

Mania as Spiritual Emergency

Edward Whitney, M.D.

One night in May 1994 I was stopped by the police as I wandered on the beach in my underwear and T-shirt, merging with the electrons in distant galaxies and looking for God. I was not sure whether I was Hitler, Elijah the prophet, or King Lear gone mad. All I knew for certain was that I had surrendered my customary frames of reference and had chosen to trust a process over which I no longer had control.

As the police asked me who I was and where I lived, I tried to come up with a story that they might accept. I told them that I was a doctor who was deeply concerned about the Clinton health plan, that I lived four blocks away, and that I needed to go home. I was certain that they were angels sent by the Lord to prevent me from disrupting the flow of energy in the galaxies with which I was merging. If God had sent them, then all was well; I could trust them.

Their police radio said something that included the words “seven four.” They were checking the seventy-fourth decimal place of their calculations; this was the precision they needed to be sure that all the electrons in the universe were still in place. They were, therefore, connected to the mind of God.

Friends and housemates were becoming alarmed by my recent behavior. I, on the other hand, had never felt more sane. The process was a healing one; all the shame I had felt for decades about being a disappointment to my father (an internist who

had died when I was 15) had fallen away in recent weeks. I felt a deep transformation of the meaning of everything that had ever happened in my life. I was receiving assurances from Heaven itself that I needed to feel ashamed no longer, that I was loved for all eternity. Everything that existed was holy. Angels were everywhere, beautiful and terrifying.

I had always scoffed at those who said that we could do anything we put our minds to, and that our beliefs were what limited us. We had to let go of our doubts, they said, and visualize what we wanted. Now I stopped scoffing; it was time to believe in myself, just as they said we needed to. I knew what I wanted: years before, I had lusted after an exceptionally desirable woman named Robin. My housemates and I had a cat named Bandit, and I reasoned that a bandit is a robber and robbers engage in robbing; therefore Bandit could be transformed into Robin for my carnal delight. I visualized the metamorphosis, lifted Bandit to my face, and rubbed noses with him. He blinked at me and meowed.

Fantastic! Cats were cats, and women were women; reality had limits, and therefore my thoughts could not destroy the universe. Therefore, I was not God. I was relieved beyond measure. As I digested this momentous discovery, my housemates and friends began to make arrangements for finding me a safe place to be; three days later I was in the hospital on a 72-hour hold. This meant that I was Jonah the prophet, and that I had been running from God my whole life, and was sent by Him to spend three nights in the belly of the whale.

I told the psychiatrist about being overwhelmed by a sense of angelic presences; he said that this idea was psychotic and that he would put me

on risperidone, a new antipsychotic drug. The healing intentions of hundreds of people who had developed and tested this drug were enfolded within this pill, I told myself, and it would reveal what I needed to do in order to fit into this world in which I had always felt like a stranger.

About 20 minutes after the initial dose, I had my very first psychedelic experience—brilliant rivers of intensely saturated light flowed before my eyes. Assuming that the vision of flowing light was the intended therapeutic effect of the drug, I realized that disdain for psychedelics had been my basic problem; I had placed too much trust in reason and science. Risperidone was a wonder drug! I was cured!

The next day, another doctor started me on lithium. Aha! Lithium was the lightest of the metallic elements, number three in the periodic table. It was the ideal conduit by which cosmic energies could be grounded. The stars were mostly hydrogen and helium; lithium was the vehicle through which their messages could come to earth. How wise the psychiatrists were! They really knew what I needed!

Thus the mental health care system and I were at cross purposes; what I was experiencing as a wonderful healing process was construed by my doctors as a serious disease process. Neither of us had a clue about the other's perspective. They knew nothing about my issues with my father, the spiritual and religious interests I had had since childhood, and my recent fascination with the Lubavitcher Hasidim, who were saying publicly that their elderly and ailing leader was the promised Messiah. If the Lubavitchers were right, then the healing of the whole world was at hand, and we would have no more war. Fear and

Dr. Whitney is working on a master's degree in public health at the University of Colorado Health Sciences Center. His address is 1150 Ivy Street, Denver, Colorado 80220 (e-mail, whitneyed@juno.com). Jeffrey L. Keller, M.D., M.P.H., is editor of this column.

hatred would rule no longer. God would no longer be a tool of oppression. With my entire being, I wanted this to be true. For their part, the doctors knew messianic obsession as a symptom of illness, a medical disorder of the brain.

Mania, in my experience of it, is a process of giving birth to hope in the soul. It is opposed from within by an equally intense nihilism and fear that the entire creation is nothing more than a cesspool of doom. Inner conflict can make a person labile. The cosmic grandiosity comes from trying to answer the question "Is the universe a friendly place or a hostile place?" This is ultimately a religious question, hence the preoccupation with spiritual and religious issues.

The struggle between hope and utter despair can frighten onlookers as well as the person on the inside of the experience. There is a difference between the expression and the intention of any problematic behavior; the expression of mania, intrusive and melodramatic, gets the attention of onlookers. The constructive intention, concealed inside a person and covered over by layers of wild behavior, must be looked for or it will be missed.

"If you don't think of it, you will miss it," every medical student is told when learning the art of clinical diagnosis. My doctors did not think about the possibility that they were seeing a person in the midst of a spiritual emergency; the concept itself is not on their map of reality. It is not listed in the differential diagnosis of manic episode in *DSM-IV*. Psychiatrists do not think about it, and they miss it. The patient, unfortunately, pays the price for the doctor's impoverished frame of reference.

It is a very serious matter when a physician mistakes a healing process for a pathological one. The intention of the doctors was positive, but their expression was most destructive. The head of psychiatry at the hospital told me that I was in denial if I insisted that I had been having a spiritual crisis. No, he said, this is a medical disorder like asthma or diabetes. When I finally understood that he meant what he said, I was devastated, and I was feeling suicidal within hours. I could

not argue with his self-assured, expert manner.

Where, I wanted to ask, were the mast cells, the inflammatory mediators, the glycosylated proteins of this allegedly medical condition? But I was too demoralized to speak. I felt only like dying. The whole episode meant nothing; it was just a case of bad DNA making defective protoplasm. If I had accepted the medical model of my experience, I would not have survived to tell this tale. Despair would have consumed me.

I emerged from despair because other people interpreted things differently. One of my housemates said, "This happened for a reason, Ed." A psychiatrist who understands the concept of spiritual emergency accepted the legitimacy of the nonordinary states of mind that I described to him, and he likened them to crises that many people had passed successfully through. Outside the medical profession, there were many people who easily understood what I was saying, and they helped save my life.

Medical education does not prepare psychiatrists to deal with spiritu-

ality in human experience. In shaping human lives, spirituality is at least as powerful (and as subject to compulsiveness) as sexuality, and just as irresistible when intensely felt. It is expected that psychiatrists will be able to take sexual histories competently, but spiritual histories seem to be another matter. It saddens me to report that physicians were the main obstacle that I had to overcome on my quest for a hope-filled view of the world.

When confronted with manic patients, psychiatrists ought to ask themselves, "Could this be a spiritual emergency?" When no medical illness or drug intoxication is found, this possibility should be carefully ruled out before a medical model is imposed on the situation. There are features in the territory of human experience that are deleted from the professional maps that psychiatrists use. Those maps must be revised. *DSM-IV* should include "religious or spiritual problem" in the differential diagnosis of manic episode. Physicians who do not think about it when appropriate may do their patients grave harm. ♦

Psychiatric Services Resource Center Releases Compendium on Families

A compendium of 13 articles on families and their involvement in mental health treatment was recently released by the Psychiatric Services Resource Center. All of the articles originally appeared in *Psychiatric Services* and *Hospital and Community Psychiatry*.

Lisa B. Dixon, M.D., a Baltimore psychiatrist who is active in the family advocacy movement, wrote the introduction to the 72-page compendium, entitled *Families & Mental Health Treatment*. The articles focus on the needs and concerns of families of adults with severe and persistent mental illness, highlight the family and parenting needs of persons suffering from mental disorders and their children, and examine the costs to families associated with severe mental illness.

A copy of the compendium was sent to mental health facilities enrolled in the Psychiatric Services Resource Center in October. Staff in Resource Center facilities may order additional single copies (regularly priced at \$13.95) for \$8.95. For ordering information, call the Resource Center at 800-366-8455 or fax a request to 202-682-6189.