Psychosis and Human Society: a Historical Perspective

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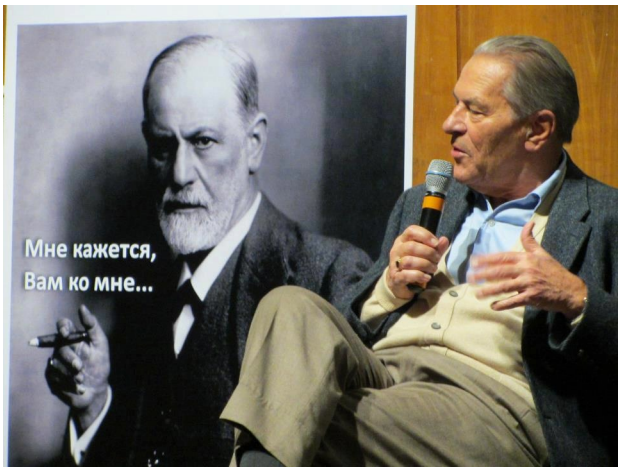
"The great progress that has been made in the realm of brain anatomy and pathological physiology and the general pre-possession in favor of natural science today have taught us to look, always and everywhere, for material causes, and to rest content once we have found them. The ancient metaphysical explanation of Nature was discredited on account of its manifold errors, so much so that the value of its psychological standpoint was lost." ___ C.G.Jung: On the Problem of Psychogenesis in Mental Disease.



"I got the kind of madness Socrates talked about, a divine release of the soul from the yoke of custom and convention. I refuse to be intimidated by reality anymore. After all, what is reality anyway? Nothing but a collective hunch." ___ Lily Tomlin in The Search for Signs of Intelligent Life in the Universe by Jane Wagner.

The concept of spiritual emergency is in conflict with the theoretical concepts and clinical strategies that dominate contemporary psychiatry. Strong dependence on the medical model and preference for biological explanations that characterize todays' psychiatric practices result in a tendency to treat emotional disorders, in general, and more serious ones, in particular, as diseases. The role of psychological factors is acknowledged in certain limited and clearly defined domains, such as neuroses, psychosomatic diseases, and the "placebo effect"- the often surprising therapeutic influence of pharmacologically inactive medication. Psychological explanations of psychoses are discussed in psychiatric handbooks, more or less as historical curiosities.

In daily clinical practice of most psychiatrists, the medical model rules supreme; those who experiment with psychotherapeutic approaches in severe emotional disorders are rare exceptions. And the emphasis on the spiritual dimension of the human psyche, so crucial to the idea of spiritual emergency, is alien to mainstream psychiatric thinking. The current concepts and practices which dominate modern psychiatry, as well as their limitations and the controversies that surround them, can be fully understood only in light of the entire history of evolving views concerning unusual human experiences and behaviors. With this in mind, I would like to explore the approaches to severe mental disorders from a historical and cross-cultural perspective.

1. THE DAWN OF PSYCHIATRY: METAPHYSICS AND SCIENCE IN ANCIENT CULTURES.

References to psychiatric disorders including psychoses can be found in the world literature since antiquity. Vivid descriptions of various states belonging to this category exist in China, India, Mesopotamia, as well as in various cultures in the Mediterranean area. During these times, the prevailing opinion was that these conditions were caused by possession by evil spirits and demons or that they represented deserved divine punishment. The respective treatment was then either exorcism or appeal to the punishing deity combined with appropriate gifts and offerings. Therapy was executed primarily by the priests.

While such a metaphysical understanding certainly prevailed in ancient cultures, it often coexisted with interpretations that can be seen as primitive precursors of scientific thinking. Also some of the treatment procedures and naturalistic remedies can be understood in scientific terms. Some of them have even served as direct inspiration for modern therapy, such as the rich pharmacopeias of antiquity.

India.

Among the descriptions of diseases found in the Atharvaveda, one of the ancient Hindu scriptures, are various forms of insanity. This Veda also contains the appeals to gods, prescriptions for the exorcism of demons, and outlines of the magical rites considered appropriate for various conditions. However, the Indian Brahmans also used exposure of the mentally ill persons to cobras with extracted teeth to dispel the psychotic condition through overwhelming fear. They staged for the same purpose faked attacks by elephants trained to stop in the last moment, or they surprised the mentally disturbed by a sudden fall into cold water. The therapeutic psychodrama arranged for important persons involved such complex ploys as arrest by the royal guard, sentence to death, and the king's "pardon" granted in the last minute.

The effectiveness of these procedures can easily be understood if one sees them as precursors of "shock therapies" that dominated modern psychiatry until the psychopharmacological revolution in the 1950s. They also make sense in view of the observations from experiential psychotherapies indicating that confrontation with death, in this case staged by one's own unconscious, has profound therapeutic effects. But the treatment strategies in ancient India were not limited to the above psychological means; they also included an amazing pharmacopeia. Of the many medicinal herbs, two deserve special attention. A plant with psychedelic properties, whose identity was lost in the course of time, received much attention in the Rigveda and was considered so powerful that it was given the name of a god, Soma. The Ayurvedic plant Rauwolfia serpentina used for treatment of insanity, one of the 500 herbs mentioned in the ancient Charaka Samhita, became the source of reserpine, an important prototype of modern tranquilizers.

China

Similarly, in ancient China, the understanding of diseases, physical as well as mental, was based on the belief in gods and demons as the effective causes. Texts scratched on oracular bones from the Shang period (1766-1122 B.C.) petitioning gods for help give numerous examples indicating that refuge from suffering was sought in magic and exorcism. Clay figurines from the time of the Han dynasty that ruled China during the centuries around the birth of Christ represent shamans who were believed to possess power capable of combating mental disease.

This tradition coexisted with naturalistic practices, which represented a unique and highly original blend of metaphysics and concrete pragmatically valid interventions. The origins of traditional Chinese medicine can be traced far back into history. The worldview and the way of thinking that characterizes this system of healing are very different from and incompatible with the philosophy of Western science. Its approach was holistic and emphasized disturbances of energy flow in the body underlying physical and mental problems, rather than pathology of individual organs. For this reason, Chinese medicine did not distinguish sharply between physical and mental diseases; they were considered to be different manifestations of the disturbed energetic equilibrium.

The philosophy underlying traditional medicine in China saw the universe as a complex interplay of five elements or cosmic principles: fire, earth, metal, water, and wood. These governed various events in the macrocosm, as well as the functioning of the human body and mind. Elaborate maps were used depicting a system of

meridians, or channels for the flow of chi, or subtle cosmic energy, through the body. In the last analysis, however, the elements and chi were just specific manifestations of one transcendent universal principle, the Tao, and its polar components, yin and yang.

Beside an elaborate pharmacopeia, Chinese physicians used acupuncture – application of cold or hot needles to various points lying on the body meridians – to open the energy flow and reestablish dynamic equilibrium. The choice of the acupuncture points was not specific for diseases in the Western sense, but was based on the results of a diagnostic procedure assessing the overall energetic situation. However, there existed certain specific acupuncture points believed to reinstitute emotional equilibrium of severely disturbed patients. The pragmatic value of acupuncture has been confirmed in modern times, although the reasons for its efficacy remain incomprehensible from the Western scientific point of view.

Egypt and Mesopotamia

The ancient Egyptians also believed that disease and insanity were the results of attacks by evil demons and spirits. The methods of healing used by priest – healers consisted in magical and religious rites aimed at expelling the malevolent entities that had caused the condition. Incantations, prayers, and sacrifice were the most important therapeutic tools of the time. An important institution in ancient Egypt were the procedures known as temple mysteries; most famous of these were the death – rebirth mysteries associated with the names of Isis and Osiris. Although their purpose was primarily spiritual transformation, their beneficial effects included also emotional and psychosomatic healing.

Like India and China, Egypt had a rich pharmacopeia with many plants whose effects have been validated by modern science. Especially significant among them was poppy, which was used for opium – induced therapeutic sleep. It is interesting to mention in this context that treatment of depression by opium tincture belonged to popular practices of European psychiatry in the early decades of the twentieth century. The Mesopotamian cultures, Assyria and Babylonia, resembled Egypt in practicing a similar mixture of metaphysical and naturalistic healing.

Greece and Rome

In ancient Greece, the cradle of Western civilization, the situation in regard to emotional disorders was particularly interesting and complex. Greek literature abounds in descriptions, both artistic and scientific, of various forms of insanity, and

scenes representing mental derangement are depicted on ancient vases. Popular concepts of "madness" involved belief in supernatural causation, particularly possession by the dread goddesses Mania and Lyssa, sent by other angry deities. In addition, the goddess Artemis was said to inflict nervous and mental disorders and a similar role was also attributed to the underworld deities who were held responsible for madness, hysteria, epilepsy, and various neuroses. The gods frequently communicated with mortals through oracles, dreams, and visions. The treatment based on these beliefs was naturally prayer to the appropriate deity supported by gifts and offerings.

The above situation is in sharp contrast with the fact that the same ancient Greece generated much knowledge of scientific relevance and is often refered to as the cradle of modern rational medicine and psychiatry. This concept is not quite accurate historically, since it ignores the fact that naturalistic medical practices had existed in many earlier ancient cultures and that Greece inherited much from Babylonia and Egypt, and even from India and China. However, it is indisputable that it was in Greece where the first systematic effort was made to formulate the principles of medical understanding of mental disorders.

Already in the 5th century B.C., the Greeks made the first attempts to develop an approach based on natural sciences, which marked the beginning of biological psychiatry. At this time, the Pre-Socratic philosopher and physiologist Alcmaeon of Crotona conducted the first autopsies and concluded that the seat of reason and soul was the brain. In the 4th century B.C., the famous Greek physician Hippocrates formulated a theory according to which the human body contained four basic fluids or "humors"- blood (sanguis), yellow bile (cholon), black bile (melancholon) and phlegma. He suggested that they played an important role in determining temperament and that dysbalance among them was the cause of diseases including mental aberrations. Hippocrates also initiated therapeutic use of emetics, laxatives, and blood-letting (venepuncture), procedures that constituted main psychiatric treatment all through the Middle Ages. Two centuries later, another renowned physician, Asklepiades from Asia Minor, added to this triad hydrotherapy, diet, and physical exercises together with occupational and music therapy.

The Greek genius also made valuable contributions to the psychological understanding of the mind and mental illness that have not lost their relevance even in modern times and are being rediscovered by contemporary psychology. The Greek understanding of dreams and work with them predated Freud by millenia and even included the use of free associations by Artemidoros of Daldianus. Plato's discussion of the four kinds of madness that he attributed to possession by deities (or in Jung's

terminology archetypal beings) – ritual (telestic), poetic, erotic, and prophetic – are of great interest to modern researchers of psychoses.

A special form of treatment, which was very popular in ancient Greece, was temple sleep or "incubation." After purification rites and abstinence from wine and food, the supplicant slept on the hide of the sacrificial animal in the portico of the healing temple near the image of the deity. In some instances, healing occurred through the direct intervention of the deity in the sleep, other times the suggestions for treatment came in the form of a dream. In modern times, temple incubation has attracted attention of the Jungian circles and its effects have been interpreted in terms of archetypal psychology.

Another important institution were the mysteries of death and rebirth that existed in ancient Greece in many varieties, such as the Eleusinian mysteries, the mysteries of the Korybants, the Orphic cult, the Bacchanalia (or the rites of Dionysus), and the mysteries of Attis and Adonis. Like the Egyptian mysteries of Isis and Osiris, they were a combination of a spiritual procedure and a healing ceremony. Both Plato and Aristotle left positive testimonies about the therapeutic impact of the powerful and disorganizing experiences of the initiates in these mysteries. The healing and transformative potential of the ancient mysteries, as well as some of the psychological mechanisms involved have now become understandable in view of the findings of modern consciousness research and experiential psychotherapies.

The Greek ideas continued to have considerable cultural influence in the ancient world during the centuries around the birth of Jesus, in spite of the fact that the political power was seized by the Roman Empire. Although some exceptional individuals, such as the physicians Celsus and Galenus or the politician – philosopher Cicero, made certain original contributions to the understanding of mental disorders, Roman popular and medical concepts of madness, as well as literary writings on the subject, were variations on the Greek themes.

Two great physicians of the time, Aretaeus of Cappadocia and Soranus, laid the foundations for the treatment and management of mentally – ill based on humanitarian principles. They emphasized gentleness, tact, and discretion in the interaction with them and the need for contact and supervision during convalescence. The last contribution of the ancient world to psychology were the writings of St. Augustine, generally considered the greatest introspective mind before Freud. Although he was not specifically interested in mental disorders, his observations in this regard were of great importance. They included the recognition

of the relevance of sexuality as a force influencing the human psyche and an early version of the concept of the unconscious.

2. HERETICS AND SAINTS : MEDIEVAL APPROACHES TO PSYCHOSES.

The fall of the western part of the Roman Empire in 476 A.D. signaled the beginning of a new historical era, the Middle Ages. During this period lasting almost 1,000 years, there was very little progress in the exploration of the human mind in health and in disease. During this long time no major contributions were made in either the biological or the psychological understanding of psychoses. Among the few exceptions were the Christian philosopher Thomas Aquinas and theologian – scientist Albertus Magnus who described various psychotic symptoms and types of mental patients. The theory of psychopathology, which they developed, postulated that insanity was primarily a somatic disturbance; however, this was based on the theological assumption that the soul could not become sick.

By and large, the medieval era represented a dark period in the history of humanity in general and psychiatry in particular. At the height of the Middle Ages, mental patients were locked in gloomy dungeons together with common criminals, condemned by society to jails or the unbelievably gruesome conditions of lunatic asylums. "Treatment" consisted of painful physical procedures, such as whipping, burning with hot iron, use of caustic ointments, immersion in cold water, placing ants under the clothes, exposure to sharp odors, and interference with sleep.

Additional problems for people with various mental disorders were generated by the political and religious turmoil of the time. The period preceding the ultimate decline of feudalism gave rise to a number of heretic movements and to collective frenzy expressed in ecstatic dancing with frank sexual and aggressive elements. At the same time, the feudal idealization of woman carried by the troubadour tradition was rapidly disappearing. With the decay of medieval institutions woman began to emerge as a dangerous tempting and seductive being who, from the time of the original sin, had been possessed by the devil and whose ultimate goal was the destruction of man.

The Church responded to this situation by a witchhunt of unprecedented proportions. In 1487, Pope Innocent VIII. issued a bull that officially accepted the belief in demons; it referred to men and women practicing witchcraft and causing sterility, impotence, disease, famine, and murder. Three years later, two Dominican monks Sprenger and Kramer, sent by the pope to Germany, wrote the book Malleus Maleficarum or "Witches' Hammer" that inseparably linked mental disorders and witchcraft for the

centuries to come. This horrible document became the standard reference for Church and state alike in regard to the assessment of all unusual experiences and behaviors, as well as matters concerning the investigation, indictment, trial, judgment, and punishment of alleged witches.

In the resulting atmosphere of collective metaphysical paranoia, large numbers of people with various forms of psychopathology and those who had what we would now call transpersonal experiences or spiritual emergency were accused of witchcraft or possession by the devil. They were exposed to unimaginable tortures by the Holy Inquisition that saw such drastic procedures as legitimate means to elicit confessions of liaison with the devil and to save the souls of witches and satanists from damnation and the horrors of hell. According to historical estimates, as a result of these trials, hundreds of thousands and possibly millions of people were killed, tortured to death during the investigations, hanged, or burned at the stake of the infamous autos-da-fe. These hideous witch trials continued until the eighteenth century in spite of occasional attempts of enlightened physicians, such as Paracelsus, Johannes Weyer, and Thomas Sydenham to replace these practices by medical considerations and procedures. In comparison with the countless unfortunates who ended up as victims of the Inquisition, there were a few who found a different fate; their unusual experiences were seen as being of divine origin and they became sanctified by the Christian Church. St. Teresa of Avila and St. John of the Crosscan be mentioned as examples of this category. The arbitrary and capricious nature of the process that assigned people to the group of witches or saints can be exemplified by St. Joan of Arc. She was tried in 1431, found guilty of witchcraft and burnt at the stake, but twenty-five years after her death this judgment was annulled. Nearly five centuries later, in 1909, Joan was beatified and in1920 canonized by the Roman Catholic Church.

During the medieval era, the Greek ideas continued to flourish in the Arabic countries and had a strong influence on their cultural life, resulting in a much more humane treatment of the mentally-ill than was practiced in Europe. Between the 9th and 13th centuries, many asylums were built in the Middle East where mental patients received humane and enlightened treatment. These facilities were located in charming gardens with fountains, featured a very relaxed atmosphere, and their therapeutic regimen included special diets, baths, drugs, fragrant oils and perfumes, as well as concerts of soothing music.

3. WESTERN SCIENCE AND PSYCHOSES: THE SEARCH FOR DIAGNOSES.

As Western society was emerging from the Middle Ages and was leaving their sad legacy behind, the situation of the mentally ill started to change. The revolutionary and humanitarian trends that were spreading through the society found their way into the darkness of the insane asylums. This movement culminated in the work of Philippe Pinel, who at the time of the French Revolution started to liberate mental patients, which in many instances literally meant removing manacles and chains from their bodies. At the same time, scientific interest began to replace religious fanaticism in the approach to mental disease.

In the middle of the nineteenth century, there began to crystallize for the first time in history of medicine a keen interest in scientific classification of mental diseases. From the very beginning, these efforts involved a passionate controversy between two camps – one that wanted to differentiate these disorders according to symptoms and another that emphasized causes as the crucial criterion. The argument of those who advocated the division by presenting symptoms was clear: very few causes for emotional disorders were known and hypothetical assumptions about etiology simply were not a solid foundation for grouping of mental illness. Those who emphasized causes, on the other hand, insisted that in medicine a good classification must always be based on etiology. This second group had to make certain assumptions about the origins of mental illness and found itself immediately in the midst of another dilemma: Were all mental disorders due to organic diseases of the brain (or of some other part of the body indirectly influencing the brain) or was it possible that some of them were "functional", that is not related to biological damage, or even resulting from purely psycho logical causes?

Let us first follow the history of the struggles for classification of psychoses by symptoms. Here the pioneering role was played by the German psychiatrist Emil Kraepelin, who is to this day considered the father of modern psychiatric classification. At a historical meeting of the South German Psychiatric Association that took place at the end of the nineteenth century in Heidelberg, Kraepelin presented his classification that distinguished two basic forms of psychoses, dementia praecox, literally premature dementia, ending eventually in mental deterioration, and manic – depressive psychosis, which left the personality of the patient intact.

Although Kraepelin's classification was generally accepted after initial opposition, it presented certain problems. Kraepelin himself admitted that many of his patients showing the symptoms of dementia praecox did not end in deterioration; they manifested what could be described as "dementia praecox sine dementia" (premature dementia without dementia). It also became clear that the final outcome of the process was not a sound criterion for classification; the

psychiatrist would have to wait for years for the final diagnosis. In addition, the emphasis on dementia created a very pessimistic and defeatist framework for treating psychotic patients.

This unpleasant impasse was overcome by the Swiss psychiatrist Eugene Bleuler who in 1911 came up with a new name and a new conceptualization of the problem, influenced by reading Sigmund Freud's first book Studies in Hysteria. Bleuler's term "schizophrenia" replacing dementia praecox emphasized as the central feature functional characteristics rather than the final outcome of the process. He also suggested that schizophrenic symptoms could manifest both in the context of a disease or as a psychopathological reaction to various situations. Consequently, he expected some patients to deteriorate and others to recover with or without defect.

In Bleuler's system, schizophrenia was subdivided into four types; three of these were identical with Kraepelin's forms of dementia praecox- hebephrenic, paranoid, and catatonic. Bleuler himself added the fourth type – simple schizophrenia. These four types shared certain common features and differed in their specific manifestations. Among Bleuler's fundamental contributions to psychiatry was the formulation of criteria for the diagnosis of schizophrenia and its differentiation from other psychoses. He pointed out that such manifestations as hallucinations, delusions, stupor, or negativism were not sufficient for the schizophrenic label; this required the presence of what Bleuler considered to be "primary symptoms".

The first of these was a specific and characteristic disorder of the thought processes manifesting in unusual associations. Another critical feature was incongruence between the content of thoughts and the accompanying emotions, resulting in inappropriate reactions to situations. Bleuler talked here about dissociation between thought and affect. Among the primary schizophrenic symptoms was also withdrawal into the fantasy world and autism. And the last of these was strong emotional ambivalence leading to conflicting impulses and indecision. Bleuler's definition of schizophrenia and his classification system have survived with minor modifications until the present day.

Modern psychiatry divides psychotic reactions into two large categories. In the first of these are organic psychoses – conditions caused by physical changes in the brain or in the body that can be detected by the existing clinical and laboratory techniques. Typical examples of this category would be psychological changes accompanying degenerative processes, cardiovascular disorders, infections, intoxications, and traumatic afflictions of the brain, typhoid fever or uremia. These belong unquestionably into the domain of medicine and are of little relevance for the

problem of spiritual emergency. What interests us in this context is the second category of reactions, referred to as functional psychoses; these lack any known specific organic basis detectable by today's laboratory methods.

Here belong above all schizophrenic reactions of all four types described above (schizophrenia simplex, hebephrenica, paranoides, and catatonica) and a mixed form called undifferentiated schizophrenia. Simple schizophrenia is characterized by a gradual loss of interests, ambitions, and initiative. As the personality slowly disintegrates, the person shows neglect for appearance, hygiene, and basic duties; there is a strong tendency toward withdrawal and social isolation. Hebephrenic schizophrenia involves a marked regression to primitive, disorganized, and uninhibited behavior that can look like a caricature of manners observed during puberty, such as grinning, grimacing and inappropriate outbursts of laughter. Paranoid schizophrenia usually shows less regression, has greater ego resources, and is socially better established. Patients with this form of psychosis can have hallucinations and delusions of persecution and grandeur. Their general attitude is suspicious and often aggressive. Their intellect typically remains surprisingly intact outside of the area of delusions. And finally catatonic schizophrenia has as its most characteristic feature extreme changes in motor behavior which can range from complete inactivity and stupor to severe agitation. Catatonics can also show various bizarre forms of behavior; they repeat sentences they hear from other people (echolalia), imitate in a mirror- like fashion their movements and gestures (echopraxia), or maintain for many hours various unnatural postures (flexibilitas cerea, waxy flexibility). They might not respond to ordinary speech, but react to whispering or to orders given in a military tone. In the past, patients of this kind contributed to the grotesque atmosphere of locked wards of psychiatric hospitals.

Undifferentiated schizophrenia shows symptoms of several of the "pure" types and cannot be clearly assigned to any of them.

Another group of functional psychoses is the manic-depressive variety, characterized primarily by dramatic emotional changes. Depressive phases of such reactions involve deep sadness, difficult and slow thinking, and general inhibition of activity. The manic phases represent the polar opposite in that they are euphoric, with accelerated thinking and talking, and an uncontrolable drive for action. The official classification distinguishes also paranoid reactions, which differ from schizophrenia. The most important characteristics of these conditions are intact personality, as well as emotions and behavior that are consistent with the nature and content of the delusional ideas. These delusions are usually persecutory, grandiose, jealous, or erotic.

4. MEDICINE VERSUS PSYCHOLOGY: DISPUTE ABOUT THE CAUSES AND TREATMENT OF PSYCHOSES.

The attempts at understanding the causes of psychotic states and finding appropriate treatments have divided professionals into two groups with fundamental differences of opinion. Toward the end of the nineteenth century and in the first decades of this one, a passionate controversy developed between those who believed that all major mental disorders were due to physical diseases of the brain, or various organs of the body, and others who saw them as results of a dynamic psychological struggle or some kind of serious conflict. This debate between the biological and psychological orientation in psychiatry and the nature/nurture controversy has continued until the present day.

In the course of its history, psychiatry has become a subspecialty of medicine. For all practical purposes, the biological orientation has dominated the field. Mainstream conceptual thinking in psychiatry, the approach to individuals with emotional disorders and behavior problems, the strategies and financing of research, and basic education and training are all dominated by the medical model. This situation is a consequence of two important historical developments. Medicine has been successful in establishing the cause and finding effective therapy for a relatively small group of mental abnormalities which have a clearly organic basis. In addition, it has demonstrated its ability to control symptomatically many of those disorders for which specific etiology and therefore causal treatment could not be found.

The Cartesian-Newtonian thinking dominating Western science that proved to be extremely effective in physics and had a powerful influence on all the other disciplines, played a critical role in the development of neuropsychiatry and psychology. The renaissance of interest in mental disorders in the nineteenth century firmly established psychiatry as a medical discipline. Rapid advances in anatomy, physiology, pathology, chemistry, and microbiology resulted in a determined search for organic causes of all mental disorders in the form of infections, metabolic disturbances, vascular changes, or degenerative processes in the brain and elsewhere in the body.

This biological orientation in psychiatry was inspired by the discovery of the causes of several mental disorders that led to effective therapeutic measures. A prime example of this was general paresis, a condition associated among others with delusions of grandeur and serious disturbances of memory and intellect. Here the discovery that this disease was the result of tertiary syphilis of the brain, a disease caused by the

protozoon Spirochete pallidum, was followed by successful treatment combining artificially induced fever (pyretotherapy) and administration of preparations containing arsenic and mercury. Similarly, once it became clear that mental disturbances associated with skin problems and gastrointestinal symptoms (pellagra) were due to deficiency of a certain vitamin of the B group (vitamin B6 or pyridoxin), it became possible to correct them by an adequate supply of the missing vitamin. Some other types of mental dysfunctions could be linked to encephalitis or meningitis, arteriosclerosis, various forms of malnutrition, degenerative changes in the brain, and cerebral tumors.

These initial successes spurred enthusiastic search for biological causes of other mental disorders, particularly psychoses. The scientists pursuing this avenue of research were convinced that psychotic states represented such a drastic distortion of "objective reality" that one had to assume some serious damage to the organs involved in the perception and testing of reality, particularly the central nervous system. This conviction was the moving force behind countless studies looking for specific causes of psychoses, such as genetic factors, constitutional dispositions, anatomical and neuropathological anomalies, endocrine disturbances, autoimmune reactions, viral and bacterial infections, and biochemical deviations.

Many hypotheses have been formulated and tested over the years, but the results have been generally inconclusive and disappointing. Except the increased incidence of psychoses among the relatives of psychotic patients, which is a fact open to various interpretations, no findings have been sufficiently constant to provide adequate etiological clues. The successes of unraveling the causes of serious mental disorders have been isolated and limited to a very small fraction of the problems that psychiatry deals with. The causes of the majority of psychotic episodes continue to be a mystery. With the privilege of hindsight, we can say that it was somewhat premature to commit psychiatry so exclusively to the medical model, particularly since this development has not been without serious problems.

The failure of the biological approaches to demonstrate the organic nature of most psychotic states and of many other emotional and psychosomatic disorders encouraged the development of psychological schools in psychiatry. These have been exploring the possibility that the origin of such disturbances might be in the patients' life history and in various emotional traumas and conflicts. For all practical purposes, this avenue of research began with the epochal discoveries of Sigmund Freud and his disciples. Freud himself made the first major attempt at psychological understanding of psychoses in his famous analysis of the autobiographical diary of judge Schreber who had suffered from paranoia.

Freud's followers, such as Karl Abraham, Victor Tausk, Melanie Klein, and others developed systematically Freud's original idea that psychotic experiences represent a regression into early infancy and emergence of repressed traumatic memories and conflicts from that time. In addition to psychoanalytic theories, that interpret the problems of psychotics in terms of conflicts within the psyche, there have been others emphasizing the role of the interpersonal relationship with the mother and other family members in the genesis of mental disorders. The extensive studies on "schizophrenogenic mothers" and Harry Stack Sullivan's interpersonal theory can be mentioned here as salient examples.

Considerable attention was also paid to the overall climate in the family. In this context, the entire family system was seen as pathological and the psychotic was just the "identified patient" (IP), the person in whom the problems found the most dramatic expression. This approach was particularly characteristic for the research group at the Mental Research Institute (MRI) in Palo Alto, California, headed by generalist Gregory Bateson, author of the famous "double bind" theory of schizophrenia. Ruth and Theodore Lidz at Yale University conducted a meticulous in-depth study of all the members of sixteen families of schizophrenic patients. These attempts at psychological understanding of psychoses also led to the development of important psychological alternatives to biological therapies, that ranged from psychotherapy with individual patients to systematic work with their parents and entire families. Frieda Fromm-Reichmann, Renée Sechehay, John Rosen, and Jacob Moreno deserve special notice in this regard.

The psychological approaches to psychoses, however fascinating, did not have significant impact on mainstream psychiatry. As long as their interpretations remained limited to postnatal biography, they were not really convincing. The depth and intensity of the emotions observed in psychotic states, such as anxiety of cosmic proportions, murderous aggression, violent self-destructive impulses, or abysmal guilt, seemed too enormous to reflect the distress of a hungry or lonely infant. An even more serious problem was the abundance of fantastic themes in the experiences of psychotic patients. Among these were scenes of destruction of the world and its recreation, visions of hells, heavens and divine lights of supernatural beauty, encounters with deities and demons, and complex sequences staged in other times and countries, or even extraterrestrial settings. It would require a big stretch of imagination to assume that these were products originating in the infantile psyche.

One of the early pioneers of psychoanalysis, Freud's disciple and renegade Otto Rank, formulated a psychological theory that – unlike the speculations of his teacher and his

colleagues – could account for the extraordinary intensity of psychotic emotions. According to him, the psychological history of the individual did not start after birth, but included prenatal existence and the traumatic experience of birth itself. Although Rank himself put more emphasis on the loss of the security of the womb than on the emotional and physical trauma associated with the passage through the birth canal, biological birth is – at least potentially – a life- threatening event. It could thus be a likely source of immensely intense emotions.

Rank's theory, however plausible, had little influence on academic circles, since it challenges the traditional medical belief that — because of the unfinished myelinization of the neurons in the neocortex — the brain of the newborn is not sufficiently mature to be able to record and retain memories of this event. In the last two decades, prenatal and perinatal research dispelled this objection and experiential therapies brought powerful support for Rank's ideas. However, even Rank's system could not give convincing explanation for the rich, complex, and extraordinary content of psychotic experiences and for the fact that they have often a strong mystical emphasis. This task had to wait for transpersonal psychology, particularly the work of Carl Gustav Jung.

5. RE-VISIONING OF PSYCHIATRY : TRANSPERSONAL UNDERSTANDING OF PSYCHOSES.

Transpersonal psychology as such did not come into being as a separate discipline until the late 1960s; however, important developments within psychology that had all the essential characteristics of a transpersonal approach had preceded it by many decades. The most influential early pioneer of this movement was Carl Gustav Jung. His prolific writings provided the conceptual framework necessary for understanding some of the most puzzling aspects of non-ordinary states of consciousness. The cornerstones of his theory – the concept of the collective unconscious, discovery of its primordial organizing patterns or archetypes, and recognition of the mythological nature of the human psyche – represent a solid foundation for a comprehensive approach to mystical as well as psychotic phenomena.

Jung's interest in the area of spiritual crises and psychoses was not purely academic. As he so vividly described in his autobiography Memories, Dreams, Reflections and documented in his fascinating Red Book, he had struggled in the course of his long life with many dramatic and challenging spontaneous experiences. Of particular interest was an episode that involved perception of and communication with spirits shared by other members of Jung's family. During this time, Jung wrote what is probably his most remarkable work, Septem Sermones Ad Mortuos (Seven Sermons to the Dead), a channeled text signed by the Gnostic philosopher Basilides from

ancient Alexandria. Jung is a fine example of how a gifted and creative individual can use difficult transpersonal experiences – a spiritual emergency – for his personal growth and for great benefit of others.

Jung's contemporary, Italian psychiatrist and psychoanalyst Roberto Assagioli, developed independently an original system of transpersonal theory and therapy called psychosynthesis. Like Jung, he recognized the existence of the collective unconscious and appreciated the role of spirituality in human life. It is very significant in regard to the concept of spiritual emergency that Assagioli was well aware of the fact that many states diagnosed and treated as mental diseases are actually crises of spiritual awakening. He addressed this problem in his essay entitled Self-Realization and Psychological Disturbances, in which he discussed the difficulties that often precede, accompany, and follow a powerful spiritual opening.

Another important contribution to transpersonal understanding of holotropic states of consciousness came from the work of the famous American psychologist Abraham Maslow. Maslow conducted a large study of people who had had spontaneous mystical states, or "peak experiences" as he called them. Maslow's research showed that traditional psychiatry was in error diagnosing such conditions as mental diseases and treating them with routine suppressive medication. According to him, peak experiences often occur in otherwise healthy individuals and when they are allowed to complete themselves they are conducive to "self-actualization" or "self-realization" – a fuller development of one's potential. The work of Jung, Assagioli, and Maslow has attracted many dedicated followers and received high esteem in transpersonal circles, but has remained on the periphery of academic psychology and psychiatry.

Although comprehensive in itself and in accord with the entire cultural history of humanity, transpersonal psychology meets strong resistance among traditionally educated scientists. Its wider acceptance will have to wait until the time when the revolutionary developments in modern science replace the Newtonian – Cartesian thinking with which transpersonal psychology is in principle incompatible. It is very exciting and encouraging to see the emergence of many revolutionary advances of modern science that have been referred to as the "new paradigm" (quantum-relativistic physics, information and systems theory, the holographic model of the brain and the universe, the theory of morphogenetic fields, and many others). While they seriously question and undermine the most fundamental assumptions of seventeenth century thinking that still dominates mainstream science, they are all compatible with the transpersonal perspective.

6. EXISTENTIALISM AND ANTIPSYCHIATRY: RADICAL CHALLENGES TO THE MEDICAL MODEL.

Having reviewed the history of opinions about unusual experi-ences and behaviors, we should at least briefly mention certain developments that challenge the basic foundations of psychiatry by denying the very concept of psychopathology. Thus phenomenology, based on the work of the German philosopher Edmund Husserl and represented by such names as Ludwig Binswanger and Medard Boss, altogether refuses the disease concept of psychiatry. According to this view, insanity is nothing more than exaggeration of the individual's habitual character, psychosis is simply a different way of being in the world, of Dasein. The patient exists in a reality of his or her own which cannot be fully shared by people who are oriented to "common sense" standards and values.

Thomas Szasz, an outspoken critic of the disease concept of emotional disorders, goes even further. In his controversial book, The Myth of Mental Illness, he denies psychiatry the right to assign pathological labels to people who have unusual experiences and behaviors and treat them as patients. He suggests that psychiatry in assuming the right to judge the appropriateness of human experience and to drastically limit people's freedom and modifying their behavior acts essentially like the medieval Inquisition.

The dynamic and radical Scottish psychiatrist R.D. Laing believed that the situation in regard to psychotic patients is severely distorted. According to him, it is actually modern human society that is dangerously insane and the psychotics, finding its values unbearable and unacceptable, withdraw into the inner world of fantasy. Laing was strongly opposed to psychiatric interventions of any kind and preferred that the process take its natural course. He believed that in the current state of the art psychotics have more to teach their psychiatrists than the doctors have to offer their patients.

The extreme expression of the above trends is the movement of antipsychiatry, founded by the rebel British psychotherapist of South African origin, David Cooper. Cooper, who had personally experienced in his life profound spiritual and bodily crises that took the form of death and rebirth, came to question the value of psychiatric interventions altogether. The choice of the name "antipsychiatry" is unfortunate, since it directs more energy into disqualifying traditional psychiatry than into suggesting and developing better alternatives. Cooper's philosophy has become the ideological basis for various movements of former psychiatric patients who feel

bitterness about the way the current system has treated them and seek various forms and degrees of retribution.

CONCLUSIONS FROM THE REVIEW OF THE HISTORY OF PSYCHOSES.

After this brief excursion into history, we can now summarize the present situation in psychiatry concerning the so-called functional (endogenous) psychoses. Despite enormous investment of time, energy, and money, the problems related to the nature and origin of these conditions have successfully resisted combined efforts of scientists from many different disciplines for many decades. The only biological factors that have consistently been discovered in schizophrenic patients are viral diseases or undernourishment in prenatal life and difficult birth with ischemia. The theories of psychosis cover an extremely wide range from strictly organic to purely psychological and even philosophical. Within both the biological and depth-psychological camp, there exists an enormous plethora of theories and therapeutic approaches.

If anything characterizes the overall situation, it is an amazing variety of opinions and lack of agreement on the most fundamental issues. In view of this situation, adding yet another perspective on psychosis – the concept of spiritual emergency – to the plethora of those that exist already does not violate any sacrosanct knowledge that has been proven beyond any reasonable doubt and is generally accepted. The highly rewarding results of this new approach to the understanding and treatment of non-ordinary states of consciousness more than justifies this effort.