these



principles is a constant balancing act which we in the Spiritual Crisis Network work hard to maintain. But then, being a human being is always a wobbly balancing act – in my book, anyway!

Isabel Clarke has worked for 20 years as a clinical psychologist in the NHS, currently leading psychological therapies in an acute hospital. She has been involved with the Spiritual Crisis Network from the beginning.

References

- Brett, C (2010) 'Transformative Crisis' in I. Clarke, Ed. *Psychosis and Spirituality: Consolidating the new paradigm*. Chichester: Wiley.
- Claridge, GA, (1997) *Schizotypy: Implications for illness and Health*. Oxford: Oxford University Press.
- Clarke, I (Ed) (2010) *Psychosis and Spirituality: Consolidating the new paradigm*. Chichester: Wiley.
- Clarke, I (2008) *Madness, Mystery and the Survival of God*. Winchester: 'O'Books.
- Clarke, I (Ed) (2001) *Psychosis and Spirituality: Exploring the new frontier*. Chichester: Wiley.
- Grof, S & Grof, C, (1986) 'Spiritual emergency : The understanding and treatment of transpersonal crises.' *Re-Vision*, 8, 7–20.
- Linehan, M (1993) *Cognitive Behavioural Treatment of Borderline Personality Disorder*. New York: Guilford Press.
- Thalbourne MA, (1991) 'The psychology of mystical experience.' *Exceptional Human Experience* 9, 168–86.

My Crisis

by Anon

My crisis changed my life
It helped me find a God
I hurt those I love
I found those I love

My crisis changed my life
I remembered the violin
Memories on canvas
A time for healing

My crisis changed my life
I found help from strangers
I found help from friends
I found help from my family

My crisis changed my life
Slow down, slow down
Working together to find a way
Taking it day by day

My crisis changed my life
It helped me find a God
I pray
And I pray ...

The poem below is about the different logic that governs 'unshared reality'. Ordinary, 'shared reality' works with a logic of 'either-or'. 'Unshared reality' is governed by a logic of 'both-and' (or 'symmetric logic', as the psychoanalyst Matte Blanco called it). Hasan-i-Sabah was the leader of the Assassins, or Hashashins ... Work it out!

Symmetrical Poem

Dunstan Clarke

Dragons are dangerous things
Cats are soft things
Happiness is a contagious thing
London is derelict rollercoaster
Love is a warm blanket
The hungry want food and
Lovers need their silence

Dangerous things are dragons
soft things are cats
contagious things are happy
Derelict roller coasters are London
Warm blankets are love
the food wants the hungry and
Silence needs our lovers

My teachers are my students are my parents are our
leaders are our children not yet born
Are the lights in the sky
As the day is the night so
The heat is the cold so
the rat is the trap
And the trap is the rat

The boundaries are melting away
The living all sleep in their graves
And the dead are walking the streets
The mind is a spider's web
A spider's web is the mind

The healing hands of Hasan-i-Sabah
Have withdrawn themselves from my head
A cocoon of warm unknowing has settled once again
I wrote a symmetrical poem
To awaken the dragons again
Dragons are magical things
Magical things are dragons



Dark Nights before the Dawn

Kate

Classically, the experience of 'spiritual crisis' hinges around an overwhelming spiritual opening – a breaking-down of the inner mechanisms which separate conscious identity from what lies 'beyond'. All too often this results in the diagnosis of 'a psychosis'.

My experiences have come at a bit of a tangent. I began having spiritual and psychic experiences from an early age, and although intense at times, I've managed to integrate them without upsetting the apple cart. They are a fundamental part of who I am, and continue to this day. What constituted 'crisis' was the extremity of my emotional reactions to the challenges these experiences played a key part in triggering. Instead of bursting outwards, I plunged downwards into severe episodes of so-called depression. 'Dark nights of the soul' is another way of putting it.

Things kicked off in my early teens. As unacknowledged tensions and unexpressed pain began silently to fracture my family, a bottomless abyss opened inside my head. I clung to the edges and began to crave a boyfriend. Maybe I could fill this terrifying hole with 'love'.

Sure enough, along he came. Sparks flew as what seemed like a literal electromagnetic connection ignited between us. I started having 'mystical experiences' – a sense of falling through portals in the three-dimensional, linear fabric of space and time, falling into a 'truer reality'. In split-second blasts I was having spiritual insights I couldn't put into words, but they hinged upon everything within and around us, seen and unseen, as web-like, profoundly interconnected and utterly paradoxical in nature.

But six months later I was dumped, and the coin flipped to reveal a darker side. Slowly but surely, I slipped into the abyss, and my first episode of depression lasted three months. Meanwhile, the mystical experiences were set to continue for the next few years, with a new phenomenon adding to the mix. One night I was woken by a tingling electrical energy surging from the base of my spine up to the crown of my head, whereupon images of wizened old men and women flooded my inner field of vision.

The force of these surges woke me night after night, but I was too scared to tell a soul. Then, out of the blue, a friend gave me a book about meditation. This warned of the sacred Kundalini of the Hindu tradition – a 'sleeping serpent' of evolutionary energy coiled at the base of the spine. Once awakened, it flashes up the spine leading to enlightenment for the prepared – but potential madness for anyone attempting to activate it before they are ready. To say I was petrified is an understatement. I spent the next few years trying to forget I'd ever heard of the dreaded K word.

Meanwhile, the abyss inside me grew deeper as the breakdown within my family became more entrenched. By my mid-twenties, I'd experienced three further episodes of depression and was noticing a pattern. I was certainly pre-disposed to depression: a highly strung drama queen with unrealistic expectations of career and relationships to save me from the black hole I carried around. Grief over the break-up of a relationship, job worries, expectation not squaring with reality – each episode was triggered by anxiety, pain and disappointment, all perceived through the distorting lens of overblown emotional reaction.

Each episode also had common internal dynamics which seemed uninfluenced by whichever anti-depressant I was put on. A tsunami of negative thoughts and emotions would flood my mind, pushing me into increasing downward spirals. These felt like vicious feedback loops of pain, self-hatred and fear, against which weakening attempts to 'think my way out of it' were powerless.

As I was pushed into the deepest part of the experience, the depression would then bottom out. This was an acutely painful and dark, albeit mentally quieter place, like the still ocean depths beneath stormy waves. It was the psychological equivalent of being buried alive, bound tight in a straightjacket, unable to eat, converse and, at times, even to walk or articulate properly.

In some ways, the term 'depression' is apt. It felt like my essence, the very juice of my life force, personality and identity had been pressed out of me, leaving an empty, shrivelled bodily shell. The pain, and the sense of intense suffocation under the pressure of all that 'water', was unspeakable. But it transpired that 'the bad stuff' – all the anxiety and grief that triggered things in the first place – was also being squeezed out. Paradoxically, this horrific tight, black space was a place of transformation.

During the fourth and deepest episode, which lasted nine months, I actually felt the moment the shift took place. The location couldn't have been more apt: sat on the loo in the basement of one of the deepest buildings in London. As a wave of darkness so black threatened to flush me down the abyss for good, I 'offered up' the experience to something greater than myself. Like a tiny switch, something flicked inside. From that moment I begin rising up – slowly, slowly like a diver, so as not to get 'the bends'.

Every subsequent episode of depression has featured this almost imperceptible rise. Signs of normality would gradually return as, day by day, my mood lifted: regain-

ing my appetite, listening to music again, and feeling little shoots of hope. But it didn't stop there. A sense of feeling 'intensely alive' would grow and expand. I'd bounce out of bed at dawn to greet each exciting, potential-filled day. There weren't enough hours to do everything that inspired me. The present moment felt charged with 'aliveness', whether it was climbing a mountain or doing the dishes.

Nights were equally intense, as turbo-charged energy surged through my body. The 'bolt of electricity' up my spine was evolving, as the images of faces gave way to beautiful and highly complex patterns. Multicoloured fractal-type imagery swirled and evolved as if being viewed through a child's kaleidoscope. On occasion, I would see religious and cultural imagery, including Buddhas and the Cross.

Deeper dynamics were also shifting. I literally 'bore witness', as dense blocks of pain, grief and fear transformed into joy, confidence and purpose. Shiny pennies dropped as new insights sprang into clarity. Spiritual truths leapt into focus during the early hours, with the lights glowing and dancing, as if in accompaniment.

In retrospect, this was all just the right side of 'too much'. The 'jack-in-the-box' effect – this zinging expansiveness of symmetrical proportion to the time and intensity of the depression – needed time to settle. The in-flooding of new realisations and potentialities had to integrate and balance. As the sense of being supercharged began to level off, it felt like starting a new chapter in a more evolved and mature state of consciousness.

Like most young people, I was following a natural course of ego development which sat at odds with such strong parallel experiences of ego transformation. Seen in retrospect, the first four episodes had equipped me for the 'in the world' challenges of the next nine years, whilst also clearing the way for the next and far deeper set of inner issues which were to arise.

Although by now family issues had improved, the silence had yet to be broached. As I approached the age of thirty, a sudden and immense anger towards my parents propelled me into transpersonal, Jungian therapy. I'd long been aware of the sponge-like way I must have absorbed my family's problems, but only now was I starting to realise what I really felt. I had therapy for more than four years, and found it very powerful. I sensed huge things were shifting inside, but I had no idea of the dam about to burst.

The ultimate of the purgings unfolded during the next five years. I experienced two twelve-month-long super-depressions, each alternating with 'intense aliveness'. This felt like a bottoming out and culmination of the entire process. I endured months of depression so extreme I couldn't walk, talk or eat properly. I needed a witness, and the noises I spewed down the phone to my long-suffering sister were beyond animal. The pain felt primal, as if it went back to the dawn of time.

Between episodes, my father was diagnosed with bowel cancer. I knew there were things he needed to excrete and I had to know if we were both to heal. At the time when I should have been oozing sympathy, I challenged

him to expel the past. Unwittingly, I became the channel through which long-buried secrets were finally revealed. A re-configuring of unbalanced dynamics, and a process of understanding, reconciliation and healing within my family, began to unfold. My father recovered. The abyss inside my head was filling itself in.

By now I'd experienced six episodes of depression and had a clear sense of the bigger picture at work. I'd felt like an onion being peeled to its core, through numerous layers. Each cycle had worked on a specific part of my ego, lasting longer and cutting deeper than the previous – and culminating in a greater breakthrough. Attachments to people, situations and outcomes had loosened, leaving an increasing sense of 'filling up' from the inside.

This felt like repeating cycles of vomit and relief – as if a vacuum cleaner was sucking out, purging and transforming all the blocks and negativity that had made me 'sick'. The depressions felt like an enforced shutdown, like a computer that can't be used whilst being upgraded.

There was something systematic about these symmetrical dynamics within ever-deepening cycles. It was as if a 'super mind' had orchestrated a carefully conceived, sequential process that through each experience purged and prepared me for the deeper, more painful excavation to come. For whilst each 'high' brought gifts, in a yin-yang kind of dynamic, it also contained egoic seeds that would grow to trigger the next episode.

Equally intriguing was the sense of protection I felt. People, timings, settings and circumstances arranged themselves in unexpected ways to act as safe containers, to provide the retreat-like space, time and support I needed. It's paradoxical that whilst my family situation was a major contributory factor to my experiences, my family has always provided constant and unconditional love and support.

By caring for me at home, my family also saved me from hospitalisation. I never once revealed the spiritual aspect of my experiences to a health professional. The one time I let slip that I felt like I was in hell, my psychiatrist put me on an anti-psychotic. If he couldn't get a simple metaphor, where would the K word have led – to the ECT room?

Although these 'super-depressions' were profound experiences of breakdown and breakthrough, subsequent years have proved that this is one psycho-spiritual road trip that doesn't end. However, I do have a sense of having broken the back of my particular load, and of being on the first stages of my 'return'.

Albeit against medical advice, coming off medication was the easy part, and having no psychological dependency was the clinching factor. Over the years, I've been on high doses of about twelve different brands of medication, and not one made a blind bit of difference that I'm aware of. I remain convinced that my recoveries were due to my spiritual process, not whichever pill I happened to be on at the time.

However, I'm only too aware that my experiences mirror Bipolar Disorder II, and that certain professionals would have diagnosed me as such. I profoundly disagree with the

imposition of illness models upon such profound and life-changing psycho-spiritual experiences. I believe that extreme mood shifts can be an intrinsic part of the cleansing process. The stronger the ego-resistance, the stronger the resulting 'bipolar' style mood swings. It's like a pendulum that, held too far to one side, swings wildly back and forth when released, until finally coming to rest in the centre.

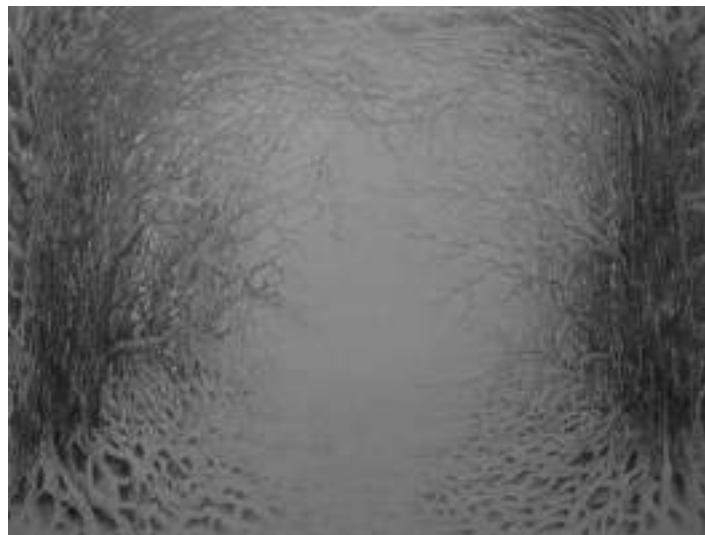
As for the once-dreaded K word, I have never conceptualised my experiences, and still prefer not to use the term Kundalini in describing them. However, I now have a better understanding and acceptance of this phenomenon – essentially a process of purging that can take years to unfold. Thousands of people worldwide, from all faiths and none, have similar experiences, and the numbers are growing. Some have been triggered through 'searching' practices such as yoga or meditation. Others, like myself, have undergone 'spontaneous awakenings'. In all too many cases, diagnoses of depression, bipolar and psychosis have played a part in the proceedings.

Since the abyss disappeared, I've uncovered a new inner buoyancy, peace and basic happiness. When waves hit, they are smaller ones which I can withstand, as opposed to the old tsunamis. Needs, desires and expectations have been replaced by more philosophical hopes with a strong dash of *que sera, sera*. Having one foot in both the inner and outer world has always been a precarious balancing act, but now that the two have integrated, my footing feels more solid.

Meanwhile, I have a strong sense of deep healing – of having released anger, envy, fear, victimhood and, not least, the past. It's like I've broken through a series of psychological

glass ceilings to find a place of freedom, peace, clarity and lightness that lies 'beyond'. I'm sure that life will continue throwing up situations to which I may react with depression, but the difference is one of degree. The trick is to accept that the sea will always have waves, and ride them as best I can.

Kate lives in the south of England and is a member of the SCN Development Group.



'Discovering clarity'. Drawing by Matthew Potticary

I have tried to create an image that expresses being surrounded by great confusion. This is represented by the intertwined branches of the dimly lit forest. However the centre of the image is clear and light, perhaps provoking a sense of optimism, with the realisation that things will change.

The term 'spiritual crisis' is often used, in the UK, to refer to 'spiritual emergency'. That is a concept originally defined by Czech psychiatrist Stanislav Grof (Grof & Grof, 1990). As this idea is not well known in mental health circles, my article will first of all describe how I encountered it. I will then attempt to address its advantages and disadvantages, and finish by calling for a more holistic vision for the future.

I had a breakdown in 1999, at a time of great personal difficulties. As my circumstances grew increasingly unstable, so my internal world became more turbulent and chaotic, until one night I had what I would now describe as 'an out-of-body experience'. Having no idea what this was, I thought I must be losing my soul, and that this was somehow a punishment from God. It felt as if I was about to cease to exist, and I was frantic with fear.

First, I went to see an Anglican priest. He really tried to help and wanted to pray, but I lacked the courage to tell him that the God to whom he was praying was actually the source of my terror and fear. I felt I could not escape from God, and that I was beyond any spiritual help.

And so initially it came as a relief to be in the safety

of a modern psychiatric hospital, and in the care of 'experts' who would soon be able to put me right. But the drugs made everything worse, precipitating horrific voices and visions, and making the whole experience a lot more traumatic than it should have been. After being discharged, I was very scared of what had happened, but also desperate to understand it since I felt that the various phenomena and altered states of consciousness had some profound meaning. However, by then I realised that mental health professionals would be unlikely to help, due to their viewing such experiences as only 'the symptoms of mental illness'.

BEYOND SPIRITUAL CRISIS: WHAT'S NEXT?

Janice Hartley

But surely somewhere there must be an expert who could explain it all? Eventually I had counselling, and although helpful, it really only tackled things on a mundane level. I felt unable to discuss my disturbing inner experiences, and the shame and stigma of having been in hospital made it all very difficult to talk about them.

Still searching for answers, I began to study psychology. Disappointingly, the extreme emotions and perceptual disturbances which I sought to understand are generally classed as 'abnormal psychology', and routinely assigned to psychiatry. In that discipline, explanations are mainly couched in terms of theories of heredity and brain chemistry, with associated connotations of malfunction and deficit. Then I thought that parapsychology might be more helpful, since some of my experiences felt distinctly 'beyond the normal'. However, I found that parapsychologists are generally wary of becoming involved with anyone with mental health difficulties, and such contacts tend not to be encouraged (Tierney, 2009). Furthermore the standard scientific approach, as taken by psychiatry, psychology and parapsychology, is usually that of an external or third-person perspective, for example by focusing on observed behaviour, brain scans, questionnaires and laboratory studies. Subjective experience is generally ignored. This raises the question of how it is possible properly to understand an experience without knowing from the inside how it actually *feels*.

Transpersonal Psychology appears to offer greater potential for understanding those aspects of the mind. Focussed on altered states of consciousness, the effects of spiritual practices such as meditation and prayer, psychotherapy and healing, Transpersonal Psychology brings together strands of knowledge from the disciplines of psychology, neuroscience, psychotherapy, parapsychology and different religious or spiritual traditions. It is therefore an interdisciplinary approach, in which subjective experiences are valued, particularly when they result in transformations of the personality. (For further information see the website of the Transpersonal Section of the British Psychological Society: www.transpersonalpsychology.org.uk) Grof was one of the original founders of Transpersonal Psychology, and it was from exploring this area that I encountered his concept of 'Spiritual Emergency'.

This concept of spiritual emergency or crisis offers a different explanation for psychological disturbances, setting them in the context of the difficult stages of personal growth. It dispatches the widespread belief that spiritual experience is always calm and benign. Grof explains why these experiences can be so profoundly disabling:

Occasionally, the amount of unconscious material that emerges from deep levels of the psyche can be so enormous that the person involved can have

difficulty functioning in everyday reality. However, in spite of its sometimes dramatic manifestations, this stormy event is essentially an attempt by the organism to simplify its functioning, to throw off old negative imprints and programs, and to heal itself. A person who understands this and has a good support system can cooperate with the process and benefit from it. (Grof & Grof, 1990, p. 39)

So, in Grof's view, extreme states of consciousness that would normally be considered psychotic may instead be viewed as attempts to heal or purify, bringing unconscious contents to the surface so as to be consciously addressed. The person may be totally overwhelmed and need support, but this is all part of a natural process. There should be a positive outcome, unless the process is interrupted and suppressed by drugs and diagnostic labels. And this means more than simply recovery – it means becoming better balanced than before.

With its transpersonal approach, Grof's model of the psyche is considerably broader than most others, and in this context 'deep levels' are not limited to the individual's past. This is a major point of divergence from mainstream thinking, so Grof's ideas are radically different, and inspiring. The mainstream focuses on vulnerability and deficit, viewing psychosis as something to be avoided: we are 'damaged' and 'a cause' needs to be discovered within brain chemistry, the personal past, the genetic make-up, the personality or the social surroundings. The idea of Spiritual Crisis/Emergency presents an alternative perspective in which madness is not pathology, but part of a powerful process of transformation. 'Breakdown' becomes 'Breakthrough'!

Unfortunately, there is one big problem with Grof's approach. He attempts to differentiate between 'Spiritual Emergency' – which should have a positive outcome – and 'psychosis' – which does not (Grof & Grof, p. 39). This is a shame. By insisting that psychosis is simply a mental illness requiring standard medical treatment, the concept of Spiritual Emergency fails to challenge psychiatric orthodoxy or make any significant impact in mental health. We in the Spiritual Crisis Network do not believe that this is a helpful distinction. Instead, we take the view that, given the right support and circumstances, anyone's crisis can potentially have a positive outcome. We try to give practical and supportive advice, the key ideas being about 'normalising' such experience and reducing the fear surrounding it. We always stress that the person is not alone, that there is hope, and that many people come through these experiences stronger than they were before. In contrast to standard approaches which often leave people feeling stigmatised, isolated and hopeless, the concept of Spiritual Crisis/Emergency holds that 'madness' has meaning, and that its value will eventually become evident.

A second important problem could be the word

'spiritual'. 'Spiritual Crisis/Emergency' may give the misleading impression that this is something which only affects religious people or those engaged in spiritual practices. These can indeed be the trigger, but there are many others. Grof identifies, as examples, bereavement, divorce, accidents, illness, surgery, drug-effects and childbirth. He explains that any significant event can radically shift the balance between conscious and unconscious processes, and that a shift towards a more inward focus may precipitate a Spiritual Emergency (Grof & Grof, 1990, pp. 32–3). Clearly, trauma plays its role too, so that in many cases the connection with spirituality may not seem obvious or appropriate.

Furthermore, 'spirituality' has a different meaning for different people, and negative connotations for some. For example, scientists often view the word with suspicion, and in our secular society many people could not imagine interpreting mental health problems in a spiritual manner. The term might also imply that the person's difficulties are somehow confined to the spiritual dimension, leaving other spheres of life unquestioned. However, the whole of life seems to be put in question when a person is in crisis, not just the spiritual domain. And so I often find myself uncomfortable with the terms 'Spiritual Crisis' and 'Spiritual Emergency', and I am not sure that they are always helpful.

So what would I call the process, instead? I would argue that there isn't a particular 'it' to call. Grof tries to define a particular aspect of mental distress and to find

a suitable name for such events; this could be due to his background in psychiatry, since the discipline obsessively categorises human experience. Instead, I believe that we need properly to understand the psychological processes behind such disturbances, to see why outcomes are transformative and life-enhancing for some but destructive and soul-destroying for others. Perhaps we should also take a good look at the services provided. Are they part of the problem? There is now increasing evidence that developing countries with fewer psychiatric services have better recovery rates from 'severe mental illness' than we do (Bentall, 2010, p. 20). Perhaps we need to find approaches which are empowering rather than disabling, and which offer people hope and reassurance, and facilitate peer-support and validation. These are all things that the Spiritual Crisis Network tries to do.

I started out by searching for a suitable 'expert' who could explain my experiences and tell me what they meant. However, a resolution eventually came from seeing my experiences as meaningful parts of the mythological 'Hero's Journey' (Campbell, 1993; Hartley, 2010). After my breakdown, I learnt first-hand how my own mother, and countless others like her, suffered unnecessarily under the psychiatric system. Therefore I no longer believe that any such expert exists. Indeed, much of what passes for expertise may not be helpful at all. Current systems of official knowledge appear to present quite narrow and limited views, and none of the relevant disciplines seem able to link up so as to form a complete picture. As an interdisciplinary endeavour, Transpersonal Psychology offers some hope, but as yet it has had little influence on the mental health services.

Essentially, the problem seems to be a fundamental lack of understanding concerning the nature of the mind and the self. And so I believe that we need radically to rethink our view of the world, and to establish a more holistic understanding of what it means to be human. Then we may be able to develop more humane and effective services which promote genuine healing and recovery. In the meantime though, activism, self-help and peer-support are perhaps the best alternatives.

References

- Bentall, R (2010) *Doctoring the Mind: Why psychiatric treatments fail*. London: Penguin.
- Campbell, J (1993) *The Hero with A Thousand Faces*. London: Fontana.
- Grof, C & Grof, S (1990) *The Stormy Search for the Self*. New York: Tarcher/Putnam.
- Hartley, J (2010). 'Mapping our madness: The Hero's journey as a therapeutic approach', in I. Clarke (Ed.) *Psychosis and Spirituality: Consolidating the paradigm* (2nd ed., pp. 165–90). Chichester: Wiley.
- Tierney, I. (2009) 'Clinical Parapsychology in the UK.' Paper presented to *The First Conference on Health, Mental Health, and Exceptional Human Experiences*, Liverpool Hope Univ., Sept. 2009.



'Spiritual Tattoo'. Drawing by Matthew Potticary

This image was brought about by the icons and symbols that surround our lives. These symbols often leave an impression on the individual. I have focused on the spiritual and religious theme which I hope will encourage a search for meaning within the image.

A Walk in the Wilderness

María Ravisankar

When I became ill I wanted to treat my condition holistically. Having never accessed mental health services before, I wondered what the outcome would be. Perhaps I had been suffering from aspects of mental illness for a long time, but I had never attributed it to that before. The words I had used were 'heartbroken' or 'stressed' and 'traumatised'. I was simply reacting to life's events and doing the best I could in the circumstances.

I felt that life had dealt me a series of blows and that each time I was hit it took a little bit longer to recover. I was one of those optimistic types who kept going, but in the end I felt the stuffing had been knocked out of me, and I began to lose hope. I had used up all my reserves.

Various factors led to my illness. Childhood trauma, traumatic life-events, overwork and the threat of my husband's redundancy, a perceived loss of control in my life, environmental factors as a result of a recent move, financial hardship, a recent bereavement, difficulties with the family and relationships, and my psychological and spiritual development. My GP felt that I had never really had much stability due to moving frequently around the country.

There was a strong spiritual theme running through my illness. I felt that God was prompting me to give over another area of my life to him. I had to face my childhood trauma. This had to be an act of will; it was not forced on me. I had also noticed a pattern developing. My emotions were connected to the spiritual. When things heated up spiritually, part of me would descend into despair. When a spiritual breakthrough came I would improve.

Life taught me to bottle up my emotions. I learned to detach from pain. I still tried to deal with the emotional fray that my circumstances caused by reading, writing, going on retreats, accessing professional services, e.g., the police, solicitors, family mediation, Sure Start, Relate, Gingerbread (a support group for single parents), etc.

Over the past few years my trauma began to surface, and I went through stages where I just couldn't seem to get things together and then times where everything was normal and functioning. I also began having visions, but this did seem to have a spiritual element that would be considered acceptable in a religious context.

I needed to take stock of my life.

For several years I had been involved with Christian healing, and I believed that as I worked with others I was also allowing healing in my own life, too. It was a place where you could really be yourself, not just a façade.

Searching for help, I decided to write to a retreat centre, explaining what was happening to me. By now I felt that my mind and life were unravelling. I found it easier to write because it was structured. Also, I wasn't sure I could physically get the words out of my mouth. I couldn't face talking to anyone. I wanted to withdraw from everyone and be alone with my thoughts. Writing bypassed these difficulties.

I wrote a confession. This was a way of explaining how one thing had led to another, and how I had arrived at the situation I was in today. I wanted to deal with any spiritual aspects that the trauma had created. This was a deep experience. I suppose this could be seen as a spiritual timeline.

Posting off the confession actually helped. I had taken a positive step towards facing my circumstances. But there was also a negative effect: I became increasingly tormented and persecuted by what I had done. I knew that this could happen, and in fact I had almost expected it.

I had a good knowledge base, however this did not stop my descent into hell. There was chaos in the daytime and every night I began to have nightmares. My lack of sleep and the chaotic circumstances pushed me further and further away from reality. I began to hear persecutory voices and although I knew it was a natural reaction to confronting my past I still found it distressing. My biggest fear was that I would go completely mad. My husband was away for a month, attending a funeral, so I was alone with my children. At least for their sake, I did not want to lose touch with reality altogether. I needed on-site help and contacted my GP.

I was unsure what help I needed. Some of my symptoms



'Spiritual Crisis' by María Ravisankar and her daughter, Iona

were very physical. I experienced oppressive headaches that made me retch. I was using prayer to combat those unusual symptoms. As I got rid of one problem, another one would appear. I was also experiencing physical pains, and my muscles and joints ached. I was physically exhausted. My blood pressure was elevated.

The disturbances seemed to spread beyond myself. I believed that my family and I were suffering from spiritual oppression, and other members of the family were having experiences such as horrific nightmares and thinking they were having a nervous breakdown.

There was also the spiritual aspect. At times, when reading the Bible, I would experience visual disturbances, but this didn't affect anything else. If I was having a visionary experience, I did not want medication to interfere. I felt that I needed the heightened state of awareness so as to successfully complete my journey.

I consulted *The Diagnostic and Statistical Manual (DSM-IV)* for 'Religious or Spiritual Problems'. I felt I could relate best to the following categories: Spiritual Emergence, Visionary State, Possession State, Dark Night of the Soul, Psychological Renewal through Activation of the Central Archetype.

At the same time, I recognised it could be the surfacing of the trauma which I had repressed, and it was when the trauma integrated into my being that I experienced a shift in my psyche. I had a sense I should 'let go and let God'. I submitted every area of my life to Him. This created more bizarre dreams and unusual physical manifestations. I would wake up from my sleep, shaking, calling out, snorting, and kicking or jumping. When applying for a visa I got our dates of birth wrong, and one day when I returned home I realised that I had left the door of the flat ajar for the past five-and-a-half hours.

My major breakthrough came when people prayed for me at a healing meeting. This stopped the nightmares, worry and anxieties, and I could begin to sleep again. With adequate sleep, my brain could start to function much better and I could think straighter. My crisis was over. The critical stage lasted six or eight weeks.

I still had remnants of unusual thinking. For example, I was going to have my wisdom teeth out, but I was concerned about having the anaesthetic because I thought I may wake up as someone else. Or perhaps I couldn't protect my soul when I was asleep, and I would be trapped in another reality. I felt I had been broken into pieces. The anaesthetist was very reassuring!

I had reached a kind of resolution by the time I got to see the practice counsellor and the psychiatrist. I was discharged without medication and with only a couple of counselling sessions.

The next and more prolonged stage of my journey was integrating the parts that had surfaced. I received counselling, and as I told my story there were further physical manifestations. I made my pastor aware of my plight. He also felt that the family was under spiritual oppression. Generally, this is diagnosed by a feeling in your spirit or by the symptoms which people present. When I was prayed for by the pastor and a minister with a prophetic gifting, he came up with a picture. He said the house was covered by a heavy dark cloud which was particularly heavy in the morning.

This was confirmation of what I felt, that is, parts of our symptoms were due to suffering from spiritual oppression. It was good to get some feedback. I really wanted to know what the health professionals felt about my situation but they gave me little feedback. Feedback would have been helpful for me.

As planned, I went for personal ministry where I received counselling, prayer and deliverance.

I wrote a poem about my journey. This was after reading Paulo Coelho's manual: *Warrior of Light*.

WARRIORS AND THEIR APPROACH TO LIFE

I feel so alive and yet so dead.
I feel like life goes over my head.
I go here and I go there,
And yet it seems I go nowhere.
Life to me seems such a maze.
I wander around in a bit of a daze,
I'm unconnected, I feel a bit mad
Is this the life I should have had?
Deep inside a battle rages,
I guess my healing will come in stages?
Can you see the scars and marks?
I win my battles in fits and starts.
I don't regret this battle land,
Its here I'll find just who I am.
One day, each part will live in peace,
One day, the war will have to cease.
The path I tread has twists and turns
But isn't that the way we learn?
We ponder at our last mistakes
But still continue despite the stakes.
The inner journey is a bit of a game
But do we ever stay the same?
Take heart my friend, this is not in vain,
It just takes courage to face the pain.
There's a time to disarm, to stop and wait
Before we tackle the next gate.
We have to choose our battles wisely
To make sure life will turn out nicely.
It's not worth fighting for fighting's sake,
Its positive changes you want to make.
There's many a struggle and many a strife
Dear friend, don't give up, but choose life.

write to *Asylum* ...

The Editor
Asylum
c/o Limbrick Centre
Limbrick Rd
Sheffield, S6 2PE

email: tigerpapers@btinternet.com

FINDING HELP FROM RELIGION

Lisle Ryder

Former Adviser for Deliverance Ministry to the Bishop of Worcester

If you believe your paranormal experiences are spiritual you may turn to religion for help. The following notes are for guidance in approaching any representatives of a religion.

Some general points to remember

Think first about what you're hoping for. Is it to endorse an experience you feel has come from God? Is it to seek a ritual of prayer to get rid of a frightening experience? Is it just for help in understanding and coping? Most people don't respond well to demands however justified the cause. Just as your doctor wouldn't comply if you told him what treatment you want, don't expect a minister of religion to comply immediately if you ask for exorcism. (More about that later.)

Think next about where you are going to meet. Does it seem like a safe environment, surroundings you feel comfortable with? Will there be anyone else around – to help or to hinder your sense of security? Do you have an exit strategy – a way of ending the meeting if you feel insecure or overcome?

Just as you may have been startled when you first heard voices, saw a vision or felt a presence touching you, so may anyone else when you first tell them. First reactions are testing both for you and for the hearer. Be patient; give the person time to get beyond the first reaction. If the person feels out of his or her depth that doesn't matter so much as whether you feel you are being taken seriously. You need to be listened to and your experiences believed. If you don't feel understood, it might be better to approach someone else.

Once you feel you're being taken seriously, the next thing to bear in mind is the distinction between what you experience and the interpretation put upon it. If you present your paranormal experience in religious language using terms like angels, demons or spirits, this may be premature. This is interpretation, and you've moved on to what might be the next stage.

Note the response of the person you approach, the sort of language he or she uses. If it feels like assumptions are being made that would label you and your experience, this is premature as well, and implies an interpretation has already been made. You may feel comfortable straight away because the person uses religious language you feel familiar with. While this may help, it could also mean that a stage has been skipped.

It is important that a relationship of

trust is established in which questions can be asked and responded to without fear or embarrassment. It is usual and correct that you are asked whether you have been receiving medication or using drugs that might cause hallucinations. Likewise, traumatic events and abusive personal relationships may be relevant to paranormal experience. Disclosure of such issues is inappropriate without a sense of trust, and unlikely at a first meeting.

- The religious representative may suggest referring you on or bringing in others to help. Before any contact is made, make sure boundaries of confidentiality are observed to protect your privacy.
- Beware those who seek religious conversion. They may want to recruit you to their religion or movement.
- Beware those who seek to exercise power or control over you; it may mean they are more interested in what you could do for them than what they can do for you.
- Consent is always important before an action is taken. It should be sought from you in a way that builds up your sense of self-worth.

Christian ministry

Your experience belongs to you and you've approached a minister, priest or other Christian for help in trying to cope with it. The person who admits to being out of their depth may rightly suggest consulting someone more experienced in dealing with the paranormal. A Bishop should have a Deliverance Adviser who can be consulted by the Parish Priest or Chaplain you first approached, and he or she may be willing to meet with you. Further information is available at <www.anglican-deliverance.org>.

Many people in distress who approach clergy would expect a ministry that included prayer. However, this will feel better once there is some common understanding of the issues that may be attached to your experience. The words of the prayers need to be appropriate to you. There are well-tested traditional prayers and rituals, but if these are introduced too soon they may not feel relevant. It may feel like it's just a formula, even a sort of Christian magic. Others may launch forth into long prayers using words of their own choosing. If you've been listened to properly, the words chosen may be very helpful; on the other hand they may reveal more about the person praying than do anything helpful to you. You should be asked to consent to a ministry of prayer, especially if this is to involve hands being laid on your head or shoulders, or the



'Threshold' by Niradhara Marie

use of holy water or oil, or other sacraments. If you don't understand what is suggested, do ask.

The ministry of exorcism may be suggested, or it may be that you already had this in mind in approaching a Christian minister. Exorcism is for those who are believed to be possessed by an evil spirit. This is extremely rare. You don't 'catch' demons like picking up an infection. The term 'possession' refers to a specific condition. It results, very rarely, from occult or magic practice by yourself or those close to you who invite the evil one or the devil to take over your life. Exorcism should only be performed after a professional medical or psychiatric assessment. This is a requirement for Church of England and Roman Catholic priests. This is because there is a real risk of performing an exorcism on someone who is not properly assessed as being 'possessed'. If the voices, visions or touching experienced have arisen from some past trauma in your life, they belong to you and need healing and not 'cutting out' (which is what exorcism literally means).

Exorcism could seriously damage your health. It could lead to personal disintegration when what you need is integration – becoming the person God in his love created you to be. Those who have inappropriately received the ministry of exorcism may wrongly end up believing themselves possessed by a demon too powerful for Christian ministry. Christian teaching promotes the belief that the love of God shown in the suffering of Jesus and witnessed through his resurrection has overcome the effects of evil. In other words, good and evil are not equal opposing forces. The goodness of God's love is immeasurable more powerful.

Much more common than 'possession' is a sense of oppression by evil. This can arise from evil things that have happened to you. These are commonly caused by human agents and not by evil spirits. You may believe that you've been cursed or that you've been made to feel worthless or evil. Here the wider ministry of 'deliverance' is appropriate where exorcism is not. This means not casting out an evil spirit, but praying with you for deliverance from all the effects of evil. It is wonderfully powerful to believe in the love of God for you. Blessings are indeed more powerful than curses, and freely offered by God through Christian priests and ministers.

The best outcome of Christian ministry is that sense of peace which only God can give – knowledge of being loved by Him who created you and desires the best for you; a sense of security that no one can take from you.

This is an edited version of an article that first appeared in Voices Magazine, Summer 2005. With kind permission of the publisher, The Hearing Voices Network.

SHADOWS

by Rywa Weinberg

Candlelight flickering,
The fire in the hearth
Transformed the space
Into a lively dance with shapes
Emerging, leaping and receding
Into corners of the room.
As children we feared or loved them
These shadows that appeared from nowhere.

When we innocently played in the late afternoon sun
What joy we had chasing our shadows
And stamping on them
As we mimicked
Their grotesque elongated forms.

As we grew into ourselves
We were sad or happy,
Contented or frustrated
Dealing with life as it happened.
Our children grown, we enjoyed
The fruits of our labour.

Shadows appeared again
But now they were chasing us.
When illness struck
And menacing images of shadowy scans
Threatened our existence
We had to endure
what life had decided,
The battle to heal began
But the memory of those shadows
Touch our consciousness
And we tremble in that touch.

And when a loved child died
As we helplessly watched,
The shadows of anguish envelop
And pervade our grieving.

My childhood friend and I
walk alongside our shadows
Yet the light of life beckons
And we follow.

SUPPORTING A PERSON IN CRISIS

Annabel Hollis

The Stroud local group has supported individuals in crisis on several occasions over the last few years. Sometimes the person has approached us directly but usually they are referred to us by someone or an organisation aware of the work that we do. If it is an outside referral, we ask that the person's number is given to us rather than the other way round.

With this experience behind us, we have devised a helpful framework in which the support can be offered. We always work in pairs, and offer three one-hour sessions, free of charge. We provide a strong, safe 'container' in which confidentiality is a key element, alongside clear time boundaries.

The initial session invariably involves the person telling their story, and providing information about the support system they already have in place. This may include family, friends and mental health professionals. Further sessions involve an exploration of what more support would best serve the individual's needs. Many people in crisis are not necessarily used to having support in their lives, and this is an area that we strongly encourage.

A crisis indicates unresolved issues coming to the surface, and this can be an ideal time for therapy (but not in an acute phase), the choice depending very much on the individual concerned. We do not offer active therapeutic intervention as part of our support, but psychotherapy, counselling, body-work can all be used fruitfully in this area. We try to recommend professionals who we know to have an understanding of the process of spiritual crisis. It is important that the person finds help to understand, integrate and embody their experience.

The meeting place is important, and this can either be in someone's home or in a therapy room. As already stated, a safe, contained space is essential. On a couple of occasions we have visited someone in hospital, and a quiet and private place has been found.

To anyone in a crisis situation, we always recommend simple grounding techniques, such as prioritising a good night's sleep and



'Open the Throat'
by Niradhara Marie

eating nutritious, regular meals, as well as taking light exercise. For those who have been practising intensive meditation, we advise this is let go for the time being, while there is grounding and integration of what may have been an extreme experience. A healthy rhythm to the day is encouraged so as to support the physical body, which is likely to be under greater stress during or following a crisis. We also check out what activities fill the person's day, and if there are too many empty spaces we discuss ways of enriching their day.

As supporters of someone in crisis it is important that we receive support as well. We always debrief after a session and also get support from the wider group. This means it is not just the two supporting people holding the crisis, which can carry a lot of stress. Where possible, support is also given to the family of the person in crisis. Again, confidentiality is essential. It is vitally important that nothing is done without the knowledge of the person undergoing the crisis, and if a meeting takes place without them they are given full information as to what has taken place. Trust is an essential ingredient in the supporting process.

The way we have worked so far in the Stroud group has been to have a support team in which one of the people has a background in psychotherapy or counselling and the other has actually experienced a spiritual crisis. This combination has worked well.

Our approach also includes making contact with other professionals involved in a person's care, such as mental health professionals. Obviously, this requires the consent of the person in crisis.

Following the three one-hour support sessions, the ongoing support that can then be offered is attendance at the local group's monthly meetings. There they have the opportunity to meet with and get support from others who have been through a crisis. These meetings take place in people's homes. This is possible when they are in a less acute stage of their crisis.



'A chance to open up anew, to a new life, a new way of seeing'
Annabel Hollis

The 'What is Real and What is Not' Group

Isabel Clarke

In my view, a lot of energy is wasted in the mental health hospital where I work in trying to persuade people to accept that they have 'an illness'. The trouble is that not everybody who has unusual experiences (however disturbing), or find themselves out of step with the rest of the world in their beliefs, sees 'illness' as an obvious way of describing their situation. And they could have a point. Research does seem to suggest that accepting the idea of 'illness' affects people's self-esteem badly – and lower self-esteem will make mental health worse!

To avoid this 'own goal', and to get away from the stigma associated with the idea of 'mental illness', we run a programme that offers a different message. This is well grounded in the latest research. Openness to unusual experiences is common to all humans – it is part of the way we are made (see my longer article). By 'unusual experiences' we mean voices, visions and beliefs that put someone on a different wavelength to everybody else – so that life does not work too well, and other people get worried. Anyone can seek different states of mind through drugs or spiritual practice. Extremes of isolation or trauma will push anyone into them. The trouble is that for a minority of people it is just too easy to access such states – and too difficult to get back to the shared world.

So the programme of the group starts by floating the idea of this way of looking at things. The group themselves come up with most of the ideas. We look at the advantages and disadvantages of this openness to unusual experiences. An obvious disadvantage is finding yourself in hospital, possibly against your will. The advantages, which have been identified by research, are high creativity, high sensitivity especially of the psychic kind, and of course, spirituality. Not everyone in hospital with these problems recognizes all these gifts in themselves, but most can own at least one. Being able to see that there is an upside as well as a downside is a good place to start looking at what the individual can do to manage their openness, to be able to get back to the shared world, from what we call 'unshared reality'.

In contrast with the rest of the mental health system, we are not insisting that people commit to closing down their 'unshared reality' for good and all. They just need to know which sort of reality they are in at any one time, and be able to get back to

the shared reality. This is important since people are not put in hospital nowadays unless they or those around them are seriously concerned about risks to themselves or others.

To try and nail the difference between the two sorts of experience, we get a discussion going in the group. People usually recognize that a sense of importance, of meaning and the supernatural goes with the 'unshared' side. It can feel very frightening, very isolating, or very grand and wonderful. Sometimes everything seems to come together – or to fall apart and be meaningless. It can be hard to know which you are – important or worthless. While ordinary reality is flat and boring, every group identifies that unshared reality as buzzy and exciting. No wonder some people prefer it!

Once someone has recognized that they are straying into unshared reality, they need to know how to get back to shared reality. A useful tip is that unshared reality is most easily accessed at times either of particularly high or low arousal (stress or drifting states, trying to get to sleep, daydreaming). The trick here is to keep yourself focused on something in the present, and to get good at spotting and managing stress.

Another technique that we use a lot is mindfulness. This means bringing yourself 100% into the present, and being aware of your body and all your sense experiences. This stops your head from taking you goodness knows where – into the past, the future, or other realms.

In the last session of what is a short group, we introduce a theme that runs through the articles in this issue: that of the potential for growth and development that a trip into unshared reality can bring – provided you come back! Research suggests that this sort of trip into another dimension occurs when ordinary life has 'got stuck' and a new perspective is needed. Such a trip can provide that wider vision – but this can only be useful on return to boring old shared reality.

If you are interested to know more about this programme, there is a chapter about it in my book, *Psychosis and Spirituality: Consolidating the new paradigm*, and anyone is welcome to use the manual which is on my website: www.isabelclarke.com

The Walls of Silence

to be sung to the tune of Simon and Garfunkel's 'Sound of Silence'

By Janice Hartley

Hello doctor what's my name?
 Shall we play the same old game?
 Watch my words, watch my attitudes
 Same old pills, same old platitudes
 But the angels they are singing from the speakers of the ward TV
 Just for me
 Within these walls of silence.

Hello nurses what beguiles?
 I see the truth behind your smiles
 Take your poison but the pain won't stop
 Now pace the corridors until you drop!
 For the rain on the window runs with tears that I cannot share.
 I don't dare
 Within these walls of silence.

Hello kids remember me?
 They're giving me the ECT
 My thoughts and words I can no longer find
 Within these remnants of a ravaged mind
 My long years held a story but those tales now I cannot tell,
 I'm in a diving bell
 Forged by these walls of silence.

Hello doc we meet again
 I think you finally won the game.
 I can't hear the angels any more
 I'm fine. I'm better. Now please stop the cure.
 And the saddest thing of all is that we do it in the name of care
 For who will dare
 Break down the walls of silence?

• • •

Communication

By Emma Laughton

The hospital chaplain sometimes appeared
 and she liked the chance for a word.
 Once she surprised herself, hearing herself say
 'I want to be a housewife!
 – it was the last thing she wanted.

'You just want an easy life,' he said.
 'Yes', she agreed, meaning: what is he
 talking about? How can it be easy
 to bear the weight of these chains;
 may I not dream of human happiness?

Most other hopes had crumbled.
 But like a splinter in the skin
 his words goaded and stung her.
 Other people closed her expectations;
 here was a challenge to look for more.

PSYCHOSIS BY MARIA RAVISANKAR

ESCAPE FROM REALITY!

THAT'S WHY IT HAPPENS

IT'S JUST TOO HARD TO LIVE HERE ON EARTH

I'D RATHER BE A FREE FLOATING ENTITY IN
 THE UNIVERSE AWAY FROM THIS MESS

THE EARTH SEEMS FILLED WITH HARSH
 PERSPECTIVES – YOU DO YOUR BEST BUT WHAT
 HAPPENS IF IT GOES NOWHERE AND SEEMS
 FUTILE

THE ONLY OPTION LEFT IS TO CHANGE YOUR
 PERSPECTIVE. TO LIVE IN A DIFFERENT REALITY.
 TO SEE THINGS SLIGHTLY DIFFERENTLY THAN
 OTHERS DO. IT'S CALLED SURVIVAL.

IT IS INSANE!

AT LEAST THAT'S HOW THE OTHER'S SEE IT.

OR IS IT ENLIGHTENED?

WHAT'S YOUR PERSPECTIVE!?

• • •

Return from a far country

By Emma Laughton

The thrush stands on the gate post by me
 in Chantry Fields
 and sings. He does not fly away.

There is a man in our garden
 taking away the beautiful
 but virtually dead
 buddleia tree
 and planting a flowering cherry in its place.

I can see a rainbow
 made by a thin veil of high cloud
 round the sun.
 I can only see it
 with my sunglasses on.

Three buzzards circling high overhead.

The Source embraces the prodigal ...
 The prodigal embraces the Source.
 The feast is being prepared.
 What will my brothers and sisters say now?

PSYCHOSIS AND SPIRITUALITY INNER JOURNEYS IN A TIME OF TRANSITION

10th November 2011

Art and Design Academy, John Moores University

Duckinfield St (off Brownlow-Hill) Liverpool L3 5RD

Speakers include:

Isabel Clarke, Les Lancaster, Mike Jackson,
Christopher Findlay, Janice Hartley, Jessica Bockler

This conference will focus on psychosis and its relationship to spirituality, altered states of consciousness and unusual experiences, and how these can be used constructively to facilitate recovery in people given a mental health diagnosis. Contributors are experienced in clinical practice and research, neuroscience and spiritual practices. The day will thereby provide a groundbreaking combination of practical ideas, new psychological understanding, opportunities for experiential work, and lively discussion. This conference will appeal to mental health professionals, services users, carers and anyone seeking greater understanding in this rapidly developing area.

Members of the **Spiritual Crisis Network** will be present, and an informal meeting might be held afterwards if there is sufficient interest. Please let us know if you are interested.

Information: www.spiritualcrisisnetwork.org.uk/innerjourneys

Contact: Chris Clarke - chrisclarke@spiritualcrisisnetwork.org.uk - tel 023 80552546

Early-bird rate (payment received by 30 September): £70

Standard rate: £85

A few subsidised places may be available nearer the time, but places are limited so please enquire early. Contact as above.

BOOKING FORMS DOWNLOADABLE from
www.spiritualcrisisnetwork.org.uk/innerjourneys/booking.doc



And Finally ... 'What can we do?'

We hope you have enjoyed reading this Spiritual Crisis Network edition of *Asylum* magazine. In this collection of articles we have tried to explain the concept of Spiritual Crisis or Spiritual Emergency, and a little about ourselves as an organisation. These last few words are an appeal for help. What can people actually do? The following are just a few ways to get involved.

Volunteer

We always need volunteers. We need people to answer our email support system, help with our website and join our management committee. If you support our ethos and would like to help, please contact our volunteer coordinator at info@spiritualcrisisnetwork.org.uk.

Start a local group

A group where people can get together and discuss their spiritual, paranormal, or other extreme or anomalous experiences in a safe and supportive environment can be invaluable. Most of our groups meet monthly. Or maybe you would like to act as a local contact, being prepared to offer a phone call or a meeting with someone locally? Contact info@spiritualcrisisnetwork.org.uk.

Make a donation

We rely almost entirely on voluntary donations, and our donations all help to raise awareness and train our volunteers. Any amount, no matter how small, will help. Donations can be made through our website at www.spiritualcrisisnetwork.org.uk or by post to Spiritual Crisis Network, PO Box 303, Stroud, GL6 1BF (cheques payable to Spiritual Crisis Network).

Raise awareness

This is perhaps the most important. The power of the medical establishment and the drug companies ensures that most people are not aware of any alternatives to mental illness-based ideas. The Spiritual Crisis Network is keen to promote an alternative perspective in which mental health difficulties are not 'illnesses' but instead can provide a catalyst for positive change and personal growth. Anyone attending or facilitating a mental health support group such as a Hearing Voices group, a group run along similar lines to Isabel Clarke's 'What is Real and What is Not?' group (see her article, p. 26) or any other type of mental health forum (e.g. conferences and online discussion groups) may have a chance to raise this positive aspect, and also perhaps to explore the topics of spiritual, paranormal, or other unusual experiences, and what roles these

have played in our mental health difficulties and recoveries. For all of us who have experienced mental health difficulties, are we brave enough to stand up and say 'My experiences of madness were valid and meaningful and they have been beneficial'? The idea that crisis can be a turning point is accepted and well established by drug and alcohol services. So why not in other mental health sectors? We really need to challenge the prevailing negative ideas and bring in new and positive alternatives.

For anyone who has reservations on the subject of spirituality, there is nothing essentially 'Spiritual' about any of this. It is simply promoting the idea that:

- Madness and its unusual experiences can be meaningful and beneficial
- Madness provides opportunity for change and personal growth and can provide a sense of purpose in our lives
- Madness can provide a sense of connection to something greater than our individual selves

The best that the Spiritual Crisis Network can hope for is that, as an organisation, we eventually become redundant. By this I mean that our ideas and ethos become widely accepted and are adopted by the mainstream. However, that would seem to be light years away, and in the meantime we need to speak out and raise awareness as much as we can. Therefore we welcome links with other campaign groups such as Mad Pride, Soteria Network, Critical Psychiatry Network, and all other groups campaigning together to bring about positive change.

If you would like to help in raising awareness in any way, either by hosting an event, inviting SCN to one of your events, or in any other ways you can think of, please contact us on

email: info@spiritualcrisisnetwork.org.uk



Spiritual
Crisis
Network

Further reading on Spiritual Crisis

A whole wealth of material on this area is now available on the internet, see our website for more details www.spiritualcrisisnetwork.org.uk . However here are a few recommendations for those who wish to explore this area more thoroughly.



In Case of Spiritual Emergency: Moving Successfully Through Your Awakening by Catherine G Lucas (2011)

New from the founder of the Spiritual Crisis Network!

Powerfully illustrated with personal experiences, this resource provides practical and effective guidance for navigating successfully through spiritual crisis. By identifying Three Key Phases, it also shows how, when spiritual emergencies are understood, managed and integrated, they can offer enormous potential for growth and healing, fulfillment and awakening. Available for pre-order from www.findhornpress.com



Psychosis and Spirituality: consolidating the new paradigm (2010) & Madness, Mystery and the Survival of God (2008) by Isabel Clarke

These two books, by clinical psychologist Isabel Clarke, provide a different, more hopeful, less stigmatizing context for madness, psychosis etc. This perspective stems from a psychologist's rethink of the human being as a balancing act between the individuals we think we are, and the web of relationships in which we are in fact embedded – including the relationship with the spiritual, the sacred or the divine. This gives us two ways of knowing – and in one of these, madness rubs shoulders with spirituality, mysticism and creativity. 'Psychosis and Spirituality: consolidating the new paradigm' is an academic, edited book where Isabel Clarke's ideas are joined by the latest research, clinical applications and thinking supporting this new perspective. *Madness, Mystery and the Survival of God* presents the same ideas – in an accessible and easily readable format.



Spiritual Crisis: Varieties and perspectives of a transpersonal phenomenon by transpersonal researcher Fransje De Waard (2010)

This book presents a thorough exploration of the concept of spiritual crisis, a good critique of current reductionist approaches and is accompanied by powerful personal stories. It is perhaps more geared towards academics or mental health professionals. Translated from Dutch.



The Stormy Search for the Self by Stanislav and Christina Grof (1990)

Although now over 20 years old this book still remains perhaps the best introduction to the concept of Spiritual Emergency (or Crisis). Stan and Christina Grof initiated the first Spiritual Emergence Network in California which inspired the creation of the UK based Spiritual Crisis Network. The Grofs' approach can perhaps be criticised for attempting to differentiate between 'psychosis' and 'Spiritual Emergency' as different entities. However this book is a classic in this area, and a powerful and inspiring read.

Please consider supporting Soteria Network UK (see www.soterianetwork.org.uk) by ordering books and other goods through Amazon via the Soteria Network 'Donations' page: <http://www.soterianetwork.org.uk/donations/donations.html>
It won't cost *you* any more, but Amazon will donate 2.5% of your order value to Soteria.

'Not Alone'
Clare Gill



'Meeting Spiritual Beings'
Clare Gill

'Tied to a Chair
In Front of a Large "Tree Trunk"'
Clare Gill



Asylum

the magazine for democratic psychiatry

Autumn 2011
Volume 18
Number 3
£4.00

Sales and subscriptions

Tel 01989 763900

www.pccs-books.co.uk

Information

Asylum Collective

www.asylumonline.net



'Rebirth' by Hara Willow



'Breakthrough' by John Hartley

• contribute •
tigerpapers@btinternet.com



• subscribe •
www.pccs-books.co.uk

• distribute •
01989 763 900