

## **Mindfulness Applications for Psychosis: A Letter to the Psychiatric Profession from One who 'Got Away'.**

To whom this may concern:

### **Introduction: A call for change...**

I met up with Dr. Tamara Russell on several occasions through the Summer and Autumn of 2017 and she invited me to contribute towards a paper aimed at introducing mindfulness-based approaches into the medical model for psychiatric care.

There was surprisingly little emotional reaction on my part, other than a quiet, humbling feeling of participation in my life. After so many years of waiting, I was finally being asked to use my life experiences and suffering to play some part in helping society move forward towards more compassionate ways of caring for people experiencing extreme emotional and mental confusion and distress.

If our meetings had happened fifteen years before, my reaction would have been very different, as around that time, I spent eight months in the 'care' of the NHS mental health system and my then psychiatrist.

My feeling towards my psychiatrist and the mental health profession at the time was one of rage, rooted in a deep sense of having been abused at a time when I was totally vulnerable. If I had written a letter then, it would have been full of condemnation, and not constructive. Time is a great healer though and somehow, I came to peace with what I still see as a form of slow crucifixion. My psychiatrist was not a bad person, simply someone carrying out his role within a system and collective understanding which 'could have been better' and now desperately needs to evolve.

As mentioned in the title of this letter, I was one who 'got away'. This is a very sad thing to say about any medical care, but I am very clear that this is the right wording. I am very confident that if I hadn't managed to take my life back into my own hands and had simply gone along with the guidance of my psychiatrist, then I would either be in a pharmacologically induced cognitive mess now or more likely dead as I was already moving towards suicide while on Risperidone.

In my view, the scale of unnecessary human suffering caused by clinical care, which 'could have been better' over the past sixty or seventy years, is so huge, it is off any measurable scale. Somehow now, there simply needs to be a collective acknowledgment that the understanding of 'schizophrenia' and 'psychosis' which evolved in the 20th Century was misguided, and things need to change as quickly as possible.

Ideally new people experiencing extreme states of confusion will soon have a wider set of care options offered to them, possibly involving some form of anti-psychotic medication for a limited period, possibly not.

With the people who have been in the 'service' for years on anti-psychotics, society needs to do its best to help them recover and come off them. It may be challenging and expensive, but to me it is an ethical responsibility given the mental health system got them into this situation. While it is true that they had an underlying emotional and health issue, which could be considered their personal responsibility, this does not justify leaving them with the experience of a chemical lobotomy for life.

My message here is a pragmatic one as well as a compassionate one of a simple need for the mental health profession to reflect on the paths it has travelled since its beginnings and to be a little humble now and open to new approaches and fresh understanding of what a human being in crisis really needs. The time feels ripe for some changes...

## **Part 1: Mindfulness applications within my life navigating ‘spiritual psychosis’.**

I want to share some relevant aspects of my ‘story’ now as best I can. There is no space here to explore in the detail I might desire; I am writing a book on this, but hopefully it will prove useful to the reader.

Before I commence though, I want to briefly discuss both the language and the conceptual frameworks we use to relate to altered or non-ordinary states of consciousness.

For me, language is both very important and at the same time extremely dangerous if used unwisely. It reflects our often-unconscious assumptions and prejudices and right now, I don’t feel we have adequate commonly understood conceptual language to reflect the realities of states that human beings can experience.

Generally, for the psychiatrist, when I discuss my ‘experiences’, I am talking about a ‘psychotic experience’ or ‘psychosis’, something regressive, something ‘bad’.

If I speak to certain Tibetan Lamas, or Indian mystics or other ‘spiritual people’, they will often see the experiences I describe as a spiritual awakening or opening, something growth related and in the bigger picture very beneficial, once the mess is tidied up.

For me personally, these experiences can be both positive and negative and I will use varying language and even the word psychosis, but my understanding of it is my own and not necessarily that of the reader, so this needs to be considered.

So, I will share a little of my story which I kept hidden for fifteen years...

Every personal story of how people cope with serious life challenges is interesting. I believe my own is useful though, because I already had a deep meditation or mindfulness background at the time when my life was interrupted by the eruption of extreme inner experiences.

I would say I first started to experience difficult emotional symptoms while a student at Cambridge University in 1989. I was 18 and for the first time found myself having anxiety and mild depression related issues. This evolved over the following years to serious stress and the occasional panic attack sufficient for me to discuss seeing a psychiatrist with my GP, though it didn’t happen. By the final year, my mind was pretty burnt out and I was having difficulty with my work, but somehow managed to complete my degree.

The difficulties continued throughout my brief three-year stint of professional employment, first as a financial auditor and then as a computer programmer. I went into a form of breakdown and burnout, perhaps chronic fatigue. I discussed the ‘symptoms’ I was experiencing at the time with my GP. ‘Concrete head’ and ‘Fire head’, I called them, and she was honest in saying she didn’t understand what I was describing.

By 1996, I was experiencing extreme head pain on a daily basis and so chose to leave my work and life in the UK and see what I could find from the Eastern traditions to help me. This included Yoga, Vipassana Meditation and Tai Chi.

I didn’t realise at the time that my journey back to health was going to take centre stage in my life for much of the following fourteen years with the final nine years involving extreme anxiety states and what we can equally call ‘psychosis’ and ‘spiritual emergency’.

In June 2001, while living in China, I experienced a relationship breakdown which combined with other factors, including having weak

support systems around me and the anticipation of a war with Taiwan, triggered an inner collapse of who I was.

Reflecting on this now I don't see it as something unfortunate. Rather to me it was a natural adjustment to the state that I was in beforehand, which needed to change. I see the process as one of growth, starting with the clearing out of the 'tangles of weeds'. It was not a comfortable time but an important one in my life.

I did many things at this time, which were incompatible with the way we expect people in society to behave and it was clear that I was doing so because of a perspective on the reality around me that was not shared with other people. While I'm giving a positive light to the experience, I need to make it clear that this was a very 'extreme' time for me.

As in normal life, I believe there were possibilities for both growth and regression open to me. How things unfolded, in good ways or bad ways, depended not just on the quality of the actual experiences I went through, but on how I responded to them. I did my best to consciously navigate through the tsunami like waves of inner experience which were overlaying my outer reality.

It isn't possible for me to say how things might have played out if I hadn't spent three years training myself in Vipassana meditation, which is effectively high intensity mindfulness.

The experience itself, which lasted about ten days, was very rich in content. I can't describe it adequately here, although I can give intense detail at will. It contained many religious themes relating to Christianity and Buddhism and at the same time followed an intense story of me trying to harmonise China's relations with its surrounding regions and countries, including Tibet and prevent war. I became "The Peace Master".

Alongside the positive aspects were terrible dark themes, some inspired it seemed by films such as Terminator which appeared to have some resonance with me as an ex-computer programmer. These 'fantasies' were a complete nightmare. I convey the level of emotion to others by discussing the Russian roulette scenes in the film, 'The Deer Hunter', which are done well and are painful for me to watch.

However, apart from one afternoon when things were presumably just too extreme for me to bear, starting off with me breaking a glass door, and ending with me tied to a bed in a local psychiatric hospital, I was able to stay lucid to the experience the whole time. This allows for some degree of conscious choice, in opposition to the massive strength of the fantasies that come over you in this type of experience, at least as I experienced it.

I was taken into a Chinese psychiatric hospital, where my wounds were treated, and I was heavily tranquilized. My parents joined me from the UK the following day, taking it in turns to sleep in the hospital with me throughout the following week. There was little English spoken, and so I gained the unusual secondary role of being our translator as well as the patient.

In a strange way, it was not a bad experience for us, mostly because my family and I approached what was happening to us all in a positive way and built up good relations with the hospital staff. I had spent a first night tied to a table and been traumatised by my wound care and we were living behind prison bars, food served from a metal bucket etc. Yet the nurses and doctors were friendly and caring.

With the support of the British consul, we were able to exert influence over my treatment and were able to negotiate how medications were handled, my leaving arrangement being to continue with two weeks of Risperidone and two months of Chinese herbal anti-anxiety medicine. In

China, it is not unusual to offer care integrating allopathic medicine and local traditional herbal medicine if the patient requests, which I did.

We were able to return to the UK together a couple of weeks later and after some family discussion, called a local psychiatrist for help. The reason was not because of my actual experiences in China, but because I found myself experiencing inner voices, suggestions, urges and thoughts which were very dark and not part of the 'me' I was familiar with from my so-called 'normal' life. These urges caused me extreme distress and potentially placed myself and family members at risk.

We had a quick response, a psychiatrist turning up at our house the same day, but I found our interaction quite limited. He asked a few questions about what had happened to me, but seemed interested in what I was saying, only in terms of its value for creating a diagnosis. We were having a fairly normal conversation at the time, even though I was distressed from what had happened, and the crux seemed to come when I said I had walked naked through a market place in China. Rather than enquiring why I had done so, he quickly asked whether I would consider the state I was in to have been 'psychotic' and out of a desire to receive help, I agreed, saying "In your language, yes I would say so". And so, I received a diagnosis of having experienced acute psychosis. We never spoke again about what had actually happened to me.

I hoped for some help from the psychiatric system, some emotional therapies to help with the dark thoughts, the massive emotional pain moving within me and the inner rage which exploded through me occasionally, but I found for some reason that my care only involved the daily taking of anti-psychotic medication, in my case, Risperidone.

My psychiatrist tried to convince me of the importance of taking the anti-psychotics, by painting a picture for me of the 'psychotic experience' as one which would lead me into deeper and deeper vegetative states each

time it happened. This was in addition to it potentially leading to uncontrolled dangerous activity. He was painting a picture for me of something so bad, that any means justified 'possibly' preventing it happening.

To me, there was an unconscious prejudice here and basic ignorance of the altered states that humans can enter and the ways they can be mindfully navigated. It had the consequence of creating extreme fear and despair within me, leaving me disempowered to face the realities of my inner self and dependent on both my psychiatrist and the anti-psychotics to 'protect me'.

I had to overcome this fear to even consider coming off them, the irony being that ultimately the experienced reality I 'knew' of life on anti-psychotic medication was far more terrible for me than the unknown possibility of further 'psychotic' episodes turning me into a cognitive vegetable.

I was concerned that the vegetative state I was actually experiencing was being caused by the medication and not by my brief experience of 'psychosis', but found that this fell on deaf ears and the view was not supported. In actual fact, there was probably a combination of factors, intense untreated trauma combined with lobotomising medication, both impacting my function.

I discussed the dark urges I was experiencing with the psychiatrist a few weeks into our work together, but found he had nothing to offer me. The medication appeared to provide no help here. Instead what I discovered with daily 'mindfulness practice' for 'real', was that I could meet with the inner darkness, say thank you to it, let it go and continue with my dinner table conversation, without going into fear or scaring everyone around me by reacting to it or giving it expression. This was a very lonely

experience for me as the urges were too dark for me to discuss with my family, but in fact, we all knew what was going on.

Even at the worst moments, the one thing I didn't do was to go into aggressive conflict with the inner darkness. It is only now through me hearing the testimonials of others that I have come to realise how very important this had been for me. In my case, though I was very afraid of it at the beginning, my mindfulness training allowed me to explore different ways of relating to it, and eventually I found that it was okay to compassionately allow it some space within my life, while consciously managing how it was expressed in the world.

This mindfulness capacity was an essential protector for me, a lifesaver perhaps. It enabled me to deal with the 'urge / command' aspects of my inner darkness which I was experiencing on a daily basis. With more focused training I believe much of my suffering could have been alleviated.

What it didn't do was alleviate the depths of my despair and depression, which were a consequence of my experience of life while on anti-psychotic medication. While in India in 2005, I watched a snow leopard pacing back and forward repetitively within a small cage. Having been removed from its natural mountain ranges and imprisoned, it had lost its soul and I reflected that this was how I felt while medicated.

I came off Risperidone in January 2002, over a period of two months. Under the supervision of my GP, we halved the dose in one go and I immediately found a return of my cognitive capacity to focus on the life around me. For the first time in six months, I was able to read a book or watch a film and follow the stories, which was a welcome distraction and pastime for me, alleviating the suffering caused by spending endless stretches of empty life in a state of high agitation.

I had spent eight months in a state of profound misery which had driven me to places I wouldn't wish on anyone. In the later stages, the backdrop of each and every moment was highlighted by the thought of whether to kill myself or not and how each different method might feel.

My will power and sense of self which might have protected me during this time of emotional upheaval had been stripped away and so for a period, I was totally vulnerable.

The climax came while coming off the medication, which seemed to magnify things even further for me. I came very close to committing suicide over a live railway line, my hands only a foot away from it, before I stood up and walked away. It wasn't that I wanted to die, and I certainly didn't want to ruin the lives of those who loved me, but the suffering was just too much to bear.

Once off medication and stabilised, which took about three months, my mindful awareness allowed me to have a normal life again very quickly. Emotions were still strong during this period.

My parents were very tolerant and patient with me. We knew I had to have my space to release rage and frustration at times, and I would do so in the downstairs toilet or alone in the lounge before they got up. Occasionally it was directed at them, but thankfully my mindfulness helped me to manage it and not let things get out of hand. There was a lot of healing at this time and after the initial few months of coming off Risperidone, the fits of rage happened less frequently, occurring mainly in 'intentionally induced' retreats I will describe later.

I signed off from my psychiatrist in May 2003 having concluded from my experience with him, that not only had he nothing to offer me, but worse still, he was actually a serious threat to my existence. Instead I chose to take on the role myself of bringing my life back to a healthy balance. It

didn't matter how terrifying the journey was going to be or how long it would take, what I had just experienced from the mental health system had offered me no hope.

Our final conversation was the only authentic human one we had together, as I took my power back from him, regained my independence and communicated as an equal for the first time. He responded openly to me, talking more widely about psychiatric interest in the states people experience taking Ayahuasca and the influences of Carl Jung. His final advice to me was for me to continue taking a low dose of Risperidone for life, which I declined.

Over the following eight years I had repeated episodes of 'non-ordinary' extreme states. I gained more and more experience consciously 'navigating' and 'internalising' them and though it never became easy, possibly because the experiences were deepening still and becoming ever more challenging, I did finally get to a stage of completion and life has been pretty 'normal' since. In fact, my life is wonderful.

What I am talking about here is simply applied mindfulness for psychosis. It doesn't matter whether you are in an acute state of full blown 'psychosis' or in a milder more conventional state of distress. You have both external and internal experiences and you can choose how to respond to them. You can mindfully manage your internal balance, first by knowing what is going on inside, in the thinking mind, emotionally and in your body, and then by applying whichever skilful means have been learnt to help things along in a compassionate way.

In more ordinary human life states, it is clearly common sense that what makes all the difference to one's quality of life is how one responds to the experiences one has. If your train is delayed and you are late for an appointment, an unconscious stress or anger reaction will no doubt carry forward into your day and cause further ripples of unpleasantness. If you

can relax and accept the situation, one's suffering will be reduced and will be less likely to roll on.

An acute 'psychosis' is not essentially any different, just more challenging, especially when one has had little preparation to deal with such an experience. A stressor may well be the experience of a nuclear war happening, or the experience of a fierce demon appearing in front of you or of a hydra with recognisable human faces encouraging you to kill yourself. These were a part of my many experiences and I found myself totally alone facing them. They were not easy to cope with but overtime I was able to learn to do so safely.

Many people will have enhanced difficulties during an episode because they lose their lucidity. I believe this capacity to stay with the lived experience while it goes extreme is something that develops with good mindfulness training. I was told once that this was one of the functions of Zen training, for the 'unconscious' to become conscious and I appeared to have achieved this.

I will propose some hypotheses based on my personal reflections, although generalisations may not be appropriate. Lucidity may be lost or seem to be lost, because the 'psychosis' is like a dream state, happening while awake. There may be full or impaired momentary awareness and active capacity, but with trauma protective reduced-retention in memory as with dreams, so the later perspective may be of not having been conscious at the time. There may also be extreme emotional overwhelm patterns alongside this in which the cognitive consciousness is bypassed for a while.

In my case during the first episode, even though I had almost complete lucidity through the actual experience, I later had to work very hard to structure my experiences in a linear 'left-brain' way. My recall was blocked for a while because the memories triggered extreme anxiety for

me and they were stored in non-linear time sequences more like a series of paintings or dreams.

After the first episode and the massive effort I made to recall it, I found I was able to move through later episodes without any loss of cognition. The experiences got darker and more dangerous, but I was mindfully aware of everything happening and was able to write about them later with a linear time memory.

This may offer some hope for other people. I am not a uniquely gifted human being, just a sensitive one with plenty of patience and a willingness to face whatever comes up inside me, comfortable or not.

I want to say something on the negative after-effects of going through an experience like this. I think it is obvious that if you go through a massive traumatic event and have days and days of adrenaline pumping through your system with minimal amounts of sleep and rest, then it will affect the body. To me this is similar to a traditional nervous breakdown and adrenal burn out, except that it happens more quickly.

In my own case, I learnt to rest for a month or so after each episode and took herbal medicine to strengthen myself. My daily Tai Chi practice also helped to revitalize my system.

How one is received by others is also very important. In my case I talked to certain Tibetan lamas who were very supportive and helped me hold on to a positive framework and view of myself. I was also able to discuss much of what happened to me with my mother, who has a natural capacity to listen without judgement. I would say there is a massive need for emotional care to get over the trauma caused in these experiences, just like a soldier coming back from a war event.

As I gained more skill at mindfully navigating through the experiences, the after-effects became milder for me, though I did notice some deterioration of my ability to concentrate and work in a left brained way, such as with my computer programming work or English teaching. My capacity for right brain activities appears to have grown exponentially over this period and consequently my work activity has naturally adapted to this change.

My process of recovery has been a long one and along the way I have made use of many therapies to help myself including the transpersonal work of Stanislav Grof: Holotropic Breathwork™, Homeopathy, Bach Flower remedies, Aromatherapy, Tibetan and Chinese medicine, Shiatsu, Rolfing etc. all of which I believe were useful for me. This was alongside practices like my Tai Chi and various forms of meditation. Amongst all of these healing activities, it is clear to me that my Mindfulness skills were key as they allowed me to take charge of how I responded to the difficulties in my life.

Alongside the Mindfulness, what we can call Connection practices also played a major role in my recovery. In June 2002, my father brought me to an environment where I could work as an assistant in an English teaching class for mainly Asian women. Within a week of helping in the class, supported by a daily dose of Mimulus, Bach Flower Remedy for timidity, I was happily relating to other people and making full eye contact as if nothing had happened to me. For the previous year, I had been unable to tolerate eye contact with anyone other than my close family members.

I later took 'connection' work to a much deeper level, learning to enter compassionate resonance with others through meditative observation and touch and I'm sure this also played a part in my journey to stability. When you are well connected to others, there is no psychosis. I used this

skill, to enter into resonance with others, to bring myself back from non-ordinary states on many occasions.

I would identify 2010 as a stage of completion for me. I started to enter a psychotic spiral in May that year, while in Jerusalem, which included going into the stage of seeing 'extra' disturbing things around me, but I was able to relax and not go into fear. I had already previously dealt with every nightmare scenario my mind could create and so was able to use my mindful awareness to consciously manage the journey back.

Since then, my life has felt pretty 'normal', though occasionally there is still the feeling sense of being in an altered state or simply a highly ungrounded one. Everything becomes like a virtual reality game with no feeling to it, behind some kind of 'glass', but I don't mind. I can even enjoy it, as I now know how to make my way 'back' to the 'norm'.

Likewise, panic attacks are still occasionally part of my experience, but I can mindfully navigate through them, observing every sensation that emerges, along with all of the associated extreme fear based emotions and thoughts.

The dark thoughts / urges which arose with my first 'opening' became less frequent over the years, possibly reflecting my healing as I deepened my meditative practices and followed my inner journey. They still come occasionally, but I don't mind and don't identify myself with them or allow them to manifest through me.

I am still sensitive to strong emotional interactions and can be imbalanced by events like anyone, but I have good skills for regaining balance. I am continuously aware of my inner state and regularly make conscious choices as to how to take care of myself as best I can. This is applied mindfulness for psychosis.

I want to complete this personal story with a few words to people who may be caught up in their own suffering and to those who love them. There were many occasions in which I experienced the absolute despair that comes from believing that my suffering would never end, not even with my own death, and yet I have come to acceptance and peace with all that happened. For me now, looking back with the benefit of the bigger picture, I see a beauty in those years that I can be strangely grateful for and I have no regrets. They made me who I am today.

I am enjoying the unfolding of my life.

## **Part 2: Humble Suggestions**

In my personal experience, the long-term use of anti-psychotic medication is incompatible with the journey back to health.

For me, they messed up my digestion, sleep, energy levels, sexual function, the cognitive capacity to do anything meaningful, passive or active and caused a lifestyle that naturally lead me to depression.

Contact with the beauty of life created absolutely no feeling for me. I could see it intellectually, but emotionally it was no different for me than contact with something ugly. This is not a natural state for a human being to be in.

I found that positive emotions were blocked, but negative ones were not and at the time even my good memories were recalled through negative filters. Likewise, with speech, I experienced a form of aphasia, which caused me enormous frustration. Everyone completed my sentences as I was so slow to get them out, yet if my conversation turned to depressive thoughts, I could hold a conversation. It was as if I had become specialised in negative functioning.

I no longer had access to the 'soothing state' (as defined by Paul Gilbert), so I was never able to relax and feel well in myself. There was no comfort, no feeling of safety. All I was able to do while on medication was to minimize my state of agitation, which was best achieved by lying on the sofa and watching certain daytime television programs like Oprah Winfrey. I would cling to the programs full of human stories, like a drowning person holding on to a raft, and then have to let go and drift back into oblivion and endless emptiness.

My capacity for mindfulness was hampered alongside the impaired cognition. Meditation is founded on coming to a state of inner relaxation, but this was not possible for me at this time. The only thing I could do was go for walks with my mother each day along the local canal. This was our positive life activity, rain or shine, driven by my mother's determination to keep my body going with some exercise and contact with nature.

The terrible thing is that you no longer know who you are or what your natural state feels like. After a big experience like a 'psychosis', there is a feeling of life being interrupted and in a way, a new 'you' is born. If you are placed on medication straight away, you never have a chance to find out what the new 'you' is like. You never know for sure whether how you feel is a consequence of what happened, or of the medication and there is no way of finding out except by coming off, which as described earlier, caused things to get worse before they got better.

Over time, having to live like this naturally lead me to wanting this 'life' to end.

In a way, my life had already gone, leaving no reason to carry on other than to reduce the suffering of those who cared for me.

Obviously, the need for care for those who have experienced a 'psychosis' can be complex and difficult to comprehend, but I don't believe so-called

traditional care is going about it the right way. I believe we can do much better than this.

In the initial stages of my healing journey, I faced my inner emotional world completely by myself, but I would not encourage this if there are other options available. After eight years of having 'natural' episodes, some large, some small, usually while on my own in Asia, I chose to make use of transpersonal work, including the work of Stanislav Grof to effectively induce or make space for 'episodes' in a safe environment with support.

Once I intentionally started working through my subconscious material in this way, I no longer seemed to have the 'need' for further 'natural' episodes. At the same time, I was deepening my Mindfulness practice, now in the form of Zen, and deepening my Tai Chi training, both of which I believe contributed to my stability.

My vision for the future of 'mental health' care, is of combining aspects of transpersonal work with embodied mindfulness and compassion training.

In practice, this may mean creating environments for 'episodes' to occur safely, allowing the individual to follow through with the 'inner journey', supported with psychotherapy, art therapy and whatever else the individual responds to, in order to promote integration and learning.

When there is no reason for a psychosis to occur, it will not occur. People are not all the same, but for most people I'm very sure there will always be a reason for what is happening to them. For some it may be identifiable traumas, for others simply evolved emotional imbalances and an accumulation of micro-traumas, but in the end, I am confident there will always be emotional pain and trauma to deal with.

Perhaps a few people will have organic illnesses or other brain-based diseases but this to me is something completely different and nothing to do with what we are discussing here.

My intuition for myself is that my own difficulties arose from birth trauma combined with other environmental factors as I grew up, but it is difficult to prove this.

At the same time, I see my own experience as one of spiritual emergence and this is something which needs to be nourished and facilitated, not suppressed. Transpersonal work can allow this growth to occur and then possibly the underlying 'difficulty' may disappear as in my case.

Alongside this inner journey transpersonal work, the individual needs to establish a deeper emotional regulation capacity and I feel the model of Professor Paul Gilbert is relevant here.

Somehow the individual needs to achieve a healthy balance within their emotional systems with a deep capacity to relax into what Professor Gilbert calls the 'soothing state'. There may already be compassion practices to facilitate this such as used in Compassion Focused Therapy and I am developing my own ways using mindful touch practices, which have proved useful to me.

Simultaneously, the person needs to train their mindfulness skills to enhance their inner and outer experience management capacity. The mindfulness practice has two roles. First it supports the emotional work and helps the person form healthier life patterns, but it also acts as a protection system while things are still difficult inside. The 'voice' may tell you to hurt yourself, but you can find the capacity not to follow it.

I also see a requirement for cognitive training to help people frame their experiences and develop skilful approaches to dealing with them. I had

advice from many spiritual teachers and studied Carl Jung's works and a myriad of other sources. In the end you need to talk to someone who has been there.

Finally, it is all very well discussing 'treatments', but the long-term foundation for recovery is all about re-establishing the basics of self-determination, healthy diet, exercise, connection to others and appropriate and meaningful life activity. If these aren't addressed, then the rest may be a waste of time.

Regarding what is known today as 'mindfulness', I am concerned that for many people, it may have become synonymous with MBSR (Mindfulness based Stress Reduction) and MBCT (Mindfulness based Cognitive Therapy). While these may be a useful start, the needs of people with extreme anxiety and trauma may be different to the mainstream and so this needs to be considered. I suspect there will not be a universal 'one fits all' method which can be applied to all. Rather the focus may need to be more flexible and tailor-suited according to specific needs, whilst remaining faithful to the core mindfulness principles.

Mindfulness is the capacity of self-awareness allowing healthy conscious response to stimuli both external and internal. It is also a state of deep embodiment and groundedness and it is a state of "warm hearted" relationship to oneself and to life. How one achieves this is not important. It just needs to work for the individual or group of individuals concerned.

This may be yoga, tai chi, martial arts, dancing, amateur dramatics, art work, cooking, knitting etc. whatever suits the students and can be adapted to function within a mindfulness framework. Mindful activities have an advantage over just 'sitting' as taught in many mindfulness classes, as they allow the person something to hold on to rather than just being alone with the experience, which will likely be traumatic. You are

essentially asking the person to face the equivalent of their death, which they need to go through to heal, so this needs some preparation.

In the initial phase after my first episode, I was extremely uncomfortable spending time alone without distractions. Actual meditation practice would have been very challenging for me, and this was after having attended many silent retreats in the past. In time though, I was able to face the anxiety and pain and practices similar to those taught in MBSR (Mindfulness based Stress Reduction) became useful to me.

With appropriate support and guidance this process may happen quicker for people and I feel that recovered 'peers' have a major role to play here.

In my own work, I offer body based deep relaxation, mindful touch and simple heart connection practices to reduce the stress in the system and help the person to feel safe before they open to their emotional pain.

My feeling is that there is a lot that can be done to help people with their life difficulties.

### **Conclusions**

I wish to express my hope that what I've written acts as an inspiration for people, leading to the conviction that new ways are possible, that there is no need to tell people who are suffering that there is no hope and that they will have to take lobotomising medication for the rest of their life.

I am aware that there can and hopefully will be a series of papers exploring many of the things I am saying here, but my goal right now is to establish a very simple premise: what happens in a 'psychosis' is essentially no different to the normal human experience. It is just more subjective, in that inner material plays a larger part in both the actual composition of one's 'reality' experience and one's perception of it. The experience may be pleasant or unpleasant just like in a so-called normal

reality state and perception, and what makes all the difference is how one understands and responds to these various states.

From my own experience, the non-ordinary state is much less stable than ordinary states and both the 'reality' experienced and one's perception of it can change very, very quickly. One must take real care navigating through life while in these states, but this is something which can be learnt and practiced. Maintaining lucidity may be difficult for some individuals but as described before, I believe mindfulness training can help. I am saddened when I hear about people killing themselves while in these states, as it is quite unnecessary.

For me personally, there is no such thing as a cure for schizophrenia or psychosis, whatever these terms mean. There is simply a human being needing to grow into a more 'spiritually mature' person so that they can live out their lives in balance and well-being. The process may well involve therapeutic work to help them move on from the past, but it is essentially an educational process, not a clinical one.

Finally, this journey through madness needs to be accepted in society as a natural and even healthy part of being human, rather than as something to be ashamed about. As we become more familiar and less afraid as a culture, of the experience of our deeper selves, it will become easier to cope with the journey. When a person returns from such an experience and is embraced by the community around him or her, rather than being alienated, then there is much less difficulty coming back to stability and well-being. This would make a big difference.

Thank you.

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#### About Anthony:

Anthony is 46 years old and graduated from Cambridge University in 1992 with both a 2:1 degree and a breakdown. After three years spent working for an audit firm and a software house, both jobs causing further burnout and breakdown, he gave up the pretence of being able to cope with professional working life and shifted the focus of his life towards learning to relax and find what he calls, “a quiet mind, comfortable body and grateful heart”.

Since then he spent much of his life living in India, Thailand and China exploring Vipassana and Zen meditation, Tai Chi and Qi Gong and many forms of massage and bodywork. The journey was not easy and at times between 2001 and 2010 involved episodes of extreme anxiety and ‘spiritual psychosis’. Apart from an eight-month period at the beginning this was lived out without the use of anti-psychotic medications.

In 2013, he refocused his life around Europe and trained with Breathworks in the UK as a Mindfulness teacher. Since 2015, Anthony has been facilitating Mindfulness based workshops and courses with a focus on dealing with emotional pain and trauma and in 2017, began sharing his personal experiences of ‘psychosis’, alongside mindfulness and compassion training practices, with people working within the mental health profession.