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Excerpts from Article Draft: “Psychosis and Spiritual Experience: Comparative Perspectives from Patients”

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Introduction

When making a determination of psychosis, a clinician must assess whether their patient’s beliefs and perceptions are consistent with the consensus reality—and thus, not psychotic—or whether the patient has beliefs and perceptions which conflict with the consensus reality, thus constituting psychosis. While this dichotomy is useful for diagnosis, a third space has also been described: certain psychological experiences, while not precisely psychotic in nature, may still lie outside the realm of the consensus reality.

These experiences take numerous forms. For example, a person may undergo hypnosis, leading them to have an altered memory and interpretation of events. Another person may experience perceptual abnormalities while taking psilocybin; a medium may hear voices of the dead which others cannot hear; or someone may feel a haunting sense of “unreality” even while still having accurate perceptions of the world. These experiences may be generally referred to as altered states of consciousness, as variations along the psychotic continuum, or sometimes as mystical-type experiences.

In this article, we will explore the phenomenological differences between psychosis and one particular category of unusual experiences: spiritual experiences, i.e. those unusual experiences pursued as part of religious or spiritual practice. The category of “spiritual experience” used for this article is broad and heterogenous, comprising both true mystical experiences as well as a host of other mental states and perceptual experiences. The spiritual experiences explored in this article generally meet two unifying criteria: 1. The subject’s experience of reality was different than usual during the spiritual experience; and 2. The subject attributes the spiritual experience to a divine or spiritual source.

While the comparison between spiritual experiences and psychotic states has been explored previously from the observer or clinician’s perspective, in this article, we will compare the two states by employing the perspectives of patients who have each experienced *both* psychosis as well as spiritual experience, and furthermore, have experienced these two states as two distinct phenomena. By asking these subjects to compare their two experiences, we will be able to more closely understand the internal, psychological nuances of these two states, rather than separating psychosis and spiritual practice based simply on cultural context, functionality, or other external factors.

The Phenomenology of Consciousness Inventory



The Phenomenology of Consciousness Inventory (PCI) is a retrospective self-report survey tool developed by psychologist Ronald Pekala in 1982¹ which can be used to study states of consciousness using quantifiable elements. The PCI constitutes an application of Tart's pattern approach to consciousness (Tart 1972), which explores various dimensions of the conscious state and how these dimensions can be measured in order to describe a state of consciousness, including altered states.

The PCI includes two 53-item questionnaires, Form 1 and Form 2. These forms are designed to allow subjects to compare two different altered states of consciousness, primarily by assessing how intensely each state is characterized by the 26 different dimensions of consciousness. In this study, subjects were asked to fill out the PCI at the conclusion of their interview, and the interviewer remained present throughout the survey in order to assist subjects when needed.

The PCI revealed many substantial differences between the psychosis and spiritual experience, including higher rationality, love, absorption, self-awareness, volitional control, joy, and meaning during spiritual experiences; and higher arousal, negative affect, altered state of awareness, and internal dialogue during psychotic experiences.

Ultimately, our understanding of spiritual experiences as a particular psychological state, one which may intersect with pathology but which is not synonymous with pathology, is one which still requires further study. By more clearly defining the borders of these various states, we can continue to develop a clearer understanding of the psychopathology of psychosis, and can continue working toward more effective therapies for afflictions within the psychosis continuum.

Katherine Lyman is an MS5 who is graduating this year and moving to southern California to begin psychiatry residency training at the UCLA-Kern program. Before medical school, she obtained degrees in Music, German Literature, and Middle East Studies, and has enjoyed staying connected to the humanities during medical school through the Biomedical Ethics and Medical Humanities Scholarly Concentration.

¹ The methodological and statistical manual for this tool is Pekala's *Quantifying Consciousness*, first published in 1991.