

TRANSPERSONAL THERAPY WITH A
MANIC-DEPRESSIVE ARTIST

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Many of the patients at the Day Treatment Center in the San Francisco VA Medical Center, where I am a psychologist, have chronic psychotic and affective disorders. Although surprising reversals in schizophrenia and manic-depression sometimes occur, patients usually do not totally recover from these illnesses. Most of the Day Treatment Center patients are severely disabled, lacking the skills, motivation and emotional stability to carry out the essential functions required to live independently in our society. It is a challenge to conduct transpersonal therapy with this population since most of these individuals are in perpetual crises of one kind or another. Many of my patients have experienced living in the streets; becoming homeless again is an ever-present threat as programs are discontinued and stipends terminated. In terms of Maslow's hierarchy of needs, much of my time with patients is spent working with the two lowest levels: physiological and safety.

*Bryan's
Bipolar
Disorder*

I have, however, occasionally found that transpersonal therapeutic approaches are useful with this population. One such case is Bryan, 47, who suffers from manic-depression, or Bipolar Disorder as it is called in the *Diagnostic and Statistical Manual fUR* (American Psychiatric Association, 1987). As with all illnesses, there are mild and severe forms. Bryan's disorder is among the most severe in intensity. He *takes* both lithium and a low dose of thorazine.

In September 1986, I was assigned to work with Bryan. A brief history notes that Bryan completed his undergraduate degree and a graduate film studies program before being drafted in 1966. The first symptoms of his condition and his first hospitalization occurred within a year after his discharge from the army in 1968. Both he and the doctors at the Veteran's Administration attribute the onset of illness to his experiences during military service. Married and divorced twice, Bryan has a close relationship with his 20-year-old daughter who lives nearby.

Because Bryan receives a full stipend from the VA for his service-connected disability, he is able to maintain a three-room apartment where he pursues the lifestyle of an independent artist.

When Bryan is functioning well, he is productive, drawing, painting and occasionally exhibiting his pieces at bars and cafes. He writes essays, short stories, poetry and letters to editors, some of which have been published in the *San Francisco Chronicle* and *Esquire* magazine. Bryan made a film which was accepted in the Musique en Cinema Film Festival in Besancon, France in 1986. He volunteers once a week at a film society and teaches a music class at the San Francisco Day Treatment Center where he was a patient.

*productive
writing,
drawing
and
filmmaking*

During our first session Bryan noticed on my desk an article of mine on creativity (Lukoff, 1986). I gave him a copy then, and in later sessions shared with him my articles on myths and mystical experiences in mental illness, (Lukoff, 1985; Lukoff & Everest, 1985). He maintained that, unlike the person I had written about, his were not Jungian experiences. Reciprocating, Bryan brought his artwork and writing to our weekly sessions, specifically requesting that we not have the "usual doctor-patient relationship" focused on his illness. We spent several sessions exploring issues such as the relevance of Jungian theory for understanding psychotic experiences; our discussions were lively and far ranging.

*first
therapeutic
sessions*

Bryan was hospitalized for psychotic decompensations once in November, twice in December and again in early January. The hospitalizations were not preceded by any major life events such as losing a significant relationship or moving, which frequently precede psychotic relapses (Lukoff *et al.*, 1984). Although Bryan insists that he was taking his medication, my interviews with his friends and his attending hospital psychiatrists indicate that he could have been off medication at the time of his admissions.

Because of his hospitalizations, I saw Bryan only a couple of times during those months. At one of those meetings. Bryan looked totally dishevelled. He paid little attention as his cigarette ashes fell off and burned his clothes. Even when the cigarette burned down to his fingers, he seemed unaware of the pain. Bryan appeared to be in another world; neither I nor anyone else could make contact with him. He could not draw or write but attended only to his inner world. The following day, as had been the pattern over the past 16 years, it was Bryan's friends, rather than police or mental health professionals, who took him to the hospital.

In late January, shortly after these four hospitalizations, Bryan came to see me. It had been three months since our last regular session. Bryan ~~appeared~~ demoralized and blunted. He complained that he didn't feel creative and that he was overmedicated. My assessment, however, was that Bryan's complaints were due to a post-psychotic depression which frequently follows hospitalization. At that time, I thought a medication change was not indicated so I recommended against it. Yet I took very seriously his complaint of being creatively blocked.

*identity
as an
artist
essential*

There were two reasons for my concern. First, Bryan's identity as an artist is essential to his maintaining an active social existence. Many persons with manic-depression and schizophrenia prefer living in a grandiose delusional reality rather than coping with their difficult life situations. In studies, patients who rated high on grandiosity frequently go off their medications to bring back their delusions (Van Putten *et al.*, 1976). Because these conditions can be self-induced, some patients become "addicted" to the feeling of power and the altered states associated with mania (Podvoll, 1987). This withdrawal into inner fantasy has been termed the "wish to be crazy."

However, the artist creates with the intention to generate a response and recognition from an audience. Bryan's social network consists mostly of artists and friends of artists. Since much of the contact in the artistic community revolves around the sharing of recent and planned art projects, I was concerned that Bryan's creative block might lead to his losing touch with this group. Even though Bryan has only a small "following" of ten or so friends, the goal of displaying his art and sharing his writings with this small group encourages him to focus on the outer world. It gives him the motivation to wish *not* to be crazy. Also, Bryan fulfills his belonging and love needs, the third level on Maslow's hierarchy, through his friends in the artistic community.

*creative
production
as
protection
against
decompensation*

My second concern was based on the role that making art has played in preventing Bryan from withdrawing into his inner world. The act of creating art channels Bryan's perceptions and beliefs, many of which are distinctly nonordinary, into "real" forms, e.g., works of art. While not all artists are vulnerable to psychosis, creative production can protect those who are prone from total decompensation. Salvadore Dali maintained that art played this role in his own life through his "paranoic-critical method" which he describes below:

a spontaneous method of irrational knowledge based on the interpretive-critical association of delirious phenomena. . . which helps to control madness through painting (hallucinations, obsessions, visions), by *its* mastery of the dividing line between reality and image (Serna 1979, p. 12).

Perhaps this is what Freud meant when he stated: "There is a means of return from fantasy to reality and that is art." Drawing and painting require that the artist distinguish between fantasy and reality. For both Dali and Bryan, making art serves to govern their tendency to withdraw by forcing them to make distinctions between the inner and outer worlds.

*distinguishing
between
fantasy
and
reality*

Recognizing the role of art in Bryan's life, it was clear to me that his treatment must involve reconnecting him with his art. To rekindle Bryan's creative energies, I asked him to write about his recent psychotic experiences. Since mental illness involves substantial alterations in subjective experience, it offers a rich source for expression in writing. Written accounts of illness and hospitalization by mental patients have a rich heritage (Sommer & Osmond, 1960). Some have even appeared on modern best-seller lists (Vonnegut, 1975), and madness has also been a theme in much great literature (Feder, 1980). I felt that writing about his recent psychotic experiences was a creative task which Bryan could undertake and accomplish.

During our first session, we discussed possible topics. Despite having produced many essays and short stories Bryan had not previously written about his experiences with manic-depression. *Since* Bryan had never before encountered space aliens in his 18 years of intermittent psychotic episodes, we agreed that he would write about his recent experience with these entities. The next week he brought a five-page essay entitled "Being Controlled." Over the next ten sessions, he wrote five other essays: "One Manic-Depressive's Sense of Time," "Being a Messenger," "Another Hospital," "Big Questions," and "Some Implication of Dinosaurs Having Souls." Bryan and I agreed to call this novel treatment program "creativity therapy."

*"creativity
therapy"*

The writings quoted below are excerpts from Bryan's essays describing his experiential world during his psychotic episodes. A professional's understanding of the nature of the psychotic mind is normally based on maintaining a diagnostic and clinical distance. Yet, before having any presumptions about making helpful interventions, we must expand our intellectual and emotional appreciation of the psychotic mind. Coming from a highly intelligent and creative individual, Bryan's

writings are valuable tools to use in this process. Psychosis is a complete phenomenological world with many parallels to the world of mythology (Campbell, 1972; Perry, 1976). Bryan's story, mythic in quality, provides us with glimpses into both worlds.

Being Controlled by Space Aliens

For a period of about a month prior to and then during hospitalization I experienced a sense of time that was strictly out of step with reality, that was operating in spite of reality. Then, my explanation for it-as [I was fully aware I was in my "own time"-was that] was being controlled by space aliens who had selected me for their uses. This realization didn't frighten me, make me feel powerless or paranoid. Rather for this period of about three months, I was content and happier than usual. I was *in* a steady state of exhilaration.²

The first sign I had of being controlled was the occurrence of bright lights flashing beneath the cupboards above my sink. It happened many times over a month and was not from any place I could find nor was it directed as from a single source or beam. This flashing was erratic and irregular. The last time, it appeared as a geometric image that had steady beats. I was not under the influence of alcohol or drugs and I know the difference between an hallucination and an observed phenomenon. I was not looking for it to happen or imagining it. Over time, I developed my own theory. Contrary to the idea that beings from outer space in superior machines would emerge as monsters to threaten this planet (this seemed too paranoid and earthlike a conception), rather they were revealing themselves to me because I was as insignificant as a Victorian house among skyscrapers. Why, I questioned, didn't they go to Arthur C. Clarke, Carl Sagan, or the Pope, and I arrived at the conclusion they were not after publicity.¹

One afternoon in my apartment while reading, for some reason I looked out my window and caught sight of a jet stream. As the airplane gave off no sound to alert me of its presence, I came to think I was being controlled by a being who was perhaps in another dimension, operating through me. My turning to see the jet stream at its command, was, so to speak, a contact. Now "space aliens," I know, isn't a much better way of explaining things you can't understand than is "the gods," a miracle or magic. But at least, as I see it, the concept is wider in that it reaches out for what we know to be possible-in the unknown.!

Once after seeing a movie with friends, going to the car, I halted abruptly on the street as if bumped. My friends said, "What's wrong?" I told them that a figure about eight feet tall had bumped into me. They said they didn't see it but they saw me jump-as if I had bumped into something or someone. What I sensed was a two-dimensional being, traveling at a brisk walking pace. Science sometimes likes to toy with the notion of multi-dimensions. I had

encountered the second dimension. Weren't the "space aliens" revealing themselves in a way unknown to earth scientists?!

While I didn't hear voices or wasn't controlled by demanding commands, I saw images of what looked like "other worldly" places.¹ Many nights the stars were out and on two occasions, a few stars erupted into hundreds. I wondered how many other people were witness to those events. Many times the planets moved from their positions such that I thought I was seeing things or hallucinating. I'd move around or drink some juice and return to see if it happened again.² While watching TV, I thought I must be witnessing material that was intended for the death bed. The notion occurred to me that perhaps this was not a normal broadcast but rather was being sent to me alone for approval by a superior civilization.⁴

While waiting for a friend to return to the phone as I lay on my bed, the overhead light pulsed in sync to slight pains in my heart. There was an energy-unlike lightning or electricity-in the room. As my friend returned, I realized that had been an examination or surgery from outer space, and that they don't do things against your will, in a big spaceship, under bright lights.¹

The next morning as I left the house, I found a photograph on the driveway that I might have seen as just a bad shot but, on closer inspection, it pictured my window with fish-like creatures floating in it, and what I took to be me-in some primordial form-on the bed. I reasoned, if the "space aliens" are more intelligent than us, then surely they know how to put our relatively primitive equipment to their own uses without direct intervention such as flying saucers. Our own jets could be a means of surveillance. That photograph, mysterious as it was, amounted to my only direct evidence.^{1a}

I received a sense that I might be a messenger. (I prefer this to parapsychology's term "channel" since I was quite conscious and fully aware.) I knew it would not last forever. I seemed caught by a power greater than myself from whom I was learning.²

Shortly before going into the hospital, I was visited by what felt to me to be "all knowledge," characterized by a warm feeling in my upper body and slight pain in my lower. I knew inherently what came over me-all thought, all that had ever been written, all music. It was within but emanating from outside. It bore no personality. After a while, I got up and went into the front room. I opened the pages randomly to the first book I came across. It was on Celtic legends which I had read with disinterest some time ago. The page I turned to and read was about women gods. I was exhilarated to, as it seemed, know more than there was to know. God was a woman. The chicken came before the egg. This state, not like a trance, remained with me for about a half hour. The next day, I looked at the book to find the passage I'd been directed to, to be, now, rather mundane.³

Two friends took me to the local VA hospital late one night. It seemed like I was being led there by the "space aliens" to be in an environment where I would not be hurt. At the hospital I was given a shot in the arm of a rare, unique drug that put all within my comprehension. This happened regularly but only at intervals of 300,000 years when the heavens were in the right position. While a lot depended on me, all I had to do was be myself. There was a scale along one wall representing the presidents. The key presidents were Lincoln and F.D.R. with the others falling somewhere between these two. I was supposed to walk across this sunlight barometer at precisely the exact moment to choose from the gene pool our leaders. I remember walking past the scale, hearing applause in response to the various presidents, while feeling I was just doing what was right. While my friends seemed anxious to get out of there, I wanted to stay. What was for them an unendurable time, for me were moments full of activity. How I got from there to being put on a stretcher in a capsule or ambulance that I thought was destined for outer space is a mystery.⁴

I was taken to another VA hospital miles away. Though I was not violent, I found myself in a small room, strapped to a bed. After what I was told was 24 hours of being thus immobilized, I went into the locked ward where I remained for *two* weeks. I carried a notebook and marker at all times so as to, as it were, create my own time. There the time in my head, filled with writing and drawing pictures, was in conflict with ward time which moved around the smoke break, every hour on the hour, outside. During all these experiences it was as if through the bidding of some unknown but friendly power, I was creating a parallel time. It was not like psychological time where the individual perceives the length of an event to be longer or shorter than measured time. I had different sets of time operating simultaneously.² One thing the time there did do was focus me on the moment rather than on the fantastic life I'd been leading immediately preceding. But it was indescribably more pleasant and altogether harmless. The sense of "being controlled" has left me to operate on my own.¹

RESULTS OF THE CREATIVITY THERAPY

not a joining strategy I chose not to employ a joining strategy; therefore, I did not participate in Bryan's delusional world as some therapists have done with psychotic patients (Linder, 1954). Nor did I see my role as helping Bryan "reality test" these beliefs. Rather, I acknowledged to him both the powerfulness and strangeness of his experiences. I also recognized his skill in rendering them in writing. The act of his writing combined with my responses to his essays provided Bryan with a therapeutic catharsis and also helped him to integrate these experiences. At the beginning of the therapy, Bryan was still preoccupied with space *aliens*. By the end of the creativity therapy, this preoccupation had dissipated.

During our three months of weekly "creativity therapy" sessions, Bryan accomplished both of our therapeutic objectives—engaging in artistic creation and reconnecting with his social network. Bryan took to these therapy assignments readily. As he began writing and drawing again, his depression diminished and he began to feel more creative. In June, six months after the therapy began, Bryan resumed pursuing an artist's lifestyle as he participated in an exhibit of paintings in a neighborhood bar and reestablished contact with his colleagues.

Now that our therapy is completed, Bryan and I maintain regular contact outside the VA Medical Center and we sometimes meet at a local coffee house for social visits. I attended the opening of his art exhibit and we have collaborated on the preparation of this manuscript. At a recent meeting, he told me of an art student friend who had written a video screenplay based on Bryan's essay "One Manic-Depressive's Sense of Time." Bryan subsequently played himself in the two-week filming of this video. I was pleased to attend its premiere and champagne reception at an art gallery. He recently submitted three short stories for publication. It is apparent that Bryan continues his creative endeavors at all levels.

In addition to rekindling Bryan's creativity and effecting his social reintegration, the creativity therapy also produced some progress toward a more traditional therapeutic goal—insight into the meaning of his psychotic episodes. In pSYChosis, meaningfulness is an aspect of the experience itself rather than something exterior to it. Kaplan (1964), who edited a revealing collection of first person accounts of mental illness, noted that in such descriptions, "the patient takes over the role of the psychiatrist and scientist and reflects on the meaning of what he has been experiencing. The act of writing itself implies such reflectiveness and concern" (p. ix). I had previously seen the therapeutic value of helping another person recreate the story of his psychotic journey (Lukoff & Everest, 1985) and hoped that Bryan too might benefit from the opportunity of telling his story.

*insight
into
meaning
of
psychotic
episodes*

While insight is a hard issue to assess, Bryan seems to have made some progress in understanding the value of his creative outlets for maintaining his sanity. In a letter Bryan wrote to a friend while in the midst of our therapy, he stated:

I would say part of the cure for so-called "mental illness" is communication between client and a qualified person. Not so much "craft" Or "O.T." [occupational therapy], but finding out what makes that individual tick. I am doing that mostly by writing in that I feel [might otherwise pay good money to learn that it is all in my head.

During the three years Bryan was a patient at the VA Day Treatment Center, he participated actively in the creative arts classes. In addition to taking classes, Bryan taught a drawing class, a reading class, and even though he is no longer a patient in the program, he still returns weekly to teach a music class. One would not realize the therapeutic role that art plays in Bryan's life from looking through his thick chart at the VA. As is typical of medical charts, Bryan's contains references only to his psychopathology and medications. This is an unfortunate oversight, because the quality of Bryan's life as well as his clinical condition are so intimately interwoven with his creativity.

When I asked Bryan what art means to him, he replied:

An accomplishment. I feel pleased. I feel each piece is better than I've ever drawn before. I have no goal other than to satisfy myself.

Creating art fulfills Bryan's esteem needs, Maslow's fourth on the hierarchy of needs. The fifth and highest level of Maslow's needs is self-actualization, which he defines as "acceptance and expression of the inner core or self" (1962, p. 184). Artists, including Bryan, create to express their deepest feelings about life-their inner core. Bryan fulfills the three highest levels of Maslow's hierarchy of needs (belonging and love, esteem and self-actualization) through his creative endeavors and participation in the artistic community. Therefore, our therapy needed to address Bryan's creative self.

*therapy
to
address
the
creative
self*

After reviewing this paper, Bryan expressed the concern that others might perceive him as "weird" for having had such unusual experiences. I suggested that he write a final statement about what the episode meant to him, Bryan's reflections below indicate a positive integration of his psychotic experiences within his on-going life.

Looking Back

Months have passed since writing the stories of my experience. Now, I don't want to fall back on such terms as "psychotic episode" or "delusional." Those are words others use to objectify a unique, complex experience best told by the person going through it. For that time, a benevolent and enlightened entity was with me-a higher intelligence-neither god nor devil, channel nor a vivid imagination. For lack of a better term, I came to call this manifestation a "space alien," as I seemed directed by the unknown.

But somehow I cannot believe I am the only one. It would be an interesting study to see whether other manic-depressives have had similar experiences to mine. Their stories could be compared for

parallels to determine whether they are just "delusional" or whether they contain material for further study in other fields as well as psychology which then becomes quantum psychology.

I urge that more such experiments take place between doctor and patient in a "give and take" relationship (unlike Freud) and scientific (though unlike Skinner). I'm sure they would find some borderline instances to challenge their assumptions and concepts about how we think and our place in the universe. Bipolar disorder, rather than really being a "disorder," may be evolutionary in nature and could be a key to understanding the mind and beyond.

¹ from "Being Controlled"

² from "One Manic-Depressive's Sense of Time"

³ from "Being a Messenger"

⁴ from "Another Hospital"

⁵ I asked Bryan to show me the photograph. To our next session he brought a badly scratched 3" by 5" color print that looked as though it had been run over by a car. A large portion of the photo was just white. [If I had come across it lying in a driveway, I might have hypothesized that the photographer had discarded the first print from a roll of film, because it contained only a portion of the leader and an out-of-focus shot of his foot. Bryan thought that it was a photograph taken by the aliens from the overhead light in his room. When I asked what kind of camera the aliens had used, he answered that a camera was not necessary because they could inhabit the electrical system,

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dered the best time in his life, when he was deeply in love and life seemed to hold promise for him.

Chris also reported having had frightening experiences since he was very young. He had vivid hallucinations during febrile illnesses starting at two years of age. A repetitive image was that of a huge whale in whatever room he was in. He was very frightened and yet intrigued by these hallucinations and could still experience the feeling associated with those images. He was deeply disappointed that his parents did not inquire about the nature of the whale and felt abandoned by them.

*an
initial
dream
and his
dilemma*

Since these experiences, Chris longed to find meaning and depth in life and felt tortured by the banal demands of daily activities and people's superficial preoccupations. He obtained some comfort from his ability to order the world by logical thought and correct deductions, but felt very vulnerable as far as his body and his intense emotions were concerned. Chris' initial dream gave me a sense of his dilemma:

Chris was in a rustic restaurant on the bay. Someone said to look out the window. He saw huge turtles flying through the sky coming down toward the bay. As they landed, they used their webbed feet