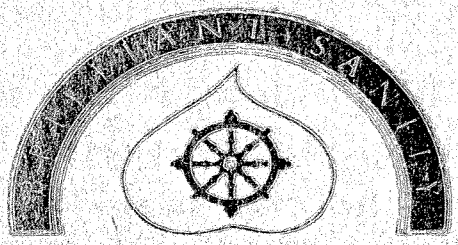

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BRILLIANT SANITY

The emblem "Brilliant Sanity" proclaims the existence of an inherent wakefulness that can be pointed to, recognized, and encouraged through psychological work. This is not metaphysics or metapsychology, nor is it some idealized picture. It is genuine experience that is simple, direct and sane. It arises from clarifying the nature of mind processes. This kind of psychological work involves a progression through discipline, gentleness, and courage, in developing ourselves and in helping others to grow.

The wheel in the center of the emblem stands for the principle of discipline. For the psychotherapist, discipline means that one has the fearlessness to accurately study one's own mind and environment. From that there develops gentleness in one's own life. The bodhi leaf represents the possibility of extending that gentleness to others. The warmth that one expands to others is the necessary environment that allows one to appreciate and truly understand the state of mind of another. The arch represents the courage and daring to help others by any means and beyond our own personal and professional interests.

Psychopathology arises from a failure, for whatever reason, to engage in the personal journey needed to cultivate the wakefulness, precision, and tenderness that is already there. Instead, one falls back to solidification and aggrandizement of the psychological construct of belief in an ego. It is a fragile construction—a homonculus, imaginary companion, double, friend or enemy, object of internal dialogue, a reference point. We continually have hints that ego is a fabrication and that it needs constant maintenance. This gives rise to an anxiety about one's own survival and we call that situation "pathological." It is not pathological at all. It is a true and insistent reminder that we are doing something wrong by attempting to live in a personal mythology that is always falling apart. One then develops habitual patterns and defenses to deal with that anxie-

ty and to further secure the notion of ego. The psychological construction of ego is the primary delusion that we live with. It is the foundation of all neurosis and psychosis, the source of our alienation in accurately relating to the phenomenal world. It is a core issue in the problem of "narcissism."

This is of course, the central insight of the Buddhist experience and the major source of the inspiration for this Journal. From this, there has developed the possibility of working with oneself and others beyond ego. This Journal is a document of that kind of psychotherapy.

We recognize that this is not conventional psychological language, but that is not the main difficulty. The history of psychology reveals that any assertion as to the non-existence of ego has led to an enormous individual and cultural resistance, followed by ignoring and amnesia. The psychological observations and implications of the work of Charles Darwin about the origins of self-consciousness have never been pursued. The analysis of the subtle construction of ego in the work of William James has gathered few students. The early observations of Sigmund Freud as to the maintenance, justification, and rationalization of the "beloved ego" have been distorted and lost. The current work of Jacques Lacan in Paris, regarding the illusion of ego and our imprisonment by that conception, is usually dismissed as impenetrable. The reasons for the fierce resistance engendered by the threatening claims of the non-existence of ego are largely personal and political, but perhaps some of the resistance can be explained by the fact that no consistent psychotherapeutics has emerged from these claims. This Journal will attempt to demonstrate that therapeutic work without the crippling conception of ego is not only possible but is actually being done.

Studying the nature of mind in ourselves and others is the basic training ground for this approach to therapy. Because of that one can understand, clarify and work with disturbed states of mind in a direct and genuine way. At that point the skillful application of the experience of non-ego allows for the workability of many different therapeutic modalities and styles.

When one begins to awaken from the delusion of ego a further connection occurs—a connection with a conscious and unconscious striving for health as well as an urge to be helpful to others. Then one's life can be acknowledged as a meaningful personal journey of development.

THE BOARD OF EDITORS

II. PARADISE LOST: A CASE STUDY
by Jeffrey Fortuna
COMMENTARY
by Edward M. Podvoll and Jeffrey Fortuna

Within this case study are two parallel lines of development. One is Daniel's personal mythology and his particular presentation of it, revealing an unconscious chain reaction of events and experiences leading to his psychosis. This could be seen as a history of traumatic events and impulsive reactions to them. The other history reveals an unconscious longing for a basic state of purity and health. It is possible to trace the continuity of a striving toward health and freshness, through its landmark experiences such as: disgust for habitual patterns of thinking and acting; movement toward simplicity and the search for a sense of discipline in one's life; longing to transcend "self"; desire to relate intimately and compassionately to others; and experiences of intense wakefulness and clarity of thinking.

Our commentary, woven into the case presentation, seemed to us the most appropriate way of studying Daniel's life and psychotic experiences. The intention of this commentary is to express the logic of his successive states of mind from the point of view of the psychology of meditation (the nature of mental functioning as observed through the microscope of meditation practice), combined with our experience of work with many psychotic people.

This is the report of a man's acute psychotic episode and his complete allegiance to the world he created.

Daniel is a 38 year-old man, well-proportioned in body, but with a slight paunch and slumped posture, his head downcast. His beard is full and his hair long, light brown and slightly graying. His face, often difficult to see behind the shaggy hair, is very wrinkled, as if he were a sailor who had been exhausted by a great deal of stormy weather. He has been an alcoholic, which might account for some of that weathering. His two front teeth are missing, and he has a habit of sucking his lower lip into that space, so that his moustache is constantly moving in and out. His gaze is often fixed as if in deep concentration.

His general air is one of intensity, pensiveness, and of involvement in a melancholy drama.

> The image of an ancient mariner seems to capture the fact that he feels he has weathered catastrophic experiences. His body and whole way of being displays the typical postures and gestures of intense inner absorption states; the products of *cultivated mindlessness.*

Daniel was born into a family of three sisters and two brothers, and a long history of family alcoholism. He remembers his mother as being "terrible, very domineering, and very religious," and his father as being a "dedicated alcoholic," extremely quiet and reserved. Daniel's parents had a son who died two years before he was born. The younger, a 6 year-old brother was run over by a car when Dan was 12. He vividly remembers his mother holding the mangled body covered with blood and her complete "hysteria." She remained secluded after the boy's death. Daniel has continued to feel responsible and guilty for his brother's death. At that time his mother showed him "The 12 Steps to Alcoholics Anonymous Recovery" and this later had significance when he developed his psychosis. The "Steps" are the AA "path" toward liberation from addiction. Dan continued to ruminate about them since early adolescence. He has told me that he tried to move through the "Steps" too fast and that was what caused his psychosis.

> Daniel recites his "history"; that is, his personal mythology and belief system which threads together fragmentary memories of events. He insists that he has seen through his psychosis completely, that he knows what drove him mad. He has thought about it endlessly, and he is both haunted and in love with the memories of his psychotic state. He seems to understand a great deal but has not seen what leads him to seek such an object of love. He does not see the intractable chain of events that leads to his attempt to explode his personality. What he doesn't see are two specific lines of development.
>
> His historical identity begins with an early sense of disaster and death. That story-line portrays an intense initial exposure to death,

heightened by family hysteria. From that, there appeared to grow a feeling that life is basically dreadful, not worth living, destructive. Yet at the same time there is some inspiration to stay alive, a recognition that he is missing something. That inspiration is represented by the AA path which is presented to him like a family heirloom. But how to begin such a path is the question. It is an intense and elaborate personal journey taken by alcoholic sufferers; it requires an addiction to alcohol.

His first two years of high school went well, with good grades, athletics, and dating, but then he began to lose interest and drink heavily. He also started to use drugs, mainly marijuana and amphetamines. Between finishing high school and the age of 36, Dan went through five marriages.

His first wife filed for divorce after two years because Dan continued his drinking and "abused" her. For the next three years he remained very seclusive, continuing to drink and use drugs. At age 21, while working as a service station attendant, he married again, but that marriage lasted only a short time. He soon married a third time and moved across the country, but this marriage also broke up, after a year, due to his drinking and "abusiveness." At age 24 he moved back and soon married his fourth wife; they had two children. He often visits these children and feels they are the most important people in his life. After several years they were divorced because of Dan's continued heavy drinking, abusiveness, and financial irresponsibility. The fifth marriage, at age 31, led to his stopping drinking and formally beginning the AA path. He began to manage a construction business and, generally, something positive seemed to be happening in his life.

In high school Daniel begins to drink heavily and the long history of his dilapidation progresses through successive marriages. But during his fourth marriage he has the experience of relating to an infant and the growth of his children. This becomes a landmark event of his life, and he feels that his children are the "most important people in the world." The other historical line of development surfaces here. He experiences himself as worthy, warm and helpful to other people.

But he turns again to drink and marijuana. He and his wife buy a van and travel around the country for a year. They land on the Coast, live on welfare, and he continues to drink, smoke, and treat his wife in a "rough" fashion. Eventually Dan's nephew intervenes in the marriage by persuading Dan's wife to leave him. Six months later Dan begins to experience what he calls "psychic phenomena." They begin in the winter while he is living alone in a trailer court by a lake.

> Daniel had fathered two children whose "innocence and purity" had uplifted his life. When they are taken away he experiences a tremendous loss of dignity. Losing his fifth wife, another loss of honour, leads to an attempt at greater simplicity in his life, and a striving toward personal and social uprightness. This represents another urge to cleanse himself. But how can he go about this? What guidelines are there? He recalls the AA path as though a seed in his memory waiting to germinate, a seed planted in the context of blood and loss, and then his attempt at discipline becomes perverted in order to produce *absorption* or *trance-like states of mind.* Within three years of periodic adherence to this path and numerous failures to maintain it, he becomes acutely psychotic.

He experiences the phenomena for six months. They begin when an AA counselor mentions "black magic" and with these words Dan begins to hallucinate an image of the devil. He reports that a flash of light came out of the counselor's "third eye" and entered Dan's "third eye," that he had an "awakening" and at that moment he knew he was "doomed." He felt his destiny lay in the direction of researching "third eye experience" and attempting to find a teacher to help him work with it better than he had. He felt this experience was profound and had transformed his world, showing him incredible things.

He insists he has "seen things no man should ever see," yet he feels he made the "wrong decision" and eventually became involved with the "devil." He experiences many physical sensations during those six months in the trailer, such as an ice-cold neck, and tingling in his back and shoulders. He would then think of God's love; and the tingling would expand all over his body: he was in contact with God. With this expe-

rience he thinks he has accomplished the eleventh of the "Twelve Steps" toward alcohol recovery. (The eleventh step reads: "Sought through prayer and meditation to improve our conscious contact with God 'as we understood Him,' praying only for knowledge of His will for us and the power to carry it out.")

He sleeps very little and spends a great deal of time praying out loud. At night, through the window of his trailer, he sees crimson clouds boiling up from the surface of the lake, with "fantastically beautiful red light diffusing through the crimson clouds"; and this is "heavenly." He also reports walking into a bathroom filled with intensely beautiful, floating colored lights.

> *Trance states* become the ground, the clouded states of consciousness, upon which are projected his hallucinations. These trance states are nurtured through obsessive recitation of prayer, sleeplessness, and intense single-minded concentration; these are the practices for his new discipline. In the production of these states there is a feeling of great personal creativity and god-like omnipotence. At this point the two historical lines of development converge: the urge to discipline is twisted in the service of attaining superior states of mind.

At first the experiences are unique, dramatic, and enrapturing, and he feels himself to be a "chosen person." He feels the "hand of God and the wrath of God." After six months his experiences begin to change and he feels a vague apprehension that he cannot leave; if he does, something "bad" will happen to him. But the basic point is that after having seen the possibility of living with God on earth he made the "wrong decision," that is, chose the "devil" and became "possessed."

> The first six months of psychotic excitement were joyful. But his failure to understand the inherent transiency of such a state leads to self-aggression. His lust for paradise, his attempt to possess this joyous state of mind, transforms his beautiful visions into demonic and wrathful creatures. These horrifying images are a manifestation of his rage at transiency and loss, "the biggest loss of my life."

This mistaken belief in the possibility of maintaining paradise leads him to construe its loss as a personal failure, creating further self-blame, aggression and suicidal rejection of himself. He becomes the embodiment of this failure, this fallen state: the devil himself. This further aggression increases the frequency of his oscillations between heaven and hell.

The intense fear in the realm of hell is accompanied, as in any terrifying situation, by a tremendous *speed of mind* and *clarity* of perception. Speed becomes further aggression, but clarity sharpens the contrasts between hallucination and reality. This heightened clarity gives rise to a penetrating *doubt* as to whether his experiences are real or imaginary, waking or dreaming, sane or insane. At this point he has a sensation of "choice"—that his life could go either way; he could align himself with one extreme of power or the other.

For whatever reason, Dan feels he made the wrong choice after his glimpse of tremendous power and heightened consciousness. He begins praying to and supplicating the devil; first feeling possessed, then identified with the devil. A recurring question for Dan in the aftermath of the six-month period is whether or not his experiences are valid—truly psychic and "supraconscious"—or a product of his fantasy and "imagination." This fundamental doubt lies in painful contrast to the overwhelming impact of his experience and perceptions. He also feels that if he had "found someone to talk to" while dwelling in this world of power, he could have worked with it and perhaps even have "attained enlightenment." But instead he feels completely overwhelmed, introverted, and "imprisoned."

He continually feels that he made the "wrong choice." The intensified *doubt*, rather than developing into a further inquisitiveness and exploration of his experience, develops into panic and thus further loss of his ability to discriminate between his environment and his projections. How could he have otherwise related to such doubt? To rest in doubt is an experience of *aloneness* and Daniel's fundamental difficulty, or basic flaw, is his undeveloped capacity to be alone. Aloneness in this sense means the absence of the companionship of one's own projections. The capacity to be alone

could only have developed through a *mindfulness discipline* that never took place. And so, by his habitual patterns of impulsive choice and flight, Daniel escapes from intolerable doubt.

He tries to find his two children and their mother, his fourth wife. He arrives by bus at a nearby city and begins to run along a major highway to his destination, bare to the waist. He is picked up by the police and transported to the crisis office of a psychiatric hospital.

At the time of the evaluation, he appears coherent in thought, unruffled in mood, and bemused by the incident, as if his capture were some sort of joke. He says he feels "happy and content," and had thrown his shirt away because of the afternoon heat.

His mental state is diagnosed as "simple schizophrenia," and he is released to his ex-wife. The next day, an old friend from AA brings him back to the crisis office; Dan describes himself as possessed by the devil and asks for "help." He appears dishevelled, with exaggerated facial expressions. His body movements are reported as "slow and blunted," and he is said to be having delusions of persecution and visual hallucinations, and hearing voices offering him the choice of being King David or the devil. An anti-psychotic medication, Mellaril, is prescribed, and Dan is discharged to a psychiatric halfway house. The medication takes effect quickly. He reports that the "strange experiences" are over and begins to think about leaving the house and getting a job. During his month stay at the halfway house he attends AA meetings, continuing to cultivate the Twelve Steps, and visits his children frequently.

From our point of view the help that he wanted and the help he needed are two different things. He wanted someone to help him secure and expand his spiritual experiences. He needed someone to encourage him to hold the *edge of doubt*. With all its intensity and loneliness, that edge could have allowed for further discrimination and awareness, a point of tremendous therapeutic potentiality. Instead, Daniel resumes his *psychological materialism*.

Within a month of discharge, while working as a service station attendant, he begins to smoke marijuana and discontinues his medication. After three months on his own, he presents himself to the crisis office, complaining he is under the control of the devil. He is shivering, his coat wrapped around him, and is saying in a flat tone that the devil has made him cold all over. He says, "Before, these things were just in my head, but this time they're real supernatural experiences." He feels that any treatment would be hopeless because he senses that "the devil is really here," while at the same time he is also hearing direct spoken messages from Jesus. The vacillation between the devil and Jesus is again apparent. Another antipsychotic medication, Navane, is prescribed, and he begins a relationship with a therapist with whom he works for six months, one session per week. During these months Dan is seen as depressed, but not overtly psychotic, though he continues to be obsessed about the validity of his psychic experiences.

Dan's depression intensifies and he becomes immobile and socially isolated. He quits his job, says goodbye to his children, and tells his therapist that he has come to say farewell, that he has bought a gun and is going to shoot himself. He feels there is no other option, that there is no future, nothing to live for, and he simply going to kill himself.

Prior to this, he had begun drinking again after a year of sobriety. That day he agrees to a "contract" with his therapist to commit himself to the hospital, but he disappears.

> At this point there is a *loss of heart*. He feels no sense of warmth or connection toward others or himself. Any inspiration to sanity and health is abandoned. There follows increasing despair and a feeling that there is nothing left to live for. Viewing himself as harmful to others, he decides to execute himself.

Dan is picked up drunk at his apartment with a loaded gun and is hospitalized. When he awakens the next day he becomes very angry at his involuntary incarceration, insisting that he is not going to kill himself. Since his symptoms are mainly de-

pressive he is given Elavil, an anti-depressant medication. Although initially guarded, seclusive and quiet, he gradually begins to improve during the month of hospitalization—improve in hygiene, grooming, and socialization, and disclaims any suicidal intent. He is shortly discharged again to the halfway house.

As he continues to take the Elavil, Dan begins to show symptoms of mania: he is energetic, optimistic, assertive in groups, euphoric, pressured in speech, and generally enjoying himself. He begins auditing a class at a local college and makes plans to enroll the next session in math and psychology courses with the intention of beginning to reexplore his psychic experiences. As the mania increases, he passes three sleepless nights, then physically attacks another halfway house resident with little provocation. The police immediately transport him to the hospital; he attacks the hospital staff and is placed in four-point body restraints. During his six-day hospital stay Dan is stabilized on Navane and discharged with the diagnosis, "manic depression," and his medication changed to lithium.

This is the time when we first meet. I have just been hired as a halfway house counselor. At this point Dan is interested in exploring with me his experience in the trailer. Within a month he becomes heavily depressed, rarely bathing or changing his clothes. He visits his ex-wife's house, finds his gun, and hides it in the halfway house. He tells a close friend about the gun, and out of concern that friend confides in the staff about Dan's suicidal intentions. The staff immediately asks Dan for the gun, and he in turn, becomes very angry, feeling he is the object of a conspiracy. Refusing to relate to the issue, he storms away from the confrontation. The staff then searches the house and finds the gun. Soon after, Dan is picked up by the police, under court order, as a high suicide risk and is taken to the local crisis unit, which finds him to be "hurt, angry, and upset, with poor judgment, impulsive and agitated actions." He soon returns to the halfway house, calms down, though still depressed, and agrees not to kill himself.

He is a difficult man to touch, since his despair is infectious to everyone around him. He feels that he is poisoning the environment and is potentially harmful to other people.

During the rest of the month he continues to cycle between "mania and depression." One day he is excitedly cleaning the house—talkative, arrogant, and flippant—and the next day he is very depressed.

Dan tells me that his living in the halfway house is the first opportunity he has had to reflect on what has happened to him, since in the past his experience has been too threatening to remember. He tells me also that lately he has been keeping a journal of his thoughts and ruminations about his psychosis, which, he says, go on continuously.

When I ask him if he sees any positive aspects of insanity, he answers no, that instead he feels burned out and debilitated, both from the original experience and his continuous ruminations about it, and that he is waiting to recover. On the other hand, he says that he has been exposed to a greater level of awareness and consciousness, something he would not want to forget. "I don't know if I'll ever be a human being again. I would like to get a job and get back into the mainstream, but I don't think I'll ever be human." I suggest the possibility that he could have awareness in daily life without being "psychotic" or overwhelmed by it, yet he still seems to yearn for super-spiritual experiences.

Daniel clings to the importance and significance of his psychotic experiences. He is, of course, not singular in doing this. So many others have held the same conviction to the end of their lives and have risked everything to return to some aspect of it. Some, armored with an extraordinary discipline of psychological observation, have passed through that compelling claim of nostalgia and described the process for us. In doing so they have taught us enormously about the dynamic processes of psychotic mind, and they knew they were doing just that. "I open my mouth for the dumb. . . " says John Perveval. "I entreat you to place yourself in the position of those whose sufferings I describe, before you attempt to discuss what course is to be pursued toward them. Feel for

them; try to defend them." Perceval, Daniel Paul Schreber, Anton Boisen and others have offered their ruminations, allegiances, and discoveries in the service of others.[2] This was the pathway out of psychosis: generosity and courage. Daniel has not connected with this possibility.

Along with this yearning is a continuing sense of cherishing past experience. For instance, one day he tells me, "I'll probably be thinking about this trip for the rest of my life," and I respond in an offhand manner, "You probably will if you want to." He immediately counters "Fuck you! You don't understand. This is so important." He senses that I have no respect for the overwhelming power and magnificence of his attempted journey to God and paradise—his bid for dignity and honor.

About this time, Daniel is attending AA meetings twice a week. He is also regularly attending church meetings and frequently reads the bible. He changes his name from Daniel to David, saying, "Daniel died and went to hell." A line from a poem he wrote during this time reads, "The sun always rises and takes an eternity to set, errors revealed and returned as blessings." This "religiosity" culminates in an incident in which Daniel is found standing in the middle of a residential street, about 8:00 p.m., staring up at a street light. He did not know how long he had been there, but he stated he was having a "spiritual experience," feeling he had been directed there by God's will and experiencing powerful and pleasurable tremors along his spine. The experience passes quickly but religious themes continue.

Daniel continually attempts to return to his practice of inducing trance states. But the various medications have significantly interferred with that ability. This is an important loss since psychological death and resurrection are his sole intent.

During the next week Daniel becomes completely unreachable, pacing a great deal with his head down low. At one point he comes into the halfway house office and slumps down into a chair, breathing heavily. I ask him what is going on and he

says, "Acceptance." I ask, "Of what?" and he says, "My fate." He gives me a melancholy smile, jumps up and leaves the room. Soon after he comes back and says, "Nonacceptance." I ask, "Of what?" but he just sits a while and again leaves.

The next day he visits his therapist and says in a dramatic and explosive tone that a massive struggle between good and evil is being played out on the stage of his body. He says, "I thought it was God. My mother was the Devil. This whole karmic thing has been set up for the last 300 years. It's going to be played out in me. The fate of the world rests on what I do now." Later that day he says he thinks he is the devil.

Today Dan's face is bleeding across the cheek and he looks tormented and completely wrapped up in himself. He sits hunched over in a chair with his legs tightly crossed, blinking his eyes rapidly, and playing obsessively with his mustache. I ask if I can sit with him and he waves his hand to go ahead. I mention that it looks like he is having a rough time and ask him what is going on. He says, "Nothing." I say, "But it seems like a lot." He becomes increasingly agitated as we sit together silently and finally he says, "Yeah, there is." There is another long pause; he is breathing heavily, moving his hand and mouth, staring intently at the floor. He suddenly spits out the word, "Shit!" He then chokes on a gulp of Coca-Cola, coughs it on the floor and resumes his agitated sitting. At that point I know he is not going to communicate. He jumps us and quickly leaves the room. I hear him crumple and uncrumple the aluminum soda can as he walks away down the hall. Several days later he commits suicide.

He had lost the hope of psychosis; the world was filled with "shit." Paradise lost. The only hope in this case study is not in Daniel's life, but that it might point to an approach to therapy. That therapy must involve the encouragement of the necessary disciplines to hold a state of awareness throughout passionate, aggressive and oblivious states of mind.

What happened to the developmental line of Daniel's basic sanity, his longing for a fresh start, when it converged with the developmental line of his psychosis? They came together with a

distortion of the AA path into the production of trance states. The developmental line of the unconscious urge to sanity is usually difficult to trace because personal mythology as presented by the patient demands our attention. That line must be actively searched for.

We appreciate that this case study may generate a sense of frustration and anxiety in the current reader as it already has done with several others who have significantly commented on this work. That frustration appears to arise from a feeling of helplessness, even rage, at the inexorable unfolding of Daniel's psychosis and the failure of his journey. In this way the reader's experience clearly mirrors Daniel's own desperation and futility. We feel strongly that this momentary sharing of experience, exchanging oneself for another, is the necessary ground of relatedness for any therapeutic work to occur.

NOTES

1. *Perceval's Narrative, A Patient's Account of His Psychosis,* J. Perceval, Edited by G. Bateson, Stanford University Press, Stanford, 1961, p. 4.
2. *The Exploration of the Inner World,* A. Boisen, University of Pennsylvania Press, Philadelphia, 1936. *Memoirs of My Nervous Illness,* D. Schreber, Edited by I. Macalpine and R. Hunter, Wm. Dawson and Sons, Ltd., London, 1955.

Naropa Institute was founded in 1974. In 1976 it became an upper division college and graduate school, and was awarded candidate for accreditation status by the North Central Association of Colleges and Schools in July, 1978. Programs include B.A. and M.A. psychology programs, B.A. and M.A. Buddhist studies programs, and certificate programs in dance, theater and poetics. Since candidacy status was granted, a music department has been established and will offer a certificate program in 1981.

The Institute was founded to provide an environment of learning in which students could master the skills of a single discipline as well as develop intuition. Part of this approach has been to complement classroom-based curriculum with non-classroom experience. This is particularly true of the Master's Program in Buddhist and Western Psychology.

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