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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 homunculus, 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

THE PSYCHOTIC JOURNEY

I. PSYCHOTIC STATES OF MIND by Edward M. Podvoll

It is possible to talk about insanity from the point of view of health rather than disease. Insanity is a possibility of mind itself, of the way a specific person might deal with his or her life. To call insanity an illness is a particular point of view. But from the point of view of the person who is experiencing insanity, it might be quite extraordinary, even fantastic and joyous. We have to appreciate that possibility. As potential helpers, as people in the environment of insanity, we don't want to merely rush in and say, "That's crazy. That has nothing to do with reality. Let's get rid of it." We have to do something more precise than that, a precision which must come from clearly seeing that person's experience. Our purpose is to understand the nature of insane mind with some appreciation, rather than standing apart and calling it names.

The mind of psychosis, or insanity, is a complete world. We need, somehow, to feel the texture of it, to actually taste it, if we are to have any presumption about making helpful intervention. We should start by looking at what that world consists of.

From the traditional Buddhist point of view, mind of insanity is a particular journey through the six realms of existence. To give a summary of that journey, we could say that mind in psychosis swings back and forth between the *god realm* and the *hell realm*.¹ Our lives are marked, over and over again, by wanting something different, something "more meaningful" than what we already have. That desire might escalate into the attainment of experiences of bliss and ecstasy. Along the way we develop little practices and disciplines by which we can cultivate and hang on to that attainment. In doing so, we evolve into a numbness where nothing outside affects us at all. We can

indulge in a continuous blissful fantasy, a god-like imperviousness. This is an existence beyond the sphere of pain, of hope and fear; it provides a feeling of great security and hints of great power.

In the god realm you subjectively turn that into magical bodily phenomena. All the kinds of “conversion experiences” that William James described in *The Varieties of Religious Experience* come up at that point. You see “ultimate reality” and have experiences of “divine” body. You feel a powerful contact with spiritual things. You try to hold on to that contact; you become very materialistic, very covetous about it. You feel that the sense of goodness or sacredness or majesty is totally outside yourself, and you try to possess it through all sorts of tricks.

Children in psychotic states develop many kinds of body movements, usually around the mouth and involving the eyes and hands. In playing with their mouths or “twiddling” with their hands, they become lost in *absorption states*. This kind of playing with one’s mind and body creates the blank screen upon which hallucinatory phenomena take place, as all of one’s fantasies and dramas are projected. This becomes so powerful that it is impervious to outside influences. One can exist in this way for years, combining one practice with another in order to maintain this state of numbness and blissfulness.² The core of the psychology of psychosis is the psychology of absorption states. It is the inversion of wakefulness; it is the practice and attainment of *mindlessness*. One could call these masturbatory phenomena of mindlessness—being lost in hallucination, body as well as mind. That is why some early psychoanalysts were so fascinated by masturbation. It is a practice of the mindlessness of passion *in vacuo*.

Something always interferes with this god-like, self-contained state. Some environmental factor occurs which creates a threat. The attempt to hang on to this state gives rise to fear and *paranoia*, followed by experiences of persecution and a plummet into the hell realm. This realm consists of intense guilt, depression, self-accusation, anger and violence. The

Buddhist tradition describes eighteen kinds of hell realms of differing qualities and intensities. The experience could be the extreme pain and torment of burning in its fires, or eternally wandering over its frozen wastes. In any case, there is a sense of torment and isolation from the world. In the hell realm one cannot stand the presence of other people, yet one cannot stand to be alone. Often aggression and violence become the only source of contact.

In all psychotic phenomena we see this continuous process of achieving the numbness and unconcern of the god realm, then trying to hang on to it out of fear of losing it, then actually losing it, followed by torment and aggression. In this way, psychosis becomes a complete world. There are a number of intermediary steps, but generally there is an oscillation from one realm to another, and this provides a certain kind of stability. People who have come out of psychosis have reported how this oscillation can continue year in and year out. The point is that this is a solid kind of existence; every possible moment is filled with ecstasy or aggression. However, through the oscillation occur innumerable, but momentary, breaks in the solidity of this experience. They take the form of gaps, during which time one is in *doubt* and confusion about whether one is achieving something or not, whether one is awake or only dreaming.

How does one get into a psychotic state of mind? From one point of view we could say that there is a *loss of heart*. Such a person has completely lost touch with any sense of basic goodness, healthiness or gentleness. Basic goodness is the essence of being human. It is that softness and vulnerability that allows for being in love or for appreciating beauty. What happens in psychosis is a kind of malevolent transformation: one feels a sense of basic aggression, or basic badness, in which the world appears evil at its core. In the psychotic state, people speak to this by saying, "I have no insides. My intestines are gone. I swallow my larynx with every bit of food I take. There's this emptiness, hollowness on the inside." This is what has been referred to as "the body without organs."³ The body itself be-

comes so dissociated, so much like a machine, as to have no real subjective sensibility. It is an expression of having no heart. There is nothing that is tender, nothing that can reach out to other people. This is accompanied by a tremendous feeling of loss and isolation.

Having no awareness of, nor compassion for, other human beings leads continually to mistakes and unskillful actions. One is so far removed from the true environmental situation, and one is projecting so many delusions and hallucinations on to it, that there is a "loss of reality." There arises a sense of uncertainty in all of one's perceptions along with the fear that one might be in a dangerous situation.

Having lost the possibility of relating accurately with one's body and mind, anything becomes possible. One can act upon any idea one has of what is going on. A new "logic" is generated to rationalize and justify those ideas. People are capable of doing any number of bizarre and seemingly inappropriate things in order to make up for the total loss of communication with situations as they are. There is a sense of misreading everything that is going on. Nothing seems to be appropriate. Someone who does this long enough develops a sense of hopelessness about ever relating with the environment at all. An all-pervading feeling of guilt and the threat of retribution arises as a necessary consequence of this mindless activity.

To recapitulate, first the progression into psychosis begins with a loss of feeling of basic health, goodness or confidence. This is followed by continual doubt as to whether one is right or wrong, appropriate or inappropriate, accurate or inaccurate. Since nothing works, one pulls back interest, a retreat which causes carelessness in dealing with the world, and a vicious cycle of mistakes and consequent feeling of guilt. This gives rise to a wish to justify and blame, and an impulse towards hate or violence. There is a progression into either violent activity or complete immobility, even of perception itself. Eventually, psychotic people doubt there is anything important or significant within themselves. Instead, what exists is felt as basically aggressive and destructive to other people.

As one oscillates between god realm and hell realm the extremes of these realms become personified within one's own body. The body can become a threshing floor for the struggle of good and evil. One is either the right hand of God, or the devil incarnate. Psychotic people can go through this cycle within a 24-hour period or a 20-year period, feeling themselves aligned with one side, then the other.

How does doubt in basic wholesomeness come about? It begins with an enormous insult to one's state of being, a *loss of honor*. It could be the loss of a lover, the loss of a child, or the loss of one's cover story—one's "identity." Individual sensitivities and thresholds come into play. For some, loss of honor has the impending doom of a Greek tragedy; for others, it may be the slightest insult, which becomes the last straw and an opportunity to let their lives fall apart. There is a fundamental loss of reference point, which is both feared and cultivated at the same time.

But why is such an opportunity seized? It is because there has developed a lifetime of conditioned contempt towards one's basic state of being. The basic ground of psychosis is an all-pervading self-hatred, self-disgust, and a suicidal impulse toward transformation. John Bunyon expressed this painful state of being when brought to its peak, in his autobiography:

My heart was at times exceedingly hard. I would have a thousand pounds for a tear, I could not shed one; no nor sometimes scarce desire to shed one. I was both a burthen and a terror to myself; nor did I ever so know, as now, what it was to be weary of my life, and yet afraid to die. How gladly would I have been anything but myself! Anything but a man! and in any condition but my own.⁴

There is another possibility in insanity as well. Many who have come through psychotic episodes describe them as the most fantastic time of their lives. This is an important point that we cannot ignore if we are to work with such people. They have seen another view of the world, one that shattered their expectations, their upbringing and their whole attitude toward life, yet they would not trade it for anything. Even within that

basic feeling of destructiveness, they might come in touch with some feeling of creativity, significance, or even joyfulness. Within that there exists a glimpse of something important and worth cultivating that was never seen before. Any therapist who approaches this situation and says, "You've got to cut this out," is bound to meet with scornful resistance, for in the midst of psychosis, some kind of connection has been made with a feeling of joy, for the first time. If one asks people to throw that experience away, they will rather choose chronic psychosis than give it up.

When one is so exhilarated, when one is having one conversion and ecstatic experience after another, when one's body feels every breeze that comes through the window as a cosmic chill, and one is captivated by every ray of light and every change of temperature, life becomes exciting and entertaining. No one would want to dull that out with medication. The only time one wants medication is in the torture of the hell realm. Then one wants relief, and so, at that point, you might administer medication for the purpose of facilitating some kind of human interaction, to bring things back into a human realm.

Frequently, when people are given medication too early and are then maintained on medication, they feel cheated and long for the excitement of the psychotic state. They feel that something important has been missed; somehow they made the wrong turn and didn't connect. And so there is a driving urge to go back to the psychotic state and make it come out "right." There is some conviction that it *can* come out right because they have made a connection with basic goodness—even though highly exaggerated and dramatic—that they had never recognized before. It had never seemed possible before. And with medication they cannot seem to find a way of cultivating it.

Some people's lives are spent dealing with addiction to medication, with trying to get off one medication and then trying to get a new one; then developing complications from it and being treated with yet another medication to counteract it. It depends on what kind of treatment people have had, to some

extent, but the results could be a lifetime of fighting addictions to various medications, a kind of psychopharmacological Karen Quinlan. We should be able to do much better than that. We don't have to be afraid of working with people's states of mind.

We might be hesitant about working with psychotic states of mind because there is a lurking uncertainty about a chemical causation of psychosis. But everything we do and every move we make involves chemicals. We scratch and thousands of chemicals are involved in that action. Viewing the life of the mind only on that level, people have looked for "toxin x," the unknown chemical cause of insanity for the past 200 years. The search has continued from one fad, and one possibility, to another. Lifetimes have been spent in this search.

We must recognize that either the lack or the making of that chemical has to be initiated somewhere, and that is one's state of mind. What we are trying to understand—in health and disease—is one's state of mind. Tracing things back to a chemical is, classically, a phenomenon of scientific culture. Saying that one could treat mental illness with, for example, megavitamins, is perpetuating the myth that disease descends upon us as an external event. It might not be that at all. We might be inviting illness with our state of mind. Making the leap from one's state of mind into manifesting that as disease is not all that hard. The search and the faith in chemical answers seems like an endless attempt to blame physiological phenomena, rather than acknowledge that in psychosis something very human is taking place. Psychosis can become a path of self-transformation. It is extremely inefficient, but it has worked for some. Throughout the centuries, innumerable people have tried it; a certain percentage in every culture will always try it.

The issue for the helper, the therapist, is to see where he or she can create some kind of gap in the psychotic experience. Possibilities do exist within the hell realm for a gap; that is the point where one's intelligence is sharpened by fear and where one acknowledges the need for others. In the god realm there exists no such possibility. There is so much holding on to

ecstasy and numbness that other people are completely superfluous. But the hell realm demands some kind of action, and within that demand exists the possibility of accepting the presence of other people and their help. If one gave too much medication at that point, one might miss that gap, that opening. But one might give enough medication to allow the possibility of the gap to be experienced so that the other person could be acknowledged as real.

The only possibility—of acknowledging and being acknowledged—is by having tremendous *generosity*. Of course that depends on the setting. You could be in a hospital with a large supporting staff devoted to doing this kind of work, or you could be in the middle of the street. The situation changes completely, depending on where you are working with such a person. Basically, what needs to be transmitted, the only thing that makes sense, is the experience of generosity. Then the psychotic person might see you giving in to the situation, not labeling it good and bad, transmitting some kind of patience and accommodation. That seems to work more than most other things.

Consider a child who is having nightmares. One of the most effective ways of helping is to say, “You think there is something under the bed? Let’s look under the bed. You and me, let’s look in the closet. Let’s open this window. Let’s go outside. Is there anybody there? Let’s take a look.” There is a sense of courage in being with the child and facing hallucinations which the child cannot do alone.

The approach has an attitude of humor and fearlessness, which people with hallucinations—child or adult—can internalize and begin to adopt themselves. It has possibilities of being useful, if you can practice it with consistency and genuineness. Those who are engaged in a mindfulness practice might be able to work well with highly disturbed people because of their understanding of the phenomenology of mind. They also have an accurate description of mind’s journey in terms of realms, loss of awareness, and loss of heart.

Sometimes the average person on the street can seem, for a moment, totally crazy. You might see someone cross an intersection talking to himself; he is looking off and cars are screeching about him. He is lost in some kind of daydream and does not even see the possibility that he is about to be hit by a car. What has occurred is a loss of *awareness*, of interest, and the carelessness that follows from that. Psychotic people actually cultivate that constricted awareness.

The psychotic person can build a seamless world of wall-to-wall fantasies, daydreams, wishes and misinterpretations. Loss of awareness has led to these mistakes and caused all the gaps to be filled in with some form of hallucination. This is not an everyday loss of awareness. It is a practiced loss of awareness. At the point where one is trying to stay in the god realm, a practice is developed to maintain that state.

A genuine psychopathology—one that includes working with states of mind—involves the study of the various techniques, practices, and disciplines of *mindlessness*.⁵ Frequently they are cultivated throughout a lifetime, beginning in early childhood, and they can be practiced again in psychosis. Psychotic people may have been child prodigies in developing mindless or absorption states. At some point in working with them it is important to describe such practices and to acknowledge that those who practice them do indeed know something about discipline. Those practices can be changed in the service of therapeutic intervention. Even in the midst of psychosis a real mindfulness practice can take place.

In an unmedicated state it is possible for someone to see exactly what is going on with their state of mind. That is what those who have been through this have reported. The possibilities of awareness through the entire experience is very poignant; life has become much more vivid than it ever was before. We know that people who have been in catatonic states, even for years at a time, have know what is happening around them and have maintained an uncanny ability to know what is occurring in the world, as if they were reading the newspapers. It is one of the tasks of a helper or therapist to point out these

shifts in awareness. Much of the therapeutic work of my own psychoanalytic teacher Harold Searles, is devoted to articulating this quality of wakefulness as it manifests in the transference relationship.⁶ John Custance has described this wakeful quality that is still capable of functioning. He wrote about his delirious oscillations between heaven and hell: "I feel so close to God, so inspired by His spirit that in a sense I am God. I see the future, plan the universe, save mankind; I am utterly and completely immortal; I am even male and female. The whole universe, animate and inanimate, past, present, and future, is within me. All nature and life, all spirits, are cooperating and connected with me; all things are possible. I am in a sense identical with all spirits, from God to Satan. I recognize Good and Evil and create light, darkness, worlds, universes.

"Of course it is all a dream, a vision, pure imagination if there even is such a thing. I know perfectly well that in fact I have no power, that I am of no particular importance and have made a rather mess of my life. I am a very ordinary man and a miserable sinner; and I can truthfully say that never in the midst of the wildest flights of grandiose ideas have I ever allowed myself to forget that."⁷

Psychosis is an enormous display of color and vitality and depth of emotion. When we see this happening in people, we are witnessing a process of murder and resurrection, an attempted transformation of self. This is the truly significant aspect of working with these people. We cannot ask them to renounce what they have been through but, rather, somehow to go beyond it, for what they have experienced in this breakthrough is an alternative to the way they have previously lived their lives. From the midst of self-accusation and continual urges toward suicide, breaking out into psychosis is an extraordinary event. It is an alternative to suicide. One may even come to conclude that psychotic mind is an extraordinary state, far superior to conventional mind. Out of that, there often develops a secret pride and an unfathomable arrogance. If you denigrate that experience they will either not know what you are talking about or else be certain that you have not understood.

This sense of transformation is the psychotic journey, or the quality of psychosis as path. The stakes are enormous. One begins with the ground of self-hatred and cultivates the possibilities of another world and way of being, the end result being complete change of identity, or death. We cannot call this an illness in the usual sense of the term. Although the mistakes and problems that occur in that state of mind are profoundly disturbing, the subjective sense is that it is all worth it. There is a tenacity and allegiance that is worthy of respect. Though in the pre-psychotic state one has lost one's basic sense of goodness, within psychosis itself one has some hint that this goodness may actually exist.

NOTES

1. See "The Wheel of Life," in this volume.
2. Bruno Bettelheim has thoroughly described this practice ("twiddling") of autistic children. ". . . the autistic child, through his own efforts, *achieves* a state of nonattentiveness to stimuli which has all the appearances of a state of dysfunction of the system serving arousal, possibly of the reticular formation. This he does, for example, by his monotonous, continuous self-stimulation which arises, in part, from his motor behavior. In a sense, any stimulus from the outside is then lost, either by being blotted out, or in the concentration on inner sensations alone." (*The Empty Fortress*, B. Bettelheim, Free Press, N.Y., 1967, p. 402.)
The psychology of meditative states indicates that this process desynchronizes body and mind and is the necessary precondition for the free play of projections.
3. *Anti-Oedipus*, G. Deleuze, and F. Guattari, Viking Press, N.Y., 1977.
4. Quoted in *The Varieties of Religious Experience*, William James, New York, 1902, p. 155.
5. See "Psychosis and the Mystic Path," E. Podvoll, *Psychoanalytic Review*, Vol. 66, No. 4, 1979-80.
6. See *Countertransference and Related Subjects*, H. Searles, International Universities Press, Inc., N.Y., 1979.
7. From *Wisdom, Madness, and Folly*, by J. Custance, as quoted in *The Inner World of Mental Illness*, edited by B. Kaplan, Harper and Row, N.Y., 1964, p. 53.

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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