

## Exceptional Mental States and Abnormal Psychology Syllabus

**This course is not a substitute for clinical training!**

When screening participants applying for Breathwork workshops, a facilitator who does not heed clinical information provided in a health history is at risk. To use Breathwork as a therapy for people with significant unresolved psychiatric issues a facilitator should have adequate clinical training. Although most clinical training takes place in the context of a mainstream whose models have problems, the diagnostic terms in common clinical use cannot be ignored. These terms can communicate important estimations about how a person may behave in non-ordinary situations such as Breathwork. Clinical terms may also point to problems that a participant might have coping in ordinary, daily life when the safety of the workshop is gone because of material that has surfaced in a workshop. Without clinical training a facilitator must be very careful to err on the side of caution and patiently gain experience. *It is an inexcusable mistake to think of Holotropic Breathwork as psychotherapy in any clinical sense.*

### Clinical characterization of abnormal psychology

- Major disorders
  - Affective (mood, feeling--Major Depressive Disorder)
  - Schizophrenic (thought patterns far from ordinary sense, divorced from ordinary reality)
- Lesser disorders
  - Anxiety
    - Panic, Hysteria
    - PTSD
  - Personality disorders: Borderline, Sociopathic, Narcissistic, Paranoid, Avoidant, Obsessive-Compulsive
  - Phobias
  - Psychosomatic conditions
  - Sexual dysfunction
  - Addiction

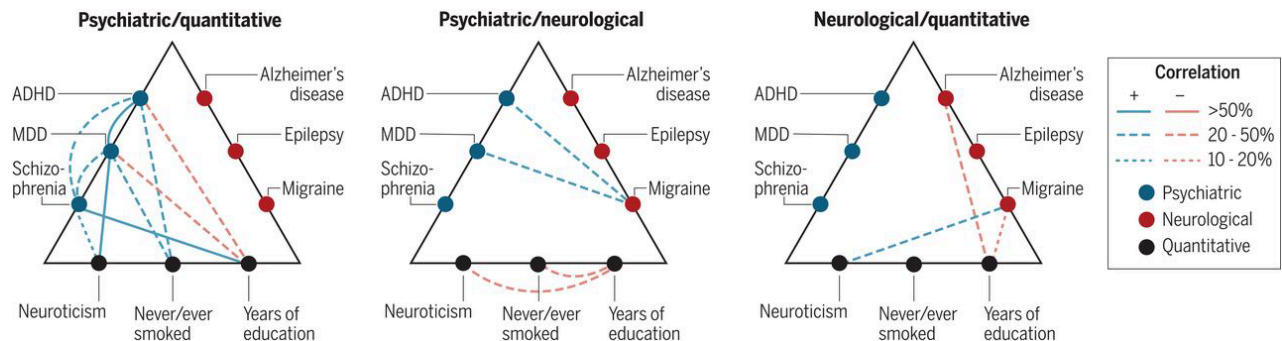
### Major issues regarding classification

- Research blurs classification distinctions:

The high degree of genetic correlation among many psychiatric disorders adds evidence that their current clinical boundaries do not reflect distinct underlying pathogenic processes, at least on the genetic level. This suggests a deeply interconnected nature for psychiatric disorders, in contrast to neurological disorders, and underscores the need to refine psychiatric diagnostics....Both psychiatric and neurological disorders have robust correlations with cognitive and personality measures.... Study is needed to evaluate whether overlapping genetic contributions to psychiatric pathology may influence

# Exceptional Mental States and Abnormal Psychology

treatment choices. Ultimately, such developments may pave the way toward reduced heterogeneity and improved diagnosis and treatment of psychiatric disorders.



(<http://science.sciencemag.org/content/360/6395/eaap8757.full>)

See also:

- *Mind Fixers-Psychiatry's Troubled Search for the Biology of Mental Illness* "We may well anticipate that the Psychiatry of the future will have little use for diagnostic categories like 'schizophrenia,' 'bipolar disorder,' and 'depression.'" (Harrington, 2019, p. 276)
- *Good Reasons for Bad Feelings* "Instead of being appalled at life's suffering, we should be astounded and awed by the miracle of mental health for so many." (Nesse, 2019, p. 269)
- The etiology of psychosis.
  - Organic (neurological)
  - Functional (mental)
- Depression two accounts by Andrew Solomon:
  - <https://youtu.be/-UBgBpFGODI>
  - <https://youtu.be/PEO1-DSnIQo>
- Authenticity of exceptional experience- mystical, near death, psychedelic etc.

## Pervasive issues regarding psychological function

- Character
- Agency, Will, Purpose
- Trauma

Symptoms that may be found across disorders to a greater or lesser extent:

- Fear
- Vegetative anomalies
- Empathy deficit
- Dissociation

## Ancient psychology-Western perspectives

- Shamanism
- Mythology
- Philosophy
  - Plato
    - Knowledge and the Knowable
    - Conduct
    - Governance
  - Aristotle

Understanding abnormal or exceptional experience requires a theoretical perspective on Psyche

Plato and Aristotle and other philosophers of their time saw psyche in a context of conduct and community, not as an isolated entity.

[..\..\..\1-my writing and related papers and presentations\Philosophy and Practice\From Religion to Philosophy and Back -APA SF 2013\The Ecstasy Deficit.docx](#)

## Modern psychology-depth psychology perspectives on abnormal psychology

- European Psychology
  - Freud
    - Defenses
      - Denial
      - Projection
      - Withdrawal
      - Identification-Introjection
    - Trauma

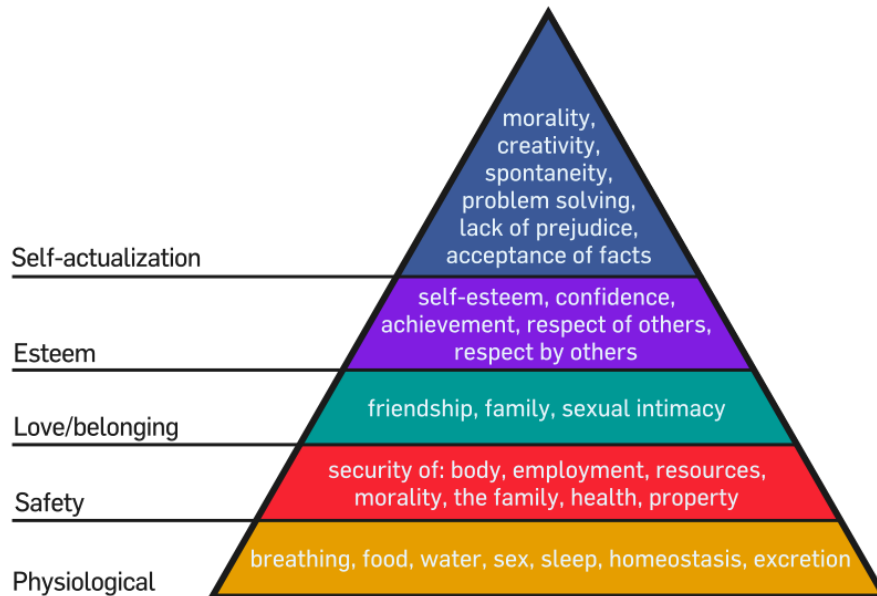
Danger, crisis, and fear appear to be prevalent in today's unsettled environment. An individual does not have to go further than the television in the living room [or their computer and smartphone] to see images of death, destruction, and mayhem. The media has presented trauma as the "top story" and "headline news" to the point where they must vie for the most shocking story for the higher ratings. In the 1990's, the public had been witness to numerous occurrences of psychological trauma and people in crisis. Events included, but were not limited to, the advent of road rage, school violence and mass execution of students, corporate violence, airline tragedies, government unrest, and the impeachment of a president.

--- <http://newperspectivesinc.com/the-history-of-psychological-trauma/>

- Jung
  - archetypes
  - the collective unconscious
  - the complex (e.g. introversion-extroversion)
  - synchronicity
- Reich
  - Sexual economy
  - Character analytic vegetotherapy

# Exceptional Mental States and Abnormal Psychology

- American psychology
  - James† - Radical Empiricism (Taylor, William James on Consciousness Beyond the Margin, 1996, p. 128)
  - Maslow



## Grof's cartography of the psyche

- Characterization of perinatal experience ('peri' around, 'natalis' birth) in terms of Basic Perinatal Matrices (BPMs)



BPM I.pdf



BPM II and III.pdf



BPM IV.pdf

- Transpersonal dimensions
- A new understanding of psychotherapy

## The nature of exceptional experience

- Spiritual emergency (*Battle for the Mind*, Sargent, W.)
- Psychedelic experience (*How to Change Your Mind*, Pollan, M.)
- The psychedelic renaissance
  - <https://maps.org/>
  - <https://lundquist.org/charles-grob-md>
  - <https://www.youtube.com/watch?v=rkBq33KWFmY>

### *Social, cultural, and political considerations concerning psychic/mental states*

Thomas Szasz has spoken significantly to the role of culture in promulgating the notion of mental illness, beginning with his seminal *The Myth of Mental Illness* (Szasz T. S., 2003).\* In a subsequent book *The Manufacture of Madness* he references Paul-Michel Foucault, the French philosopher and historian of ideas, whose theories address the relationships between power and knowledge, and how they are used as a form of social control through societal institutions:

It is only a relatively recent rationalization in the history of psychiatry that a person must “suffer” from a “mental disease”—like schizophrenia or senile psychosis—to justify his commitment. Being an unemployed young man, a prostitute, or a destitute old person used to suffice. “We must not forget,” remarks Foucault, “that a few years after its foundation [in 1656], the Hopital General of Paris alone contained six thousand persons, or around one percent of the population.” As a means of social control and of the ritualized affirmation of the dominant social ethic, Institutional Psychiatry immediately showed itself to be a worthy successor to the Inquisition. Its subsequent record, as we shall see, has been equally distinguished.

The French hopital general, the German Irrenhaus, and the English insane asylum thus become the abodes of persons called mad. Are they considered mad, and therefore confined in these institutions? Or are they confined because they are poor, physically ill, or dangerous, and therefore considered mad? For three hundred years, psychiatrists have labored to obscure rather than clarify this simple problem. Perhaps it could not have been otherwise. As happens also in other professions—especially in those pertaining to the regulation of social affairs—psychiatrists have been largely responsible for creating the problems they have ostensibly tried to solve. But then, like other men, psychiatrists cannot be expected to act systematically against their own economic and professional self-interests. (Szasz T. , 1970, p. 15)

Cultural issues with implications for norms of sanity include:

- Criminal vs. Crazy
- Linking mental/psychic aberration with neurophysiology, beginning with Charcot
- Syndromes in-
  - Politics: *In Sickness and in Power* (Owen, 2008)
  - Business: *A Sexual Profile of Men in Power* (Janus, S., Bess, B., Saltus, C., 1977)
  - Celebrity

The most important study in the philosophy of psychology since *The Varieties of Religious Experience* (James, 1903) concerning cultural topics that involve issues of

exceptional mental states is a recent book *The Matter with Things* (McGilchrist, 2021). The author's statement is urgent:

I believe that we are engaged in committing suicide: intellectual suicide, moral suicide and physical suicide. If there is anything as important as stopping us poisoning our seas and destroying our forests, it is stopping us poisoning our minds and destroying our souls.

Our dominant value – sometimes I fear our only value – has, very clearly, become that of power. This aligns us with a brain system, that of the left hemisphere, the *raison d'être* of which is to control and manipulate the world. But not to understand it: that, for evolutionary reasons that I explain, has come to be more the *raison d'être* of our – more intelligent, in every sense – right hemisphere. Unfortunately the left hemisphere, knowing less, thinks it knows more. It is a good servant, but a ruinous – a peremptory – master. And the predictable outcome of assuming the role of master is the devastation of all that is important to us – or should be important, if we really know what we are about.

A few other books speak to very large topics of contemporary culture that are related to philosophical psychology, though not explicitly:

- ✓ Capitalism and religion (Friedman, 2021)
- ✓ Creative destruction- GDP history CE 1000, 1500, 1827 (Aghion, P., Antonin, C., Bunel, S., 2021)
- ✓ Bob Dylan's electric guitar (Putnam, 2020)

Psychopathology fully explained ultimately requires a metaphysical framework. It cannot be understood exclusively as a problem of individual psychology.

- Freud-eros/thanatos
- Reich-orgone
- Jung-archetypes
- Process psychology
- The nature of consciousness

Alfred North Whitehead's *Process and Reality* is a uniquely valuable post-Cartesian cosmology for psychology.

Current brain science still has little understanding of the biological foundations of many—indeed, most—*everyday* mental activities. Being the case, how could current psychiatry possibly expect to have a mature understanding of how such activities become disordered—and may possibly be reordered? In the early years of neurophysiology, Sir Charles Scott Sherrington predicted that when all was said and done, the effort to understand how different brain systems related to mental activity would likely “resolve into components for which at present we have no names.” If we think Sherrington was right, we may well anticipate that the psychiatry of the future will have little use for diagnostic categories like “schizophrenia,”

“bipolar disorder,” and depression.” The fact that we don’t know what terms it will use instead is just one measure of how far we still are from the promised land of real medical understanding of real medical illness. (Harrington, 2019, p. 276)

### Supplementary Essays

- Exceptional Experience Overview
- Plato's Method vs. the Neon Gods

### Endnotes

† James’s emphasis on a psychology of the subconscious unique to each individual ... implies a psychotherapeutic method allied as much with philosophy and religion as with experimental medicine and psychology: one based ultimately on understanding of the patient’s problem followed by self-help, rather than on professional diagnosis by classification followed by impersonal treatment. The one orientation stresses independence through education, while the other stresses dependent care.

That the helping professions have grown away from this ideal is attested to by the oblivion that has been the fate of many of James’s students, colleagues and friends who espoused such an orientation, many of whom became pioneers in their chosen fields, including C. G. Jung [who is] completely ignored in the psychiatric curriculum of our medical schools, whose formulations on the collective unconscious and psychological types were significantly influenced by James.... (Taylor, William James on Exceptional Mental States, 1983) pp. 12-3

For James ... there is no hypostatized unconscious, as if the unconscious were a thing or entity independent of other states. There are only multiple states of consciousness, each aware or unaware to some degree of the others....

No theory of Brain processes is possible to conceive without being derived from a feeling. (Taylor, William James on Consciousness Beyond the Margin, 1996) p. 35

James believed that until [his] own time all of psychology had been written along classic and academic lines. As a consequence, the mind was treated as an abstraction in which only its adult traits were recognized [and not the Subliminal.]

“Post-hypnotic suggestion, crystal gazing, automatic writing and trance speech ... are now ... instruments of research, reagents like litmus paper or the galvanometer ... for revealing what would otherwise be hidden. (Taylor, William James on Consciousness Beyond the Margin, 1996) pp. 80-1

Thought and actuality are made of one and the same stuff, the stuff of experience in general. (Taylor, William James on Consciousness Beyond the Margin, 1996) p. 130.

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\* the notion of mental illness has outlived whatever usefulness it might have had.... [It is an] heir to religious myths in general, and to the belief in witchcraft in particular; the role of all these belief-systems was to act as *social tranquilizers*, thus encouraging the hope that mastery of certain specific problems may be achieved by means of substitutive (symbolic-magical) operations. The notion of mental illness thus serves mainly to obscure the everyday fact that life for most people is a continuous struggle, not for biological survival, but for a "place in the sun," "peace of mind," or some other human value. For man aware of himself and of the world about him, once the needs for preserving the body (and perhaps the race) are more or less satisfied, the problem arises as to what he should do with himself. Sustained adherence to the myth of mental illness allows people to avoid facing this problem, believing that mental health, conceived as the absence of mental illness, automatically insures the making of right and safe choices in one's conduct of life. But the facts are all the other way. It is the making of good choices in life that others regard, retrospectively, as good mental health!

The myth of mental illness encourages us, moreover, to believe in its logical corollary: that social intercourse would be harmonious, satisfying, and the secure basis of a "good life" were it not for the disrupting influences of mental illness or "psychopathology." The potentiality for universal human happiness, in this form at least, seems to me but another example of the I-wish-it-were-true type of fantasy. I do believe that human happiness or well-being on a hitherto unimaginably large scale, and not just for a select few, is possible. This goal could be achieved, however, only at the cost of many men, and not just a few being willing and able to tackle their personal, social, and ethical conflicts. This means having the courage and integrity to forego waging battles on false fronts, finding solutions for substitute problems -- for instance, fighting the battle of stomach acid and chronic fatigue instead of facing up to a marital conflict.

Our adversaries are not demons, witches, fate, or mental illness. We have no enemy whom we can fight, exorcise, or dispel by "cure." What we do have are *problems in living* -- whether these be biologic, economic, political, or sociopsychological.... My argument [is] that mental illness is a myth, whose function it is to disguise and thus render more palatable the bitter pill of moral conflicts in human relations. (Conclusion from *The Myth of Mental Illness in American Psychologist*, 15, 113-118. <https://psychclassics.yorku.ca/Szasz/myth.htm>)

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