

The diagnostic separation of psychosis and spiritual experience I:

The phenomenological nature of psychosis¹

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*„How many possibilities does psychology offer us to shield the troubling unknown with a label that grants it a place on the list of common aberrations!“
Dag Hammarskjöld, Vägmarken.*

Abstract

The distinction between psychotic and spiritual experiences produces sometimes difficulties: while for the materialist a spiritual experience per se does not exist and the possibility of a non-pathological spiritual experience seems so limited from the outset, the open-minded diagnostician has the category of spiritual experience, or (in more difficult cases) spiritual crisis at his disposal, but he must consider carefully whether this or a real psychosis is the case. To distinguish both an understanding of what psychosis actually is should be essential. It is not sufficient to merely appeal to current scientific diagnostic systems, as these are subject to trends and debates within science. Only phenomenological fathoming of what constitutes people defined as "crazy" can lead to a (more or less cross-culturally) firm basis for the distinction towards spiritual experience (also condensed to the essence of this category). Therefore, the following first part of the article deals with academic models of distinction and a possible determination of the essence of psychosis in order to prepare the later following second part differentiating both areas in practice.

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Historical introduction

Paranormal and spiritual experiences and states are in themselves not pathological, but a relatively common element of ordinary human life (Belz 2009). Some spiritual experiences, however, raise a special problem of distinction to psychopathological states: e.g., viewing beings from other worlds, an entirely different external perception (e.g., without subject-object separation), a different type of self-perception (e.g., an out-of-body experience). People reporting extraordinary experience, not compatible with the prevailing world view, are easily considered psychotic, relying this verdict on no other fact than the deviation of their experience itself, thus making the justification for the attribution of madness circular: All extraordinary experiencers are crazy, because all people are crazy who experience something extraordinary. Here we attempt to arrive at a definition of psychosis and spirituality that is not circular and does not rely on the exceptionality of experience. For this, it is necessary to find an essential definition of psychosis, which complies with reasonable social and subject-specific conventions of what is considered as insane.

The importance of getting beyond this current social trends can be demonstrated by looking at history. Although we know nothing about the way in which prehistoric man thought about the extraordinary mental states of their fellow men, we can approach the world of their ideas by studying those traditional societies still investigated before their acculturation as the nearest surviving relatives of prehistoric cultures. There we observe two things. Firstly, that here the psychoses, especially schizophrenia and in it the heavy, chronically courses occur more rarely the closer to a natural lifestyle these peoples live.²

Secondly, we can observe in these cultures that they distinguish decisively between spiritual experience / competence on the one hand and lunacy on the other (Valle 1966; Goodheart 2002), although this does not exclude that often spiritual causes are attributed to madness (supernatural or natural beings, soul loss, etc.). The widespread assumption that in traditional cultures the lunatic becomes the shaman, is regarded as untenable in today's ethno-psychological literature (cf. Noll 1983; Lex 1984). The significance of this finding lies in what I will later demonstrate as the phenomenological clearness of the delineation between psychosis and spirituality: an elaborated nosological system is not required to distinguish psychosis and spiritual experience and it is (a so far unproven postulate) only the specification, but not the phenomenological essence of madness that is culturally constructed. Each culture is able to distinguish between psychosis and spiri-

² Supported by the pharmaceutical industry, biological-psychiatric research claims the opposite in order to maintain the myth of a purely biological causality (and thus need of pharmacological treatment) of schizophrenia. In fact, an overwhelming body of evidence has found a much lower prevalence in less "civilized" societies (Hafner & an der Heiden 1997, Saha et al 2005; McGrath 2006; Messiah et al. 2007; Goldner et al. 2002)! The successful myth-making of a schizophrenia looking identical everywhere could be maintained also because we only a few cultures are left to study that are not already infected with our own way of life (see, however, the studies at Torrey 1980). In any case, it is a hardly disputable fact that the course of the occurring psychoses is more fortunate (shorter) the less influences of our modern world (i.e. also: the less psychiatric care) in a culture exist (WHO 1979, Hopper & Wanderling 2000).

tuality when the one theoretical premise is axiomatically present that such a thing as a spiritual dimension of experience as an independent state exists at all (cf. Leavitt 1993). Under this basic transcendental axiom, every culture is able to formulate their own specific characteristics of the definition of psychosis and spiritual states of consciousness accurately.

If we follow the history of the distinction between spirituality and psychosis, then in historical times in all ages, except for ours, a differentiation, not an equation of madness and religious state continues (Leibbrand & Wettley 1961; Neaman 1975; see Torn 2008). Although supernatural causes of mental illness were sometimes accepted and the distinction could be difficult, both concepts were distinguishable in European antiquity, the Middle Ages and the early modern period ("The view that mental derangement might be due to natural and / or supernatural causes was also held by physicians ", Rosen 1968, 146)³. So here, too, we do not encounter the alleged indiscriminate confusion between the two, but the transcendental axiom, after which on the one hand our existence, on the other hand, a different reality exists, and that both realities unfold their own spheres of influence. An undifferentiated confusion occurred only after the victory of science in the 19th Century and the abandonment of this axiom: "As psychological medicine became professionalised in the eighteenth and nineteenth centuries, ecstatic experiences were blamed for outbreaks of collective insanity, while mystical experience itself was increasingly pathologised" (Lipsedge 1996, 24). While in Karl Philipp Moritz's famous *Magazin für Erfahrungsseelenkunde* (1783-1793), the first psychological journal German, mysticism and paranormal phenomena still regularly are discussed, soon hardly any serious psychologist or psychiatrist dared to differentiate paranormal and spiritual phenomena as its own natural realms from psychopathological symptoms. Since the second half of the 19th Century, several psychiatrists took the view that Socrates was mentally ill because he heard the voice of his *daimónion* (Leudar 2001), and Teresa of Avila was considered hysterical, possibly as catatonic or epileptic (Senra, 2006), as psychotic or suffering from Brocellosis (Cangas et al. 2008).

Finally, with Sigmund Freud and the generation influenced by him, we observe a complete equation of religion with neurotic structures, of spiritual experience with madness. The ability to differentiate is completely lost: the ability to distinguish healthy from sick, testified in all cultures and at all times, has been abandoned with the abandonment

³ It is a total misconception of the ancient, medieval and early modern world views, if today sometimes is claimed that thanks to modern science we are now in a position to deliver to psychotics a decent treatment, whereas earlier ages declared their crazy people saints or left them to starve. Like today very different fates of mentally divergent people exist, people of those times were also not immune to being treated badly by their environment - and the standards of what a bad life was, were in the 12th Century certainly different from today - but this was by no means the rule (cf. Suzuki 1991). Thus, the alleged (Postel 1981) liberation of the insane from their chains by the famous Pinel became necessary only *after* the modern civilized institutionalization of diseases (Dörner 1984; Foucault 1961/1969), while previously it certainly there had been a sense of toleration, but never religious glorification of madness ("Irrationality, in its extreme form insanity, became a malfunction of the link between man and God," Neaman 1975, 42; regarding the Middle Ages).

of the axiom of transcendence and its own phenomenal realm. As soon as it had been agreed that a transcendental sphere of being could not exist, any extraordinary experience according to the materialistic axiom ("Everything is reducible to the category of the material") had to be a malfunction of the brain. Hagiography had been reversed into pathography, to Christian saints and even to Jesus of Nazareth (as by Georg Lomer, William Hirsch, Charles Binet-Sangle, being refuted disproved by Albert Schweitzer in his medical dissertation: Schweitzer 1913; today followed by the "fictive personality" of Donald Capps) every conceivable form of mental derangement was insinuated. Finally, the famous psychoanalyst Franz Alexander pictured Buddhist meditation practice as a growing self-regression, comparable to artificial catatonia (Alexander 1923).

If we are ourselves avowed devotees of materialistic religion, we will continue to approve this development. However, there is overwhelming evidence from philosophy, supported by modern physics and the social sciences, according to which materialism is just not the only rational form of thinking of a "post-enlightened" citizen of Euro-America, but a pure belief, which can be assumed but not proved. If we do not adhere to this belief, we will in contrast easily understand the incredible hubris in pathologizing all religiosity. So today, we are facing the ruins of the alleged scientific exactness that has deprived us of all ability to differentiate between healthy spirituality and disturbed mental functioning.

Models of the relation between psychosis and spiritual experience

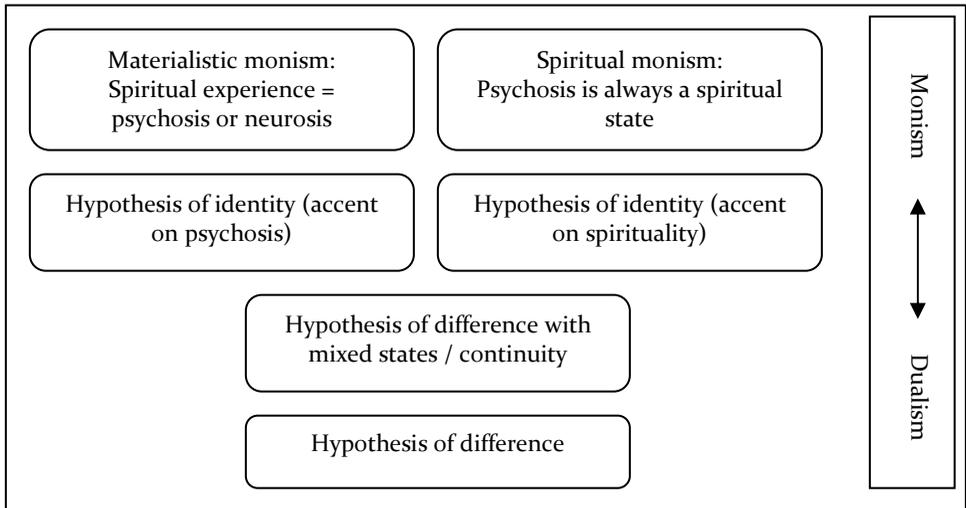


Abb. 1: Concepts of relating psychosis with spirituality

Materialistic monism as now prevailing ideology claims (in varying degrees, i.e.: formulated pointedly) that there are only two types of human experience, namely normal and

disturbed functioning of the brain.⁴ All religious and spiritual experience are therefore a malfunction of the brain, for example, gross physiologically as precursors of a temporal lobe epilepsy or in more subtle form as neurosis (purely functional) or even psychosis (with morphological correlate, for example, the transmitter systems). In contrast, spiritual monism claims, as an also extreme, but oppositional world view, that mental deviation itself is to be understood as an expression of the spiritual path of development. Thus, we find in Laing (1989) that psychotic experiences are not be considered mad by themselves, but only in a society that does not recognize these as (spiritual) experiences. At the same time, Laing knows that psychosis is not a successful problem-solving: "The madman is however confused. He muddles ego with self, inner with outer, natural and supernatural" (1967, 109). That this positive assessment of the mad ignored the suffering, like is easily argued (also against Szasz), is not necessarily correct, since Laing (as Szasz) regards this suffering quite well, but argues with social criticism that social conditions foster to escape into psychosis and then create additional suffering. A spiritual monism in this way is compatible with a spiritual world view (like the materialist monism is compatible with a materialistic world view), but leads to a tautology of the kind: everything is spiritual (or matter).

Other authors cannot be assumed as clearly monistic, but they feel that the distinction between psychosis and spiritual experience in the critical cases of spiritual crises, however, seems impossible. This identity hypothesis exists – like monism – in two versions: one emphasizing the pathological side, the other the spiritual. Thus, in Jackson & Fulford (1997) spiritual experiences of exceptional, i.e., "psychosis-like" characteristics are generally subsumed under the concept of psychosis, without taking them as pathological (!, with the result, however, that Buddha or Jesus must be called psychotics). Psychosis and spiritual experience are therefore nothing than conceptual constructs that divide a common reality artificially out of value judgements. Not quite logically, Jackson (1991, 2001) in his empirical research used these constructs to distinguish a priori those cases that meet all criteria for psychosis from those that appear to others as bland spiritual experience, and includes only those cases in his study, which lie in the intersection between them. Of course with this procedure he can prove at most that there is a group of people who apply to both categories simultaneously (e.g., John Custance, 1954), but not that this would be the rule. The phenomenal differences being the reason that the one case was judged previously as psychotic symptoms, while the other was seen as a spiritual experience, gets out of his scope.

Far more interesting than his underwhelming argument for their *identity* to us seems his explanation for the emergence of two *different* modes of experience. The only stable difference between diagnosed and undiagnosed "psychotics" in his studies according to Jackson (2001) is in the outcome, where diagnosed persons function far worse after their psychotic episode than non-diagnosed. However, the hypothesis that here again circular

⁴ It has been emphasized by several philosophers of medicine (cf. Fulford 1989), that this distinction cannot be made by neuroscience per se, but only from a cultural assessment and therefore leads pure materialism into an inner contradiction.

effects may be responsible (non-diagnosed were not pathologized by their environment, etc.) is irrelevant. Interesting, however, is a model, inspired by Wallas' (1926) theory of creativity, in which psychosis is an attempt to solve an existential problem, intractable with conventional strategies. There, the psycho-energetic pressure of the problem opens up the consciousness for the unconscious, leading to immersion in a primary process⁵ where the solution appears like an enlightenment. If this process works by integrating into life, the outcome is beneficial, as in all creative idea creation. If the resulting primary processes, however, increase the stress level even more either by themselves or their social consequences, this leads to a "sticking" to the primary process level, now with pathological productivity and the establishment of a fixed delusional system as a misguided stabilisation.

Another identity theorists is Isabel Clarke (2001), which describes her approach as discontinuity model. The discontinuity, however, refers to the spectrum from normal to abnormal and not between pathological and spiritual extraordinary experience. This discontinuity can be understood in terms of a qualitative shift between normal and altered state of consciousness and is characterized by terms such as transliminal, meaning intrusion of the material from below the threshold of consciousness into consciousness (Thalbourne 1991), or liminality (in anthropology originally used for the transitory state of an individual in a religious initiation: Arnold van Gennep, Victor Turner). Clarke presents a cognitive schema theory model (according to George Kelly), in which during the ordinary state of consciousness cognitive schemata mediating adequately to reality are at our disposal, dissolving in the extraordinary state of consciousness and giving space to an illogical, immediate experience.

Transpersonal psychologists, as many of the authors of *Spiritual Emergencies* (Grof & Grof, 1989), represent the other side of the spectrum: although partly accentuating spiritual identity hypotheses, they simultaneously are striving for exact differentiation of the states. Thus, for Stanislav Grof some (or maybe even all) psychoses are expressions of a difficult spiritual development and therefore a necessary transitional stage for personal growth. On the other hand, he stresses: "It is extremely important to take a balanced approach and to be able to differentiate spiritual emergencies and genuine psychoses" (Grof & Grof, 1989, xiii). As a mixed state David Lukoff (1985b) – the main initiator of the introduction of a neutral category of "religious or spiritual crisis" in the DSM-IV (Lukoff et al 1992) - interprets the psychosis, pervaded by mythological elements, of one of his patients. It appears to him as a mythological journey of development experienced similar to Joseph Campbell's (1949) universal scheme of the hero's journey, demonstrating how psychosis can simultaneously be both spiritual and pathological, what the complete remission of the person concerned finally proves (which should be attributed also to the positive contextualization rather than pathologizing by the therapist, Lukoff). In this case Lukoff (1985a) refers to the observed intersection as a *mystical experience with psychotic features*, and distinguishes it in three ways: from ordinary psychotic and other pathologi-

⁵ I am using the psychoanalytic terminology, where the primary process is the functional mode of the unconscious before it is transformed into the relatively orderly, logical form of the conscious, although Wallas' and subsequently Jackson's theory has to be localized in Gestalt psychology.

cal processes on the one hand, pure transpersonal crises and bland spiritual conditions on the second and a vice versa accented intersection, *psychotic disorders with mystical elements*, as the third part.

Thus, it is inconsistently on the one hand assumed an identity of psychosis as such and spiritual experience: „During psychosis, the mind is driven to reveal its deepest, most intimate workings, images, and structures. Whereas the myths are metaphors for journeys into the psyche, psychosis is a journey into the psyche“ (Lukoff 1985b, 151). On the other hand, the same author emphasizes that there are criteria that make all these states distinguishable from each other (see Part II of this article). In order not to arrive at the linguistic and thematic confusions implied in Jackson's terminology, there should be a clear differentiation between phenomena and persons. It is undisputed that mixed psychotic and transpersonal states in the same person can occur. On the other hand, phenomena can nonetheless be assigned clearly: some phenomena are more part of the category of mental disorder, others speak for the category of spiritual experience.

All these and a number of other authors (Buckley 1981, Nelson 1990) represent a continuity hypothesis about (a certain, sc. extraordinary) mystical and (certain) psychotic states in such a way that both are (distinguishable) altered states of consciousness: "... what is shared by some acute psychotic states and the classical mystical experience is simply an ecstatic affective change which imbues perception with an increased intensity" (Buckley 1981, 520). Psychosis is "any one of several states of consciousness, transient or persistent, that prevent integration of sensory or extrasensory data into reality models accepted by the broad consensus of society, and that lead to maladaptive behaviour and social sanctions" (Nelson 1990, 3).

A position dividing much stronger between psychosis and spiritual experience, occasionally even exclusionary and thus dualistic, we find with authors such as Christian Scharfetter, Kurt Heinrich, or Lee Sannella. Interestingly, these practising psychiatrists believe that psychosis and mysticism are not difficult to distinguish: "For the psychiatrist [and the clinical psychologist; author's note], which has got experience in dealing with schizophrenic persons, by carefully investigating and assessing the psychopathology and its biographical context, the distinction hardly produces difficulties" (Scharfetter 2004, 124; translated by me). For Scharfetter spiritual crises are a result of a combination of immature personalities and spiritual practice, of false spiritual practice, or temporary overpowering experiences. As such, they are clearly differentiated from true psychotic disorders (e.g., schizophrenia). For schizophrenia is a disorder in the area of ordinary daily consciousness, specifically of ego-awareness: "There, where the ego-consciousness is experienced disturbed in any or all dimensions (...) we talk irrespective of the causes of this disorder of the schizophrenic syndrome" (Scharfetter 1986, 14; translated by me). For mystical experiences, however, is crucial that they are located in the super-consciousness: "In the sub- and super-consciousness located phenomena are not the subject of psychopathological judgements" (Scharfetter 1986, 1; my translation). Pathological phenomena, thus, take place in completely different states of consciousness than mystical states.

For Kurt Heinrich the pathological condemnation of mystical geniuses is like interfering into a foreign field, here of psychiatry into theology, therefore, the differentiation of

the two is clearly possible: "Psychiatry in view of its diagnostic limitations in non-pathological religious experiences has to acknowledge styles of communication with God as lying outside its area of pathology" (Henry 1997, 145). Lee Sannella writes about the energetic-spiritual crisis investigated by him: "The Kundalini process is outside the categories of 'normal' and 'psychotic'" (Sannella 1989, 12; retranslated by me). In synthesis, it seems promising to arrive at criteria that as well (or badly) differentiate accurately and clear-cut between psychosis and spiritual experience, as it is the case with other psychological problems. Even if we deal with mixed states in a particular case and regardless of whether there exists a continuum between ordinary and extraordinary consciousness, or between psychotic and spiritual states, we should be able to identify those phenomena that favour the attribution of one or the other state. To make such an attribution without succumbing to the common *petitio principii*. But if we call a behaviour psychotic, we first have to clarify its essence.

The essence of psychosis at issue

The word *psychosis* is first documented in 1841 in Carl Friedrich Canstatt's *Handbuch der medicinischen Klinik* (handbook of the medical clinic) (Bürge 2008). In the terminology of the 19th Century it confines as a generic term all mental illnesses from the term *neurosis* as the nervous diseases and is adopted as such by Feuchtersleben (1845). Even Bleuler (1920) takes – under the influence of the Freudian turning of neuroses to mental processes – neuroses as the neurasthenic symptoms, people with "weak nerves", while *psychosis* refers to all "real" mental disorder. Only gradually will the term be restricted to the more severe forms of mental illness: Jaspers (1946, not yet in the first edition of 1913) mainly refers with it to the three "major psychoses" of genuine epilepsy, schizophrenia and manic-depressive disease. The DSM-IV-TR (APA 2000, 297/298) defined "psychotic" (= the psychosis, deprived of its substantiality by shrinkage into an adjective) as the attribute of vague symptoms such as delusions, hallucinations (but not pseudo-hallucination and culturally accepted similar phenomena!) as well as disorganized speech and disorganized or catatonic behaviour.

The now customary abandonment of the term psychosis reveals the dilemma of today's psychopathology to find a significant boundary between normality and madness. Certainly, we see here, as everywhere in the sciences, not a construct whose imaginary boundaries are found in reality. On the other hand, one could argue with the representatives of the unitarian psychosis (including the well-known Karl Menninger) that then the division into affective and schizophrenic psychoses makes even less sense and a lot more cuts through a natural continuum. If we in this paper use the term psychosis, we do not believe there is such an entity in the external reality, but that we need to understand whether there is a significant difference between a spiritual experience and a pathological one – on which level of reality so ever. In the same way, we should keep in mind the social constructed nature of concepts like "spiritual" and "pathological". Therefore, it seems impossible to grasp the realm of phenomenon that includes "spiritual experiences", as prior knowledge for the assignment of properties other than by the common human tra-

dition, which for generations has created different, yet similar construct assignment (applied in such a way for the Christian faith by Marzanski & Bratton, 2003, and for the Asian concepts by Brett, 2002).

On the other hand, we want to overcome a preliminary understanding of the concept of psychosis explaining more precisely the phenomenology of what we call psychotic in our society. The term phenomenology is often used synonymously with symptomatology. In the depth of observing the symptom, however, we find a different phenomenology, coming close to Edmund Husserl's (1913) meaning – but in a methodological, not in the intended ontological sense of Husserl: in the exclusion (“de-bracketing”) of the contingent in the object of observation and of its situational involvements, by pausing in face of it in order to let it affect us releasing it from our own prejudices and theories (“epoché”). In the balance between the given object and its possible variants (“eidetic variation”), we find the essence of a thing directly (Zahavi 2007). If we apply this phenomenological approach to psychotic persons, we can reconstruct in ourselves the common denominator of their particularity. Thus we are part of the long tradition of interpretive psychopathology, which strove to capture the essence of the psychosis itself. Although the various authors arrived at quite different determining elements of what they perceived as the core content of psychosis. For many delusion was the most important symptom of madness. However, this is not covered precisely by its traditional description: According to this, delusion was characterized by exceptional certainty and incorrigibility of a belief that is impossibly correct (Jaspers 1946, 80). In fact, many people hold on to false beliefs, without having to be insane, while delusional people are sometimes insecure about their delusions. In addition, we often cannot say that a belief (e.g., the existence of an aura) is impossible, and still feel that the other seems to have fallen into a delusion. Therefore, for all attempts to capture the madness of such criteria: “We can not hope to do the job quickly with this definition” (Jaspers 1946, 78; my translation).

Quite more essential is the realization of delusion as a transformation of reference to reality in a way that makes a personal relatedness out of an objective counterpart. This is experienced as uncanny: “The uncanny is produced by the particular mode of being addressed by this world, and every event in the world is affected by this strange sense” (Broekman & Müller-Suur 1964 Kisker 1960; my translation). This characteristic delusional mood is according to Conrad (1958) due to a change (*anastrophe*) from Copernican to Ptolemaic world view, according to which the world now “revolves” around the subject. What is missed in psychosis is the distance to things, the cognitive process that usually occurs between perception and experience (see, for today's cognitive-psychological formulations of this thesis the above section on Clarke 2001). Janzarik characterizes the experience of delusional perception as an evolutionarily earlier impressive mode of perception, orienting on “the overall directedness of the mental structure”, not on the objective content of perception (Janzarik, 1968, 89, cited from Klosterkötter 1988, 52; my translation). Salvador Dalí (1935) in his “paranoid-critical method” in a similar way hopes to promote creative potential by a quasi-psychotic state of total immediacy of perception. Sigmund (1998) accordingly distinguishes between two modes of intellectual knowledge, a pre-rational, quasi-intuitive knowledge on the one hand, the critical-rational mind on

the other. In psychosis consciousness seems not to know the scrutiny of reason – it remains with the immediate impressive certainty, an "essential definition of delusion as an uninhibited and abnormally present sensation of essentiality" (Sigmund 1998, 399; my translation). Similarly Conrad (1958) assumes that in delusions *essential properties* (*Wesenseigenschaften*) of perception dominate over its *structural properties* (*Gefügeeigenschaften*). While the structural properties of an object stand out against a perceptual background (our normal mode of perception in the waking state), to the deluded person essential properties of a thing appear – spontaneously and covering the factual structure – , as they usually are perceived by poets and philosophers: e.g., the "lusty", the "unyielding", the "protective overarching" of the tree as in contrast to the object of a tree.

However, does this not characterize mystical experience as well: that the world, the divine, is aligned to the experiencer in a new immediacy and essentiality, in which the subject-object separation is annihilated? Precisely in the manner in which the essential properties displace the structural characteristics reveals the delusional: The fact that the delusion is not an essential intuition (*Wesensschau*) in Husserl's sense, lies in the fact that the phenomenal does not appear as purely phenomenal but in the distorting mirror of their own unconscious. The immediacy of the type of thinking described by Sigmund as intuitive is, in the psychotic case, not the phenomenological immediacy of real or mystical knowledge. It is just the immediacy of thought with itself, without vital contact (Minkowski; cf. Urfer 2002) with something else (*re-alitas*). Where the mystic enters the contact with another, higher reality, which is greater than they are and lets them forget themselves. The person in psychotic state of consciousness gets only in touch with his or her own inner world: the functional mode of his psyche seems to be entangled in itself.

Thus, in both cases not a single function or a psychological content alone seems changed, but the entirety of the interplay of various mental functions is transformed. This change can be best described as a change of state of consciousness. According to the theory of consciousness of psychosis by Luc Ciompi (1996, 1997) particular stress situations (especially insoluble affective-cognitive conflict) cause on the basis of a pre-existing instability (according to diathesis-stress-model) an increasingly unstable mental system as a whole, which finally becomes so large that this state passes into another – analogous to the non-linear dynamics of fractal systems, which is described in chaos theory. Ciompi's model is based on his well-known assumption that mental cognitive functions always are affective and cognitive (logical) (Ciompi 1982). According to the above said about the nature of delusion, we can add: the affective-logical functions of the mind are not any more capable to separate between the immediate emotional and phylogenetically primitive reaction and a cognitive-logical analysis – both fall into one. Hence, the affective impression (for example, the threat of persecution) by the perception and cognitive processing (the development of a delusional system to explain the feeling of threat) are inextricably linked. In other words, the relative overload of emotional energy forges a close bond between the affective-cognitive mechanism so that distancing is no longer possible. In the case of psychosis, the affectively charged cognition remains without a chance for critical reflection tightly closed in itself and is bound to the affect. Most people know this state from experiences of extreme states of emotional arousal (anger, sadness, anxiety) which seem to be, therefore (as in forensic psychiatry), an equivalent to temporary psy-

chosis. On the other hand, stabilized conditions of this kind, in which the affective charge is bound and held by the cognitive systems, typical for isolated delusion. A total affective charge of such an extent that the mental and neural system cannot control it, however, will bring the system to flash over in the disorganized state of schizophrenia.

If we are talking about a change of the state of consciousness, this makes sense only if a change occurs in the organizational form (structure) of the entire psychic system, not its contents. Tart (1971, 94) defines: "...a state of consciousness (SoC) is here defined as an overall patterning of psychological functioning. An altered state of consciousness (ASC) may be defined as a qualitative alteration in the overall pattern of mental functioning, such that the experiencer feels his consciousness is radically different from the 'normal' way it functions. Note that an ASC is not defined by a particular content of consciousness, behavior, or a physiologic change, but in terms of overall patterning". Only by recourse to the concept of structure confusion and the assumption that consciousness could not be imagined without its contents (so Rock & Krippner, 2007) and all descriptions of altered states of consciousness therefore were descriptions of altered *contents* of consciousness will be avoided. This assertion leads to the "consciousness / content fallacy" of confusing state of consciousness with consciousness content. Because he does not use such a concept of a consciousness in itself, Jaspers cannot get along when he defines delusion on the one hand as "change in the mental functions" and the other takes: "The sham of genuine delusional ideas lies in the material; formal thinking is completely intact" (Jaspers 1946, 82 f.; my translation). The line of argument would go from "mental functions" to the structures instead of incriminating the content (the material), which is interchangeable and only by convention identifiable as "wrong"! If we assume that both psychosis and mystical experience include altered states of consciousness, then we should try to indicate which structural differences could be observed in the ensemble of the mental functions of both states.

For the description of states of consciousness, different systems have been proposed (Ludwig 1966, Tart 1975, Walsh 1995, Dittrich et al 1985). It would be a worthwhile endeavour for future research to capture the changes at entering a psychosis by means of such empirical systems. For this, the introspective method of self-description of psychotic or persons just returning from psychosis could be helpful. For a phenomenological methodology, as it is adequate for the subject, can reintegrate the otherwise often expelled introspective research method. Therefore, the self-experiments to induce a psychotic state via self-hypnotic methods applied by George Milzner (2010), provides valuable information: besides the fact that psychotically altered states of consciousness tend to produce their own stability and then are difficult to control, Milzners experiments suggest that psychosis is indeed a change in the total state of mental functioning, not only of individual functions, it is therefore an extraordinary state of consciousness, not only an extraordinary formal or substantive thinking mode.

It seems that our mind is not a stable building, as it looks for the naive observer, but a dynamic system possibly consisting in nothing but a structure, in interrelated functions. According to the Buddhist school of Madhyamika Prasangika, the Spirit can not be established as an entity, and furthermore it is even exclusively defined as interaction of events,

as something that exists only as a relation. The neuro-scientific confirmation that there is no organic correlate of consciousness, of the central instance (the ego), or the individual contents of consciousness, but these rather correlate to the patterns and interactional structure of neuronal assemblies points to the same direction. Accordingly, a theory of psychosis assuming the mind to be a system of non-linear dynamics presumably is the one approach that corresponds to our actual knowledge most likely. Thus, psychosis is a tilting of a stable state of consciousness, in which the single functions interact harmoniously like a well-tuned orchestra, into an unstable condition, in which the individual functions (instruments) get progressively worse by interfering with each other. Hence, the result sounds like the instrument tuning before the performance.

An example: If I normally walk my dog, I am able to learn vocabulary on headphones and simultaneously to watch the environment, including my dog. One evening, however (interestingly during the writing of this essay), there was for some reason a lot of tension "in the air". Somewhere, somebody let off fireworks in the middle of summer, the heat promoted an angry emotional charge, in a house someone was screaming loudly in the street next to me tyres squealed, a boy was standing motionless on a ground floor window sill (sic) and the dog barked incessantly in the air. The chain of impressions, all somehow a bit strange, inadequate had led to the fact that I had to leave the vocabulary on the headphones in order to arrange me cognitively. I suddenly had the impression that the words had been spoken more quickly than usual, with some dizzying alienation effect of my experience, and this condition felt more unstable than I normally am used to my thinking and feeling. I am sure that the same state is on the threshold of that what – with stronger external or weakened internal conditions – can lead into a psychotic state of inner chaos – dysfunctional and unmanageable altered functioning.

While initial and schizophreniform psychotic states seem to consist more of a functional instability, this should not apply to spiritual experiences. Moreover, psychotic states of consciousness are very specific characterized by a functional mode, projecting on the one hand the inner world to the outside world (a distinction between affective internal and cognitive-logical function mode is not possible), slipping down until the state of disorganized mental functions (in schizophrenia). Such a functional mode may have been primarily useful as idiosyncratic problem solving strategy (Simon 1990), it may be an extraordinary trance state (Milzner 2010), which delivers important insights regarding its nature and treatability, but it makes no sense in the socially divided like the spiritual world. While (at best) only partially belonging to the spiritual reality, but otherwise emerging from the personal ego, "the world born out of unsatisfied passion [for spirituality] must borrow, although with reality everywhere in the most glaring contradiction, its material from it [i.e., reality]" (Ideler 1847, 8). Thus, the contents here rather bear witness of the spiritual and cultural world (or their deficiency) of the subject than of the spiritual world (as formulated in the world's traditions). Spiritual crises in such states of consciousness occur together with other spiritual characteristics. There are mixed states as discussed above. Nevertheless, we must describe such states of consciousness as psychotic that in the direction of the external as well as the spiritual world work in disorganized and delusional affective-logical bonding.

When we ask about the true nature of that which appears to us when we encounter “madness”, it is this peculiar change in the functioning of thinking, feeling, of apprehension, perception and the relation to themselves and the world, which the different theoretical systems have been accentuated differently, but which have in common that there is interference between the function and its focus. Because the affective-logical complex determines perception, thought and action but not the object, the person is not capable to direct their mental functions in corresponding orderliness to the object of thought, perception or action. This requires a fundamental change ahead of the mental functional system, for example, including the much acclaimed poor inhibition of other processes (i.e., demarcation against the primary process) and lack of internal control (Braff 1993). All individual symptoms, known by psychopathology (see Scharfetter 2010; Möller et al 2001) can be attributed to an aberration of consciousness itself, that is not the content but the structure of the interaction is disrupted. The same is true for the isolated delusion not just being the content of a false belief but a wrong way in experiencing a conviction. This even applies to the affective psychosis, not being a depressed or elevated emotion plus an exaggerated conviction, but an incorrectly functioning affective-cognitive complex in the way that emotional charges are shifted to content for which these charges are not appropriate. In any case, we are dealing with a structural function, which is not adapted to the external world, the internal needs of the experienter and the worlds described by the spiritual traditions. Ultimately that constitutes the uncanny of the psychotic person for its observer: that we are confronted with the possibility of a functional mode of our mind that you want to avoid because it leads to poorer contact with us, the external and transcendent world and less ability to act, talk and think in a conducive way.

Moreover, there are other important criteria that make up the typical impression of pathology of psychosis compared to any other state: First, the altered state of the psychotic is, as we have seen, dysfunctional in mundane as in extramundane respect. Even if they – in a spiritually-psychotic mixed state – win real spiritual insight, they are during this state neither in this world nor in the spiritual realm capable of using it productive. Secondly, the entry into the extraordinary state of consciousness of the psychotic is neither voluntary nor intended – it is brought about neither consciously nor wilfully. This does not mean there might be no unconscious motives for the “escape into psychosis”, however, if this escape would be chosen fully aware it would not lead into a real psychosis. Thirdly, this entry is not controllable and therefore not reversible: The psychotic is not in a position to stop the change of their state of consciousness or wilfully to reverse back to normality. However, there is no discernible difference in the fact that the course of the process after entering the altered state of consciousness is no longer controllable. This may well be the case with mystical states as much as psychotic ones.

It is important to note that only these three criteria combined are sufficient to suppose a psychosis. If a person has experienced something that in the opinion of some of the world religions can be called spiritual, but on the other hand has not sought these experiences voluntarily, it probably still counts as a spiritual experience (cf. the history of many Old Testament prophets). If a person seeks the experience voluntary and can control it, but this experience does not match the schema that teach the spiritual traditions, it may

seem to be a strange experience, but it is also not psychotic due to the lack of the other two criteria. In summary: The narrow fusion of judgement and unconscious, of affect system and logic, the confusion of feeling and object, the involuntariness and uncontrollability of the state, the inability to control the psychic system (especially the emergence of the primary processes), the missing of the target of the mental functions: all this is essential for the state of consciousness that we describe as psychotic.

If we in this way distinguish psychosis as dysfunctional mental state from spiritual experience as an enrichment and an opportunity for spiritual progress, we make no statement which epistemic status a psychosis pertains, whether it exists independently of our society's perception. Presumably, the position of Fulford (1989) is correct in that every physical or psychological symptom may exist in some way in the external world, but it is only through social evaluation that it becomes health or disease and is such not in itself. As Clarke (2010), Milzner (2010) and other quoted authors write, we really need a new understanding of psychosis as an altered state of consciousness. However, it would only lead to further confusion, if we always equated significantly altered states of consciousness with psychosis, rather than to allocate the term for psychosis and thus involuntary, dysfunctional, disruptive mental states. These can then be a first, involuntary step of spiritual awareness. But they are not the awareness itself, but rather a detour and, unfortunately, often a dead end. It is useless to mistake *this* psychosis for a desirable state. This applies just as little as a depression or an anxiety disorder – and it is just as close to enlightenment as the two. Thus, the way to the summit may indeed lead through a dark valley, but the valley itself is not the destination, but the perilous path through which one must inevitably get.

Bibliography:

- Alexander, Franz (1923): Der biologische Sinn psychischer Vorgänge – Über Buddhas Versenkungslehre. *Imago* 9 (1), 36-57; Engl. (1931): Buddhist training as artificial catatonia. *Psychoanalytical Review*, 18, 129
- American Psychiatric Association (APA; ed.) (2000): *DSM-IV-TR*. Arlington: American Psychiatric Pub.
- Beer, Dominic M. (1995): Psychosis: from mental disorder to disease concept. *History of Psychiatry* 6; 177-200
- Belz, Martina (2009): *Außergewöhnliche Erfahrungen*. Göttingen: Hogrefe.
- Bleuler, Eugen (1920): *Lehrbuch der Psychiatrie*. 3. Aufl. Berlin: Springer.
- Braff, David L. (1993): Information processing and attention dysfunctions in schizophrenia. *Schizophrenia Bulletin* 19 (2), 233-259
- Brett, Caroline (2002): Psychotic and Mystical States of Being: Connections and Distinctions. *Philosophy, Psychiatry, & Psychology* 9 (4), 321-341
- Brett, Caroline (2003): Spiritual experience and psychopathology: Dichotomy or interaction? *Philosophy, Psychiatry & Psychology* 9 (4), 373-379.
- Broekman, Jan M. & Müller-Suur, Hemmo (1964): Psychiatrie und Phänomenologie. *Philosophische Rundschau* 11 (3/4), 161-183

- Buckley, Peter (1981): Mystical experience and schizophrenia. *Schizophrenia Bulletin* 7 (3), 516-521
- Bürgy, Martin (2008): The concept of psychosis: Historical and phenomenological aspects. *Schizophrenia Bulletin* 34 (6), 1200-1210
- Campbell, Joseph (1949): *The Hero with a Thousand Faces*. New York: Bollingen Foundation.
- Dt. (1999): *Der Heros in tausend Gestalten*. Frankfurt: Insel
- Cangas, Adolfo J.; Sass, Louis A. & Pérez-Álvarez, Marino (2008): From the visions of Saint Teresa of Jesus to the voices of schizophrenia. *Philosophy, Psychiatry, & Psychology* 15 (3), 239-250
- Ciampi, Luc (1996): Nicht-lineare Dynamik komplexer Systeme: Ein chaostheoretische Zugang zur Schizophrenie. In: Böker, W., Brenner, H.D. (Hrsg). *Integrative Therapie der Schizophrenie*. Huber, Bern, S. 33-47
- Ciampi, Luc (1997): *Die emotionalen Grundlagen des Denkens – Entwurf einer fraktalen Affektlogik*. Göttingen: V & R.
- Ciampi, Luc (1982): *Affektlogik*. Stuttgart: Klett-Cotta.
- Clarke, Isabel (2001b): Psychosis and Spirituality: the discontinuity model. In: Isabel Clarke (ed.): *Psychosis and Spirituality: Exploring the new frontier*. Chichester: Wiley
- Clarke, Isabel (2010): Psychosis and spirituality revisited: The frontier is opening up! In: Clarke, Isabel: *Psychosis and spirituality. Consolidating the new paradigm*. Chichester: Wiley (new edition of Clarke, 2001a).
- Clarke, Isabel (ed.) (2001a): *Psychosis and Spirituality: Exploring the new frontier*. Chichester: Wiley
- Conrad, Klaus (1958): *Die beginnende Schizophrenie. Versuch einer Gestaltanalyse des Wahns*. Stuttgart: Thieme
- Custance, John (1954): *Weisheit und Wahn*. Zürich: Rascher. (Orig.: Wisdom, madness and folly: The philosophy of a lunatic. London: Victor Gollancz.)
- Dalí, Salvador (1935): La conquête de l'irrationnel. Paris: Editions surréalistes
- Dittrich, Adolf; von Arx, Sylvia & Staub, Susanne (1985): International study on altered states of consciousness (SASC). Summary of the results. *German Journal of Psychology* 9, 319-339
- Doerr, Otto & Velásquez, Óscar (2007): The encounter with God in myth and madness. *Philosophy, Ethics, and Humanities in Medicine* 2 (1), 1-7
- Dörner, Klaus (1984): *Bürger und Irre*. Frankfurt: EVA.
- Feuchtersleben, Ernst von (1845): *Lehrbuch der ärztlichen Seelenkunde*. Wien: Carl Gerold.
- Foucault, Michele (1961) : *Histoire de la Folie*. Paris: Librairie Plon. Dt. (1969): *Wahnsinn und Gesellschaft*. Frankfurt : Suhrkamp.
- Fulford, K. W. M. (1989): *Moral theory and medical practice*. Cambridge: Cambridge University Press.
- Goldner, Elliot ; Hsu, Lorena ; Waraich, Paul & Somers, Julian (2002): Prevalence and incidence studies of schizophrenic disorders: a systematic review of the literature. *Canadian Journal of Psychiatry* 47 (9), 833-843
- Goodheart, Lawrence B. (2002): The distinction between witchcraft and madness in colonial Connecticut. *History of Psychiatry* 13; 433-444

- Grof, Stanislav & Grof, Christina (1989): *Spiritual emergencies*. New York: Tarcher
- Gross, G. & G. Huber. 2001. Psychopathologie des Wahns, Psychonomieprinzip und biologische Wahntheorie. *Fortschritte der Neurologie, Psychiatrie* 69, 97-104.
- Hafner, Heinz; & an der Heiden, Wolfram (1997): Epidemiology of schizophrenia. *The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie* 42(2), 139-151.
- Heinrich, Kurt (1997): Religiöse Erlebensweisen in psychiatrischer Sicht. *Zeitschrift für Klinische Psychologie und Psychiatrie* 45, 145-156
- Hopper, Kim & Wanderling, Joseph (2000): Revisiting the developed versus developing country distinction in course and outcome in schizophrenia: Results from ISOS, the WHO collaborative follow-up project. *Schizophrenia Bulletin* 26 (4), 835-846
- Husserl, Edmund (1913): Ideen zu einer reinen Phänomenologie und phänomenologischen Philosophie. Erstes Buch. Allgemeine Einführung in die reine Phänomenologie. *Jahrbuch für Philosophie und phänomenologische Forschung*. Bd. I. Halle: Niemeyer.
- Ideler, Karl Wilhelm (1847): *Der religiöse Wahnsinn: erläutert durch Krankengeschichten*. Halle: Schwetschke & Sohn.
- Jackson, Mike (2001): Psychotic and spiritual experience: a case study comparison. In: Isabel Clarke (ed.): *Psychosis and Spirituality: Exploring the new frontier*. Chichester: Wiley
- Jackson, Mike & Fulford, K. W. M. (1997): Spiritual experience and psychopathology. *Philosophy, Psychiatry & Psychology* 4, no. 1:41-65.
- Jackson, Mike & Fulford, K. W. M. (2003): Psychosis good and bad: Values-based practice and the distinction between pathological and nonpathological forms of psychotic experience. *Philosophy, Psychiatry & Psychology* 9, no. 4:387-394.
- Jackson, Mike (1991): *A study of the relationship between psychotic and spiritual experience*. Unpublished D. Phil. Diss., University of Oxford (zit. nach: Jackson 2001).
- Janzarik, Werner (1968): *Schizophrene Verläufe*. Heidelberg: Springer.
- Jaspers, Karl (1946): *Allgemeine Psychopathologie*, 4. Aufl. Berlin: Springer.
- Kisker, Karl-Peter (1960): *Der Erlebniswandel des Schizophrenen. Ein psychopathologischer Beitrag zur Psychonomie schizophrener Grundsituationen*. Berlin: Springer.
- Klosterkötter, Joachim (1988): Basissymptome und Endphänomene der Schizophrenie. Heidelberg: Springer
- Laing, Ronald D. (1973): *Phänomenologie der Erfahrung*. Frankfurt: Suhrkamp. (Orig. 1967: The politics of experience. Harmondsworth: Penguin).
- Laing, Ronald D. (1989): Transcendental experience in relation to religion and psychosis. In: Stanislav Grof & Christina Grof: *Spiritual emergencies*. New York: Tarcher
- Leavitt, John (1993): Are Trance and Possession Disorders? *Transcultural Psychiatry* 30, 51-57
- Leibbrand, Werner & Wettley, Annemarie (1961): *Der Wahnsinn: Geschichte der abendländischen Psychopathologie*. Freiburg: Karl Alber
- Leudar, Ivan (2001): Voices in history. *Outlines* 1, 5-18
- Lex, Barbara W. (1984): The context of schizophrenia and shamanism. *American Ethnologist* 11 (1), 191-192
- Lipsedge, Maurice (1996): Religion and madness in history. In: Dinesh Bhugra (ed.): *Psychiatry and Religion. Context, consensus and controversies*. London: Routledge.

- López-Ibor, Juan J. & López-Ibor María I. (2010): Religious experience and psychopathology. In: Verhagen, Peter J. et al. (ed.): *Religion and psychiatry: Beyond boundaries*. Chichester: John Wiley, 211-234.
- Ludwig, Arnold M. (1966): Altered states of consciousness. *Archives of General Psychiatry* 15(3), 225-234
- Lukoff, David (1985a): The diagnosis of mystical experiences with psychotic features. *Journal of Transpersonal Psychology* 17 (2), 155-181.
- Lukoff, David (1985b): The myths in mental illness. *Journal of Transpersonal Psychology* 17 (2), 123-153.
- Lukoff, David; Lu, Francis & Turner, Robert (1992): Toward a more culturally sensitive DSM-IV. Psychoreligious and psychospiritual problems. *The Journal of Nervous and Mental Diseases* 180 (11), 673-682
- Marzankasi, Marek & Bratton, Mark (2003): Psychopathological symptoms and religious experience: A critique of Jackson and Fulford. *Philosophy, Psychiatry & Psychology* 9 (4), 359-371
- McGrath, John J. (2006): Variations in the incidence of schizophrenia: data versus dogma. *Schizophrenia Bulletin* 32 (1), 195-197.
- Messias, Erick L; Chen, Chuan-Yu; Eaton, William W. (2007): Epidemiology of schizophrenia: Review of findings and myths. *Psychiatric Clinics of North America* 30 (3), 323-338.
- Milzner, Georg (2010): *Jenseits des Wahnsinns*. Würzburg: Königshausen & Neumann.
- Möller, Hans-Jürgen; Laux, Gerd & Deister, Arno (2005): *Psychiatrie und Psychotherapie*. 3. überarb. Aufl. Stuttgart: Thieme
- Neaman, Judith S. (1975): *Suggestions of the devil. The origins of madness*. New York: Anchor.
- Nelson, John E. (1990): *Healing the split*. Los Angeles: Tarcher.
- Noll, Richard (1983): Shamanism and Schizophrenia: A State-Specific Approach to the "Schizophrenia Metaphor" of Shamanic States. *American Ethnologist* 10 (3), 443-459
- Peters, U. H. (1982): Strukturelle Psychopathologie. In W. Janzarik: *Psychopathologische Konzepte der Gegenwart*. Stuttgart: Enke
- Podoll, K. & Robinson, D. (2002): The migrainous nature of the visions of Hildegard of Bingen. *Neurology, Psychiatry, and Brain Research* 10, 95-100
- Postel, Jaques (1981): *Genèse de la psychiatrie. Les premiers écrits psychiatriques de Philippe Pinel*. Paris: Le Sycamore.
- Randal, Patte & Argyle, Nick (2006): 'Spiritual Emergency' – a useful explanatory model? A Literature Review and Discussion paper. *Spirituality and Psychiatry Newsletter* 20, January. London: The Royal College of Psychiatrists.
- Rock, Adam J. & Krippner, Stanley (2007): Does the Concept of "Altered States of Consciousness" Rest on a Mistake? *The International Journal of Transpersonal Studies* 26, 33-40.
- Rosen, George (1968): *Madness in society*. London: Routledge & Kegan.
- Saha, Sukanta; Chant, David; Welham, Joy & McGrath, John (2005): A systematic review of the prevalence of schizophrenia. *PLoS Medicine* 2 (5), 413-433.

- Sanella, Lee (1989): *Kundalini-Erfahrung und die neuen Wissenschaften*. Essen: Synthesis.
- Scharfetter, Christian (1986): *Schizophrene Menschen*. München: PVU.
- Scharfetter, Christian (2004): *Das Ich auf dem spirituellen Weg*. Vom Egozentrismus zum Kosmozentrismus. Sternenfels: Verlag Wissenschaft & Praxis.
- Scharfetter, Christian (2010): *Allgemeine Psychopathologie*. 6. überarb. Aufl. Stuttgart: Thieme
- Schweitzer, Albert (1913): *Die psychiatrische Beurteilung Jesu: Darstellung und Kritik*. Tübingen: Mohr.
- Senra, Avelino (2006): Las enfermedades de Santa Teresa de Jesús. *Religión y Cultura*, 52, 605-614
- Sigmund, D. (1998): Wahn und Intuition. *Der Nervenarzt* 69, no. 5:390-400.
- Simon, Fritz B. (1990): *Meine Psychose, mein Fahrrad und ich. Zur Selbstorganisation der Verrücktheit*. Heidelberg: Carl Auer Verlag.
- Suzuki, Akihito (1991): Lunacy in seventeenth- and eighteenth-century England: analysis of Quarter Sessions records - Part I. *History of Psychiatry* 2, 437-456
- Szasz, Thomas (1994): *Cruel Compassion; Psychiatric Control of Society's Unwanted*. New York: John Wiley.
- Tart, Charles (1975): *States of consciousness*. New York: Dutton.
- Tart Charles (1971): Scientific foundations for the study of altered states of consciousness. *Journal of Transpersonal Psychology* 3 (2), 93-133.
- Thalbourne, Michael A. (1991). The psychology of mystical experience. *Exceptional Human Experience* 9, 168-186
- Torn, Alison (2008): Margery Kempe: Madwoman or Mystic. In: David Robinson et al. (eds): *Narratives & Fiction. An Interdisciplinary Approach*. Huddersfield: University of Huddersfield.
- Torrey, E. Fuller (1980): *Schizophrenia and civilization*. New York: Aronson.
- Urfer, A. (2002): Phenomenology and psychopathology of schizophrenia: The views of Eugene Minkowski. *Philosophy, Psychiatry & Psychology* 8 (4), 279-301
- Urfer, Annick (2002): Phenomenology and psychopathology of schizophrenia: the views of Eugene Minkowski. *Philosophy, Psychiatry & Psychology* 8 (4), 279-289.
- Vallee, Frank G. (1966): Eskimo theories of mental illness in the Hudson Bay region. *Anthropologica* 8 (1), 53 - 83
- Wallas, Graham (1926): *The art of thought*. New York: Harcourt
- Walsh, Roger (1995): Phenomenological mapping: A method for describing and comparing states of consciousness. *Journal of Transpersonal Psychology* 27 (1), 25-56.
- World Health Organization (WHO) (1946): *Preamble to the Constitution of the World Health Organization*. New York: WHO.
- World Health Organization (WHO) (1979): *Schizophrenia: An international follow-up study*. New York: Wiley
- Zahavi, Dan (2007): *Phänomenologie für Einsteiger*. Paderborn: W. Fink/UTB

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