

*HOW SPIRITUALITY AND WISDOM CAN BE OF BENEFIT
IN TREATING PSYCHOTIC SUFFERING*

By Jacques Vigne

Psychiatrist (Paris, Hardwar, India)

Translated by Louise Arana

We might say that the schizophrenic is to the ordinary person what the ordinary person is to the sage. A patient with a split personality suffers from a disorder of the thought process; which means that his capacity for concentration is almost nonexistent. Most people have a mediocre capacity for concentration, but it can be harnessed to solve certain problems provided the motivation is present. The sage, on the contrary, is always fully absorbed in whatever he does, his attention is always focused. He is the one, who has truly gone beyond “troubles of the thought process”. The Twentieth century Indian sage Mâ Anandamayî often used to say that the world was *pagalkhana*, “a crazy, *pagal*, house, *khana*”. She would point out that if many people were crazy about money, physical love or power, mystics were crazy about God, so it might really be said that in this world, everyone is crazy...

When my old friend Jean-Marc Mantel asked me to write this article on psychosis and spirituality I felt like I was plunging back in time, reminding me of a title from the works Alexandre Dumas, *Twenty Years After* in which the three musketeers are mobilized twenty years later to serve the crown. It is a fact that I left clinical psychiatric practice about 20 years ago, and so I am not in daily contact with psychotic cases. However, in the years after leaving my practice, I have continued to work on the human mind and in particular on my own through a regular meditation practice, often in retreat. Even so, I have been asked to help a certain number of psychotics, some during periods of crisis, which I followed closely. Reflecting on all these experiences I continued to develop my thinking about the nature of psychosis. In 1992, I had already written a chapter about “Crazy Wisdom” (*Folle Sagesse*) in my book “Elements of Spiritual Psychology”. (*Eléments de psychologie spirituelle*) published in 1992.

When I try to look back over the years to have an overall picture of all the psychotics I came across in my consultations as a psychiatrist or in everyday life, and to qualify them, the first expression that comes to mind is “far too sensitive”, “hypersensitive” or even “hyper-overly- sensitive!” This extreme sensitivity can lead to harshness, even reactive violence as a means of compensating, but the psychosis is based on hypersensitivity all the same. The body is disconnected because the heart is fragile and exposed.

When I look at what is happening in the field of psychiatry from afar, I can't say I find it satisfactory. Behind its profitability and its efficiency and the apparently scientific basis it claims, what has developed is a ‘robotic’ somewhat mechanical aspect in the treatments of psychotic patients. The picture in ordinary medicine or in surgery is not “rosy” either, but it

becomes tragic in the field of psychiatry. The DSM IV or V, the American classification that is trying to impose itself internationally, limits the options of therapists for treating patients and makes doctors perform like ATM machines, distributing diagnostic labels and then pills. What is more, strong ties exist between the pharmaceutical industry and groups of doctors who make up this DSM 1V. Fifty six percent of these doctors have financial ties with the industry and for those working on schizophrenia or bipolar disorder the figure reaches 100 percent. Their affiliation might be a form of employment with a real salary or else research grants or invitations to preside over medical conventions, etc.¹

The doctors at the head of psychiatric units today are more often geneticists, biologists or statisticians rather than people having real experience as psychotherapists. This closes off the main axis of therapy, because although medication can be of help in cases of acute or chronic afflictions, the doorway out of psychosis must take us to the understanding of its disturbances by the patient himself.

This can only take place by the competent use of psychotherapeutic methods. The biological changes in patients with personality disorders are the consequence and not the cause of their psychic suffering, such as cases of patients being paralyzed by anxiety. To illustrate this, let's take an example from another domain entirely. If we study the statistics on the relation between the development of obesity and those concerning the purchase of sports footwear, the casual observer might conclude that the more people buy sports shoes the fatter they become, whereas the opposite is true. People take up jogging or walking to try to lose weight. The same is true in the relation between schizophrenic disorders and biological modifications in the body. In the clear majority of cases, the first are the cause of the second and not the reverse. The order in which things occur is important. We can move closer to understanding why biology has become so important in psychiatry; it would be naïve to think that only the desire for scientific progress motivates so many psychiatrists to choose to concentrate on neurobiology. Behind that choice there may be fear of directly confronting the suffering of patients, especially psychotics and the image they send us of certain deep-seated fears common to all human beings, but repressed in daily life.

In India, there is an important notion, that of *adhikari*. That is, being ready to undertake a real spiritual practice. The aspirant must be mentally well-balanced, free of any psychological disorders. However, certain practices of turning the attention inward could prove useful for patients, and a deeper form of meditation would certainly help therapists themselves to develop a subtler comprehension of their own mind based on their observations, bringing them to a better understanding of the altered states of consciousness experienced by psychotics.

In her book on spirituality, Vera Schiller-Kohn points out the fact that the real way out of psychosis is through initiation. She studied under Durkheim and Maria Hippus. In India, the link between folly and sainthood is well known and acknowledged. The pundits and yogis have their traditional methods of diagnosis, for example, if someone is in a state of rapture they prick him with a pointed object. If he reacts they conclude he is probably faking---in modern terms, a form of hysteria --- but if he doesn't react they will deduce that the state is a profound and genuine inner experience. By this method --- direct and to the point so to speak --- they evaluate the quality of an individual's inner experience and his behavior that can seem odd or abnormal, thus discerning the level of his spiritual attainment.

Meher Baba, a twentieth century sage from Maharashtra had 5 masters, including Shirdi Sai Baba, one of the most widely reputed saints in India at the beginning of the twentieth century. There was also an old Sufi woman who lived as a beggar on the roadside and a third, who was locked up in a psychiatric ward, and from whom, Meher Baba affirms, he learned some essential things. Furthermore, our Baba himself created his own ashram, a little asylum where he took in *mast-s*, or those “touched by the spirit” (*mast* also has a colloquial meaning in modern Hindi for someone who experiences intense joy, who “flips out” or “has an all- out experience”, to use familiar expressions. Yet, he was realistic explaining for example that at one time among the 18 people living there, only 2 were authentically touched by the divine spirit, the others were just ordinary people “touched in the head” so to speak. However, he related well to them and took care of them with affection.

Certain disorders which are sometimes considered psychotic can be due to spiritual practices that are too intense, poorly guided or else, done in an amateurish way with little or no preparation. The awakening of Kundalini is sometimes too hastily evoked in spiritual circles and this issue needs to be addressed which is what Marc-Alain Descamps has done. He has taught Psychology at the Sorbonne and throughout his life has been interested in these questions, both personally and as a Yoga teacher and researcher in transpersonal psychology. He fairly recently published a book exploring the subject of Kundalini at Alphée.

Wisdom in a way, but not enough

By this expression I mean that the psychotic tries to relieve his anxiety or his confusion, for example by withdrawing completely into a catatonic state, or by distancing himself from his bodily sensations, cutting himself off from his body of anxiety. This might be therapeutic, but since the climate surrounding him is rather negative, the potential heady wine of inner experience turns into vinegar, and he sinks deeper into his pathological state. The splitting of the personality and bodily dissociation are considered in ordinary psychiatric practice as psychotic symptoms, but when we think about it we realize how useful they are in psychotherapy. They enable the patient to observe himself from the outside and to stand back from his anxiety and his impulses of self- destruction. Let us also mention the fact that a good writer should be capable of splitting his personality to bring to life his characters inside himself and to clearly understand the workings of his own mind. Needless to say, this type of division is important in meditation also and is in fact one of the basics of the practice. The sages have learned to see things “from the viewpoint of Sirius”, while also developing a sense of humor and compassion. We could say that they are not schizophrenic but “sirio-phrenic” and also very “smile-o-phrenic”. Certain mystics in India refer to themselves saying “this body”, “here”, “he”, but that doesn’t prevent them from having their feet on the ground and a keen perception of the psychology of others, along with that compassion which is an essential component of the true mystic.

We know that one of the characteristic symptoms of a psychotic crisis is the sensation of bodily disassociation. When we read the life of Milarepa, we see that his master Marpa puts him through all sorts of trials and tribulations during which Milarepa’s body is torn apart, but then by some miracle, the guru puts it back together...until the next ‘shattering’ experience, and the next healing, going deeper and deeper into the disciple’s psychotic core.

We can say that there are two poles in schizophrenia, a weak ego, we might even say a terrified one, and a superego, sadistic, anxious and rigid which expresses itself in voices that aggress the other side of it, that is, the fearful and even masochistic ego. With the sage, it's a different story since the entity that observes is joyful, amused, full of compassion, and in fact is no different from the Self. There is a world of difference between these two types of Dissociation, it enables one to separate the psychotic from the sage, but even so, pathways between them do exist.

We will now discuss a symptom which is central to psychosis: auditory hallucinations. The patient tends to cut himself off from others; so, he finds himself in silence and starts hearing the faint buzz or murmur of physiological tinnitus which mystics refer to by different names: the silent music, the sultan of sounds, the river of life, the song of the heavens, etc. This corresponds actually to a basic background sound, made up in reality of thousands of tiny "auditory particles" in the practical experience one has of it. The physiological origin is caused by the movement of the cilia on the auditory cells in the cochlea, as well as the rustle of the bloodstream in the tiny blood vessels near it. During long periods of silence, the mental processes become more active and there is an increased tendency to project one's attention onto this audible mass of silence and give it a structure, that is, transform it into indistinct words which are nonetheless audible. A similar mechanism can be observed when we look at constellations in the sky at night, immediately recognizing the outlines of the Southern Cross, Cassiopeia and the Big Dipper, etc. Obviously, the outlines of the constellations have no reality at all in the sky, but are a projection of the mind of the observer. The same holds true for the words made up from the myriad "auditory particles" or little sonic stardust that form the rustle of the sound of silence. People who live surrounded by silence tend to project their own minds into it. If the person is someone religious, with a positive outlook, he will hear "divine voices" which will help him. However, if the patient is prone to anxiety, he may only perceive a sadistic superego which will then cause more distress. Doctor Lefébure speaks of a method of acoustic" mixing of tinnitus", that he developed. It is based on initiations of Irani-Egyptian Yoga he received in his youth. The method involves projecting a word on which one wishes to meditate, and fixing that word in the deepest part of the memory, onto the background of physiological tinnitus evoked above. He uses a method equivalent to phosphenes mixing which involves the visual, where an image is projected on the luminous screen of the eyelids when closed. This corresponds also to a classic Yoga method in which one recites a mantra in an increasingly inaudible way until, in its subtle form it finally blends into the stream of silence of physiological sound vibrations like a curve which becomes united with its asymptote. The sound of silence is discussed in detail in the third and main part of my book, *La mystique du silence*. To conclude this development, we might say in short that there are no auditory hallucinations, strictly speaking; there are only interpretations of physiological tinnitus to which we give the form of words. It is very important for therapists to understand this and even to have some experience of these phenomena, in order to explain things convincingly to patients and reassure them because ultimately, understanding is the healing force. This is the fundamental principle of psychotherapy and of meditation.

Another psychotic symptom is withdrawal and the desire to escape from the world and live alone, especially if people around the patient are toxic, or if he perceives them as such. This is a tendency among humans that goes a long way back finding a positive outlet for certain

individuals in the monastic tradition, withdrawn from the world, temporarily in certain traditions, permanently in the Christian ones. The call to participate in the action of the world is well brought forth in ancient texts like the Bhagavad-Gita, and the teachings found there are eminently practical; detachment is necessary but that is the realm of the mind and therefore should not interfere with performing concrete actions that are required of us according to our role in society.

It is interesting to note the genius of French and other romance languages and English as well. In these languages, there are resonances between the words psychotic and poetic. This in my opinion has some meaning. Poets know. Madmen know. Poets know that madmen know. Madmen know that poets know. These madmen are knowers in their own right, outside of the norm, pushed aside, forgotten; colorful, languorous, love struck but also rigorous in their own way.

Countries throughout the world have traditions of saintly folly, going from spontaneous shamanistic initiations all the way to those “touched by the spirit of God” in conventional religions or certain offshoots of Tantrism in India which do everything backwards. Yet the diagnosis allowing us to tell the difference between sainthood and folly or madness is difficult to establish. However, there is one bit of advice given by the prominent twentieth century psychiatrist, Baruch, regarding the diagnosis of psychosis. He used to say that when there was some hesitation or confusion about it, you had to go back into yourself and feel your own reaction in front of the subject, and if you felt very uncomfortable, it was a sign that you were in the presence of a psychotic, but if you felt normal, then the person in question was probably not psychotic. I remember following this advice in Tiruvanmalai, a famous site of pilgrimage devoted to Shiva in southern India and one where the memory of Ramana Maharshi is still alive. There was a woman living there, clothed in orange, who some people thought she was a great mystic, while others criticized her. When I observed her at first, honestly, I couldn't really say for sure, but when I turned inwards to listen to my intuition and feel my inner state, I realized that I was very ill at ease. I then knew that she was psychotic, and eventually by comparing various people's accounts of her, the diagnosis was confirmed.

The ambivalence of the almighty

Is delirium a form of compensation? Do the ideas of omnipotence that are often behind hallucinations serve to counterbalance a depressive sense of helplessness? I am inclined to think so, even if in a domain as shifting as the psyche there are exceptions to every rule.

Considering this fact, psychiatry usually considers that desire is often sandwiched between two depressive phases: the first involves a strong sense of self-deprecation from which the healthy psyche tries to free itself by any means available including delirium which obviously leads to situations that are less than sane. After that, returning to reality can plunge the person into a depression even more serious than before, because this time there is no longer a way out of delirium through the escape path used previously by the patient, which he now discovers is disastrous.

This does not mean that every quest for the absolute and the divine should be interpreted as a delirium of compensation. That said, there is a lot more delirium than we think in this area, much more than what missionaries and other religious figures of different beliefs tell us. It is true, given the uncertainties and agitation of life, that a reference to an absolute as a

stabilizing force is most useful, not only spiritually but also psychologically. The different spiritual traditions focus on finding our true nature once again. However, problems arise whenever the ego latches on to the absolute out of a desire for omnipotence. This may be either in its individual form which is delirium or in its collective form as in a religious totalitarian state which seeks to impose its narrow vision of the absolute on society, by force if necessary. Basically, this is a form of delirium of the type we can qualify as megalomania. Its potential for destruction is much greater than in the case of individual delirium, precisely because it is collective. Furthermore, we must understand that the two great mystic paths of Love and Knowledge are actually based on two forms of delirium emanating from two desires of the ego. On one hand is the path of love, and the need for recognition, so we invent an entity who is supposed to satisfy this desire. On the other hand, the path of knowledge is based on the search for omnipotence and the faithful regularly meditate on the idea that we are one with the Whole. Spiritual masters know how to use these two strong desires of the ego to lead it to destroy itself. In fact, when you unite yourself in total devotion with that entity who is supposed to love us, there is no longer an entity or an ego. Likewise, when you are fully aware of the importance of the realization that we are one with the universe, our ego simply explodes like a bubble of gas in interstellar space. Only the awareness remains in the emptiness of clear light.

This brings us to an important question related to the idea of omnipotence. Why does the psychotic feel the need to speak of his delirium? For what reason does he speak of his dream trying to make it seem real?

In fact, a general rule defining the human psyche may be explained as follows: “We all have our private deliriums, but fortunately not all of us openly talk about them.” For example, there are probably hundreds of millions of bigots in humanity today, who, deep in their hearts ask their God to annihilate all religions which are opposed to the expansion of their own faith throughout the world. But, they generally don’t talk about it, especially if they live in modern democratic societies, for they are afraid of social reactions or simply of being arrested by the police. In a way, they’ve created their own little margin of mental health which enables them to resist against their powerful impulsions towards omnipotence.

The psychotic might find other ways of expressing his delirium rather than just as it is, presenting it as a dream for example, or in the form of poetry, and that wouldn’t bother anyone. Eventually he may even become convinced that his delirium/dream is a realistic thought, even completely realistic, but be wise enough to keep it to himself or else share it with a small circle of insiders. Schematically this corresponds to what is called *paraphrenia*, which is a pathology often observed in founders of sects or religious movements. In spite of that, the psychotic decides to, or is compelled by powerful forces within him, to express his delirium. How to explain this?

He is drowning and he reaches out for a helping hand to save him, and at that moment expressing his delirium represents a desire for help; an SOS message. Moreover, he’s actually dying of boredom and a certain dose of folly adds a bit of spice to his life, which is usually dull and drab. We underestimate the power of boredom and the wish to escape from it that underlies all sorts of human disorders, going from delirium at the individual level to those collective psychoses we call wars when they involve nations, ethnic groups or religions.

The psychotic can also choose to express his delirium through sadomasochism; when he sees fear or even panic on the face of another person made to listen to his expressions of delirium, he takes pleasure in this, enjoying a kind of real power, even if of a cheap and short-lived variety: "I could tell by the look on his face that I was scaring him to death!", he rejoices.

By expressing his delirium, he frustrates the efforts not only of those around him but also his therapists, taking a certain pleasure in doing so. This corresponds to his sadistic side, but the masochistic one inevitably follows for the person will invariably suffer being rejected, even violently so, by the same person in whom he tried to provoke anxiety. He knows it in advance, but can't help himself from taking that direction. We can observe the person now in a vicious circle of addiction for the pleasure of exercising his omnipotence over someone for a fleeting moment, after which he falls further into an eminently destructive self-depreciation.

As for the ambivalence of all-mighty power, why not pay homage ---seeing things from a modern viewpoint---to the basic comprehension of ancient traditions for explaining psychoses? According to them, There is an entity that tries to penetrate the individual and once it succeeds, becomes all powerful within him. Some will claim that this is a regression back to the theories of animism and demonic forces but if cultures throughout the world at one time interpreted psychoses in this manner, it is because this interpretation offers certain advantages and has proven useful to some extent. The World Health Organization showed in a study that among the dozens of patients going to visit the temple of Balaji south of Delhi near Jaipur hoping to find healing for their psychoses, about 25 percent of them experienced significant improvement, which is an impressive statistic considering the number of chronic cases that exist in psychiatry. I went there myself not only to study the temple, but I also took 3 groups of French therapists, one of which had participated in a convention of 150 French psychiatrists who had come to meet their homologues from India in Delhi in March 2007. More details on these three visits can be found in three articles posted on my Website.²

The explanation that the origin of psychosis lies in being possessed by an entity has the advantage of simplicity and can be understood by a patient whatever his intellectual level.

Furthermore, this conception of things respects, at its level, a fundamental concept that most theories of modern psychology have nearly beaten to death, namely that human nature is basically good. Of course, mental complications and psychoses do exist but they are added on, superimposed on our true core nature which is happiness-awareness. There is a story that comes to mind, about a Zen master, whose disciple came to ask him a question during a *mondo*, a question and answer session involving the whole community. The disciple asked him point blank why he felt more and more anger during his meditation practice as the months went by. "Show me your anger!" the master replied. The disciple was somewhat taken by surprise, for of course, he had no reason to feel angry at that moment, so he remained silent. "If you can't show me your anger here and now, it means that's not your true nature. Meditate on your true nature!"

The Christian monks of the desert would interpret their solitary trials and tribulations speaking of attacks by demons : even if all this could occasionally result in a real psychosis, the concept had the merit of supporting the simple conviction of the fundamental goodness of the psyche.

It is not extraordinary to consider delirious functioning as a parasite or tumor trying to grow and develop by sapping the energies of the organism it feeds on. Things work out based on the assumption that reality is like that. There is, therefore, a profound wisdom in the traditional concept that entities are at the origin of psychosis, and there is no point in throwing out the baby with the bathwater, even under the pretext of using a dogmatically modern approach. Let us point out here that in Sanskrit the usual translation of the word *bhuta* is none other than “spirit”, and “*bhuta*” is also the past participle of the verb “to be”. What possesses us therefore, is “what has “been”; clusters of recollections in our deepest memory which become activated as entities, complexes, and we can recognize the same concepts used in modern psychoanalysis. Another important element of a traditional diagnosis, one similar to modern methods, is being able to give the entity a name. The entity hidden within patients is repeatedly questioned and asked to reveal its name. Once it comes out it is trapped; we can grab on to it like a handle and pull the entity outwards, extracting it from the patient then getting rid of it. This method finally has the same advantages and the same drawbacks as using diagnostic labels in psychotherapy. On one hand, it is reassuring because we know what is inside and with the aid of an experienced therapist, it can be chased away. On the other hand, there is a drawback if we don’t manage to get rid of it quickly because patients can become trapped in the belief which encourages the false idea that they are no longer themselves and that they carry a burden they cannot put down. This is a real risk with our modern-day diagnosis in psychopathology: they can help to cure, or make the patient stagnate by sticking to it indefinitely.

The most ancient traditions of humanity do more than simply establish a diagnosis of psychoses, interpreting them as the penetration of the psyche by an entity and they propose a treatment: the trance. This type of cure can be placed in a modern context without having to believe in the pantheon of some primitive tribe or another. Briefly stated, the trance involves performing an intensive dance bringing about an altered state of consciousness, and then trying to expel the entity causing the problem, or that we blame for causing the problem, a scapegoat in other words. This corresponds to nothing less than a symbolic transfer. This effort will first strongly stimulate the sympathetic nervous system, exciting it and finally causing the parasympathetic system, a relaxant, to take over. The result will be a restorative rest after the trance, a form of death after the ordeal, paving the way for the resurrection of a new person liberated from the entity which possessed him. Dr Jacques Donnars in Paris has worked in this area and so has Barbara Schasseur in Geneva where she continues her work.

The body as experienced by the psychotic: a broken pot to be glued back together

The image of a broken pot that we need to repair by our spiritual practices comes from the Kabbalah and is the image traditionally used to describe the road from dispersion back to Unity with the Creator and the Absolute, *En sof*. In India also, the body is regularly compared to a pot or vessel, *ghata* in Sanskrit and ancient Hindi. Kabir, the great poet and mystic from Benares in the 16th century, begins one of his songs by the words, “In the pot a bird is singing...” This signifies the aspiring soul imprisoned in the body but also in a more technical way, the sound of silence, always resonating in us, guiding us on the narrow path of liberation if we give it our full attention. Just as the pot contains the waters of the Ganges, the body

retains the pure liquid that is the Self. Going back to psychosis, let us recall that a central element that enters the picture in schizophrenia is the experience of the fragmentation of the body. This disturbance gradually enters the scene in borderline cases and causes serious states of anxiety in the psychotic. The patient not only feels broken-hearted but also has a strong sensation that the body is broken too. There is no need to have an advanced degree in Psychology to understand that body techniques can play an important and direct role in reunifying bodily sensations. In classical psychiatry, we speak of the *pack*, a practice consisting in wrapping the patient in wet sheets during acute phases of bodily fragmentation. In the long term, we can affirm that most of these techniques involving the body will have a positive effect. However, caution must be used regarding long periods of relaxation lying down. Even for ordinary people it is not easy to channel the mind in that type of situation, and for psychotics even less so. Practically speaking, the therapist should not hesitate to carefully guide patients through the practice. This will be reassuring for the patient who may otherwise plunge downward, and alternately is it a good idea to leave some open time for pure observation of the mind, done in the form of meditation practiced in face-to-face contact with the therapist or with a group. At these moments, a physical presence will be reassuring, even if it is silent. I think there is no reason to practice one approach to the exclusion of another. Alternating between both will be more restful for the patient and will take him farther, just as alternating the right, then the left foot enables a pilgrim to advance on his path in a balanced way and finally reach his goal.

Body-based practices are all the more important when we understand one of the causes of psychoses, that is, frequent abuse and physical violence during childhood, either general or specifically sexual. The body has been aggressed, bruised, shaken and it needs to be reassured, wrapped as in a cocoon. Not only that, but it is also important in the long term to teach patients to do this work on their own. To accomplish this, work in *Vipassana* meditation can have a very positive effect as the patient learns to perceive and accept bodily sensations by scanning all parts of his body. This effort requires that the patient be calm enough to follow the method with a minimum of concentration. The work will reconstruct the “me-skin” in a positive way, because anxiety stems directly from perceiving the “me-skin” as torn or pierced by all sorts of outside aggressions. The use of singing or chanting is also a good method as it instantly reunifies bodily sensations and with regular practice this sense of well-being becomes stabilized, and the pieces are “glued back together” so to speak. All these methods must be considered as a background treatment regimen, so even if the results are not spectacular at first, they are well worth the effort.

Fortunately, we can also note that there are bodily therapies that can give spectacular results from the beginning, even unexpected ones. I like to relate an anecdote that illustrates this because it is encouraging. I was an intern at the time, in psychiatry, and I had one patient, a permanent fixture in the ward we might say, since she’d been there for over 20 years and when I began to dig into her thick file, it seemed that nothing had changed regarding her delirium: she had always felt that her heart was on the right, her liver on the left and her intestines in her thorax as well as her lungs in her abdomen.

The dozens of liters of neuroleptics she had taken for 20 years hadn’t had any effect on her major symptoms. Then one day she developed a bad case of bronchitis, so we prescribed respiratory physical therapy to teach her to expectorate better. She was given dynamic

sessions by a physical therapist who made her repeatedly and energetically retract her abdomen, cough as hard as she could, expectorate, start over again, etc. After two sessions, she came back to see me seeming quite happy and told me that for the first time in years she could feel all the inside of her body in a normal way. The physical therapy had done the job--better than all the neuroleptics she had swallowed or the hundreds of hours spent in psychoanalytic therapy sessions---simply by making her move her insides! All this does not mean that she was completely cured of her psychosis or that she could leave the hospital from one day to the next, but the result was still very encouraging for her and for her therapists. The perception the schizophrenic has of his body is disturbed and fragmented, dark and painful. We might even describe it as disjointed. Using body work techniques offers a way out towards finding harmony and a positive perception of his body and of himself, but he must not go so far as to be carried away by unrealistic expectations.

Edward Podvoll (who died in 2003) was a psychiatrist with a long experience at Windhorse Center in Boulder, Colorado, in the treatment of psychosis from a spiritual perspective. He was also involved in monastic retreats according to the Tibetan tradition. He made it clear that he did not define himself as “anti-psychiatrist”, but he continued to explore leads in humanistic psychiatry, which had always existed, even though it did not represent the majority. He cites Eugen Bleuler for example, the Swiss psychiatrist who, in the 19th century, defined schizophrenia, making him a major figure in the history of modern psychiatry. Bleuler spent 12 years working in a community living center in a rural area in the company of psychotics, working with them first hand, sharing their meals as well. This is probably why his description of Schizophrenia was finally accepted by all; because it was based on reality. One of Podvoll’s therapeutic principles is quite simple: he points out that in general therapists are obsessed with the symptoms, the pathological aspects of patients, and they forget the normally functioning parts of them, their strong points, that Podvoll calls those “small islands of clarity” For it is around these “islands of clarity” that the sense of the real can be reconstructed.

Another thing we must consider is the importance of respect for the basic rules of discipline so that body-based practices and psychotherapy in general might have a real effect. In Yoga these are called *yamas-niyamas*, but essentially they are rules of conduct that are almost universally accepted. They are safeguards in every sense of the term, and we can reasonably suppose that if the patient has fallen into his pathological state, it is doubtless because he couldn’t or wouldn’t respect them. However, “better late than never” as the saying goes and we hope his experience of decompensation will be a useful lesson if he is warned of the dangers of not heeding the safeguards of good conduct. First let us evoke *ahimsa* (non-violence), which includes living in harmony with those around us. If the family environment is incompatible with cultivating a true inner life, spiritual seekers can choose to retreat to a monastery or an ashram, for that is the purpose of these centers. They can then combine contemplation with a feeling of harmony with the environment. These communities often live in natural settings where the healing and regenerating presence of nature surrounds them. Psychotics however, often feel completely isolated and find this unbearable. Sometimes they manage to improve things on their own through resourcefulness, but sometimes they go under.

At first community life replaces family life, favoring a meditative lifestyle examining the inner self, together with spiritual teachings and is an intermediate, almost indispensable phase before taking on experiences of prolonged solitude.

A second *yama* is *satya*, or truthfulness. Much has been said about the double link in the genesis of psychotic dissociation. There is a sort of fundamental lie, even if it is often pre-conscious and involuntary on the part of family and friends. There is an opposition between emotions and what is actually said. This lack of authenticity makes the patient lose confidence in the truthfulness of the messages coming from his own body in the form of sensation-emotions, which affects the messages he receives from the real world outside. All this paves the way for delirium.

We should not hesitate to explain things to psychotic patients regarding the causes of their disorder in simple terms. Understanding is better than reassuring and has the power to really heal. One way is to help the patient develop the idea that delirium is a dream that intrudes on reality. It is often due to a period of severe insomnia of several weeks. As dreams are a physiological need, if they can't express themselves during the night they come up in daytime. Of course, the causes of any severe insomnia should be investigated; problems in interpersonal relations, worries about health, etc. I remember once explaining this to a young country woman in Maharashtra. She had been hospitalized for an episode of acute delirium. Even though she was illiterate, she immediately understood what I was talking about and it reassured her. What is more, it gave her confidence in me because she felt I understood what was going on and that I could communicate this comprehension to her. Another type of explanation which helps make sense of acute psychotic experiences involves use of the archetype of death and resurrection. The experience of acute disassociation is a form of death, and is experienced as such because of body fragmentation and the anxiety it causes, but within the logic of the archetype, death is followed by resurrection. After winter comes spring. Let us also note here that in the Vedic tradition the world itself comes from a primordial sacrifice that fragmented the body of *Prajâpati*, the primeval being. The ritual, by reenacting this sacrifice enables us to return from a world of dispersion to the underlying unity of all things. The psychotic experience can thus be interpreted as giving birth to a new world. We can also find a link between all this and experiences of dismemberment which are often found in spontaneous shamanistic initiations. What could be more reassuring and provide a sense of worth for someone trying to extract himself from a psychotic experience, than knowing it is not a handicap or shameful in itself, but maybe even of positive value, unknown to others? This is true provided that the considerable energy liberated by the experience can be adequately managed.

The central problem in psychosis is the feeling of being attacked by an outside entity. My own master, a former medical Doctor in France who spent 17 years in retreat in the Himalayas, gave the following advice regarding this type of situation: above all don't get locked in a direct struggle with that entity, for then you create a contact with it making it impossible to break free. It is better to play the card of total indifference by means of complete immobility of the body---which is not easy---but very effective. This is perhaps the aim of the person in a catatonic state which involves a total absence of movement. But as he is a priori unaware of what is going on, his attempt at self-therapy falls short of the aim and instead ends up further complicating the picture. This method is linked to Yoga and mystical

experience in general, while the stopping of mental activity is considered as both the aim of the practice and the essential method for solving problems.

Another method--- simple in theory but not so easy to put into practice--- to free oneself from psychotic suffering is to work directly on feelings of joy and a good self- image. There is a link between the two methods. I clearly remember the case of a western tourist I had been called on to treat during an acute psychotic phase he was going through. He had come to visit India, and moreover, had AIDS as did his partner in France. The couple didn't know who had contaminated the other. With all those complicated issues, he had gone ahead and had unprotected sexual relations with a young Israeli tourist, not informing her that he was HIV positive. She learned the facts later on but fortunately she had not contracted the disease. My young patient, however, fell into a typical state of acute delirium, in my opinion, due to a sense of guilt and therefore a negative self-image. With the help of a fairly simple psychotherapeutic support he confessed everything to his partner and returned quickly to France to be with her and things fell right into place once again. He came to see me 3 months later and seemed cured and was able to enjoy an enriching stay this time including a positive encounter with a Yogi, a former teacher who helps him restructure himself.

Psychotherapists don't like to appear as moralizers, like clergymen, so they do not emphasize the importance of right behavior for emerging from psychic suffering. Yet, this is an essential point that is not only linked to Judeo-Christian morality as other traditions also emphasize it. India for example developed the notion of dharma and China that of being in harmony with the Tao. There is a story of King Mithila who came one day to complain to Buddha that he couldn't conquer a certain city on the border of his kingdom. The Buddha replied, "That is because the citizens of that city follow the dharma, and as long as they do so, no one can conquer them!" Our higher intuition, *buddhi*, our Buddha nature is like a fortified city which, provided we follow the dharma, cannot be invaded by mental imbalances. Basically, we all seek happiness, but we often take the wrong direction to find it. However, this is no sin, simply error. For a quarter of a century now I have been studying the origin of psychic suffering, and have arrived at a simple conclusion: having a good self-image is as important for the psyche as the immune system is for the physical body. With a good self-image we are able to metabolize all sorts of aggression, keeping our balance. If our self-image is weak or absent, any bacteria or cancer cell will develop into an abscess or a tumor, that is, in our analogy, into serious psychological pathologies. To develop a good self-image takes not only right understanding but also right action. We can work on these two things; first by doing what is right for ourselves and devoting part of our time to turning inwards, trying to understand things and improve ourselves from the inside, or in other words entering a spiritual practice or at least regular psychotherapy. And secondly, we can do what is good for others, for example work on our capacity to give without expecting anything in return; being of service with no regard for our self-interest. This brings joy and that joy in itself is the universal solvent capable of dissolving all suffering.

Let me point out once more that a good way to help patients is to have them alternately use two main types of turning inwards: on the one hand, free observation of his own mind which will essentially bring calm to a patient who is a priori often under stress due to considerable pressure or negative input from those around him. On the other hand, a practice emphasizing concentration will provide structure and reestablish the patient's confidence by showing him

that he can change his agitated state of mind. We can relate these approaches involving reunification of the bodily experience to emerge from psychosis, to the first commandment in the Bible: Listen to me Israel: Yahve our God is the only Yahve. You will love Yahve your God with all your heart, with all your soul and all your might.” (Ex 6,4). We might paraphrase this command saying to the patient suffering from dissociation: Listen, you who suffer. The being that manifests itself through your body is unique. You will love it with your all heart, all your soul and all your might. If he directs his efforts in this direction, he will experience his being returning the attention he has given it in the form of a feeling of security, reunification and joy. It’s a natural process that works even for those who don’t necessarily believe in a personal God.

Therapeutic transfer, transfer of energy

Transfer is the guiding principle for interior development, whether it be in psychotherapy or in a spiritual relation. In India, even the path of Vedanta which does not give great importance to emotions in the search for the inner self, devotion to a spiritual master plays a central part. This may counterbalance the abstract character inherent in meditation based on non-dualism. Before we can observe our own mind in a stable way as if looking into a mirror, we often need the mirror of another, whether it be a therapist in the beginning, or, especially in the long term, a spiritual master. Swami Ramdas would use a traditional Indian comparison: The Self, in order to speak to a person, takes on the face of another human being. The situation is compared to the process for training parrots. The trainer hides his face behind a mirror and then pronounces the words he wants to teach the parrot. The parrot sees the image of a” friend” in the mirror and on hearing the words at the same time, he feels confident and at ease, repeats them and finally learns them easily.

What characterizes the influence of a true spiritual master is the transfer of energy which in Hinduism is called *shakti-pat*, literally “descent of energy”. In the long term, a spiritual master does not try to analyze the inner workings of the disciple’s mind in detail, partly because he knows that it is an endless process and what is more, also feels that only the disciple can do it for himself and by himself. However, the master communicates an energy to the disciple enabling him to plunge into his interior depths and “find the pearl” on his own. All this can be transmitted by a look, gesture or word, but also without any direct intercession. Even for a classical therapist, this notion of transfer of energy can hold a key: in the wall of suffering and rigidity surrounding the psychotic, there are cracks and if we can find them, pass on energy through them at the right moment. Vera Schiller-Kohn, who wrote a contribution to this work, emphasizes that “the path of initiation is the only one that makes it possible to heal Schizophrenia.” She also claims that to overcome schizophrenia, Bergson’s “*élan vital*” or vital impetus is necessary. In this sense, the initiation is also a transfer of energy of the vital force. In the Zen tradition, they say that a candle must be lit with the flame of another candle. In the words of the most widely chanted daily *pîja* (prayer ritual) in northern India, *Om Jay Jagadish Hare*, we find *gyotir se gyotir jalao* meaning “use one light to light another”. This illustrates once more the importance that Indian tradition accords to direct contact with spiritually evolved persons, which is called *satsang*. Here we can find the best conditions for a transfer to take place. Thus, modern therapy, through its emphasis on transfer

participates in a very ancient practice. During the storms that sweep through our inner lives---
-psychosis being a major cyclone----concentrating on the real live person of a spiritual master
enables people to stay on course and emerge from their ordeal. Once, a young Englishman
went to see Nisargadatta Maharaj in the little room where he lived in Bombay. The young
man had just finished an intensive 10 day course in *Vipassana*, which had been too much for
him, leaving him anxious, depersonalized and visibly entering a state of delirium.
Nisargadatta asked the young visitor to concentrate on him during the coming period,
something the master seldom did with visitors as he lived in retreat and had no desire to be
considered a Guru. But he knew that in this type of situation, a strong personal tie is the rope
that a student can hang on to and save himself from falling, like a *via ferrata* in the
mountains, that is a steel cable set into a cliff, allowing us to progress safely on a narrow trail
overlooking a precipice.

We all have something sacred within our very core, something that cannot be shaken by
even the worst psychic ordeals. Vera Schiller-Kohn once strongly affirmed this to a patient in
a psychiatric ward, and the patient came back to see her 30 years later to tell her that this basic
piece of advice was what had most helped her throughout the years. There is a verse in the
Bhagavad-Gita that clearly says the same thing, in words that have become a foundation for
the Hindu faith; *na jâyate mriyate vâ kadâchit.....* “(That) was never born nor does it ever
die, and only after having been does it disappear again. It is birthless, eternal, primordial, and
does not die when the body dies” (20)

In order to emerge from Schizophrenia and find his marks, the patient must establish a
triangulation such as the one used by surveyors when mapping terrain. In dissociation there
are two polarities, usually a sadistic one, source of the voices heard, and a masochistic one, an
aspect of the self that hears those voices and with which the patient identifies himself. The
mind goes back and forth between the two in an exhausting sort of merry-go-round. To escape
from that it is very useful to work on developing the eye of the mother or should we say “the
Mother”. She considers those two parts of the mind struggling against each other, squealing
and squalling, as her children, for instance the big brother six years old pulling on the braids
of his four year old sister. This merely makes her smile, for she doesn’t take it seriously,
seeing that it’s their way, at their age, of expressing their overflowing vitality.

There is a story about a Zen master who miraculously managed to separate two tigers that
were fighting over his monk’s walking stick. The story contains a profound teaching for
people suffering from psychotic dissociation or even inner conflict of lesser intensity. The
idea is that coming back to one’s center, to one’s central axis through bodily practices and
well conducted meditation that duality and its pain can be soothed and pacified. To achieve
this, we must master certain techniques (hold the stick well in hand) and work in a spirit of
detachment and freedom: in this sense, the stick can be any old stick which becomes the
monk’s staff.

We know that Milarépa’s body was regularly dismembered by the trials and tribulations
sent by his guru Marpa, who then would miraculously put him back together. Even when the
intensity of the inner experience leads to psychotic fragmentation, the spiritual master can
guide you back to wholeness. Furthermore, transfers of energy are not limited to master and
disciple, or therapist and patient. They also take place within the body. Bernard Mirande,
who contributed to this volume, has practiced a spiritualistic psychoanalysis in Montpellier

for a long time and works principally on dreams. I met with him and through his explanations I was able to penetrate to some extent, into that forest of dream symbols through which he helps his patients find themselves again. Throughout the years he has observed that schizoids and psychotics often have dreams which express major difficulties in communication between upper and lower. Things fall downwards but not all the way down, and even though there is an impulse to the rising movement, it breaks down midway, not reaching the top, etc. What happens in terms of bodily sensations is projected in dreams by mental images and archetypes. From a Yogic point of view, we might say there is some difficulty in opening the channels. Indeed, it is this opening that allows energies to flow between top and bottom so that vital energy may be transformed into spiritual energy through a process of interior alchemy. The lower pole is the seat of the feminine and earthly energy; Shakti in Hinduism or Shekhina in the Cabalistic tradition, whereas the higher pole is masculine, heavenly, Shiva and Salomon whose name means "peaceful one". This has been developed in my book, *Le mariage intérieur*. It is worth noting that the psychic fracture that characterizes Schizophrenia is also found in the disjunction between the lower and upper energies of the body.

Concerning transfers of energy, we can note that the founders of many schools of psychotherapy often obtain good results with their patients and one of the reasons may lie in the fact that they repeat the guiding principles of their new methods so often that over time these become charged with energy, taking on the force of mantras, and we know that in the Indian tradition mantras energized by practice can work miraculously. In particular, they can completely awaken the confidence of those seeking help, sometimes producing spectacular effects, which are not due to the merit of any specific technique but rather to the communicative faith emanating from the practitioner.

There are many people who tend to be rigid and give their own minds a hard time, but the schizophrenic goes even farther, considering himself a victim who must be tortured. That is what the voices do in the syndrome of influence which is at the center of psychotic evolution. A wise form of therapy---wisdom itself---is to consider the mind like a child who must be educated with firmness, but also tenderness, and know how to give it little rewards now and then for encouragement. This approach will help the subject out of the vicious circle of internal sadomasochism which can lead to complete psychic self- destruction.

The personality often constructs itself using mirror projections of the self onto models of identity. In the western world, the model that chooses the inner life, a life of looking into oneself, is the monk in monastic life, cloistered behind high walls, having pronounced vows of absolute obedience to the Roman Catholic Church. The cloister is not only physical but also mental since the aspiring monk promises from the beginning to adore one single entity, Jesus, and to believe in only one dogma, in one Church, and in one Pope and only one abbot. All this works for the functioning of a well-gearred institution, but removes us deeply from the great freedom of mystics. The *sannyâsis* of India are linked with a tradition and this link is channelized through their link with their master. They live a life of wandering and are walking illustrations of that freedom of mystics. I also think that thanks to the above-mentioned reasons, psychotic episodes are less serious and more easily treated in India than in the western world. The folly for God remains an open ended possibility, being free to express itself through a wide choice of beliefs, whereas it is repressed and contained in modern Christian monasteries which are perhaps too "well managed".

The Indian tradition insists on use of the mantra as a concrete form of self-help available. The more the disciple recites these words received from his master, the stronger he feels the connection between them and the more his mantra helps him through the difficulties encountered in his inner life. This simple practice is widely used in the Hindu and Buddhist traditions as well as in Sufi traditions. In these practices, the “therapeutic” influence is not limited to one session per week, but tends to become constant, therefore more effective. In India, certain renowned professors of psychiatry don’t hesitate to recommend the regular practice of mantras, not only as therapy but also as the sign of a normal psyche. The mind is purified as the tensions that disturb daily life are released. In the non-religious context of western society, the mantra could be replaced by a formula of positive thought or a word from the therapist that the patient finds particularly helpful. Another way of reinforcing the link could be an engagement taken by the therapist to meditate at a set time, for example a quarter of an hour in late evening, proposing that the patient also meditate so as to reinforce the subtle link between them. This method could be of great benefit for the patient simply by showing him that his connection with the therapist goes beyond the context of the weekly office visit he pays for.

Epidemics of religious psychosis, “orthodoxy-mania” and “theo-diversity”

“Orthodoxy-mania can be defined as the psychosis of subjects considered as orthodox in the narrow frame of their religion but who cling to their beliefs to the point of paranoia. There are quite a lot of them out there and the effect of this type of psychosis can be particularly destructive in a crisis because in their psychosis they get implicit support from the masses who basically adhere to the prevailing orthodox views. By “theo-diversity” I wish to illustrate the opposite: humanity is maturing and understands that it is very important to respect biodiversity which is part of the richness and stability of our world. Along the same line of thought, the day humanity reaches a certain stage of maturity it will realize that having a diversity of gods (theo-diversity) is useful and that monotheistic cultures are not good for society as they create unrest by banishing the natural “theo-diversity”. We might draw a parallel between this process and the giant agribusiness empire created by Monsanto and the developments taking place in the metaphysical world. Even if Monsanto reaps huge profits they damage nature in its original form. Theo-diversity is the best way to foster democracy and liberty in subtle spheres, while the imposed all-powerful monotheistic system naturally leads to a conquering ideology, if not to say dictatorship. History offers many examples and only emotional-devotional blindness keeps us from seeing or wanting to see this.

We might call orthodoxy-mania the psychosis of socially correct opinion. We’re dealing here with persons who are respectable, charitable and pious, but find it normal to exterminate an entire people in order to spread “the love” of their God. They don’t dare say it directly but hide behind a piles of vaguely mystical sacred writings implying that “no one can fully understand the ways of the Almighty which are unfathomable, least of all, we poor creatures who are the vermin of this earth”. In other words, the totalitarian ideology locks itself in its ivory tower while paranoia hides behind defense mechanisms of moralizing rationalizations. Moreover, we should point out clearly that the schizophrenic is too much outside of the world to be really harmful to others. At worst, he will disturb his family and friends or kill one or

two people before he is locked away in a psychiatric hospital and therefore neutralized. However, the ideological paranoid, in particular the religious one, has greater potential for doing damage, for example masterminding, organizing and carrying out genocides, and doing this all in good conscience. It is this “good conscience” that defines orthodoxy-mania which is every bit as deadly as the genocide itself. Indeed, it can lead to denial of historical facts and dangerous revisionism that can result in more genocide. To continue along these lines, we can speak of socially correct revisionism: history shows for instance that the catholic religion caused 80 to 90 million people to perish in 150 years during the Indian genocide in Central and South America. Some believers either deny it completely or else express a token acceptance of it if necessary! But then the incident is never mentioned again and the painful facts are “swept under the carpet” so to speak. The scenario typically corresponds to a paranoid projection, which we can call “socially orthodox denial”, which is something very common in religious circles, even liberal ones and this is a serious problem because, as stated earlier, it paves the way, psychologically, for future genocides.

We have already taken up the central question of the Almighty related to psychosis, and that analysis can also be applied to certain forms of religious violence which are spreading like epidemics. Yet, they are not often diagnosed as psychotic, no doubt because they involve large and rather aggressive groups. Unfortunately, psychoanalysts and psychologists tend to shy away from the problem, even though they are the very ones who could easily reveal the mechanisms of psychotic behavior, for instance megalomania and paranoia. In this sensitive area, it is essential to use discernment: the feeling that we are one with the whole or directly linked to Him through a special envoy or a prophet can help to heal a wounded ego, and thus can have a certain therapeutic value. However, that same belief can also inflate the individual and collective ego in a pathological way. Life generally brings limitations and at those times religious paranoia appears with its inflation of the collective ego appearing as *the* solution for boosting the sagging morale of the troops. That is how things are presented by preachers and politico-religious figures of all sorts. Some even don't hesitate to present this as the only possible alternative to suicide. From a psychiatric point of view, trying to climb out of depression by means of paranoia is like going from the frying pan into the fire. Power and pleasure are two terms often associated (they rhyme in French; *puissance and jouissance*), and there are certainly strong sexual connotations behind the search for almighty power. It corresponds to a craving for exalted (or almighty) pleasures. It is difficult to cut through the knot tying up this bag of bones, in the way that Alexander the Great slashed the Gordian knot with his sword. Even in cases of persons who openly renounce their sexuality such as clerics, this can lead to an intensified search for omnipotence when they place their identity in their religious institution and through this means reach religious power. It is true that the Vedanta and the path of non-duality also speaks of omnipotence, saying that it is no delirium, and that on the contrary the hallucination lies in believing ourselves to be limited. However, the monks who follow Vedanta are renouncers who beg their meal every day, so day-to-day humility is there to calm pride. Indeed, the reality of the limitless concerns our Self, not our ego. The religious person suffering from delirium can feel this, but his ego is inflated like a hard soccer ball, instead of being like a bubble that can burst instantly and dissolve into infinite space. Furthermore, in paranoia there is an external cleavage: me against others, and in schizophrenia the cleavage is internal; me against myself. In both cases we can detect a

sadistic almighty power at work, trying to destroy another power whether in the external world or within the psyche.

Let us return to the fact that fascination for omnipotence is directly linked to the attraction for sexual pleasure and thus is like a drug. One aptly describes addiction as a certain type of madness, and this holds true also for the delirious craving for omnipotence. We must understand that this delirium seldom appears undisguised, usually hiding behind all sorts of secondary rationalizations---political, religious or metaphysical. If we examine the development of the great conquering religious movements applying the criterion of desire for almighty power, it is fairly easy to coherently demonstrate that their actions stem essentially from a core of megalomania. Unfortunately, humanity in its present state can't seem to protect itself from this kind of paranoid virus handed down from one generation to the next. We can distinguish two main types of religious psychosis. On one hand, there is paranoia accompanied by brutal aggression to force others to submit, and on the other we find paraphrenia, where the subject is still in possession of his wits, that is, not psychotic enough to think that the whole world is ready to kneel before him, considering himself a key figure for all of humanity. He waits for the right moment to deliver his message since he still has some degree of caution and common sense left. I intentionally avoid the subject of sects because most people will react thinking "sects involve other people, not me!" and will avoid any questioning of their own beliefs, under the pretext that they provide them with a certain consolation. Of course, there are people who have particularly profound spiritual experiences and have an exceptional relation to the divine. However, they are certainly not the first or the last to have had this experience, far from it, and that is the distance that separates the normal from the psychotic. It is true that from the non-dualistic point of view everyone is the Self, the Absolute and as such, almighty, but it is important to remember that all this is valid only when the ego has completely disappeared, which then naturally eliminates the claim of being unique, which is the main source of religious violence. It is better to look that reality in the face. All those phenomena are found in the epidemic of collective religious psychoses, and it is the duty of psychiatrists and psychotherapists to point it out; if they don't, who will do it in their place? This doesn't mean that they should fall into the trap of religious or political passions, but on the contrary, clearly understand and explain the pathological side of such things.

Another name for "orthodoxy-mania" might be "normophrenia", the gregarious security people experience when they go along with a collective delirium. Following this idea we might offer an interpretation (not the only one) of the presidential election when Obama was elected first in the USA as a clash between two collective deliriums: on one hand, apocalyptic for McCain who insisted on the impending threat of a nuclear conflict, with Iran ready to blow up the Middle East, the historic birthplace of monotheism and on the other hand, we had another form of delirium with Obama presenting himself as the messiah of change, and as embodying this change the American soul had been waiting for since the very founding of the nation. The voters chose the second option...

Along this line of thinking about collective delirium we can put forth a statistic published in Newsweek magazine few years ago, stating that 40 percent of Americans believe that the end of the world will come before they die. In psychiatry, this conception of things is called apocalyptic delirium. The president of Iran, Ahmedinejad, belonged to the Chia sect which

also has an impending apocalyptic vision of the world. He declared already some years ago that the world would last only two more years. No doubt he was talking about his own world. This is disturbing taking into account his pronouncements against Israel which are genocidal. A former minister of justice in Canada who studied the question of genocide from the viewpoint of international law, points out that in most cases, those who have carried out actions of genocide, usually announced their intentions clearly in advance. We can also point out that wars break out when the level of paranoia among groups in conflict perceptibly increases. To fuel the fires of these deliriums of persecution underlying states of paranoia, there is nothing more effective than religious psychoses with their belief in an absolute truth as perceived by either naïve or else perverse believers who manipulate the masses. Thanks to the stamp of legitimacy accorded by the Absolute, entire groups become incapable of even imagining the destruction they expose themselves to in their thirst for absolute power. If these mechanisms of collective psychiatry are clearly and repeatedly exposed to a wide public, it will help people to mature in their judgement and diminish the chances of contamination by these epidemics of ideological violence. In this context of contagious religious paranoia currently plaguing humanity and unlikely to disappear soon, it would be useful to turn to the original message of Buddha which is simple and profound. He does not speak of an almighty God, unique or not, nor of messengers chosen or not, but essentially encourages human beings to work directly on themselves, to know their mind and spirit, in order to improve on them. The message is ethical rather than dogmatic, practical instead of political, psychological rather than theoretical. It is also interesting to note that Buddhism and Indian thought have had little impact on western philosophy until now, despite a few exceptions such as Schopenhauer, or today in France, André Comte-Sponville. It seems that most philosophers are above all teachers who tirelessly repeat in scholarly fashion the history of Philosophy they were taught, based on Greek thinking and generally fairly abstract. In contrast, the practical sides of Buddhism and Yoga have an important impact in circles of psychotherapy. Therapists are in direct contact with clinical reality and need methods that work and they find inspiration in the practices of Yoga and Buddhist meditation. For those who want to seriously pursue these paths, the question of a long-term retreat comes up. My own master, Vijayânanda, practiced Yoga and meditation for 75 years and was a Doctor in France before retreating in the Himalayas for 17 years and spending 60 years in India mostly meditating. He felt that a major obstacle for anyone wishing to undertake a true *sâdhanâ* (intense and prolonged practice), was trying to continue to work as, or else become a therapist. I realize this thought will make some people feel uncomfortable, but at certain crossroads there are choices to be made. At least, those who want to continue as a therapist could try a few long retreats to improve their knowledge of human mind and their skills in the care of others.

Conclusion about practice

We now reach the end of this article dealing with how wisdom can relieve, even heal psychotic suffering. Now it is time to stress the importance of a meditation practice for therapists who wish to have a spiritual approach to psychosis. Having a “practice” does not mean becoming a monk or a hermit living in a cave, but simply sitting down to meditate

regularly, perhaps twice a day, and whenever possible, going on a retreat where one can spend the better part of the day in sitting in meditation. Merely reading 2 or 3 books by mystics who tell of their experience and then writing a book or article on the subject in psychoanalytical jargon is not enough; it would be like trying to pass on the idea that we can understand everything with our ill adapted intellectual means, and without the benefit of a real practice. It is also like trying to climb to the top of the mystic mountain being weighed down by the burden of psychopathology. Even if you are able to start the climb you are very likely to fall along the way. This I already believed back in the days when I began to seriously explore these questions, even before I began studying psychiatry a quarter of a century ago, and now I am even more firmly convinced of it.

Let us recall that a spiritual practice must be based on several things. One is a solid comprehension of why the effort of turning our attention inwards is worthwhile. Another element is the importance of working on our concentration and the stability of the body added to the capacity to sit for long periods of time and to do so regularly, together with a firm resolution to improve one's life overall. Sitting regularly and experiencing day after day how difficult it is to silence the mind is an exercise in humility and reality. We can come down from our pedestal as those who have all the answers, and humbly sit on the meditation cushion. Furthermore, this practice brings us into contact with advanced practitioners from various spiritual traditions, which is also important. If a therapist does not have the benefit of this kind of practice, mental health specialists run the risk of speaking or writing on spirituality based only on theory, and at worst, imagination. Fortunately, things are changing in this field. The Dalai-lama was invited to preside over a convention of neurosciences gathering 30,000 professionals in Washington DC in October 2007 where a long series of talks took place with scientists and in particular in the field of modern Psychology. The findings were published under the title of *Mind and Life Institute*. (For example *Healing Emotions*.³ Generally speaking, it is true that theories in Psychology have their use, but it would be a mistake to think they belong only to the modern era. Some have been around for a long time, going in and out of style, having their moment of glory before vanishing like a morning fog burned off by the sun. From the point of view of a spiritual practice they don't bring any decisive help. Let us recall here, by way of conclusion, the image offered by Ramana Maharshi who explained that the Self is like an immense room and that Psychological theories are like room dividers that people set up, some preferring to push the dividing screens more to one side, some to another side, which doesn't change the volume of the room in any way.

A Few Thoughts

Most people are slumbering, living in repetitive satisfaction or in long term suffering, or even in chronic delirium, essentially a form of compensation. Awakening comes to those who have understood that we should not resign ourselves to all that.

Psychotics are often people who were subjected to violence during their childhood. It is important to teach them, using physical exercises and energy practices, that their body can help them to experience things other than violence or rape.

When an impoverished “me” suffers from oversensitivity and finds itself with nerves frazzled and feeling “skinned alive”, exposed, the person becomes a “poor me” and this weakness of the body that envelopes it comes to define its limits, eventually leading to psychosis.

We keep trying to interpret things, but for the sage, everything is a symbol for the Self. When we recognize this, from then on there are no comments, no echoes no traces. It is what it is.

The madman does not accept his limits and so he is trapped in the limits of pathology, whereas the sage, by accepting his limits, becomes without limits.

*Vigyânânanda (Jacques Vigne)
Dhaulchina (Kumaon Himalayas) November 2008*

¹ This was revealed by Lisa Cosgrove, researcher at the University of Poston in Massachusetts after a precise study of the authors of the DSM 1V. The *New York Times* reported the affair, and also *Le Figaro* in an article dated April 4, 2006. The text can be found on a site set up by a former patient who emerged from his troubled state using non- conventional therapy after the usual treatments had failed. This revelation shook the Psychiatric field

www.mensongepsy.com

² L’esprit thérapeute, Des psychiatres français à la rencontre de l’Inde. Des psychothérapeutes chez le Bouddha à www.klesoftedesign.com/jacques.vigne/ or also on www.jacquesvigne.com

³ Healing Emotions, conversations with the Dalai Lama on Mindfulness, Emotions and Health edited by Daniel Goleman, Shambala, Boston, 2000

