

Case Example: Full Myths in Mental Illness Case

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To my amazement the imagery of schizophrenic fantasy Perfectly matches that of the mythological Hero's Journey.

-Joseph Campbell

In the spring of 1982, I co-lead a workshop entitled "Psychosis: Mysticism, Shamanism, of Pathology?" with medical anthropologist Joan Halifax, Ph.D. The workshop was held at the Ojai Foundation, a Los Angeles area retreat center, and explored the relationship between creativity and pathology in psychotic states of mind. Publicity about this event drew responses from several people who were interested in the topic but unable to attend. Among them was Howard C. Everest, a former psychiatric patient.

In the fall of 1982, I taught a seminar psychiatric residents, psychology interns and staff at UCLA's Neuropsychiatric Institute where I am currently on the faculty. I invited several ex-patients, including Howard, to visit the seminar and discuss their psychotic episodes, their treatment by the mental health system, and the difficulties they had encountered in readjusting to consensual reality and societal norms. Howard responded eagerly to my invitation to present, since he never before had an opportunity to tell the complete story of his "mental odyssey." Howard's presentation was audio taped and transcribed. During the next two years, he and I met many times to write this account. We inquired about his medical records, but the hospital had destroyed them after the mandatory nine years of retention required by state law. We were able, however, to obtain a copy of his admission note according to which Howard was diagnosed as having an Acute Schizophrenic Reaction.

As indicated in the above quotation, when Joseph Campbell (1964), the world's leading expert on comparative mythology, attended a conference on psychosis, at Esalen Institute, he recognized the parallels between the imagery of schizophrenia and that of the Hero's Journey (p.208). Many psychiatrists and social scientists have also pointed out the similar themes found in myths and in psychosis, e.g., Grof (1975), Halifax (1979), Jung (1911), Laing (1967), Perry (1976). Campbell's (1949) classic treatise, *The Hero With A Thousand Faces*, is a systematic study of the patterns constant in mythology across time and cultures. *Campbell identified three stages in the Hero's Journey:*

Separation-initiation-return: A hero enters forth from the world of common day into a region of supernatural wonder: fabulous forces are there encountered and a decisive victory is won: the Hero comes back from this mysterious adventure with the power to bestow on his fellow man (p.30).

The relevance of myth to psychosis is enhanced by Campbell's thesis that the Hero's Journey-although told in terms of outer events with princes and dragons, battles and ordeals-is actually a metaphor for the venture into the psyche. Since psychosis is also a venture into the psyche, myth should be helpful as a metaphor to be used in understanding the psychotic process. In turn, accounts by psychotic individuals inform us more about the nature of myth on the experiential level, not merely the intellectual level. This paper applies Campbell's insights into the patterns of mythology to an exploration of the psychotic experience.

The word myth comes from the Greek mythos, meaning speech. Lockhart (1983b), a Jungian analyst, has pointed out the implications of this intimate etymological relationship between myth and words:

We need rituals of telling telling is a way to mythmaking in our life-it is telling our myth. One's myth must be told. Not telling is poison and makes us sick (p. 129).

Howard received no acknowledgment from others about the possible value in his experience. He could not find a listener for his story during his hospitalization or afterwards. This seems to be typical of the reactions of others during both the acute phase and the post-psychotic period. The psychotic experience itself isolates the individual from others. Then the subsequent devaluation and condemnation of the experience as "only the product of a diseased mind" results in further isolation just when the person needs to reconnect to the social world. The return from the journey is not complete until the travelers are permitted to put their experiences into words, to tell their stories. Lost opportunities and occasional tragedies encountered in the treatment of psychosis may be due in part to overlooking the importance of this completion aspect of the journey. In the telling of his story, Howard demonstrates the process of completing the many tasks involved in returning from psychosis.

Howard and I have collaborated in writing his odyssey. Its preparation and publication constitute a "ritual of telling". While some forms of psychosis preclude a positive outcome, this paper illustrates a therapeutic approach which can help some individuals to complete their return from psychosis, their Hero's Journey.

What began for me as a scientific exercise to document an unusual type of psychotic episode initiated a transformative process in my own psyche. In truly listening to the voice of psychosis from an initiate, some part of my own unconscious was stirred. Through the process of transcribing Howard's descriptions, asking him questions, and editing the story of his Mental Odyssey, I have acquired a much deeper appreciation for myths and symbols as experiential realities.

Jung (1908/1960), has pointed out that:

In insanity we do not discover anything new and unknown; we are looking at the foundations of our own being, the matrix of those vital problems on which we are all engaged (p. 178).

We all have something to learn about our own psyches, our psychological roots, from the experiences of psychosis. Psychotic individuals offer us an opportunity to visit with persons who are still experiencing the world in an ancient mythic mode of consciousness. To better connect with the mythmaking part of us it is important to realize myth is not entirely cerebral.

In the primitive world, where the clues to the origin of mythology must be sought, gods and demons are not conceived of in the way of hard and fast positive realities there has been a shift of view from the logic of the normal secular sphere, where things are understood to be distinct from each other, to a theatrical or play sphere, where they are accepted for what they are *experienced* as being, and the logic is that of "make-believe, as if" (Campbell, 1969, p.33).

Ancient people experienced myth as some traditional people still do today, in the involved manner of the psychotic individual, but with more skill in negotiating between mythic and profane realities. Campbell (1972) believes that the psychotic individual, the mystic, the yogi and the LSD-taker are all plunged into the same deep inward sea. However,

The mystic, endowed with native talents for this sort of thing and following stage by stage, the instruction of a master, enters the waters and finds he can swim: whereas the schizophrenic, unprepared, unguided, and ungifted, as fallen or has intentionally plunged, and is drowning (p. 216).

In interacting with a psychotic individual, we are necessarily affected by their symbolic products which display similarities to those of ancient mythmakers. These individuals are "touched-in the original sense-by the divine. Our society would change its cultural bias toward the mentally ill and reduce the stigma they encounter, if we could see that they are not only "out of contact" with external consensual reality, but also "in touch" with mythic realms.

Our society stands in need of more contact with and appreciation for the non-rational (mythic, mystic, psychotic) states of mind. Foucault (1965) points out, "The Reason-Madness nexus constitutes for Western culture on the dimensions of its originality" (p. xi). From Bosch to Shakespeare to Nietzsche and the great poets and musicians of the 19th and 20th centuries, the threads of madness are woven into our cultural fabric. However, the wellspring of that originality has been progressively drying up. Starting with the turn of the 19th century, the once active dialogue between the rational and the non-rational has almost ceased. In the mental health field, this particularly evident: "the language of psychiatry is a monologue of reason about madness" (Foucault, 1965, p. xi).

Not only mental health professional, but everybody could benefit from empathetic interaction with psychotic individual and their creative productions. Listening to their experiences, their stories and myths can beckon us toward our own journeys into mythic realms.

Below is the case history of Howard's journey into and return from psychosis, which I have entitled, "The Hero with 1000mg (Thorazine)."

THE HERO WITH 1000 MG (THORAZINE)

The early years of my life were quite natural. In retrospect, they were uncolorful at best, even boring. It wasn't until mid-adolescence that I became aware of and increasing discontent within myself. Like all of

my friends, I lacked meaningful interaction with other people. Somehow, I sensed there must be more to life than just the same old routines.

During my senior year in high school, I went to Denmark as a foreign exchange student. I began to read literature, both contemporary and classical, including Joyce, Hesse, Eliot, Dante, and Castaneda. Returning home in 1972, having no desire for a formal education, I began traveling in hopes of gaining a first-hand experience of life. The spring of 1973 found me in a small village in Mexico. There I first conceived the idea of taking a Mental Odyssey. The seed of this idea lies, I'm sure, in a novel I had read while in Denmark. A Briefing for a Descent into Hell by Doris Lessing tells the story of a professor of classical literature who goes "mad." In his waking dream, he comes almost to the point of "remembering" the important archetypal elements of his inner life. However, he is electroshocked back in "sanity" forgetting where he has been and what he has experienced. Perhaps by allowing my own imagination to take a quantum leap, I also could bring to the surface of my consciousness the building blocks of my dreams. I hoped to discover the elements of my inner nature and maybe something about the universal nature of life.

THE SEPARATION

The "awakening of the self" no matter what the stage or grade of life, the call rings up the curtain, always on a mystery of transfiguration- a rite or moment, of spiritual passage, which, when complete, amounts to a dying and a birth. The familiar life horizon has been outgrown; the old concepts, ideals, and emotional patterns no longer fit; the time for the passing of a threshold is at hand (Campbell 1949, p. 51).

While hitchhiking back into the United States from Mexico, I developed a very high fever. At this point I entered the episode which led to my hospitalization. I stopped off at the house of an aunt and uncle for a couple of days until my fever went down. When I started hitchhiking again, various lines of verse began to filter into my mind. These words seemed to enter me from an outside source. Upon arriving at my parents' home, I put these one-liners together into a poem, but there seemed to be a single word missing. I showed it to my mother that evening, and she suggested the word "glide." Then the poem was complete:

Deliverance
Cast spinning across time's abyss
Free flight through a wave of nausea
I summon Heaven's madness
(Oh muse Divine
Control on gilded wings)
To bring the dawn

Fly by rampant river
Through rampant river
Through cosmic seas
And the universal jig in time
Wheel and glide
While seagulls spin in raucous tune

The first stanza expressed my current mode of experiencing life, the discontent I felt, the sense that something was not right in this world or in my relationship to the world. However, by summoning "Heaven's madness," I could enter a frame of mind that would give me the new sense of reality described in the second stanza.

After composing three verses, I realized that the poem itself could be used to catapult me into a state of "madness," into the Mental Odyssey. By concentrating on it to the exclusion of all else, I would push myself into that state. During the next twelve hours, I pecked away at my typewriter, turning out copy after copy of the poem, with my attention riveted on its elements.

THE INITIATION

Once having traversed the threshold, the hero moves in a dream landscape of curiously fluid, ambiguous forms, where he must survive a succession of trials. This is a favorite phase of the myth-adventure. It has produced a world of literature of miraculous tests and ordeal. The hero is covertly aided by the

advice, amulets, and secret agents of the supernatural helper whom he met before his entrance into this region (Campbell 1949, p.97)

By morning, I was in a state of rapture. I felt I had experienced a rebirth; the poem was my "birth announcement." I was at the crux of transitioning from "the flight through nausea" to "wheeling and gliding" joyously through the cosmos. My thoughts turned to my mother's crucial contribution which completed the poem, and I thought, "How gracious of the universe to allow my own physical mother to be the midwife of my rebirth. For even though I am now a child of the universe, yet she had a hand in her own son's rebirth. Thus, she has been spared the full pain of the loss of her child."

That morning I greeted my parents with the announcement, "I have been reborn. My father is the sun; my mother is the moon; and I am a child of the universe My experiment is a success!"

I viewed my self as a guinea pig in a self-designed experiment which was now taking on cosmic importance. Although my parents did not say anything to me, I sensed their anxiety and concern, but I just wanted to plunge ahead to wherever the experience was taking me.

Except for one occasion when I smoked two hits from a joint of marijuana, I did not use any drugs during my odyssey. The marijuana had absolutely no effect on me, because I was already far beyond where the drug could take me.

For the next four days, I engaged in spontaneous rituals to keep the element of the poem in my mind. For example, two days after writing the poem, a hike with a friend became a journey filled with significant occurrences. Preparing for the trip to a nearby mountain, I packed a few small items in a can. The harmonica, a blue bandana, and other items were "power objects" — symbols of my newborn self. I told my friend, "I'm taking these elements of my rebirth and burying them because I need to incorporate them into the very earth itself. If I don't go through this ritual, if I don't actually marry my rebirth to the earth, it won't be anchored and it will dissipate."

As we drove to the nearby mountains, I did not know exactly where we were going, but I knew that my muse was guiding me. We went to a fresh water slough with a walking plank along its center. At the gate to the slough path, the point where we started walking, I initiated the day's journey by telling my friend, "These are the Gates of Hell and we are going to walk through the bowels of Hell." As we walked along the path, I said, "Pay attention to my hands. When my right hand carries the can, the Muse leads; when my left, Death." After a little hiking we came to the place where the slough entered a larger river. "We have passed through the bowels of Hell," I said. "Now we climb out into the wilderness."

Entering a small meadow, we reached a spot where I felt the need to leave my friend. "Your path leads along the river, but I must go up from here. I will meet you here later." I followed the road for a while and then cut through a thicket, which got me back to the point where I had started. Every detail in the journey was significant. I asked myself, "Why have I gone full circle through the wilderness? I can't stop here; I must continue this quest. I must go to the gates, the portals of Heaven." So I started up the hill toward prominent trees. At times I felt weary and wanted to stop and rest. I thought the Devil was trying to prevent me from reaching the summit, so I kept pushing myself. Finally, I arrived at the gate formed by the trees. A patch of snow surrounded them. It was springtime, and I had not seen snow before on this hike. Suddenly, at my feet I noticed rabbit tracks in the snow. It felt like an affirmation, a message that the world was with me. I took a few steps through the portals, went to the base of one of the trees and buried the can-not in the bowels of Hell where I had started my journey, not in the wilderness where I had wandered, but in the realms of Heaven. "Now my experience is part of the earth. It is anchored. It is real." The world had affirmed this with the snow and the rabbit tracks. The convergence of these elements felt very profound to me.

Nearby, to my left, I saw a great slab of rock. I walked over and lay down on it to bask in the sun. I had finished a very important task. After a few minutes, I noticed a place carved into the rock. It looked just like a little chair. "This is my rightful place in the Kingdom of Heaven." As I took my place in the seat, I felt I had "arrived." Glancing to the left I saw an image in a tree stump, a laughing face. "Death laughs," I thought and, knowing that it was the noblest thing I could do, I laughed with him. My task completed, I proceeded down the mountain, met my friend, and we drove back.

I proclaimed my accomplishment to my family and friends, saying, "I have been through the bowels of Hell, climbed up and out, and wandered full circle in the wilderness. I have ascended through the Portals of Heaven where I established my rebirth in the earth itself, and now have taken my rightful place in the Kingdom of Heaven." I cannot remember the exact words my parents spoke in response to this proclamation, but I sensed their increasing concern and bewilderment.

Throughout this period, I frequently used symbolic speech containing mythic words: "I am the albatross; you are the dove," I said to one friend, Being an albatross involved flying over large expanses of the waters to distant shores and then returning. This was my process. Thus, the albatross became the symbol which carried me into these new experiences. I hoped my friends would make a similar connection and enter into an odyssey themselves. I urged them to create their own mythic vehicles and use them as guides into an odyssey as I had done. The only verbal response recall to these statements was one friend's remark that I was "going too fast." For the most part my friends became quiet, and I sensed the same fear in them as I had in my relatives. Undaunted, I continued to talk about the success of my experiment.

On the fourth day of the odyssey, my father, a general practitioner, asked me to go to the hospital. "We'd like to run some tests on you," he said. I agreed, thinking about the potential value for science and humanity: "The medical community should look at the experience I'm having and learn something from it. Medical experts could scientifically monitor it, chronicle it, and the world would benefit. I am definitely benefiting and it needs to be shared with everyone."

At the psychiatric unit, I signed a paper thinking it was a consent for tests. Then my father left me with an attendant. I suggested we start the tests since I had to leave to finish my experiment. "Take it easy," he said. "Settle in. You'll be here for a while." I protested, "At 3:30 I'm going to meet Godot. At 4:00 I'm going to leave." He took me to my room and left. I sat down and immediately removed my ID bracelet. I was not the name they had written in plastic. I had been reborn. I was the albatross. At 3:30, and attendant looked in on me. "There's Godot," I thought, "just on time." At 4:00, I left my room and went to the main door which was locked. A woman came down the hall, and as she neared the door I asked, "Would you please let me out?" She gave a questioning look. Pointing to my wrist, I showed her that I was not wearing a wristband. As she looked back at the nursing station, I said, "Go ahead and ask them. I'm just visiting." She turned back toward me with a look of acknowledgment and opened the door. I walked through it and went to the elevator. Even though no one else was waiting and no one was in the elevator, the doors opened the instant I got there. This was another affirmation that the world was with me. In a state of ecstasy, I entered the elevator. I was on my way home to finish the odyssey. I did not know exactly what it entailed, but I was sure my Muse would guide me.

Arriving home, I could sense the heightening of my parents' distress as I told them I would continue my experiment. I would do whatever I needed to do to fulfill my destiny. Later, when we were playing pool, my brother said to me, "If you felt that in order to fulfill your destiny, how you interpret your destiny, you needed to kill somebody" I replied, "Then I would need to kill somebody." I was not making any literal threats or harboring any weapons. Death as a transforming and guiding force was a theme in my rebirth. My brother took this symbolic statement literally, and said, "I think you'd be wrong and I'd have to try and stop you." Believing that everyone should follow the guidance of their inner self, I grabbed him by the shoulders and commanded, "Stop me. Try to stop me." He grabbed me, and I struggled to get free just as my father entered the hall, thrusting his hand between us. I was released and bolted out the back door. The realization came, "My father has delivered me in all my struggles."

Outside the night was dark and starry. Still retaining the feeling of release, I started across the field behind our house. While I ran, I rode this sensation as I had learned to do with other feelings during the previous four days. My sense of release grew and grew. Reaching a vacant lot near the house, I looked up at the sky and saw the star of my newborn self fixed in the Heavens. "This is it. This is the peak. Now it is complete. I am beyond." I entered a new dimension of the odyssey, one beyond symbols, beyond words. I had reached the state of deliverance which my poem had been designed to achieve. In the beginning the words in the poem had catapulted me into the Odyssey. Now words seemed totally inadequate-dry, flat, lifeless. Yet, I used them anyway: "Now I am married to the Universe. I have become the entire Circle and all within. There are no limitations. I am no longer contained within the frame of my body or my symbols."

Feeling ecstatic and clear-headed, I returned home. "It is complete. I am at the center of the Universe." My sister-in-law protested. "We are all at the center of the Universe." "Yes, but I have realized it." No one said anything further to me.

In my room, I turned on some music and lay down to sleep. I awoke a short while later when a policeman walked into my room, my mother with him. Knowing why he had come, I got up immediately and dressed. I was locked in the back of his patrol car for the ride to the hospital. I did not really object to being taken to the hospital this time. The experiment was finished. I was now at the center of the Universe regardless of where I was placed. At the hospital, I went to sleep immediately.

The next day I told the staff I did not want any medications-only vitamins. They instructed my take the medication. If I refused the tablets, they would be forced to give me injections. I agreed to take the tablets of thorazine.

I asked to see a Jungian analyst. Having read a *Psychology Today* article comparing Jung and Freud, I felt that a Jungian analyst would understand my experience. It was obvious to me that the hospital staff did not understand. From my reading of *One Flew Over the Cuckoo's Nest*, I expected that they were planning to give me shock treatment. Feeling totally in tune with the universe, I announced, "Go ahead, give me shock treatment and I'll blow up your machines."

At first I met with psychiatrist every day. I had hopes that he, as a representative of the scientific community, would understand the significance of my experience. He was of Greek ethnicity, so I assumed I could relate to him through mythology. In our first session, I handed him a copy of Ovid's *Metamorphosis* and said, "Here, this is what's going on-metamorphosis." During another session, I gave him a drawing of birds, scissors, and other "hieroglyphics" which told of my journey. Again I said, "Here, this is what I'm experiencing." He showed no response. He did not ask me to explain the drawing. The most significant moment I had with the psychiatrist occurred while he was sitting behind his desk holding an apple. In a state of rapture, I was explaining some aspects of my beliefs. With calm detachment, he stated, "You are no better than a banana," and then he took a bite of his apple.

Throughout my stay at the hospital, I sensed that the psychiatrist did not want to talk to me at all. Our visits became less frequent and briefer over the duration. During most of the two months, I saw him twice a week for perhaps five minutes at a time. We did have one other notable exchange when I told him that a friend of mine had visited a lawyer on my behalf. The lawyer had stated that they could not hold me against my will. "Yes we can. We can commit you and keep you here," the doctor responded. At the end of my stay, I do not remember talking with him or even exchanging good-byes.

Despite the lack of validation from the psychiatrist and staff, I never questioned the positive value of my experience. In fact, throughout my stay I found many ways to keep my Mental Odyssey alive and flowing. I persisted in processing my experience in terms of symbols. For example, in an occupational therapy session, I drew a watercolor of "Jacob's Ladder" using an upended sign for infinity ("8") to connect heaven and earth. It symbolized for me the flow of energy in the process of becoming and therefore represented the universe and everyone in it. In the hallways, I walked in figure eight's enacting the cosmic drama of time and space. I told others to watch me doing this. Sometimes I kicked an orange around the halls in a figure eight, being careful not to touch the walls. It was my belief that orange was the color of power, so this ritual reinforced my personal power.

During another occupational therapy session, I fashioned a wristband from five strands of cord. Inside the band, I hid various small cored pieces of plastic, knowing they would become "power objects." Eventually, they proved their power. I had been restricted from leaving the unit for trips into the community with other patients, friends or relatives. I could not even go on supervised walks and outings. Because of my "escape" the first day, I was considered an AWOL risk. I sorely missed being outside in the fresh air and open spaces. There was a balcony where I would hang out on the few occasions when its doors were not locked. One day, without any forethought, I placed some of my "power objects" in the lock mechanism. For the next several weeks, the doors to the balcony could not be locked, and I was able to be outside as much as I wanted.

In the privacy of my room, I regularly conducted rituals to invoke the Four Forces of the square. I began by facing north, held my arms straight out to the sides, whistled four times and then yelled "yu." In a dictionary, I had discovered that "yu" is an invocation in ancient Greek. Then I turned to the south, whistled one time, and yelled "yu." To the east, it was three whistles and "yu," and then two whistles and "yu" to the west. Then I waited for the forces to manifest. Through this and other spontaneous rituals, I kept my attention on continuing the Mental Odyssey. I also encountered signs which strengthened my conviction that I was on the right path. While in my room with my eyes closed, I saw three yellow birds flying against a bright yellow sky while another bird crossed their path. In several places around the ward, whirling vortexes suddenly appeared which I knew to be my muse. Occasionally part of the face of someone I was looking at dissolved and was replaced by portions of someone else's face.

No one on the staff asked me about my drawings, power objects, unusual experiences or rituals. While the staff did not seem as troubled as their patients, they appeared not to have any understanding of deep inner experiences. It was obvious that they expected me to fit into their mundane world. I told myself, "It's not my place to listen to them. I know what's real and must proclaim it to them-even if they don't understand or accept it." However, associations were always cordial and our exchanges pleasant. Late one evening, a staff member asked what was going on with me, but before we started talking, another staff person said I had to go to bed. I never saw the first one again.

It became apparent to me that no one on the staff was interested in understanding or recording my experiment. If this were to have any value to others, I would have to create a definite "key" for understanding the universe based on the elements from my odyssey. My parents had brought my copy of *Finnegan's Wake*; its inside cover seemed like the right location to inscribe this symbol key (Figure 1).

My father had medical patients in other wings of the hospital, and he occasionally stopped by to see me after his rounds. I remember in particular two exchanges. One time I yelled at him, "How come you're not letting me out?" He answered, "The doctors think you need to be here," and then he tried to calm me down. The next week when he visited, he was in a very agitated state and demanded to know, "Have you ever taken LSD?" I told him that I had in the past, but not during this experience. Reversing the roles from the previous week, I found myself trying to calm him down as he stormed off the unit.

One positive memory of my hospitalization occurred at Easter. Despite my parents' and my request for a home visit, I was not allowed off the unit. I remained the only patient of the ward. So my aunt, uncle, cousins, and immediate family decided to come to the hospital for dinner and we celebrated Easter on the ward. I remember my grandmother saying, "If Mohammad can't come to the mountain, the mountain must come to Mohammad," I particularly enjoyed hearing that at the time.

I had cordial associates with the other patients, but I never developed a close relationship with any of them. I felt they did not understand my experience any better than the staff did. In fact, it was obvious that most of the other patients were seriously troubled. At times, I tried to help them, but I did not actively intervene in their situations. There was a shirt I would wear sometimes thinking, "In this shirt, I will heal them."

At one point a male Mexican patient arrived whom I thought had been placed on the ward to test my will. At times he projected a ray inside me and I would feel a pain in my gut. I could ward off the "ray of death" by grabbing my stomach and stomping my foot on the ground. Once during his stay, I was standing in the hall trying to "summon" the service elevator as I had on the day when I walked out of the hospital. "You know a way out?" he asked. I tried to open the elevator by crossing my arms and touching a certain place on the control panel, but nothing happened. We looked at each other and laughed. Such incidents were never disrupted by faith in "special powers," because to me it was simply a matter of finding the correct ritual.

After six weeks, on the advice of my psychiatrist, my parents proposed a transfer to a hospital in San Francisco for an additional 3-6 months of treatment. For an instant, I turned this possibility in my mind. Perhaps a different group of doctors would truly monitor and document this Mental Odyssey, thereby preserving it. I still wanted help to chronicle and understand the many incredible experiences in my journey. Then I realized there was no guarantee that another hospital would be different from the barren environment of my present surroundings. "I don't need another hospital. I want to leave. I'll do just fine outside."

THE RETURN

When the hero-quest has been accomplished, through penetration to the source, or through the grace of some male or female, human or animal, personification, the adventurer still must return with his life-transmuting trophy. The full round, the norm of the mono-myth, requires that the Hero shall now begin the labor of bringing the runes of wisdom, the Golden Fleece, or his sleeping princess, back into the kingdom of humanity, where the boon may redound to the renewing of the community, the nation, the planet, or the ten thousand words (Campbell, 1949, p.193).

After two months, I left the hospital and immediately returned to the same state of consciousness I had been in before the odyssey. To attain the heights of the experience again I would have to walk the path step-by-step. First, I needed to regain the ability to concentrate and function. I was totally exhausted-physically, emotionally and mentally. I stopped taking the thiorazine they had been giving me at the hospital and have never taken any similar medication since.

A few days after leaving the hospital, I took a job at a boysenberry farm owned by the father of a friend. They let me work to the limit of my endurance-about three hours-and then leave to rest. After three weeks, I felt strong enough to tackle a job as an on-call forest firefighter. This work was ideal for strengthening myself, because it was physically and emotionally demanding. Yet, there would be a week or so between fires to recuperate.

About this time, I began to explore the meaning of my experience. While browsing in the philosophy, religion and anthropology sections of a bookstore, I found Joseph Campbell's *Creative Mythology*.

Immediately I realized that was exactly what I had been doing-creating mythology. Opening the book I randomly I came to the section where he discusses Joyce's *Ulysses* and *Finnegan's Wake*. Since I had drawn my key in a copy of *Finnegan's Wake*, this coincidence struck me as a sign. I bought the book, but it was very difficult for me to read, because my concentration was so poor. It was a tremendous struggle to comprehend even two sentences at a time, but I knew I had to stay with this task in order to regain my mental abilities. During the four months it took me to finish reading *Creative Mythology*, its concepts were training me to see the relationship between experience and mythic symbols in a new way. It also provided me with references for further exploration.

While reading *The Portable Jung*, also edited by Joseph Campbell, I began to understand several aspects of my odyssey. I saw a direct parallel between Jung's four personality types and my seagull, dove, owl and eagle. I developed the procedure followed in all my subsequent reading of alchemy, philosophy and religious works. I look for the meaning of the elements of my key (the triangle, the circle, the eye, etc.) within these other systems. This procedure has deepened my understanding of the Mental Odyssey and also enriched other readings.

Perhaps my biggest breakthrough came when I read Campbell's *Hero With A Thousand Faces*. Immediately, I realized that I had been on the Hero's Journey. I, too, had come into an experiential relationship with archetypes, had returned, and now had knowledge to share with others.

Another affirmation of my odyssey occurred while helping a friend through a bad trip after she took LSD at a Grateful Dead rock music concert. My brother, who was with her at the concert, phoned for my help after taking her to a local drug treatment center. Upon arrival, I immediately sensed the stifling atmosphere which reminded me of the hospital. I sat in front of her and held her hands. "Howard, it's just going," she said. I told her, "Yeah, I know. I can see it. Just go with it." She talked so fast I did not understand much of what she was saying, but I knew the energy, the state of mind. Attempting to put a cork on her flow of experience, to "calm her down," as the staff was trying to do, was counterproductive. She needed to be able to move with the flow of thoughts in order to get through them. We sat facing each other for perhaps an hour, and when I sensed she was in control again, I suggested we leave. This event raised my curiosity. How many other people have these experiences? What happens to them as a result?

Periodically I tried to share my new-found knowledge with friends and family, but it was not well-received. I could see I was still considered "crazy." I have learned not to talk about these matters with others. When we discuss other subjects, my relationships with those who witnessed my experiences have been fine; I have not felt like an outcast.

Two years after my discharge from the hospital, I married a woman I had known before my hospitalization. Due to a difficult and troubled life, she was often angry and unhappy. However, she seemed to value my experience; in fact, she identified herself as my "Beatrice" (Beatrice was Dante's guide through paradise in the *Divine Comedy*). However, after a few weeks she asked me to renounce my Mental Odyssey and follow Christ with her. I realized that trying to hold onto my experience would kill it. If I let it go, I thought that with me she could enter a life of happiness she had never known.

For the next two years I gave over dominion of my consciousness to my wife and became very Christian. Without explanation, we broke off contact with our friends, moved to another city, and had a baby. I went back to college and took pre-med courses. I quit drinking alcohol, smoking cigarettes and using drugs. I became a vegetarian. I carried a Bible everywhere.

For two years I limited my focus to my wife and child, my studies, and the Bible. Then one day I went to the University bookstore between classes. Certain titles in the philosophy and religion sections attracted my attention. Two days later, I returned to examine these books and found they were all from the same publisher, a religious organization. I began going to the bookstore every day, reading while sitting on the floor. At first I justified this excursion outside Biblical readings because these books were extensively cross-referenced to the Bible. Yet, they made connections to many other traditions as well. I felt a stirring to be free in my consciousness, to be able to explore and grow.

Although my wife did not seem to react negatively to my ventures into other realms of thought, she and I grew apart and soon separated. I was very disappointed that my sacrifice had failed to heal and transform her. Yet, the new readings were reinstating my Mental Odyssey as the focus of my life, and I needed once again to take up the quest of inner exploration.

At the same time, my desire to become a physician began to dwindle. I had maintained a 3.9 grade point average, so I withdrew from school in order to prevent a plummeting of my GPA due to lack of interest. I found a job and continued my new reading adventure.

I wanted to make contact with the source of these books. I went to the international headquarters of the church and was invited to the Sunday service. When I entered the church the next day, the large eye painted in the rear of the chapel caught my attention. It reminded me of the eye in the center of my key. The service itself did not move me. Nevertheless, I took some brochures and signed up for the newsletter.

The literature they subsequently sent seemed promising enough to lead me to attend a conference on the Second Coming of Christ. This proved to be a positive experience since the discussion of symbols and geometric relationships corresponded to my own conclusions. However, I worried that I might be creating all these positive experiences out of a desire to find fellow travelers. The live "dictations" from various "Ascended Masters" also left me feeling uneasy.

After the conference, I landed a job that I'd wanted for some time—working at a mental hospital as a psychiatric aide. I hoped to find some answers. Is the experience of madness the same for everyone? Do most people arrive at a place of enhanced understanding of themselves and others as I had? Could I help people undergoing such experiences? I hoped to meet others journeying on their Mental Odysseys.

Unfortunately, the psychiatric facility which I had selected housed long-term patients whose complicated medical problems were the reasons for their extended hospitalization. They did not seem concerned with religious or inner experiences. Instead of the high energy I had felt in my experience, these people seemed to have no energy. I wanted to join them in their journey and help them move through it, as I had my friend during her bad LSD trip. But these patients seemed frozen and locked in; there was no movement.

I brought food trays, lit cigarettes, gave medication and strapped patients down if they became too agitated. Although I felt little was being done for them, I realized how difficult it was to do anything. I stayed in that job for only seven months, but my compassion for nurses and aides increased.

From this stint at the psychiatric hospital, I learned that madness is not a singular experience. If it were, I would have found some people who were on a similar journey. Most of the experiences of these patients seemed to be destructive dead-ends, whereas mine had been transforming. I think the primary distinguishing feature was the fluid nature of my odyssey in contrast to the sluggish quality of these patients' experiences. During my odyssey, events in the outer world held extreme significance for me and often changed my inner thinking process. However, these patients seemed basically unresponsive to events in the outer world.

The Christmas conference sponsored by the church proved to be a turning point. Two events convinced me of the validity of the church's work. While listening to a "dictation" from an "Ascended Master," suddenly I felt a wind of energy from the direction of the speaker who was out of my field of vision. This occurred seconds before he announced that he was releasing light. A couple of days later during a different dictation, I felt a flood of energy come over the top of my head. Just afterwards, the speaker sated, "I am pouring the oil of illumination over your crown chakra." These two experiences provided tangible evidence which persuaded me to deepen my connections to the church and its community. I took a seminar on "The Path of Initiation." Soon I moved onto the grounds of the church to attend their school for serious students.

For the first one-and-a-half years of my involvement with the church, all my time was spent in its various programs and support activities. Working as a "runner" for the art director led to my being trained in video technology. For the past two years, I have supported myself as a cameraman, editor, and field engineer. I now have a managerial level position at a video post-production studio. Thus my work at the church as provided me with a vocational as well as spiritual direction.

Since my divorce I have not found myself drawn into deep relationships with women. Perhaps the most important person in my life is my daughter, now eleven years old. She lives with me half of the year, and we have established a close relationship.

Most of my social life still revolves around the church, particularly the video department where I have some good friends. We go to movies together and sometimes play racquetball. I spend most holidays at the church, usually at a conference or seminar. I plan to stay actively involved since the church continues to stimulate my development as well as provide a focus for community involvement. It has

deepened my understanding of the Mental Odyssey by helping reestablish the connecting links to everyday living experience. Yet, as I've come to truly integrate the odyssey, I have not found it necessary to dwell on my experience. Even within the church, one's personal history is de-emphasized, and there is caution against getting caught up in the special "phenomena" associated with spiritual experiences. Thus my attention is on the ongoing flow of life and my own motion within its stream.

I have gained much from my experience. I am sorry for the worry and hurt that it may have caused my family and friends. These wounds have been slow to heal. I am deeply grateful for the great victory of my odyssey. I successfully crossed the abyss to find the archetypes of my Being energized and intact. They revealed to me at least a facet of their nature which is also my own nature. With the dawning of a new vision of life has come a new sense of purpose. From a state of existential nausea, my soul now knows itself as part of the cosmos. Each year brings an ever-increasing sense of contentment. I view my odyssey and my connecting with the church as the two landmarks of healing for my soul.

I harbor no resentment toward the psychiatric institution for not taking my "insights" seriously. I know they were only trying to return me to "normalcy" the best way they could. I do feel that a great opportunity was lost for them. If they could have seen beyond the "ravings of a madman," they might have found something of real value.

From my perspective, the odyssey was a success and I do not regret the experience in any way. However, I would not recommend a trip into controlled madness to anyone. The best that one can hope to achieve is a fleeting glimpse through the mists, no matter how transforming. The risks are too great considering that tried and true paths, leading one safely, step-by-step, to a lasting enlightenment and joy are already available. No, this trip is only for the poor unknowing fool who drives himself headlong into it with an unwavering confidence that Life would never harm him because he loves it beyond all else.

COMMENTARY

Howard's psychotic episode can be seen as a Hero's Journey in two respects: first, it follows the 3-stage structure of that genre of mythology; and second, it parallels the imagery found in myths.

Howard's Mental Odyssey as a Hero's Journey

Separation: Myths of the Hero's Journey begin when the protagonist receives the "call to adventure" and moves from the world of the common day to an unfamiliar zone. The Odyssey begins when Ulysses sets sail from Troy. Buddha secretly leaves the comfort of his father's palace where he is being lavishly sheltered from the cruel realities of life. The Separation phase begins for Howard when he decides to ignore his parents' urgings to attend college and sets out to travel alone, hitchhiking into a foreign country.

The earliest mythmakers in human society were the shamans, and that role still exists among some traditional cultures today. (Halifax, 1979). The shaman's power to heal resides in the ability to create mythic experience and communicate it to others. It is interesting to note that a period of separation from society usually precedes the call of the shaman to the mythmaking vocation: "the budding shaman often wanders off and spends a long time by himself" (Linton, 1956, p. 124).

Initiation: The hero next enters into the realm of the supernatural, into worlds filled with spirits, demons, magical powers, and miraculous happenings. There he must survive a series of tests with the aid of newly-acquired powers. Ulysses battles with Cyclops and other monsters and is taken to the Underworld. Hermes gives him a magical herb for protection against the spells of the enchantress, Circe.

Buddha battles with Kama-Mara, the god of love and death, and with his daughters Desire, Pining, and Lust. They test his state of Enlightenment by sending whirlwinds, thunder, flame, boiling mud and fourfold darkness to shake him from his centered state. But since he is truly Enlightened, he is able to transform these elements into celestial flowers and ointments.

Howard enters the Initiation stage when he is reborn after staying up all night reading and retyping his symbolic poem. For the next two months he is preoccupied with using his new powers to survive a number of ordeals. He communicates with his muse and believes he has acquired mastery over time and space.

To prepare for the role of shaman, an initiate must also enter into the supernatural realm and be tested by assaults from alien beings. In these battles, the shaman gains special powers such as the ability to fly

and learns mastery over supernatural forces. This stage often occurs during an illness which may include a psychotic-like episode (Devereux, 1956; Silverman, 1968).

Return: Having survived the initiatory ordeal, the hero must relinquish the magical powers and return to the ordinary world but with some enhanced qualities. Ulysses arrives home and sets his house back in order. Buddha returns from a month in Nirvana to become a teacher of gods and people.

Howard is released from the hospital and directs his efforts to exploring the mythic dimensions of his psychotic episode. He works to integrate his experiences, so that ultimately they can be communicated to others. Campbell (1949) believes the major task of the Return stage is exactly this process of knitting together the mythic and human realms.

Psychosis differs from the Hero's Journey in one respect. In most myths, the Initiatory stage is the major part of the tale. Ulysses traveled for 10 years. Buddha's adventure continued even longer. In psychosis, the Initiatory stage is usually brief. Laing (1967) tells of Jesse Watkin's 10-day inner voyage; Howard's acute psychotic episode lasted two-months.

However, the lengthy Return from the psychotic journey has only begun when the person sets foot back into everyday consensual reality. Years of additional work are usually required to integrate the experiences into the person's social roles and conscious values. Today, 12 years later, Howard continues to explore aspects of his Mental Odyssey.

Mythic Symbols in the Mental Odyssey: Encounters with universal symbols are a characteristic of both psychotic and mythic journeys. Beebe (1982) has noted that,

Minimally, the experience of illness is a call to the Symbolic Quest. Psychotic illness introduces the individual to themes, conflicts, and resolutions that may be pursued through the entire religious, spiritual, philosophical and artistic history of humanity. This is perhaps enough for an event to achieve (p. 252).

Campbell (1949) has observed the same phenomenon during the Hero's Journey:

The archetypes to be discovered and assimilated are precisely those that have inspired, throughout the annals of human culture, the basic images of ritual, mythology, and vision (p. 18).

The similarity in symbolism in the stories of psychotic individuals and the myths occurs because the Hero's Journey is a metaphor for the journey into the psyche, while psychosis is an actual journey into the psyche.

In choosing to call his psychosis a Mental Odyssey, Howard recognizes the similarities between his experiences and the myth of Ulysses' long voyage. Wallace (1969) reports that the theme of the journey also occurs frequently in trickster mythology and is almost universally found in the stories of religious prophets (e.g., the prophet Elijah traveling to heaven), shamanic healing rituals, and rites of passage. The journey is often interpreted as a symbol for inner development: "the individuation process is often symbolized by a voyage of discovery to unknown lands" (Jacobi, 1964, p. 331).

Most of Howard's thoughts, perceptions and behaviors during his psychotic period contained symbolic imagery also found in myths. For example, his mountain hike was a journey to heaven, where he encountered magical paths of entry, special locations, sacred mountains, guiding spirits (his muse) and powerful enemies (the devil).

This is the world not only of the myths, but of persons who live in cultures where the traditional myths still retain their power:

For a culture still nurtured in mythology, the landscape, as well as every phase of existence, is made alive with symbolic suggestion. The hills and groves have their supernatural protectors (Campbell, 1949, p. 43).

Throughout his psychotic episode, Howard was preoccupied with bird imagery. He "became" the albatross, had hallucinations of birds, and positioned birds at the four directions of his symbolic "key." Birds are common figures in myths from many cultures, from ancient Greece to Native America.

The bird is a potent symbol in shamanic traditions representing the power of shamans to leave their bodies and fly. Shamans almost universally dress in feathers, and many use feathers in healing rituals as well (Halifax, 1982). Henderson (1964), a Jungian, discusses "wild birds as symbols of release and liberation" (p. 156).

In addition to bird imagery, a multitude of other mythic symbols appeared to Howard during his episode. Some of these are displayed in the key he drew while in the hospital as a way of expressing and recording his experiences. Many of the symbols are well-known cultural motifs, e.g., the Islamic crescent and star. The infinity sign, circle, pierced hands, eye and "happy face" are familiar motifs in our culture. Some of the symbols can be found in lesser-known religious and mythological stories which Howard probably never personally saw prior to his episode.

IDIOSYNCRATIC IMAGERY IN HOWARD'S MENTAL ODYSSEY

Howard's symbolic "key" (Figure 1) illustrates one of the differences between psychosis and myth: the tendency of psychosis to include symbols which lack universal relevance. The meanings of certain components of Howard's "key" are obscure. Only he knows the significance of the rays emanating outward at the bottom and the six asterisk-like figures. While Howard still attaches great personal relevance to the key, it does not express universal mythic truths in a manner which is readily accessible to other members of the culture. In several of my meetings with Howard to obtain information for "The Hero with a 1000 mg. (Thorazine)," he mentioned that the symbols in his "key" still hold great importance for him. So I asked him to redraw his "key" and write a commentary regarding its meaning. His re-rendering (Figure 2) is far more orderly and geometric, and includes important new elements such as the circle within the square. According to Jung (1969), the "squaring of the circle," an image found in many alchemical diagrams, is: "one of the most important [archetypal motifs] from the functional point of view. Indeed, it could even be called the archetype of wholeness" (p.4). His incorporation of the archetype of wholeness in the recent reading of his key reflects Howard's integration of his psychotic episode.

The 18 pages of interpretation written by Howard included extensive references to diverse religious and spiritual sources including alchemical and esoteric texts, Native American beliefs, and Jungian concepts. The following is his description of the symbolic meanings of two components, the square and the albatross in the center of his "key."

The parallels to Native American belief in the centrality of the Four Directions and to Jung's squaring of the personality into the four types are apparent. I see the albatross as representing intuition; the owl, sensation; the eagle, thinking; and the dove, feeling.

I termed these birds "mythic vehicles" and understood them to be very personal expressions of a universal truth. As vehicles, they were the means of passage through the odyssey. When the form is then endowed the Spirit, one becomes identified with his dominant and can pass through the mythic realm where truth will unfold for him until he reaches the eye of origin where all dissolves into One. This rite of passage was symbolized in my design by a bird in flight through the concentric rings to the eye.

Despite their esoteric nature, such personal symbols as Howard's key are of great psychological significance. Jung (1960) has observed that, "the age-old function of the symbol is still present today, despite the fact that for many centuries, the trend of mental development has been toward the suppression of individual symbol-formation" (p. 49). Howard's key illustrates that the process of individual symbol-formation still occurs spontaneously in psychosis.

Howard instinctively drew his symbol key in the form of a mandala, beginning with a prominent center and expanding along a vertical axis. Mandalas are found in many religions and states of psychological conflict (Jung 1959), and have been observed frequently in the drawings of schizophrenic patients (Baynes, 1949). Jung (1959) believes they have a therapeutic effect on their creators, including psychotic individuals, helping them,

Compensate for the disorder and confusion of the psychic state-namely, through the construction of a central point to which everything is related, or by a concentric arrangement of the disordered multiplicity and of contradictory and irreconcilable elements. This is an attempt at self-healing on the part of Nature (p. 4).

Myths and Treatment: An appreciation of the relationship between psychosis and myths can help therapists and others involved in the treatment of both acutely psychotic and post-psychotic individuals. The myths are stories reworked over generations to a finely-honed state where they serve as "a powerful

picture language for the communication of traditional wisdom" (Campbell, 1949, p. 43). Herrstein-Smith (1981) presents the intriguing thesis that the mind has certain basic stories which may be comparable to Chomsky's (1985) concept of deep grammatical structures. These stories organize experience much as deep grammar organizes language.

The stories used by psychotic individuals to organize their experience derive from the same place in the mind which has produced the myths. Frederick-Meyers uses the term "mytho-poetic function" in referring to this capacity of the mind (see Ellenberger, 1970). But unlike myths, which are always culturally coherent, the stories of many psychotic individuals are confusing. Jung (1960) notes that fragments of mythic themes and symbols occur frequently in the experiences of psychotic persons, but distinguishes these occurrences from the myths. In psychosis, "the associations are unsystematic, abrupt, grotesque, absurd and correspondingly difficult if not impossible to understand" (pp. 262-263).

Perhaps the myths can act as corrective influences, mirrors which psychotic individuals can use to get their psyches, their minds, their lives more organized. Hillman (1972) suggests that the belief in the curative properties of classical myth held by most Renaissance artists and intellectuals partially accounts for the extraordinary creativity of this era.

Mistaken and peculiar fantasy could be lead onto a right path through frequenting the metaphorical truths in the images of myths myth becomes a discipline for fantasy (p. 192).

The innovative treatment centers, Diabysis (Perry, 1974) and Soteria (Mosher & Menn, 1979), developed programs which were sensitive to the mythic experiences of acutely psychotic individuals. Both programs created environments which allowed the full expression of symbolic material. However, the largely non-professional staff were not explicitly trained in bringing mythic material into the treatment process.

The self-healing components of some psychoses may account for the effectiveness of expressive approaches. A successful case utilizing this method was reported by Lindner (1954) who treated a research physicist by encouraging him to fully explore and express his beliefs that he lived on another planet and traveled into other universes. At the end of the therapy the scientist had achieved a state of objectivity and distance from these experiences which allowed him to return from these adventures.

But some individuals require a different intervention, a "rescue from without" as this occurrence is termed in the Hero's Journey myths (Campbell, 1949). The exact mechanism by which to accomplish this is not known. An extremely abbreviated and ideal scenario for this intervention process is reported by Jung (1964) in the following case:

I vividly recall the case of a professor who had a sudden vision and thought he was insane. He came to see me in a state of complete panic. I simply took a 400-year-old book from the shelf and showed him an old woodcut depicting his very vision. "There's no reason for you to believe that you're insane," I said to him. "They knew about your vision 400 years ago." Whereupon he sat down entirely deflated, but once more normal (p. 58).

Myths could have been fruitfully employed in Howard's treatment. By selecting the term "odyssey," Howard chose a Hero's Journey myth to guide and contain his experience. In asking to see a Jungian psychologist, by bringing his symbolic drawings and copy of *Metamorphosis* into the sessions at the hospital, Howard was clearly seeking a therapist with an awareness of mythology. Jung (1964) believed all psychologists should receive education in mythology to provide them with a "comparative anatomy of the psyche" (p. 57).

Even during the post-psychotic period, the myths can be used in therapy to aid the integration process. Some mental health professionals have questioned the ability of post-psychotic patients to engage in thoughtful exploration of their psychotic experience:

There is nothing in the reports of recovered schizophrenics to suggest that once having freed themselves from the pathological patterns of their pre-morbid living, they continue to explore those inner experiences that had previously overwhelmed them (Wapnick, 1969, p. 65).

For the past 12 years, Howard has continued to explore the similarities between symbols found in mythology and those symbols he encountered during his Mental Odyssey. After patients have recovered from the acute phase of psychosis, mental health professionals usually suppress and discussion which might suggest that the contents of the psychosis are meaningful symbols. They may acknowledge that the material is relevant to the patient's pre-existing problems in life, e.g., troubled relationships with

parents or marital crises (Bowers, 1974). However, with the notable exception of some transpersonally-oriented practitioners, therapists typically fear that the discussion of the mythic dimensions of the experience might encourage preoccupation with the episode and precipitate a relapse.

Perhaps exposing patients to case histories such as Howard's would be useful in helping them to understand and integrate their psychotic episodes.

Howard's account shows that examination of the psychotic contents as part of the Return phase can facilitate integration of the primary process material. Case histories which demonstrate the creative application of the myths in their broadest sense can serve as maps for persons integrating a psychotic episode, as well as professionals and non-professionals in the role of aiding that process.

A Successful Return: Howard's Mental Odyssey was a successful Hero's Journey in two respects. First, his personal life was enhanced. Second, he brought a boon back to the society.

Over the past 12 years, Howard has shown an ability to adapt to social norms and participate in consensual reality. These feats can be considered major accomplishments. The population of chronic mental patients with marginal lives demonstrates that many who embark on such ventures into the psyche find themselves shipwrecked and stranded. The existence of a group of persons who "wish to be crazy," preferring the psychotic state with its intense experiences and grandiose powers, has been recognized in the clinical literature (Van Putten et al., 1976).

Campbell (1949) notes that the unwillingness to return is a theme in many Hero's Journeys: "Numerous indeed are the heroes fabled to have taken up residence forever in the blessed isle of the unaging Goddess of Immortal Being" (p. 193).

The Jungian analyst, Perry (1974), believes that the primary function of the acute psychotic episode is to enable the individual "to learn to perceive symbolic meanings as they pertain to the living of one's psychic life to discover the impassioned life" (p. 11).

Some may question Howard's choice of dedicating his life to unraveling the mysteries of his journey, particularly in joining a mystically-oriented church. During the initial phase of his involvement with the church, he even lived on the grounds while attending school. However, he now lives in his own apartment and is employed in a high-tech industry. During the 3 1/2 years I have known him, Howard's connection to the church has consisted of spending holidays there and helping out with occasional video projects. Thus the church group has aided him in building an autonomous and meaningful life in society while allowing him to pursue his involvement with the symbolic realm.

At the conclusion of the journey, the Hero's task is to bring back insights from the venture into the psyche to help renew life, not only for the individual, but for society as well. Those few who return with insights which transform a whole society are seen as visionaries or prophets. Howard would still be a hero in the mythic sense, even if his experiences had only personal relevance and transformed only his own psyche. Yet Howard has returned with a boon for society-his annotated map of some uncharted territories in the psyche.

The account of his Mental Odyssey shows us something about the workings of the mind, albeit in an extreme condition. The mysteries which in the past interested the psyche-the animal world, cycles of nature, the skies-have lost their ability to move the contemporary psyche. For most members of contemporary societies, the myths and symbols which derive from these sources, while still potent, no longer carry the intensity and depth required for transformation. The most potent contemporary reservoirs of mystery and wonder seem to be the untouched regions of outer space (Jung, 1964), the experiences of illness as an ever-present threat (Lockhart, 1983a), and the human mind with its awesome complexity. During psychosis, the mind is driven to reveal its deepest, most intimate workings, images, and structures. Whereas the myths are *metaphors* for journeys into the psyche, psychosis is a journey into the psyche. The ancient myths operate at a level once removed from the experience of contemporary psyches. Success stories of successful psychotic individuals communicate at the most direct level.

To the societal audience, the story of Howard's Mental Odyssey is a transformative tool, his offering to us, the Golden Fleece. In another era, in another place, perhaps the myth-making capacities which were awakened in Howard during his psychotic episode would have led to his being selected by his elders for training as a shaman. At the very least, Howard has provided us with a modern Hero's Journey myth.

CASE STUDY

To illustrate the use of the [spiritual emergency diagnostic criteria](#), they are applied below to a case study of a person who was hospitalized for a psychotic episode, but whose experience was a positively-transforming spiritual emergency. This approach is contrasted with the medical model diagnosis of the same experience as a psychotic disorder.

HOWARD'S EXPERIENCE AS A PSYCHOTIC DISORDER

The presence of either delusions or hallucinations without insight into their pathological nature is the basis for a diagnosis of a psychotic disorder in the [Diagnostic and Statistical Manual-IV](#). What types of psychotic symptoms would be considered present in Howard's Mental Odyssey? To answer this question, the author administered a one-hour retrospective mental status exam to Howard. This type of interview is designed to elicit and identify specific types of hallucinations and delusions. The following is a presentation of Howard's Mental Odyssey as psychotic symptoms.

A delusion is defined as,

a false personal belief based on incorrect inference about external reality and firmly sustained despite of what everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary (*DSM-IV*, p. 765).

During his Mental Odyssey, Howard made incorrect inferences about external reality, e.g., he thought that death rays were being projected at him by another patient. He did not accurately discriminate between his inner subjective experiences and objective dimensions of the world. He sustained these beliefs despite the insistence of everyone else that he was wrong. Howard was preoccupied with his mythic inner reality, and in projecting these beliefs onto outer reality, he would be considered delusional.

Based on the results of the mental status examination, Howard had the following delusions: Thought Insertion, Reference, Grandiose Abilities, Religious, Paranormal.

A hallucination is defined as,

A sensory perception that has the compelling sense of reality of a true perception but that occurs without external stimulation of the relevant sensory organ (*DSM-IV*, p. 767).

Some of Howard's experiences fit this definition. Based on the mental status exam, had both visual and tactile hallucinations.

In addition to the above psychotic symptoms, Howard also showed elevated mood for several weeks as well as five symptoms listed in *DSM-IV* as characteristic of a manic episode: decreased need for sleep, pressured speech, flight of ideas, inflated self-esteem, distractibility

Because of the mixture of both psychotic and affective symptoms, Howard's case presents a diagnostic dilemma. At the time of his hospitalization, Howard's psychotic symptoms led to his being assigned the *DSM-I* (APA, 1952) diagnosis of Acute Schizophrenic Reaction. However, since the *DSM-II* (APA, 1968) was in effect at the time, his proper DSM diagnosis should have been Acute Schizophrenic Episode, 295.4. However, he was diagnosed, medicated, and hospitalized as a schizophrenic patient.

How would Howard be diagnosed within the DSM-IV?

Howard would meet the symptom criteria for both Schizophreniform Disorder (schizophrenia of less than 6 months duration) and Bipolar Disorder, Manic Type. Brief Psychotic Disorder would be ruled out since the symptoms persisted for over 2 weeks.) In cases where criteria for both a Schizophreniform and an Mood Disorder are met, the differential diagnosis hinges on whether there is preoccupation with mood-incongruent hallucinations or delusions or bizarre behavior either before or after the manic symptoms. Persisting or predated mood-incongruent features would indicate a Schizophreniform Disorder whereas their absence would result in a diagnosis of Bipolar Disorder.

In Howard's case, there were transient mood-incongruent features, i.e., psychotic symptoms not related to his elevated mood, such as the delusion of death rays being projected at him and seeing the face of Death. However, they did not persist outside the period of his elevated mood. Thus, he more closely meets the criteria for *DSM-IV* Bipolar Disorder, Manic with Mood-incongruent Psychotic Features (296.04).

HOWARD'S EXPERIENCE AS A SPIRITUAL EMERGENCY

Both the mental status exam I administered and 15 interviews with him are used to examine Howard's experience in terms of the diagnostic criteria for spiritual emergency.

I. Overlap with the mystical experience

A. Ecstatic mood. After first reporting that his experience was "beyond words," Howard later went on to describe his mood with words including "ecstasy" and "rapture." Despite finding no support or acknowledgment of his situation, this mood persisted for several weeks of his hospitalization.

B. Sense of newly-gained knowledge. Howard believed that he had unlocked some elemental truths of universal importance. He felt his insights were of such importance that the scientific community should study and document what he was discovering.

C. Perceptual alterations. While in his hospital room, Howard had visual hallucinations of yellow birds against a brilliant orange sky. He also saw the face of Death in a tree stump.

D. Delusions with mythological-related themes.

- Death: Howard saw the face of Death and agreed that he would kill people if necessary to fulfill his mission.
- Rebirth: Howard felt he had been reborn into a new identity as the albatross.
- Journey: Howard thought he had the mission to show others the way into the Mental Odyssey experience and that he was being prepared for Enlightenment.
- Encounters with spirits: Howard communicated with his muse and the Devil interfered with his trip up the mountain.
- Magical powers: Howard believed he had acquired special powers such as mastery over time and space and the ability to summon elevators at will.
- New society: Howard thought he was the Pied Piper heralding in a new society.

E. No conceptual disorganization. Although Howard's metaphorical use of language was difficult for others to understand at times, he never showed incoherence or thought-blocking. His ideas were always expressed lucidly.

These examples show that Howard met all 5 of the criteria which indicate overlap with the mystical experience.

II. Positive outcome likely

Good pre-episode functioning was evidenced by Howard's lack of any previous psychotic episodes, his completion of high school and his network of male friends. He also met the criteria for acute onset of symptoms since they developed during a span of a few days. A positive attitude toward the experience was maintained by Howard throughout his hospitalization.

While there was no obvious external stressor, he was at an age (19) when many persons experience an adolescent identity crisis. But the three criteria he clearly did meet would satisfy the criterion of at least two good prognostic signs.

III. Low risk

When challenged by his brother's question, "Would you kill people to achieve your mission?" Howard responded that he would. This type of threatening statement needs to be checked out by a clinician who is familiar both with signs of homicidal dangerousness in patients and also with death/rebirth themes characteristic of spiritual emergencies. In Howard's case, further probing revealed the metaphorical basis of his preoccupation with death themes rather than a danger that he'd commit actual homicide. He was clearly not a suicide risk, so the Low Risk criterion would also have been met.

Thus Howard represents a clear case of spiritual emergency, someone who could have been treated without hospitalization or medication. His crisis would have resolved with therapy directed toward maximizing the growth potential of his process.