

Transcendental Approach to Schizophrenia

Maria Paula Rayo Gomez

King's University College at Western University

Schizophrenia is perhaps one of the most mysterious and challenging mental disorders in abnormal psychology. It is difficult to generate a concrete definition of the term because most victims of schizophrenia have very distinct and unique symptoms based on individual differences. The most widely accepted definition of schizophrenia is someone suffering from a “split mind“, in which the victim is “incapable of consistent thought or behavior” (Tsuang & Faraone, 1997). The underlying principle is that these individuals cannot cope with daily mental functioning. This paper will examine schizophrenia as a state of consciousness rather than a brain malfunction to propose the idea that this disorder may simply be a misconception of Western society due to cultural bias and a rigid scientific view. Furthermore, schizophrenia will be compared with shamanism to suggest the possibility that individuals suffering from schizophrenia may alternatively be prospective shamans stuck in the “initiation crisis” of the shamanic development.

It is important to note that the diagnosis of schizophrenia was first described in 1896 by a German psychiatrist named Dr. Emil Kraepelin (Tsuang & Faraone, 1997). The reason that schizophrenia only emerged within the past two hundred years remains a mystery. One possibility may be that schizophrenia is a simply a misconception of shamanism, which has always existed, due to the shift of a secular worldview in Western society. Throughout the age of enlightenment in the eighteenth century, academics took a sharp turn from radical and often erroneous religious ideologies to more rational and empirical philosophies (Tsuang & Faraone,1997). Scientific knowledge began to emerge as strictly empirical evidence. Popular world views highly influence the way that researchers develop theories as Dosis & Firestone (2007) explain,

“...the view that enjoys most popular acceptance has changed over time and will no doubt change again in the future, and this influences how the majority of researchers and theorists think... Interestingly, the adoption of a perspective is influenced far less by the weight of evidence than by the prevailing social belief system...Indeed, theorists often stubbornly hold to a view in spite of evidence to the contrary.”

Although secularism was a positive step forward from the dangerous beliefs that mental disorders were caused by demonic possessions, the danger persisted in reductionist theories for they deemed mental disorders as merely brain malfunctions. Consciousness was defined as a by-product of the physical brain (Clarke, 2010). Ironically, the modern mainstream scientific view originated around the same time that the schizophrenia disorder emerged.

Scientists have yet to find definite results in the brain malfunctions of schizophrenic patients (Dosis & Firestone, 2007). This suggests that schizophrenia is not merely a product of brain malfunctions but rather an experience of altered consciousness. Furthermore, if biological evidence is found within schizophrenic patients, one must consider the possibility that brain abnormalities may not necessarily cause this disorder, but rather that this state of consciousness causes changes in the brain.

Since the rise of secularism, there has been limited acceptance for transcendental beliefs within the field of psychology. Baruss (1996) mentioned that minimal research has been done to consider schizophrenia as transcendental phenomena because researchers are continuously discouraged by mainstream science to explore this realm of consciousness. Furthermore, the scientific community often oppresses these curious researchers as they receive little to no funding on research projects and they struggle to publish their work in peer-reviewed journals.

The DSM recognizes that mental disorders are culturally relative because the identification of abnormality is based on a violation of social norms, which will vary from society to society (Dosis & Firestone, 2007). This cultural bias is applicable to schizophrenia, as Western society may interpret it as a mental disorder, whereas other parts of the world may interpret it as shamanistic qualities. Getting past the secular worldview and considering transcendental theories are the first steps to examine schizophrenia from an alternative perspective.

Shamanism is an ancient tradition of healing and foreseeing that continues to be practiced by native groups around the world today (Walsh, 2010). A shaman is a person who willingly enters altered states of consciousness to explore alternative realities that are usually hidden from standard consciousness. The purpose of entering these realities is to acquire knowledge, power and healing abilities for the benefit of the community (Noll, 1983). These alternative realities present sacred hallucinations and presence of spirits, which makes shamanism a highly spiritual practice.

Although there has been limited research on the subject, there seems to be a consistent relationship between psychosis and spirituality. According to Dosis & Firestone (2007), psychosis is characterized by a severe distortion of reality. It is therefore not surprising that transcendental experiences have been labeled as psychotic by Western science due to their nature of provoking altered states of consciousness.

In particular, mystical experiences have been compared to schizophrenic episodes with overlapping characteristics such as distortions of thought and behavior, delusions and hallucinations (Menezes Jr & Moreira-Almeida, 2010). The difference between schizophrenic

episodes and mystical experiences is that schizophrenia may affect the patient negatively, whereas mystical experiences are usually positive and enlightening. However, Menezes & Moreira-Almeida (2010) described the term “spiritual emergency” as a radical transformation of one’s psychological structure, which may include negative psychotic characteristics. Individuals that are experiencing negative psychotic episodes should not be diagnosed as mentally ill because they may be on the verge of a spiritual awakening. Furthermore, the so-called schizophrenics that display these mental reactions may also be manifesting a shamanic “initial call” (Noll, 1983).

Potential shamans are chosen by spirits through an “initial call”, also known as an “initiation crisis” to accept their role as a shaman in the community. The initiation crisis causes the individual to experience intense mental suffering as a way to cleanse previous beliefs about reality so that the individual may obtain clarity beyond the limitations of conventional and rational thinking. (Walsh, 1990) These individuals may also exhibit exceptional abilities to alter their consciousness, a characteristic of shamanic abilities.

Walsh (1990) explains that the prospective shaman in the initiation phase may experience a sense of torment and loss of control by spirits, confusion, emotional turmoil, withdrawal from society, and a wide range of bizarre behaviors and beliefs. Similar qualities are evident in schizophrenic patients, such as auditory and visual hallucinations, delusions, and social withdrawal (Dosis & Firestone, 2007). The difference between the shaman and the schizophrenic is the way that their society interprets and treats these mental characteristics.

In shamanistic cultures, psychotic qualities are usually desired rather than feared because they are an indicator that one has been chosen by spirits to become a shaman. The chosen

shaman must first heal herself to become a shaman. (Mishlove, 1975) She is then removed from society to train and master her skills by the guidance of ancestral wisdom to satisfy a very important role in the community (Walsh, 1990).

In contrast, Western society would interpret those same mental processes negatively and diagnose the individual as schizophrenic. This individual would be alienated from society in a mental hospital and treated with pharmaceutical drugs to numb and repress the frightening characteristics of the “initiation crisis”. This individual may continue to suffer for the rest of her life with the inability to control hallucinations and scattered thought patterns because she lacked the means to train her mind like a shaman. It is probable that schizophrenics never fully recover from psychosis because they have not trained their minds to move past the “initiation crisis” and develop their shamanistic abilities.

Hallucinations are one of the criteria for the diagnosis of schizophrenia (Dosis & Firestone, 2007). It is important to note that hallucinations also hold meaningful spiritual content in some cultures and periods of time. Hallucinations can be traced back to ancient prophets, saints, philosophers and shamans (Cardeña & Winkelman, 2011). Shamans rely heavily on hallucinations as a way of entering alternative realities. The hallucinations that schizophrenics experience may resemble a degree of sensitivity to hidden realities, similar to the shaman. The DSM warns clinicians to be culturally sensitive with hallucinations because some cultures may recognize hallucinations as a vital part of religious and spiritual experiences (Cardeña & Winkelman, 2011). Moreover, there exists the possibility that some hallucinations reported by schizophrenics are valid transcendental experiences similar to the shamanic experiences.

Delusions are perhaps the most interesting diagnostic criteria for schizophrenia, in particular grandiose, religious, and referential delusions. When schizophrenics express grandiose delusions, they believe that they have divine powers or that they can channel communication with God (Dosis & Firestone, 2007). These delusions suggest that perhaps some schizophrenic patients may be aware of their shamanistic abilities and their vital role in the community but lack complete understanding of it. Mishlove (1975) described the typical tasks of shamans in primitive tribes, as “they mediated between the inner life of the tribe and its external affairs. They presided at all ‘rites of passage’ such as births, puberty initiations, marriages, deaths, as well as ‘rites of intensification’ which attempt to strengthen the tribe’s relation with powerful natural forces in times of crisis such as famine, storm and epidemic.” These shamanistic tasks may explain why schizophrenics view themselves as important people with special powers.

Religious delusions are beliefs in which sacred religious scriptures and passages can offer important insight to the world (Dosis & Firestone, 2007). These delusions may also stem from shamanistic roots, as shamans have been known to place vital importance in sacred tradition. Mishlove (1975) explains, “the shaman also mastered the traditional mythology, genealogy, belief system and secret language of the tribe as well as its healing methods.” The schizophrenic may simply be exhibiting characteristics of the shaman.

Finally, referential delusions occur when meaningless phenomenon suddenly becomes meaningful and personally significant (Dosis & Firestone, 2007). This delusion may be the result of a new perspective on reality. As mentioned earlier, the initiation crisis is necessary for a potential shaman to have clarity beyond the limitations of ordinary consciousness. Perceiving mundane content as meaningful may indicate that these individuals have successfully obtained

clarity of mind. Western society would consider all of these beliefs to be delusional because transcendental beliefs are yet to be understood and accepted.

There is one particular schizophrenic delusion that deserves considerable attention as analyzed by Carl Jung,

“Jung liked to tell the story of how he ‘discovered’ the connection between psychosis and the collective unconscious. One of Jung’s patients who had schizophrenia maintained that a swinging penis attached to the sun was the source of the wind. This seemed like just another curious delusion to the psychiatrist until he found a strikingly parallel belief in the ancient Persian religion of Mithraism. The belief held that a singing tube suspended from the sun caused the wind. Jung became convinced that universal symbols existed in the unconscious mind and erupted into waking life in the course of dreams and mental disorders like schizophrenia” (Dosis & Firestone, 2007).

This delusion implies that some schizophrenic delusions may hold significant spiritual content, which resembles the spiritual beliefs in shamanistic traditions. Perhaps this “collective unconscious” represents the alternative realities that shamans enter by altering their consciousness. Schizophrenic delusions may be as valid as shamanistic delusions. However, research on the relationship between schizophrenic delusions and spiritual validity has yet to be developed.

The challenge of schizophrenia persists as the decision to diagnose a patient is based on the clinician’s biased decision. If an individual presents an impossible delusion or an auditory hallucination, no other symptom must be present to be diagnosed (Dosis & Firestone, 2007). The clinician must determine the degree of plausibility in certain beliefs and hallucinations. The

DSM warns clinicians again to be cautious when they judge certain beliefs because of cultural differences (Cardeña & Winkelman, 2011). However, the clinician's subjectivity may nevertheless influence the decision to judge a belief from a delusion. For example, if a shaman claimed to have traveled back in time and visited multiple ancestors as part of a spiritual journey, a clinician may diagnose this individual as schizophrenic because this would be considered impossible in the Western culture.

Shamanism itself may appear as delusional to Western academics and scholars. Krippner (2002) found the dangers of culturally bound beliefs as he notes two psychiatrists describing shamanism,

“The French ethnopsychiatrist George Devereux (1961) concluded that shamans were mentally ‘deranged’ and should be considered severely neurotic or even psychotic. The American psychiatrist Julian Silverman (1967) postulated that shamanism is a form of acute schizophrenia because the two conditions have in common ‘grossly non-reality-oriented ideation, abnormal perceptual experiences, profound emotional upheavals, and bizarre mannerisms’ ” (p. 965).

Evidence of fallacy in the preceding statement indicates how biased psychiatry in the West has been. Due to this fallacy, schizophrenia maybe the most misdiagnosed mental disorder in psychopathology.

Just as Westerners sometimes perceive other cultures as delusional, those cultures in turn could also perceive Westerners just as delusional. In shamanistic cultures, it is an honor to develop psychotic symptoms because they present an indication of being chosen by spirits to become a shaman—one of the most desirable and respectable professions in primitive and native

traditions. Dissimilarly, psychotic symptoms in Western cultures are often judged as negative traits. Schizophrenia has presented similar patterns to shamanism yet it remains to be amongst the most feared mental disorder in Western society. Conceivably, whether one is labeled as a shaman or a schizophrenic depends on the society that the individual is born in.

References

- Barušs, I. (1996). *Authentic knowing: The convergence of science and spiritual aspiration*. West Lafayette, Indiana: Purdue University Press.
- Cardeña, E., & Winkelman, M. (2011). *Altering consciousness: Multidisciplinary perspectives*. Santa Barbara, CA: Praeger.
- Clarke, I. (2010). *Psychosis and spirituality: Consolidating the new paradigm*. Chichester, West Sussex: John Wiley & Sons.
- Dozois, David J.A., and Philip Firestone. *Abnormal Psychology*. New Jersey, USA: Pearson Education, Inc., 2007. Print.
- Krippner, Stanley C.. "Conflicting Perspectives On Shamans And Shamanism: Points And Counterpoints.." *American Psychologist* 57.11 (2002): 962-977. Print.
- Menezes, Adair, and Alexander Moreira-Almeida. "Religion, Spirituality, And Psychosis." *Current psychiatry reports* 12.3 (2010): 174-179. Print.
- Mishlove, Jeffrey. *The roots of consciousness: the classic encyclopedia of consciousness studies* :revised and expanded. Rev. ed. New York: Marlowe & Co., 1993. Print.
- Noll, Richard. "Shamanism And Schizophrenia: A State-Specific Approach To The "Schizophrenia Metaphor" Of Shamanic States." *American Ethnologist* 10.3 (1983): 443-459. Print.
- Tsuang, Ming T., Stephen V. Faraone, and Peter D. C. Johnson. *Schizophrenia: the facts*. 2nd ed. Oxford: Oxford University Press, 1997. Print.

Walsh, Roger N.. *The spirit of shamanism*. New York: J.P. Putnam's Sons, 1990. Print.