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Psychosis as a potentially transformative experience: implications for psychologists and counsellors

Brad Hagen, Gary Nixon

“The Faculty of Health Sciences, The University of Lethbridge, 4401 University Drive. Lethbridge, Alberta. T1K 3M4 CANADA

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Abstract

The authors discuss the results and implications of their qualitative study conducted with six individuals who self-identified as having recovered from psychosis as part of a larger transformational process. The authors suggest psychologists and counsellors may support such persons by helping them to learn mindfulness skills and encouraging them to embark on a spiritual path of some form, so that clients can gain more power and control over distressing thoughts, emotions and experiences. The authors also encourage professionals to revisit traditional views of psychosis, and to consider the possibility that some people – if given proper support – can find psychosis to be a potentially transformative experience leading to considerable personal, psychological, and spiritual growth.

Keywords: Psychosis, transformation, spiritual, recovery, counselling, mindfulness.

1. Introduction

Many mainstream mental health professionals tend to view psychosis as one of the more severe and persistent forms of the so-called mental illnesses (Roe et al., 2004). Psychiatry and the media alike often perceive psychosis to be the result of brain pathology, and associate it with increasing disability and little or no chance of recovery (American Psychiatric Association, 1994; Schiff, 2004). However, despite the common belief that psychosis is often a permanent condition, a growing body of literature actually suggests there is considerable variation in the outcomes of psychosis both within North America (Harding & Zahniser, 1994; Ram et al., 1992) and between different countries and cultures (Kruger, 2000; Roe et al., 2004). In addition, numerous studies have documented the fact that many persons with psychosis actually improve considerably and/or ‘recover’ with the passage of time (Harrow et al., 1997; Kruger, 2000; Ram et al., 1992).

Consequently, there is an increasing call for a recovery model of psychosis, which proposes the idea that individuals not only can recover from conditions such as psychosis, but can actually go on to become more self-aware, more connected with others, more hopeful, and more empowered to make important decisions about their lives (Kruger, 2000; Roe et al., 2004; Schiff, 2004). Proponents of the recovery model of psychosis also tend to advocate significant changes to the traditional mental health system, which historically has focused on antipsychotic medications, inpatient psychiatric hospitalization, and teaching “patients” to have good “compliance” with the treatments dictated to them by professionals. As an alternative to the traditional mental health system, advocates are calling for greater use of self-help groups for persons with psychosis (Gloucestershire Hearing Voices Groups,
2004); offering improved access to counselling (Coursey, 1989; Spaulding & Noltin, 2006); using alternative therapies such as meditation and yoga (Chadwick, Newman-Taylor & Abba, 2005; Johnson et al., 2009); and helping the lay public and professionals alike to view psychotic experiences in the context of a person’s life, as opposed to merely treating them with medications (Kruger, 2000; Murphy, 2000; Schneider, 1997).

In addition, while there can be significant suffering associated with psychosis, there is also a growing awareness that some experiences of psychosis -- particularly briefer forms of psychosis -- can actually be transformative for some individuals, and may result in significant personal and/or spiritual growth (Lukoff, 1985, Murphy, 2000; Perry, 1974; Stanton & David, 2000). In particular, there are a growing number of accounts of individuals who have emphasized the importance of the spiritual and/or mystical aspects of their psychotic experiences, and how these aspects have helped to change their lives for the better (Buckley, 1981; Lukoff, 1985; Nelson, 1994; Murphy, 2000).

Despite interest in and awareness of alternative views of psychosis and a few anecdotal accounts of recovery from psychosis (Lovejoy, 1984; Vonnegut, 1975), there are few qualitative studies of clients’ experiences of recovery from psychosis (Schiff, 2004; Smith, 2000). In particular, there appear to be few if any published research studies investigating the potential spiritual and/or personal growth that may emerge from psychotic episodes, or how the spiritual and/or mystical aspects of psychosis may help a person to subsequently recovery from psychosis.

Therefore, the authors conducted a qualitative study with six individuals who self-identified as people who had experienced some form of psychosis, and subsequently not only recovered from it, but also claimed to have benefited from their psychosis in a spiritual or transformative sense. The authors employed an interpretative phenomenological approach (Van Manen, 1984) to explore and describe the experiences of six persons who had self identified as having psychotic experiences which they subsequently felt led to of spiritual/personal transformation and growth. These six individuals were recruited through a variety of methods, including word of mouth and advertisements placed in magazines. Recruitment methods asked adults to volunteer for the study if they had experienced psychosis, had recovered from it, and felt that their psychotic experiences had led to significant spiritual and/or personal growth.

A total of 28 individuals from Western Canada who responded to our recruitment efforts met the inclusion criteria for a larger study of people who had recovered from psychosis (Nixon, Hagen & Peters, in press). However, for the purposes of this particular study, the authors only considered people to eligible for this study if they were at a level of higher functioning than pre-psychotic episode functioning, were not on psychotropic medication, and reported no psychotic episodes in the past five years. A total of six participants (four women and two men, ranging in age from 25 to 60) met these criteria. Importantly, it turned out that all of these participants were quite high functioning, and were very engaged in their lives, families, and rewarding careers and/or volunteer work.

The authors used a narrative method of interviewing for the interviews (Cochrane, 1986). In these narratives, research participants described their lived experience of psychosis beginning with early foreshadows of psychosis, the actual psychotic experience, and the progression of their transformation of psychosis over time. All interviews were audio-taped and conducted by the two authors. The researchers used the qualitative data analysis procedure outlined by Osborne (1990).

2.2 Results

Once again, the full results of this research have been presented elsewhere (Nixon, Hagen & Peters, 2009), and it is our intent in this paper to merely provide a brief overview of the results, and to focus on some of the potential implications of our findings. The results of our study broke down into three general phases: the pre-psychosis phase, the active psychosis phase, and the transformation of psychosis phase.
2.2.1. Pre-psychosis phase

Importantly, our participants did not feel that their psychosis – which typically arrived in their late teens or early 20’s – simply arrived “out of the blue.” Instead, all of our participants felt that they had experienced many unusual thoughts and perceptions even as very young children. Indeed, all our participants talked about “foreshadowing” experiences, which they felt foretold of the full-blown psychosis they would go on to experience as adults. For example, participants talked about remembering powerful dreams as young children; dreams so vivid they had difficult differentiating them from actual reality. In addition, participants reported having other unusual experiences, such as being able to move outside of their bodies, being able to observe their own thoughts outside of themselves, and having profound experiences of losing their sense of being individual selves.

2.2.2. Active psychosis phase

Our participants’ descriptions of their actual psychotic experiences during their active psychosis phase were very similar to other published descriptions of psychosis. That is, participants described a wide range of unusual experiences and perceptions, including: auditory, visual and tactile hallucinations; strong feelings of depersonalization; sensations of having one’s sense of self dissolve; increased psychic abilities (such as sensing other people’s thoughts); increased sensitivity to a variety of stimuli; sensations of dying and/or death; direct communication with God and/or Divine energy sources; and compromised daily functioning.

In particular, however, our participants highlighted the importance of numerous “near death” and/or mystical experiences – such as feeling they were approaching death and leaving their bodies, and have powerful encounters with God, “white lights,” and divine energies In addition, although none of the participants had experienced debilitating psychosis for at least five years prior to the study, many of them still felt they had special psychic or spiritual powers. For example, some participants felt that now had healing powers, or the ability to sense spiritual and/or paranormal sources of energy – although they were extremely reluctant to mention these powers to most people, for fear of being labelled and/or ridiculed.

2.2.3. Transformation of psychosis phase

Some of our participants’ active psychosis phase lasted less than a year, whereas some participants struggled with psychosis for several years. Regardless of the length of time they had experienced psychosis for, participants described very similar techniques they felt had helped them to recover from psychosis, and allow their psychotic experiences to become transformational in nature. These techniques included: “detachment and mindfulness,” “accepting the dissolution of time into now,” embracing a spiritual pathway,” and a “re-alignment of career path.” While these themes have been presented in more detail elsewhere (Nixon, Hagen & Peters, 2009), a few highlights of the theme warrant highlighting in terms of implications for mental health care professionals.

To begin with, all of our participants highlighted the importance of learning the skill of being able to watch their thoughts/experiences from the perspective of a detached witness or observer. That is, participants appeared to use mindfulness skills to observe their bizarre thoughts and/or perceptions, as opposed to giving into a sense of panic about becoming overwhelmed by their thoughts and perceptions. Participants described various ways that they learned how to develop these skills, such as yoga and meditation. For example, one participant used meditation and mindful breathing to ‘sit with” terrifying visions, until the visions began to gradually dissolve and go away.

Participants also described how they learned to deal with the altered awareness of time during psychotic episodes. Importantly however, participants also described how their former experiences with psychosis now forced them to lead their current lives with a focus on the present moment, as opposed to the past or future. Thus, participants spoke about how their previous psychotic episodes had caused healthy psychological changes that forced them to stay in the present moment and in the ‘now,’ which led to much greater overall senses of calm and peace.

Finally, all of our participants stated that finding and embracing a spiritual path was the key not only for their recovery from psychosis, but also in their subsequent personal growth and transformation. Several participants mentioned how they also began to understand their psychoses as spiritual experiences, as opposed to psychiatric illnesses, which in turn led them on a path of discovering a deeper spiritual pathway to help them heal and recover not only form their psychosis, but from previous traumas as well. In turn, this process of discovering a larger spiritual path (through such processes as reading, praying, meditation, etc.) led many of our participants to re-align their career paths. That is, most of our participants stated they began new jobs, careers and/or creative outlets that gave participants outlets for their newly found insights, wisdoms, talents, powers and/or gifts.
2.3. Implications for psychologists and counsellors

While our sample for this qualitative research study consisted of only six individuals – and is in no way intended to represent larger populations – we do feel the findings from our study raise some potential implications for psychologists and counsellors working for persons with psychosis and/or other significant mental health concerns.

2.3.1. Raising personal and professional awareness of alternative models of psychosis

To begin with, our participants remind us that the traditional psychiatric view of psychosis—that of a biologically and/or genetically caused “disease” that is treated predominantly by antipsychotic medications—is just but one of several possible views of psychosis. Indeed, none of our participants viewed psychosis as an illness or a disease, and all of them had rejected traditional psychiatric treatments (hospitalizations, medications, ECT, etc.) as unhelpful and/or damaging. Rather, all of our participants felt that their psychotic experiences were non-pathological, understandable and time-limited responses to a wide variety of stressors in their lives. Furthermore, all of our participants ascribed deep personal meaning and spiritual significance to their so-called delusions and hallucinations. While such views of psychosis may seem controversial and even heretical to some professionals, they are not uncommon, and have been described elsewhere in a number of different sources (Bentall, 2003; Grof and Grof, 1989; Nelson, 1994; Perry, 2005). Therefore, as a first step, we encourage psychologists and counsellors to begin reading about alternative views of psychosis and explanations for why the biomedical view of psychosis has been so dominant, and how it has been able to exclude alternative views of psychosis (Whitaker, 2002).

2.3.2. Assessment, support, and reassurance for the experience of psychosis

Many of our participants – while eager to tell their stories and hopeful that participation in the research project would help others – were initially reluctant to participate, as they were fearful that we would ‘diagnosis’ and/or try to cajole them to seek help in the mental health system again. In fact, these participants stated they only decided to participate in the study once they felt reassured that we as researchers understood and were sympathetic to alternative and non-pathologizing models of psychosis. Therefore, we would encourage psychologists and counsellors to respect the legitimate fears that some clients with psychosis may have about disclosing distressing thoughts and/or perceptions, and to offer assessment and treatment in a gentle and respectful manner.

2.3.3. Encouraging the development of mindfulness and/or spiritual paths

Based not only on the results of our small and preliminary study, but also on other accounts of psychotherapy with and recovery from psychosis, we would encourage psychologists and counsellors to assess the ability and interest of clients with psychosis to explore mindfulness training and/or the development of spiritual paths as potential components of overall recovery from psychosis. In particular, given that people with psychosis may have difficulty accurately monitoring the source of thoughts and/or sensations, mindfulness training and other forms of cognitive behavioral therapy may be very helpful for some persons with psychosis (Bentall, 2003). In addition, helping clients to see the potential spiritual significance of their psychosis – or helping them to develop spiritual paths during their recovery from psychosis – may be very appealing and helpful for some persons (Nelson, 1994). In particular, it appears vitally important to see an interest in spirituality and/or religion as a healthy expression of healing and recovery, and not as a symptom of illness or pathology (as many mental health professionals do).

2.3.4. Working with other helpers in the client’s life.

Finally, since all of our participants mentioned an aversion to working with traditional mental health providers (psychiatrists, psychologists, counsellors, etc.) for fear of being diagnosed, institutionalized and/or medicated again, the majority of our participants described how they now worked primarily with a wide variety of non-traditional helpers, such as yoga teachers, body workers, meditation practitioners, psychics, massage therapists, spiritual and/or religious guides. For many of our practitioners, these were the only kinds of helpers that they felt they could trust to work with the spiritual aspects of their psychosis, and not to pathologize their experiences of psychosis. Therefore, if a psychologist or counsellor is fortunate enough to have gained the trust of a person with psychosis, we would encourage them to support any decisions the person might make to work with non-traditional helpers, and to express a willingness to work alongside and in conjunction with these other helpers.
References


