**Experience, making sense of experience and science. Isabel Clarke**

SCN supports people undergoing anomalous or exceptional experiences. Often these experiences are frightening and disorienting, but they can equally be euphoric and life expanding.

There are many different ways of making sense of these sorts of experiences. For instance:

* The medical model: faults in the brain and brain chemistry lead to this ‘illlness’
* Psychological: Early trauma; life adversity and variations in sensitivity lead to this sort of breakdown.
* Spiritual emergence/emergency (Grof & Grof 1991) The evolutionary progress of human consciousness can go wrong and plunge people into something unmanageable.

There are many more explanatory frameworks rooted in or arising from different traditions.

* Religious and spiritual frameworks, (hearing the voice of God, mystical, unitive, non dual experience etc.)
* Shamanism
* Kundalini
* Spiritism (Brazil)
* Astrology,
* Past life regression
* Paranormal explanations such as alien abduction (Clinical Parapsychology is big in Germany and other European countries) - and more

**What does science say?**

Where does science fit with all of this? Though most medical and psychological research take the medical model as their unquestioned starting point, scientifically it has been severely and effectively criticized, (e.g.Bentall 2003, 2009, Moncrieff 2010, Whittaker 2010, Bracken et al 2012, BPS 2013 ). It has been suggested that its dominance is more due to professional and commercial interest (pharmaceuticals) than scientific evidence.

There are other scientific frameworks that are better founded. The influence of trauma, social and life circumstances on biology (Van der Kolk 2014, Varese et al 2012, Read & Bentall 2012) , Schizotypy (Claridge 1997) and Interacting Cognitive Subsystems (ICS. Teasdale & Barnard 1993, Barnard 2003, Clarke 2008, Clarke 2010). These rely on basic principles and do not advance anyone’s interests.

**Do explanatory models matter?**

Do explanatory models matter? Yes. There is robust research demonstrating the effect of how we make sense of our exceptional experiences on how they affect our lives. The following papers, (Brett et al 2014, Heriot-Maitland et al 2012, Brett et al 2013) are a sample from an impressive body of research that demonstrates that people get through such episodes faster, with less relapse and suffer less severely where they find a supported, non-medical, way of making sense of their experiences. Such explanations tend to be more hopeful and less stigmatizing. This finding corroborates epidemiological work that shows robustly that people from more traditional societies who have a psychotic breakdown have a better chance of recovery than those with well developed psychiatric systems (e.g. Warner 2014).

The power of allowing people to find an explanatory model that suits them and a social group that supports it, is emphasized in the excellent and freely available ‘Understanding Psychosis’ brought out by the BPS (2017).

**‘Spiritual Crisis’**

At SCN, we use the umbrella term ‘Spiritual Crisis’, designed to allow those who recognize the spiritual in at least some of what they are experiencing to find safe ways to navigate this territory, and discover their own, life enhancing, way forward. We do not endorse one particular explanatory framework, but recognize that all have something to offer to someone. This is reflected in the variety of resources on our website.

We recognize consistent features of such experiences and what helps to keep them manageable and within the individual’s control – hence the emphasis on grounding, good self-care and maintaining social contact.

While critical of medical model dominance, we do accept that medication and the safety offered by hospital can be an essential part of the way back to a functioning life for some. Safety is our first concern, so we offer cautious advice here, while recognizing that many people will want to avoid medication or reduce it as soon as it is safe.

**Conclusion.**

Taking this evidence into consideration, the Spiritual Crisis Network website reflects a variety of these explanatory models without exclusive endorsement of any. It is our aim to provide resources to enable the individual to navigate this minefield in the way that leads to the fullest growth and realization of potential possible for them.

Barnard, P. (2003) ‘Asynchrony, implicational meaning and the experience of self in schizophrenia’, in T. Kircher & A. David (Eds.) *The Self in Neuroscience and Psychiatry* (pp. 121-146). Cambridge: Cambridge University Press.

Bentall, R.P. (2003) *Madness Explained: Psychosis and Human Nature.* Allen Lane The Penguin Press, London.

Bentall, R.P. (2009) *A Straight Talking Introduction to Psychiatric Diagnosis*. PCCS Books, Ross-on-Wye.

Bracken, P., et al, (2012) British Journal of Psychiatry, 201:430-434.

British Psychological Society (2017). Understanding Psychosis. 2nd Edition Leicester: BPS Publications. Downloadable free at: https://www1.bps.org.uk/system/files/user-files/Division%20of%20Clinical%20Psychology/public/CAT-1657.pdf

British Psychological Society (2013) Division of Clinical Psychology Position Statement

on the Classification of Behaviour and Experience in Relation to Functional Psychiatric Diagnoses:

Time for a Paradigm Shift. Division of Clinical Psychology.

Brett, C., Heriot-Maitland, C., McGuire, P., *et al* (2014) Predictors of distress associated with psychotic-like anomalous experiences in clinical and non-clinical populations*. British Journal of Clinical Psychology*, **53**, 213–27.

Brett, C., Heriot-Maitland, C., McGuire, P., Peters, E. (2013) Predictors of distress associated with psychotic-like anomalous experiences in clinical and non-clinical populations. *British Journal of Clinical Psychology,* 11.213-227

Claridge, G. (1997) *Schizotypy: Implications for Illness and Health*, Oxford: Oxford UniversityPress

Clarke, I. (2010) Psychosis and Spirituality: the discontinuity model. In I.Clarke, Ed. *Psychosis and Spirituality: consolidating the new paradigm.* (2nd Edition) Chichester: Wiley

Clarke, I. ( 2008) Madness, Mystery and the Survival of God. Winchester:'O'Books.

Grof C, Grof S. (1991*) The stormy search for the self*. London: Mandala;

Heriot-Maitland, C., Knight, M. and Peters, E.(2012) ‘A qualitative comparison of psychoticlike

phenomena in clinical and non-clinical populations’, *British Journal of Clinical* *Psychology,* 51: 37–53

Moncrieff, J. (2010). Psychiatric diagnosis as a political device. Social Theory and Health, 8, 370-

382.

Read, J. & Bentall, R. (2012). Negative childhood experiences and mental health. British Journal

of Psychiatry, 200, 89-91.

Teasdale, J.D. and Barnard, P.J., (1993). *Affect, Cognition and Change: Remodelling Depressive Thought.* Hove: Lawrence Erlbaum Associates.

Van der Kolk, B. (2014). *The Body Keeps the Score.* USA: Viking, Penguin Group.

 Varese, F., Smeets, F. & Ducker, M. (2012) Childhood trauma increases the risk of psychosis. A meta analysis of patient-control, prospective and cross-sectional cohort studies. *Schizophrenia Bulletin,* 38, 661-671.

Warner, R. (2007). Review of Recovery from Schizophrenia: an International Perspective. A Report from the WHO Collaborative Project, the International Study of Schizophrenia. *American Journal of Psychiatry,* 164: 1444-5.

Whitaker, R. 2010*. Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*. Crown (Random House).