Mystical Experience

Descriptions

Mystical experiences represent a fundamental dimension of human existence. These experiences are commonly reported across all cultures. A mystical experience subjectively is characterized by encountering the divine in a way that disrupts the normal sense of self . The definitions of mystical experience used in research and clinical publications vary considerably, ranging from "upheaval of the total personality" (Neumann, E., in Campbell, J. (ed.) (1989) The Mystic Vision) to definitions such as "everyday mysticism" (Scharfstein, B. (1974) *Mystical Experience*).

William James believed the mystical experience was at the core of religion, and believed that such experiences led to the founding of the world's religions. Many of the personal religious experiences uncovered in Gallup polls (reviewed later) have their roots in mystical states of consciousness.

In *Varieties of Religious Experience*, James (1902) described mystical experiences as having:

· Ineffability: defying description

· Noetic quality: accessing special kinds of knowledge

· Temporal transiency

· Passivity, where the participant feels "as if he were grasped and held by a superior power"

'Neurotheology' is a new field of research that seeks to understand the relationship between the brain, the mind and religion (Newberg, A. (2010) excerpt from *Principles of Neurotheology*). Research by Newberg (here, in a 2009 interview) has been strongly focused on the relationship between neurobiology and mystical experience. Many studies have found EEG changes indicating a marked shift in neural processing during mystical states. For example, a study of Carmelite nuns found

> "that mystical experiences are mediated by marked changes in EEG power and coherence. These changes implicate several cortical areas of the brain in both hemispheres." (Beauregard, M., Paquette, V. (2008) EEG activity in Carmelite nuns during a mystical experience)

For additional definitions and descriptions of mystical experiences, see Common Threads in Mysticism, an interview with Robert Frager, PhD, one of the founders of transpersonal psychology. See also Several Definitions of Mysticism.

Mystical Experiences and Psychopathology

Surveys assessing the occurrence of mystical experience in the general population indicate that they are quite common and the incidence has been rising. For 40 years, the Gallup Poll has posed the question: "Have you ever been aware of, or influenced by, a presence or a power—whether you call it God or not—which is different from your everyday self?"

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(Gallup, 2011)

A 2002 Gallup poll found 41% reported that "I have had a profound religious experience or awakening that changed the direction of my life."

Rupert Sheldrake discussed the prevalence of mystical experiences in this video.

Surveys show that most clinicians do not currently view mystical experiences as pathological (Allman, L., et al. (1992) Psychotherapists' attitudes towards clients reporting mystical experiences.)

To some degree this reflects a change, partly attributable to Abraham Maslow, Ph.D., who was a founder of humanistic psychology in the 1960s, and then went on to found transpersonal psychology. He described the mystical experience as an aspect of everyday psychological functioning:

It is very likely, indeed almost certain, that these older reports [of mystical experiences], phrased in terms of supernatural revelation, were, in fact, perfectly natural, human peak experiences of the kind that can easily be examined today. (Maslow, A. (1964) *Religion, Values, and Peak Experiences*)

This healthy view of mystical experience was corroborated in research that found people reporting mystical experiences scored lower

on psychopathology scales and higher on measures of psychological well-being than control subjects (Wulff D (2002), Mystical Experience, in Cardena, E., Lynn, S., Krippner, S. in *The Varieties of Anomalous Experience: Examining the Scientific Evidence*.)

Yet historically, mental health theory and diagnostic classification systems have tended to either ignore or pathologize such intense religious and spiritual experiences. Some clinical literature has described the mystical experience as symptomatic of

· ego regression

· borderline psychosis

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The personality is unable to rightly assimilate the inflow of light and energy. This happens, for instance, when the intellect is not well coordinated and developed when the emotions and the imagination are uncontrolled when the nervous system is too sensitive, or when the inrush of spiritual energy is overwhelming in its suddenness and intensity. (Assagioli, R., in Grof, S. and Grof, C. (1989) *Spiritual Emergency: When Personal Transformation Becomes a Crisis*, p. 34-5)

One of the main risks observed following ecstatic mystical experiences is ego inflation, in which an individual develops highly grandiose beliefs or even delusions about their own spiritual stature and attainment. Many theorists have seen this as an "occupational risk" associated with seeking spiritually transformative experience. The very experience often contains elements of grandiose inflation —or as it is called in Zen, “the stink of enlightenment.” (Rosenthal, G. in Anthony, D., Ecker, B., and Wilber, K. (1986) *Spiritual Choices: The Problems of Recognizing Authentic Paths to Inner Transformation*.)

Jung also observed inflation as a risk of spiritual practices:

> The state we are discussing involves an extension of the personality beyond individual limits, in other words a state of being puffed up...The inflation has nothing to do with the kind of knowledge, but simply and solely with the fact that any new knowledge can so seize hold of a weak head that he no longer sees and hears anything else. He is hypnotized by it and instantly believes he has solved the riddle of the universe.
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I (the author) certainly experienced this inflation in a spiritual crisis in my early twenties, believing for a while that I was a reincarnation of Buddha and Christ. (see my published case history)

Lecture at Santa Rosa Junior College where I described this experience:

Another risk is isolation after such intense experiences convinced no one can understand. This was observed by Zen Master Jakusho Kwong Roshi, that powerful spiritual awakenings can sometimes lead to isolation:

Anybody with a body and mind can experience realization. Often they don't tell anybody because they think it is strange. They either keep it quiet, go crazy, or their search leads them to a teacher who can explain their situation.

Differential Diagnosis Between a Mystical Experience and Psychotic Symptoms

There is evidence for a type of brief psychotic episode that is related to a religious or spiritual problem. During this time, components of a person’s personality are undergoing rapid change: “There is every indication that this process emerges as the psyche’s own way of dissolving old states of being and of creatively...forming visions of a renewed self and of a new design of life with revivified meanings in one’s world” (Perry, J. (1974) *The Far Side of Madness*, p. 38).

Criteria for making the differential diagnosis between psychopathology and authentic spiritual experiences have been proposed by several authors. (Agosin in Halligan, F., Shea, J. (eds.) (1992) *The Fires of Desire: Erotic Energies and the Spiritual Quest*; Grof, S. and Grof, C. (1989) *Spiritual Emergency: When Personal Transformation Becomes a Crisis*; and Lukoff, D. (see following))

The diagnostic criteria listed below were originally published in the *Journal of Transpersonal Psychology* (Lukoff, D. (1985). The diagnosis of mystical experiences with psychotic features.) The use of operational criteria is intended to identify cases of any kind of spiritual problems with a high degree of accuracy (validity) and consistency across different diagnosticians (reliability). These criteria have been developed based on literature reviews and 30 years of clinical experience but have not been subjected to any prospective studies to determine their validity.

1) Phenomenological overlap with a mystical experience

2) Prognostic signs indicative of a positive outcome

3) No significant risk for homicidal or suicidal behavior

1. *Phenomenological overlap with mystical experience*

Here are five criteria by which phenomenological overlap with a mystical experience can be identified:

· *ecstatic mood*- The most consistent feature of the mystical experience is elevation of mood. Laski, in 1968, (Ecstasy: The Study of Some Secular and Religious Experiences) describes it as a state with "feelings of a new life, another world, joy, salvation, perfection, satisfaction, glory" (cited in Perry, J. (1974) *The Far Side of Madness*, p. 84). Bucke, examined the experiences of well-known mystics, leaders, and artists, as well as his own mystical experience, and noted they all shared "a sense of exultation, of immense joyousness." (Bucke, R. (1969) Cosmic Consciousness, p. 9). James also points to the "mystical feeling of enlargement, union and emancipation" (James, W. (1902) *The Varieties of Religious Experience*, p. 334), and claims that "mystical states are more like states of feeling than like states of intellect." (p. 300).

· *sense of newly-gained knowledge*- Feelings of enhanced intellectual understanding and the belief that the mysteries of life have been revealed are commonly reported in mystical experiences (Leuba, P. (1925) *The Psychology Of Religious Mysticism*). James describes this phenomenon of newly-gained knowledge ("gnoesis") as states of insight into the depths of truth unplumbed by the discursive intellect. They are illuminations, revelations, full of significance and importance (James, W. (1902) *The Varieties of Religious Experience*, p. 33). Jacob Boehme, a seventeenth-century shoemaker whose mystical experience ushered in a new vocation as a nature philosopher, reported: "In one-quarter of an hour, l saw and knew more than if I had been many years together at a university. For I saw and knew the being of all things" (cited in Perry, J. (1974) *The Far Side of Madness*, p. 92).

· *perceptual alterations*- Mystical experiences often involve perceptual alterations ranging from heightened sensations to auditory and visual hallucinations. Boehme felt himself surrounded by light during his mystical experience. Visual and auditory hallucinations with religious content are also common, e.g., Saint Therese saw angels and Saint Paul heard the voice of Jesus Christ saying "Paul, Paul, why persecutest thou me?' (Acts: 3-4).

· *absence of conceptual disorganization*- Some psychotic patients have cognitive deficits which cause them difficulty with their basic thought processes. For example, a person with schizophrenia complained, "I get lost in the spaces between words in sentences. I can't concentrate, or I get off onto thinking about something else" (Estroff, S. (1981) *Making It Crazy*, p. 223). Systematic comparisons of first person accounts of mystical experiences and schizophrenia have found that "Thought blocking and other disturbances in language and speech do not appear to accompany the mystical experience" (Buckley, P. (1981) Mystical experience and schizophrenia, p. 521). Therefore, the presence of conceptual disorganization, as evidenced by disruption in thought, incoherence and blocking, would indicate the person is experiencing something other than a spiritual emergency.

· delusions with specific themes related to mythology- James and Neumann have both commented on the diversity of content in mystical experiences across time and cultures. The mystical experience does not have specific intellectual content of its own. It is capable of forming matrimonial alliances with material furnished by the most diverse philosophies and theologies. (James, W. (1902) The Varieties of Religious Experience, p. 333 and Neumann, E. (1989) in Campbell, J. (ed.) The Mystic Vision.)

John Perry, MD, points out that below the surface level of specific identities and beliefs are thematic similarities in the accounts of patients whose psychotic episodes have good outcomes:

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Based on Perry's research and other accounts of patients with positive outcomes, the following eight themes were identified as occurring commonly in what he called visionary crises which are similar to mystical experiences:

1. Death: being dead, meeting the dead or meeting Death

2. Rebirth: new identity, new name, resurrection, apotheosis to god, king or messiah

3. Journey: Sense of being on a journey or mission

4. Encounters with Spirits: demonic forces and/or helping spirits

5. Cosmic conflict: good/evil, communists/Americans, light/dark, male/female

6. Magical powers: telepathy, clairvoyance, ability to read minds, move objects

7. New society: radical change in society, religion, New Age, utopia, world peace

8. Divine union: God as father, mother, child; Marriage to God, Christ, Virgin Mary, Radha or Krishna

In contrast, not all delusions have content related to the eight mythic themes described above. The following statements from schizophrenic patients with whom I have worked illustrate different themes:

· My brain has been removed.

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Despite many similarities, there are differences observed in studies as well. Hallucinations in mystical experiences are more often visual than auditory although both auditory and visual hallucinations occur with other sensory involvement as well. (Buckley, P. (1981) Mystical experience and schizophrenia)

A computerized content analysis comparing written passages describing schizophrenia, hallucinogenic drug experiences, and mystical experiences and also autobiographical accounts as controls also provides guidance for differential diagnosis:

· Schizophrenic subjects emphasize **illness/deviance** themes

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(Oxman, T., et. al. (1988) The language of altered states.)

Thus the content can at times be used as a guide in differential diagnosis. Familiarity with the range and variation of content in myth, religion and psychosis is essential for determining which delusions have mythic themes. The following five-part video graphically and creatively illustrates the overlap between psychotic and mystical experiences which the author, Sean Blackwell, calls “bipolar awakening.” (The video featured is Part 2, the most relevant to our topic. However at the beginning and the end of Part 2 there are links to the other parts of the series for those interested.)

Differential diagnosis between a substance-induced experience and a psychotic break is also important, as there are both similarities and differences.

Here is a video of Rick Strassman talking about his research on psilocybin and mystical experience.

2. *Prognostic signs are indicative of a positive outcome*

Research-validated prognostic indicators help predict positive long term outcome. The features listed below are based on a survey of the outcome literature from this review (Lukoff, D. (1985) The diagnosis of mystical experiences with psychotic features) supported by some newer research.

Good prognostic indicators include:

· good pre-episode functioning

· acute onset of symptoms during a period of 3 months or less

· stressful precipitant to the psychotic episode

· a positive exploratory attitude toward the experience.

3. *The person is not a significant risk for homicidal or suicidal behavior*

Psychotic disorders can be the basis for homicidal and suicidal behaviors. Both John Lennon and President Reagan were shot by persons with previously diagnosed psychotic disorders. Arieti & Schreiber have described the case of a multiple murderer whose auditory hallucinations from God and delusions of being on a religious mission fueled his bizarre and bloody killings. (Arieti, S. and Schreiber, F. (1981) Multiple murders of a schizophrenic patient: A psychodynamic interpretation.)

Assessment of dangerousness and suicidality following standard of care protocols are legal responsibilities of licensed mental health professionals. This exclusionary criterion should be implemented when danger seems imminent. Behavior which appears bizarre, but presents no risk to self or others, does not preclude meeting this criterion.

Treatment

There are numerous accounts of individuals in the midst of intense mystical experiences who have been hospitalized and medicated when less restrictive and more therapeutic interventions could have been utilized. Some individuals can handle such experiences on an outpatient basis with social support and professional help. However some have not got the resources for therapy and need residential

treatment.

Innovative treatment programs such as Diabysis and Soteria treated first-onset patients with minimal use of medication and a supportive psychosocial milieu to foster a natural recovery. A study of Soteria found that most of the patients recovered in 6–8 weeks without medication (Bola, J. and Mosher, L. (2003) Treatment of acute psychosis without neuroleptics)

A recent meta-analysis of data from two carefully controlled studies of Soteria found better 2-year outcomes for the randomly assigned Soteria patients in the domains of psychopathology, work, and social functioning than for the patients with newly diagnosed schizophrenia spectrum psychoses who were treated in a psychiatric hospital. Only 58% of Soteria subjects received antipsychotic medications during the follow-up period, and only 19% were continuously maintained on antipsychotic medications. (Bola, J. and Mosher L. (2003) Treatment of acute psychosis without neuroleptics)

Some have suggested that the presence of a mystical experience is a contraindication for medication:

The phenomenological overlap in some aspects of the acute mystical experience and acute schizophrenia . . . suggests that the presence of similar subjective phenomena in some acute schizophrenics might be a possible marker of patients who should not receive medication. (Buckley, P. (1981) Mystical experience and schizophrenia, p. 430)

Research conducted by randomly assigning first episode patients to a medication or non medication oriented treatment program suggests that 10 to 40 percent of people with symptoms of psychosis can self heal without medication. (Bola, J. and Mosher, L. (2003) , Treatment of acute psychosis without neuroleptics)

Sometimes the process is so intense that the person is overwhelmed and becomes very anxious. At times, he or she could benefit from slowing down the process. Bruce Victor, MD, a psychiatrist and psychopharmacologist, describes his use of low doses of tranquilizing or antipsychotic medication to alleviate some of the most distressing feelings and allow the person to better assimilate the experience in outpatient therapy:

> The resolution of this seeming contradiction lies in the assessment of whether the presence of the debilitating state serves the function of psychological growth. Although the experience of pain, whether psychological or physical, can be a powerful motivator for personal change, its persistence beyond a certain point can retard it... It becomes a challenge to determine whether the person can actively work with the pain therapeutically toward further psychological growth...One important role of pharmacotherapy is to titrate the level of symptoms, whether they be pain, depression, anxiety, or psychotic states, so that they can be integrated by the person in the service of growth. (Scotten, B., Chinen. A., and Battista, J (eds.) *Textbook of Transpersonal Psychiatry and Psychology*)

Case Examples

Canadian psychiatrist Richard Bucke describes his personal mystical experience as recounted in his influential book in the field of psychology of religion.

An Eloquent description of a mystical experience by John Franklin, the secretary of the Alister Hardy Society, which studies the spiritual and religious experience.

Artist Alex Grey describes a mystical experience.

Myths in Mental Illness by David Lukoff,PhD
Case of Howard, hospitalized while on a Mystical Experience with Psychotic Features.

Here are some more definitions of mysticism from some of the psychologists and researchers most associated with the topic. Also, see the PubMed results on a search for "mystical experience."

Alan Watts describes this ineffable quality of mystical experiences from a Zen perspective.

Arthur Deikman's views on two types of mystical experience.

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Thus the content can at times be used as a guide in differential diagnosis. Familiarity with the range and variation of content in myth, religion and psychosis is essential for determining which delusions have mythic themes. The following five-part video graphically and creatively illustrates the overlap between psychotic and mystical experiences which the author, Sean Blackwell, calls "bipolar awakening." (The video featured is Part 2, the most relevant to our topic. However at the beginning and the end of Part 2 there are links to the other parts of the series for those interested.)

Differential diagnosis between a substance-induced experience and a psychotic break is also important, as there are both similarities and differences.

Here is a video of Rick Strassman talking about his research on psilocybin and mystical experience.

2. *Prognostic signs are indicative of a positive outcome*

Research-validated prognostic indicators help predict positive long term outcome. The features listed below are based on a survey of the outcome literature from this review (Lukoff, D. (1985) The diagnosis of mystical experiences with psychotic features) supported by some newer research.

Good prognostic indicators include:

· good pre-episode functioning

· acute onset of symptoms during a period of 3 months or less

· stressful precipitant to the psychotic episode

· a positive exploratory attitude toward the experience.

3. *The person is not a significant risk for homicidal or suicidal behavior*

Psychotic disorders can be the basis for homicidal and suicidal behaviors. Both John Lennon and President Reagan were shot by persons with previously diagnosed psychotic disorders. Arieti & Schreiber have described the case of a multiple murderer whose auditory hallucinations from God and delusions of being on a religious mission fueled his bizarre and bloody killings. (Arieti, S. and Schreiber, F. (1981) Multiple murders of a schizophrenic patient: A psychodynamic interpretation.)

Assessment of dangerousness and suicidality following standard of care protocols are legal responsibilities of licensed mental health professionals. This exclusionary criterion should be implemented when danger seems imminent. Behavior which appears bizarre, but presents no risk to self or others, does not preclude meeting this criterion.

Treatment

There are numerous accounts of individuals in the midst of intense mystical experiences who have been hospitalized and medicated when less restrictive and more therapeutic interventions could have been utilized. Some individuals can handle such experiences on an outpatient basis with social support and professional help. However some have not got the resources for therapy and need residential treatment.

Innovative treatment programs such as Diabysis and Soteria treated first-onset patients with minimal use of medication and a supportive psychosocial milieu to foster a natural recovery. A study of Soteria found that most of the patients recovered in 6–8 weeks without medication (Bola, J. and Mosher, L. (2003) Treatment of acute psychosis without neuroleptics)

A recent meta-analysis of data from two carefully controlled studies of Soteria found better 2-year outcomes for the randomly assigned Soteria patients in the domains of psychopathology, work, and social functioning than for the patients with newly diagnosed schizophrenia spectrum psychoses who were treated in a psychiatric hospital. Only 58% of Soteria subjects received antipsychotic medications during the follow-up period, and only 19% were continuously maintained on antipsychotic medications. (Bola, J. and Mosher L. (2003) Treatment of acute psychosis without neuroleptics)

Some have suggested that the presence of a mystical experience is a contraindication for medication:

The phenomenological overlap in some aspects of the acute mystical experience and acute schizophrenia . . . suggests that the presence of similar subjective phenomena in some acute schizophrenics might be a possible marker of patients who should not receive medication. (Buckley, P. (1981) Mystical experience and schizophrenia, p. 430)

Research conducted by randomly assigning first episode patients to a medication or non medication oriented treatment program suggests that 10 to 40 percent of people with symptoms of psychosis can self heal without medication. (Bola, J. and Mosher, L. (2003) , Treatment of acute psychosis without neuroleptics)

Sometimes the process is so intense that the person is overwhelmed and becomes very anxious. At times, he or she could benefit from slowing down the process. Bruce Victor, MD, a psychiatrist and psychopharmacologist, describes his use of low doses of tranquilizing or antipsychotic medication to alleviate some of the most distressing feelings and allow the person to better assimilate the experience in outpatient therapy:

> The resolution of this seeming contradiction lies in the assessment of whether the presence of the debilitating state serves the function of psychological growth. Although the experience of pain, whether psychological or physical, can be a powerful motivator for personal change, its persistence beyond a certain point can retard it... It becomes a challenge to determine whether the person can actively work with the pain therapeutically toward further psychological growth...One important role of pharmacotherapy is to titrate the level of symptoms, whether they be pain, depression, anxiety, or psychotic states, so that they can be integrated by the person in the service of growth. (Scotten, B., Chinen. A., and Battista, J (eds.) *Textbook of Transpersonal Psychiatry and Psychology*)

Case Examples

Canadian psychiatrist Richard Bucke describes his personal mystical experience as recounted in his influential book in the field of psychology of religion.

An Eloquent description of a mystical experience by John Franklin, the secretary of the Alister Hardy Society, which studies the spiritual and religious experience.

Artist Alex Grey describes a mystical experience.

Myths in Mental Illness by David Lukoff,PhD
Case of Howard, hospitalized while on a Mystical Experience with Psychotic Features.

Here are some more definitions of mysticism from some of the psychologists and researchers most associated with the topic. Also, see the PubMed results on a search for "mystical experience."

Alan Watts describes this ineffable quality of mystical experiences from a Zen perspective.

Arthur Deikman's views on two types of mystical experience.