

# TRANSPERSONAL PERSPECTIVES ON MANIC PSYCHOSIS: CREATIVE, VISIONARY, AND MYSTICAL STATES

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The psychotic comes closer to the great secrets of life and offers a reservoir of mental health to those who are restricted by routine rationalism.

Psychiatrist Andre Breton, founder of  
the surrealist movement in literature

The relationship between mental illness and transpersonal states of consciousness has been the subject of great interest and attention from ancient (Dodds, 1951) through modern times (Arieti, 1979; James, 1961; Laing, 1979; Perry, 1979). However, discussions of this topic often lack a thorough grounding in psychopathology. For example, despite the profound phenomenological differences, many authors concerned with this topic have not discriminated among psychoses that are due to schizophrenia, manic depressive illness (Bipolar Disorder), extreme stress or ingestion of a psychedelic drug (e.g., Klein, 1971). Some authors have argued that psychopathological categories are merely pejorative labels and should be discarded entirely (Laing, 1987; Szasz, 1970). While James Hillman (1975) also recognizes the overly negative connotations of psychopathological concepts and terms, he has called for a revisioning rather than an abandoning of psychopathology. He suggests retaining the phenomenologically rich descriptive vocabulary used within psychopathology but also

*the  
relationship  
between  
mental  
illness  
and  
transpersonal  
states of  
consciousness*

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acknowledging the connection of symptoms to archetypes. This paper furthers the revisioning process by exploring the relationship between the psychopathological category of manic psychosis and three transpersonal states of consciousness: creative, visionary and mystical.

*the  
paucity  
of  
empirical  
data*

Understanding the psychopathology/transpersonal relationship has been hampered by the paucity of systematic empirical studies. Only the topic of creativity has been subjected to research related to this area (Andreasen, 1987; Jamison, in press). While the mystical experience has been explored empirically (Lukoff & Lu, 1988), studies of its relationship to psychopathology are few (with the exception of two interesting articles comparing the language and themes in first person accounts of schizophrenic patients and mystics (Buckley, 1981; Oxman *et al.*, 1988). Given the paucity of empirical data, any discussion of this topic must remain somewhat speculative.

Fischer (1971) examined the relationship among creative, manic, psychotic and mystical states. He hypothesized that these states vary along the dimension of arousal as measured by specific EEG amplitude characteristics with mystical rapture being the highest state of arousal ("ecstatic"), psychotic and manic the next highest ("hyperaroused") followed by creativity ("aroused"). At the low end of this continuum, he placed various meditative states ("tranquil" and "hypoaroused"). Unfortunately, while many meditation studies support Fischer's model at the lower ends of arousal, no research exists to substantiate his intriguing speculations on the increase in arousal from creative to mystical states.

Clark (1983) developed a system for mapping mental states of mystical experience, mania and schizophrenia along four dimensions: mood, concentration, intensity and mind work. However, each map also needed to incorporate "extra variables" specific for each mental state. Although both Fischer (1971) and Clark (1983) included an arousal dimension, the question of which variables to include in a comprehensive theory to describe and compare ASCs is a critical but unresolved question (Tart, 1972).

In this paper, no attempt will be made to develop a comprehensive model such as Fischer's (1971) and Clark's (1983). Instead, I will examine how the cognitive, affective, sensory, energetic and behavioral changes that occur during a manic psychosis can foster the development of three transpersonal states of consciousness—visionary, mystical and creative. The case of an individual who underwent a manic psychosis and who described his experiences in a recent issue of

the *Journal of Transpersonal Psychology* (Lukoff, 1988) will be employed to illustrate phenomenological and behavioral aspects of these hypothesized relationships.

#### MANIA AND PSYCHOSIS

Since the times of ancient Greek medicine, mania has been used to refer to unusual excited behavior. Hippocrates identified mania along with epilepsy, melancholia and paranoia as the four major types of mental illness. In the *DSM-III-R (Diagnostic and Statistical Manual of Mental Disorders (third edition, revised)*, American Psychiatric Association, 1987), the three criteria for a Manic Syndrome are: a distinct period during which the predominant mood is either elevated, expansive, or irritable; at least three manic symptoms including hyperactivity, inflated self-esteem, decreased need for sleep, flight of ideas and racing thoughts, pressured speech, poor judgment, and difficulty in concentrating; and impairment in occupational or social functioning, or dangerousness to self or others (p. 214). The terms Manic Syndrome, from the *DSM-III-R*, and mania, a phenomenological descriptive term, are used interchangeably in this paper.

*criteria  
for  
Manic  
Syndrome  
(mania)*

Although there is considerable variability, individuals in the midst of a Manic Syndrome typically experience a number of changes related to its onset: they feel elated (although sometimes the mood is primarily one of irritability); their energy level increases; they feel powerful; their cognitive processes accelerate to a point frequently described as "thought intoxication"; their sensory perception becomes intensified; they see "special meanings" and self-references in everyday events. However, there is usually a turning point where these positive experiential changes are followed by irritability, thoughts racing out of control, and impaired judgment regarding finances, sexual behavior and interpersonal relationships (Carlson & Goodwin, 1973). These significant shifts in mood, sensory perception, cognition and behavior qualify mania as an ASC (Tart, 1972).

The *DSM-III-R* defines psychosis as a "gross impairment in reality testing and the creation of a new reality . . . . Direct evidence of psychotic behavior is the presence of either delusions or hallucinations (without insight into their pathological nature)" (p. 404). In psychosis, the unconscious becomes dominant supplanting the ego with its orientation toward external reality. The inner world becomes the source for beliefs about external reality ("delusions") and creates auditory, visual and other perceptual experiences that are

*criteria  
for  
psychosis*

unrelated to outer sensory stimuli (“hallucinations”). Psychotic individuals, experiencing an intense ASC so different from ordinary reality, lose the ability to share their reality with others. Lacking a shared reality, they encounter problems handling everyday stressors and functioning in the social world. These difficulties lead them to be diagnosed as having a mental disorder. At the same time, they are participating in an archetypally-rich world that can provide the seeds for personal and even societal renewal (Perry, 1987, Wallace, 1956).

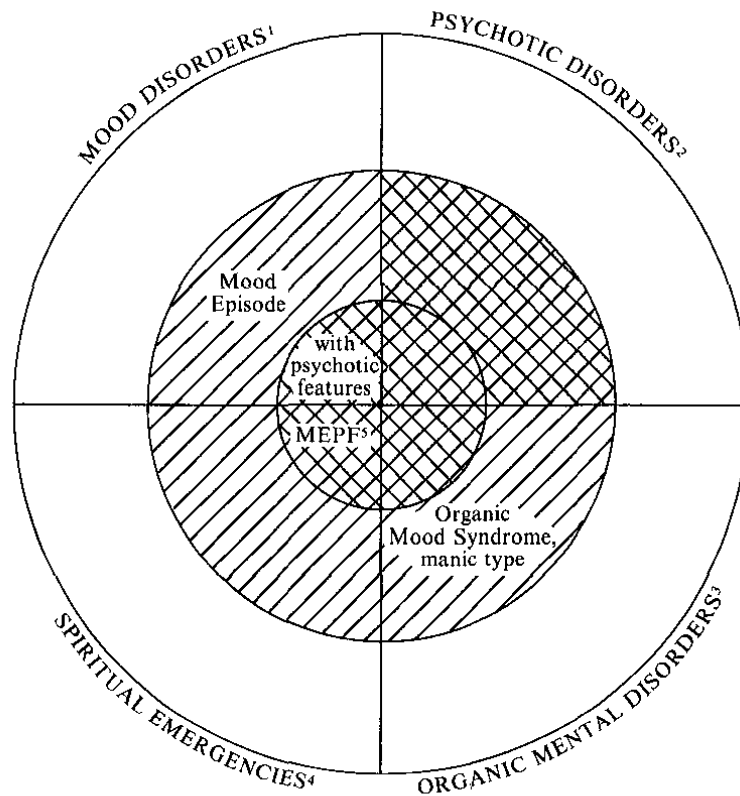
*Manic  
Episode  
With  
Psychotic  
Features*

Although mania and psychosis can exist independently, they frequently occur together. One study found that 48% of persons with mania also had delusions and 30% had hallucinations (Winokur, Clayton & Reich, 1969). Manic psychosis is not defined in the *DSM-III-R*, but is used here to refer to the phenomena of a Manic Syndrome with psychotic symptoms. Neither mania (Manic Syndrome) nor manic psychosis are categories of mental illnesses; they are syndromes—constellations of related symptoms and signs. These syndromes can occur in several of the mental disorder diagnostic categories just as rhinitis, the syndrome of cold symptoms, can occur in several types of physical illnesses. The phenomena of mania with psychotic symptoms that is the subject of this paper can occur in Mood Disorders (including Bipolar Disorder, a.k.a. manic depressive illness), Organic Mood Disorders (including substance-induced types), Psychotic Disorders (including Schizophrenia and Schizoaffective Disorder) and Spiritual Emergencies (Grof & Grof, 1986) (Figure 1). Historical information, a physical examination, and medical lab data are used to determine into which diagnostic category a specific case of manic psychosis fits. When a manic psychosis occurs as part of Bipolar Disorder, it is referred to in the *DSM-III-R* as a Manic Episode With Psychotic Features.

#### CASE STUDY OF AN ARTIST

Bryan is an artist with Bipolar Disorder whom I saw in therapy at a Day Treatment Center and whose treatment with transpersonal therapy is discussed in another article (Lukoff, 1988). During the course of treatment, Bryan underwent a manic psychosis that lasted approximately two months and was hospitalized four times. After the last discharge from the hospital, he wrote six essays on his experiences while in a manic psychosis as part of his therapy; an edited version of “Being Controlled By Space Aliens” was published in Lukoff (1988). Bryan’s first-person account will be used throughout this paper to illustrate the phenomenology of manic psychosis.

FIGURE 1  
 MANIA AND MANIC PSYCHOSIS IN DSM-III-R MENTAL DISORDERS



Note: spatial proportions do not reflect relative incidences.

SYNDROMES

/// mania  
 (Manic Syndrome)

/// psychosis  
 (Psychotic Episode)

☒ manic psychosis

¹Bipolar Disorder

²Schizoaffective Disorder, Schizophrenia,  
 Schizophreniform Disorder, Delusional  
 Disorder, Brief Reactive Psychosis

³Hallucinogen-induced, PCP-induced,  
 Unspecified Psychoactive Substance-  
 induced, Organic Mental Disorder  
 (nonsubstance-induced)

⁴Proposed category (Grof & Grof, 1986)

⁵Proposed category: Mystical Experience with  
 Psychotic Features (Lukoff, 1985)

Bryan's fantastic experiences as described in "Being Controlled by Space Aliens" met the *DSM-III-R* criteria for a Manic Syndrome (Table 1). Bryan also described several frank delusions and hallucinations that were undoubtedly misinterpretations of external reality (Table 1). (The question of the

TABLE I  
 MANIC AND PSYCHOTIC SYMPTOMS DESCRIBED BY BRYAN IN "BEING  
 CONTROLLED BY SPACE ALIENS" (LUKOFF 1988).

MANIC SYMPTOMS	BRYAN'S ACCOUNT OF EXPERIENCE
Elevated mood	"steady state of exhilaration"
Grandiosity	"visited by all knowledge"
Flight of ideas	Bryan described his thoughts flowing continuously with rapid changes from topic to topic while he watched the TV.
Distractibility	While taking a walk with friends, Bryan became so preoccupied with small details such as cracks in the sidewalk that he was unable to communicate with the others.
Impairment	In addition to Bryan's report of difficulties with functioning, he was hospitalized.
PSYCHOTIC SYMPTOMS	BRYAN'S ACCOUNT OF EXPERIENCE
Fantastic delusion	Bryan believed that space aliens were contacting and controlling him.
Grandiose delusion	Bryan believed that he had been selected to choose the gene pool of the future world leaders.
Delusions of reference	Bryan thought that the photo he found contained a picture of him taken by space aliens, and that the TV was broadcasting programs specifically for him.
Tactile hallucinations	Bryan described the sensation of bumping into invisible eight foot aliens.
Visual hallucinations	Bryan saw "other worldly places."

"reality" of UFO abduction experiences such as the one Bryan described is highly controversial [Ring, 1987] and will be addressed later as an important mythic theme.)

*Bryan's  
 Bipolar  
 Disorder*

Bryan's illness meets the diagnostic criteria for Bipolar Disorder, Manic with Mood-congruent psychotic features (manic depressive illness): his Manic Syndrome lasted over one week; he had a past history of similar episodes; he did not meet the criteria for schizophrenia; he showed no organic symptoms; all of his psychotic symptoms occurred during the Manic Syndrome; and, the delusions and hallucinations were consistent with themes of inflated worth, power, knowledge, or a special relationship to an all-powerful being. Since Bryan's manic psychosis was attributable to his Bipolar Disorder, the points made in the following discussions are limited to manic psychoses associated with this diagnostic category. However, I have used the term manic psychosis for Bryan's experience instead of the *DSM-III-R* label (Manic Episode with psychotic features) to reflect my belief that manic psychoses occurring in other disorders, (e.g., Organic Mood Disorder or Schizoaffective Disorder) show similar types of overlap and correspon-

dences. Hopefully other studies will be published to address the relationship between transpersonal states and additional diagnostic categories.

In the following three sections, the cognitive, affective, sensory, energetic and behavioral changes associated with manic psychosis (and Bryan's experience in particular) will be compared with creative, visionary and mystical states.

CREATIVE STATES

Bryan described experiences during his manic psychosis that correspond to Maslow's (1971) description of the "creative attitude" (Table 2). Maslow chose the term creative *attitude* specifically to avoid linking creativity to productivity. An individual can achieve a creative state during any endeavor—gardening, raising children, driving a car. Yet there does seem

*the  
creative  
attitude*

TABLE 2

THE CORRESPONDENCE BETWEEN BRYAN'S EXPERIENCES AND MASLOW'S (1971) DESCRIPTION OF THE "CREATIVE ATTITUDE."

MASLOW'S  
CHARACTERISTICS OF THE  
INSPIRATIONAL PHASE

... is all there, totally immersed, fascinated and absorbed in the present, in the current situation, in the here-now, with the matter-in-hand. . . . This ability to become "lost in the present" seems to be a *sine qua non* for creativeness of any kind (p. 61).

MASLOW'S DESCRIPTION  
OF THE SUBJECT-OBJECT  
RELATIONSHIP

There is fusion with the reality being observed (with the matter-in-hand, I shall say more neutrally), a oneness where there was a twoness, an integration of some sort of the self with the non-self. There is universally reported a seeing of formerly hidden truth, a revelation in the strict sense, a stripping away of veils (p. 62).

BRYAN'S EXPERIENCE

Patterns on the sidewalk such as cracks and graffiti would stop me in my tracks until I absorbed the message I was intended to receive. On busy streets I would, at times, stop and freeze—as if at some command—and hold a position for many minutes leaving the passer-by to wonder if I was alive or a statue. The day before I went to the hospital, a friend who I was visiting said it took us three hours to walk the four blocks from Market street to his house. . . . While much of this, I know, sounds like just waiting, there was no real sense of anticipation other than *waiting* in the sense of watching it all happen, "seeing" something in which, I suppose, the average person "sees" nothing.

In the daytime the most ordinary of things would take on an unusual significance—such as a row of pigeons perched on a telephone wire. They would catch my eye and I would stop and watch them until one flew away. What could have been a period of from five to ten minutes while waiting for this to happen, had not the normal sensation of boredom—but seemed purposeful—as if the flight of a bird and my watching it were connected.

to be a special relationship between mania and creativity in artists.

### *Artistic Creativity*

The intrapsychic dynamics that produce artistic creativity are related to the intrapsychic processes of both mania and psychosis. Despite differences in terminology between early Greek philosophers such as Aristotle and 20th century researchers such as Arieti (1979), explorers of this subject have agreed that both artistic creativity and mental illness involve dipping into irrational parts of the mind. During this plunge, the mental state is characterized by primary process thinking—unconscious, fragmented and idiosyncratic. However, the artist's craft also involves secondary process thinking where imaginative links are created that reintegrate the fragmented and inarticulate structures into cohesive images. When successful, these images are satisfying and meaningful to both the artist and the audience (Arieti, 1979). In contrast, psychosis is characterized by a relative lack of secondary process thinking—conscious, organized and communicable (Klein, 1971).

*artistic  
creativity  
and  
psychosis  
contrasted*

Arieti and others considered mentally ill persons to lack the flexibility to shape their thoughts into cohesive artistic concepts. For example, Billig and Burton-Bradley (1978) argued, "art of the mentally ill individual is limited in his efforts to the mere expression of inner feelings" (p. 27). Jung (1966) gave this negative evaluation of a piece of art by a severely mentally ill person: "The picture leaves one cold, or disturbs one by its paradoxical, unfeeling, and grotesque unconcern for the beholder" (p. 137). Yet such simple and clear-cut dichotomies ("we believe that creativity and mental illness are two entirely different facets of human functioning" [Billig & Burton-Bradley, 1978]) can be challenged on both aesthetic and genetic grounds.

### *Aesthetics of Psychopathological Art*

The art of psychiatric patients has played a significant role in influencing mainstream art. There are at least 12 museums in Europe devoted to the art of the mentally ill, mentally retarded, and prison inmates (Parsons, 1986), and a museum showcasing painting, sculpture and craft created by persons who have or have had mental illness is being established in Baltimore by People Encouraging People, a community support program. The first collection of patient art was put on display by and the first book on this genre was authored by the German



psychiatrist Hans Prinzhorn in 1922 and both gained instant popularity. Max Ernst and Wassily Kandinsky went so far as to study with artistic patients at the clinic and the surrealist movement was heavily influenced by “psychopathological” art. Jean Dubuffet founded a Museum in Lausanne he called the *Musee de l’Art Brut*: “*Art Brut* is non-institutional art practiced by people *outside* fine art circles, *outside* society . . . recluses, eccentrics, inmates of prisons or lunatic asylums . . . Consequently owing nothing to tradition or fashion, they use highly original and inventive . . . techniques” (City of Lausanne, 1985).

The art of the mentally ill, gaining popularity today as Outsider Art (Parsons, 1986), is generated spontaneously from the psychic depths of the artist. These depth experiences are expressed with disregard towards the usual expectations and customs of communication both in terms of content and style, and in violation of sociocultural norms of behavior. Hillman (1986) has attributed the value of art produced by outsiders to their unique imaginal worlds: “We can learn from them—the blind poet, the crippled artisan, the mad prophet. They imagine in wholly other ways” (p. 17).

*outsider  
art  
and  
artists*

In his art, Bryan illustrates the relationship of mental illness to creativity. Bryan’s expressive style is highly original and spontaneous. As is common with Outsider artists, Bryan has had no formal training in art (other than film editing), and uses unusual materials such as fingernail polish and lipstick. While Edel (1975) was not discussing the art of psychiatric patients in his article on “The Madness of Art,” he described art’s capacity to be mad and to drive others mad who are trying to understand it. Bryan’s drawings raise the same types of issues that Edel (1975) identified in art that is mad: Is this art? Is it profound and meaningful or trivial and incoherent? Is it visually powerful or just crude? Am I crazy to take this seriously?

In addition to his visual art, Bryan also weaves his manic psychosis into his writing. The psychotic experience is a frequent theme for exploration in literature (Feder, 1980) because of its universality. We encounter psychosis in the external world through contacts with the mentally ill living in the community, in clinical practices, in art, in friends and family. Psychosis is also a theme in the inner world of the individual psyche. Although Hillman (1975) uses the term “madness,” which is broader than psychosis and includes all varieties of unreason, he makes the point that,

Madness, like wisdom, like goodness, like beauty, is an archetypal category . . . the psyche always defines some aspect of itself as

mad, the reasons for which become one of the eternal questions for psychological reflection. . . . Like love, God, death, and the nature of soul itself, madness is one of the psyche's fundamental thematic fantasies (p. 79).

Bryan's depictions of manic grandiosity, delusions and hallucinations in essays and drawings lead readers and viewers to an awareness of their own archetypal connection to psychopathology. We see reflections of our own psychoses, overvalued ideas, grandiosity, distortions, and problems in coping—shadow sides of ourselves we usually don't look at unless prodded from without.

From a Jungian perspective, Bryan is a Trickster artist. The Trickster is an archetype of disorder, mischievousness, unexpectedness and amorality (Wheelwright, 1981). Based on its role in early hunting cultures, Campbell (1988) believed the Trickster

represents all those possibilities of life that your mind hasn't decided it wants to deal with. The mind structures a life and lifestyle and the Trickster is the one who represents another whole range of possibilities. He doesn't respect the values that you've set up for yourself and smashes them . . . . [one gets] wisdom from this.

*Trickster  
art  
as  
a  
loosening  
function*

Trickster art is characterized by being chaotic and disordered (Beebe, 1981), and it remains, therefore, partly incomprehensible. The Trickster artist plays the same role in society that the Trickster plays in myths; it functions to liberate the mind from logic and considered thought. This loosening function (Hillman, 1980) performed by the Trickster is essential in order to: "compensate the disposition to rigidity in the collective consciousness and to keep open the approaches to irrational depths and to the rules of the instinctual and archetypal world" (Jung & Von Franz, 1985, p. 362). Bryan's essay, "Being Controlled By Space Aliens" forces the reader to confront fundamental cultural and philosophical questions: What is reality? What is "really" crazy? Who is to judge? But rather than provide answers to these questions, successful Trickster art echoes our own intellectual, aesthetic and existential insecurities. The reflective process provoked by Trickster art is the type of "psyche therapy" that Breton was referring to in his opening quotation to this paper: "the psychotic . . . offers a reservoir of mental health to those who are restricted by routine rationalism."

In Greek mythology, the Trickster archetype is represented by Hermes who carries messages for the Olympian gods and

goddesses. As the messenger moving across borders, Hermes is active in the borderline conditions discussed in this paper—where creativity overlaps with mania, vision borders psychosis, and mysticism touches madness. Bryan, in fact, claims a Hermetic role: “I received a sense that I might be a messenger . . . the message contained in the writing seems to have been done in collaboration with a power who is directing my thought processes and is satisfied that I am not in a great hurry to ‘get it all down.’” Bryan’s drawings and writings also retain the lightness and humor associated with Trickster figures such as Hermes.

### *Genetics of Manic-Depression and Creativity*

The relationship between genius and madness has long been a source of speculation. Lombroso (1891) was the first to systematically investigate the transmission of genius in families along with mental illness. A special relationship between artistic creativity and manic-depressive illness (Bipolar Disorder) was observed by Kraepelin (1921) who identified this disorder:

The volitional excitement which accompanies the disease may under certain circumstances set free powers which otherwise are constrained by all kinds of inhibition. Artistic creativity namely may, by the untroubled surrender to momentary fancies or moods, and especially poetical activity by the facilitation of linguistic experience, experience a certain furtherance (p. 44).

Studies conducted during the past few years have found that creative individuals show a higher incidence of Bipolar Disorder and suggest that creativity and manic depressive illness are probably linked at the genetic level. Andreasen (1987) conducted the first systematic study utilizing careful diagnostic methods with a sample of creative subjects. She compared the incidence of mental illness among the faculty members of the University of Iowa Writers’ Workshop, the oldest and most widely recognized creative writing program in the United States, with a control group of sociodemographically matched subjects. Andreasen had expected that the writers would show a higher rate of schizophrenia, a hypothesis that was not confirmed. However, 80% of the writers had an episode of depression or manic depressive illness at some time in their lives, compared with 39% of the control subjects. A surprisingly high 43% of the writers met the criteria for manic depressive illness in comparison with 10% of the controls. There was also a significantly higher prevalence of both depression and manic depressive illness as well as creativity in

*probable  
genetic  
link  
between  
creativity  
and  
manic  
depressive  
illness*

the writers' first degree relatives, strong evidence that these traits are genetically linked.

Jamison (in press) also found that artists, especially writers and poets, have a significantly elevated incidence of depression and manic depressive illness. In her study of distinguished English artists, all of whom had won prestigious awards for their work, 38% had been hospitalized, medicated or otherwise treated for mood disorders. This compared with an incidence of only 6% in the general population. Bipolar Disorder and Major Depression seem to be an occupational hazard for artists. Yet, 60% of these artists stated that very intense feelings and moods were integral and necessary and 30% said they were very important in their work. Andreasen's and Jamison's findings indicate that artists have a higher incidence of manic depressive illness and suggest that this type of psychopathology and creativity are linked at the genetic level.

#### VISIONARY STATES

Visionary states are ones in which the archetypal psyche is activated and has the opportunity to make creative forward leaps in the differentiation and development of its own potentials through its mythmaking activity (Perry, 1977- 78, p. 11).

*the  
cultural  
role  
of  
visionary  
states*

Wallace (1956) has documented several cases where individuals underwent psychotic episodes and subsequently developed an entirely new mythology for their social group. For example, on the basis of the visions he had while psychotic, Handsome Lake created a mythological foundation for a new way of life among the Iroquois Indians in the late 1700's. Visionary states have played a pivotal role in the evolution of cultures particularly when rapid cultural change is occurring due to foreign interventions or indigenous changes. The cultural turmoil activates the psyches of many individuals, and this intense activation often finds a psychotic form (Perry, 1987). Some visionaries have used insights gained while psychotic as the basis for leading a movement to bring about social reforms (Wallace, 1956).

However, other visionaries have eschewed the political route and influenced society by becoming mythmakers. Joseph Campbell (1986) has traced the process whereby mythology has guided human cultural evolution. First came early homo sapiens' fascination with fire, then the animal world, then the world of the planted seed, followed most recently by planets and the stars. Campbell has argued that the pursuit of these realms in myth has directed human activity and enabled

humans to surpass themselves. Neither reason, nor environmental contingencies have determined our collective and individual destinies, but as the poet Robinson Jeffers called them, "visions that fool him out of his limits" (Campbell, 1972, p. 249).

Campbell stated that the question he was asked the most often was, "What will be the new mythology for our times?" His optimistic response was that there are "thousands, millions, even perhaps billions, of locally useful symbolizations of that same mystery beyond sight or thought which our teachers have taught us to see in their god alone" (Campbell, 1986, p. 44). Myth is not limited to the stories that were told long ago. We are not reduced to merely repeating, remembering, and retelling images from the past: "Myth is speech of the psyche at any time, and it may even be more crucial to be conscious and involved in the mythic voice of the present and future than of the past" (Lockhart, 1987, p. 52). The psyche continues to generate myths that speak to present situations and issues. Today, throughout recorded history and undoubtedly before, the psyche has often spoken its myths through the voice of dreams (O'Neil, 1976); but another potent source of myth-making has been and continues to be the psychotic mind (Lukoff & Everest, 1985).

*"Myth  
is speech  
of the  
psyche . . ."*

In working with Bryan, I was faced with the task of trying to comprehend his mythic experience with space aliens. At first, it did not seem to me that his was a vision in the tradition of the great visions of Black Elk or Zarathustra. But in researching the literature, I repeatedly found that the theme of space aliens has archetypal dimensions. What follows is a summary of hypotheses proposed by psychologists, artists, philosophers and scientists regarding the meaning of the space alien. The psychological focus of this discussion does not address the question of whether space aliens and UFOs actually exist. I follow Jung's (1978) position regarding such possibilities:

As a psychologist, I am not qualified to contribute anything useful to the question of the physical reality of UFOs. I can concern myself only with their undoubted psychic aspects, and in what follows shall deal almost exclusively with their psychic concomitants (p.7).

First, the space alien is clearly an archetype. The notion that there are entities from outer space is an ancient mythic image. There have been accounts of moon beings since the days of Plutarch. With the advent of powerful new telescopes in the 1800's, there were many reported "sightings" of winged demons on the moon's surface. Current fascination with extraterrestrial

the  
'space-  
alien'  
archetype

life has achieved a greater prominence than ever before. In a recent Gallup poll, 50% of a representative sample of the U.S. population reported that they believe there is life on other planets, up from 34% in 1966 (Greeley, 1987). The increasing significance of the space alien archetype is further suggested by the reports of encounters with space aliens in media news, in nonfiction first person accounts such as *Communion* (Strieber, 1987), as well as in science fiction literature and movies such as *ET* and *Close Encounters of the Third Kind*. The question of extra-terrestrial life has also become an important topic in stretching the scientific imagination to its limits (Regis, 1985). An additional indication of its archetypal nature is the appearance of space aliens in the delusional systems of psychotic patients (Lindner, 1954; Lukoff, 1985; 1988).

Bryan's encounter with space aliens was not limited to a mere sighting; it was a Close Encounter of the Third Kind, or UFO abduction. Based on interview studies with UFO abductees, Lawson (1980) identified eight "stages of UFO abduction reports." All of the significant events occurred to Bryan with the exception of being taken aboard a physical spaceship (although the space aliens visited him in his room and conducted some kind of examination there; see Table 3).

TABLE 3  
PARALLELS BETWEEN BRYAN'S ENCOUNTER WITH SPACE ALIENS AND TYPICAL  
UFO ABDUCTION REPORTS (LAWSON, 1980)

STAGES OF UFO ABDUCTION REPORTS	BRYAN'S EXPERIENCES WITH SPACE ALIENS
1. Loss of control	"I was being controlled by space aliens" who had selected me for their own uses.
2. UFO sighted	"My turning to see the jet stream was, so to speak, a contact."
3. Taken aboard a spaceship	[Here Bryan's experience deviated from the typical pattern. He reported that, "They don't do things against your will, in a big spaceship, under bright lights." They utilized his own room for the examination.]
4. Encounters UFO entities	Bryan "bumped into" a two-dimensional being and thought, "Weren't they revealing themselves in a way unknown to earth scientists?"
5. Telepathic communication	"I seemed caught by a power greater than myself from whom I was learning."
6. Examination by UFO entities	"I realized that had been an examination or surgery from outer space."
7. Given a "message"	"I was visited by what felt to me to be 'all-knowledge.'"
8. Returned	"The sense of 'being controlled' has left me to operate on my own."

The sequence of events in abduction reports follow the ancient mythic pattern of the shamans's journey which can be traced back to 12,000-30,000 B.C. (Lawson, 1987; Metzner, 1986; Ring, 1987). The shaman is taken to "other worlds" on a "cosmic pillar" (which resembles being taken aboard a spaceship); is painfully dismembered (which parallels the examination); events take place in a yurt or teepee (same round shape as UFO), and then the shaman returns with songs and other instruments of healing (a type of message). Bryan is not a shaman, but he has had experiences similar to the shaman's initiatory journey. Although there is a close correspondence between the themes and sequence of events, Bryan's specific mythic images are not from the world of the early hunting cultures, but from contemporary culture (e.g., space aliens instead of spirits). Lawson's (1987) explanation for these similarities is that both abduction experiences and shamanic journeys are archetypal fantasies in which the individual's birth memories play a central role.

What is the significance of such journeys? Ring (1987), the leading researcher of the near death experience, has hypothesized that shamanic initiation, UFO abduction experiences, and near death experiences are all journeys during which the individual is thrust into the world of the imagination with the goal being the education of the soul. Similarly, Metzner (1986) considers space alien/UFO themes to be a variation of the shaman's "upper world journey": "experiences in which we are granted a preview or vision of our life or of some aspect of the world. They are usually accompanied by insights, intuitions, and new images; and they often instigate a mood of playful and euphoric creativity" (p. 118). Bryan did take a journey to an extraordinary world and then later capture the new images and euphoric creativity in his art and writing.

*a  
variation  
of the  
shaman's  
journey*

McKenna (1987) has followed the increasing occurrence of space alien/UFO experiences in dreams, yoga, psychedelic intoxication and near death states (to which I would add psychosis). He believes that contacts with space aliens and UFOs represent a new era of exploration—of the inner world—as significant as the discovery of the New World.

People in the confines of their own apartments are becoming Magellans of the interior world, reaching out to this alien thing, beginning to map it and bring back stories that can only be compared to the kind of stories that the chroniclers of the New World brought back to Spain at the close of the fifteenth century: Cities of gold, insect gods, spaceships of vast extent, tremendous wealth, endless wasteland; we're just beginning to map this area (p. 20).

A Jungian view of the meaning of the space alien maintains that it is a variant of the Trickster archetype that is befuddling and challenging the ascendancy of science and technology (Valle, 1975). By creating experiences and beliefs that are outside of the rational scientific paradigm, UFO experiences are the "compensatory antithesis to our scientific picture of the world" (Jung 1964, p. 630).

How do we understand Bryan's mythic encounter with space aliens? Are such UFO abduction experiences archetypally significant or just sensationalistic and trivial? Is the space alien archetype also working to dethrone psychology's claim to be able to rationally explain all of human experience and behavior? Despite the difficulty of gaining perspective on a myth-in-progress, the presence, nature and meaning of space aliens seems to be providing one of the important mythological metaphors shaping the next phase of our collective and individual destinies.

*"without  
images  
there  
is no  
mythology"*

Perry (1987) has examined the critical need that evolving cultures have for new mythmaking individuals to appear because "a particular form of a myth is truly alive for a few generations at best in those cultures that are progressing and developing" (p. 201). While the mythology of the space alien totally lacks numinosity for some, for others it is a primary source of wonder about the mystery of being. As an artist as well as a participant, Bryan plays a special role in shaping this mythology: "It is the artist who brings the images of a mythology to manifestation, and without images (whether mental or visual) there is no mythology" (Campbell, 1986, p. 19).

Based on my personal contact with the mental health professionals who were involved in treating Bryan during his manic psychosis and on the treatment summaries I received concerning his hospitalizations, Bryan's experiences with space aliens were seen only as symptoms of his Bipolar Disorder. However, these same experiences also contributed to Bryan's development of his personal mythology (Feinstein & Krippner, 1988). And by skillfully communicating these mythologically-laden experiences in art and writing that he has displayed and published, Bryan has probably influenced the mythological beliefs of others as well. For those who worship at the temple of the UFO, Bryan is a visionary helping to create a mythology and sustain the fascination surrounding extraterrestrials.

Dick Price is another contemporary example of a visionary who underwent periods of what appeared to be manic psychosis which rendered him unable to communicate and function.



(Although no diagnosis is given, see Anderson (1983) pp. 39-42 for an account). Part of Price's inspiration for the Esalen Institute, which he co-founded, derived from experiences when he was psychiatrically hospitalized. Yet these episodes of manic psychosis furthered his vision for the development of an institution which has spawned the culture-changing human potential movement.

#### MYSTICAL STATES

Consideration of mystical states has been a major preoccupation of scholars of religion. Some scholars have held that the nature of a mystical experience is uniquely tied to the specific religious context (e.g., Zaehner, 1980). However, most who have examined the structure and function of mystical experiences have been impressed with the considerable similarities across religious boundaries (e.g., Fischer, 1971; Huxley, 1945; Underhill, 1911). The mystical state involves personal and immediate contact or union with a "larger-than self" entity called variously God, World Spirit, the Absolute, Ultimate Reality and many other names.

*personal  
and  
immediate  
contact  
or  
union*

Although our understanding of mystical states is derived mainly from the great saints and mystics of religious life, Stace (1960) pointed out that "intrinsically and in itself mystical experience is not a religious phenomenon at all and that its connection with religions is subsequent and even adventitious" (p. 23). Therefore, Stace (1960) approached the definition of mystical states by delineating seven phenomenological characteristics that transcend specific religious boundaries. Then he included one ("Religious Quality") to acknowledge its frequent alliance with religion. When Bryan's experiences described in "Being Controlled By Space Aliens" are examined for the presence of each of Stace's (1960) eight dimensions, the many mystical qualities of his manic psychosis becomes apparent (Table 4). Grof (1975) also noted "the spontaneous occurrences of religious and mystical experiences in some severely disturbed psychotics" (p. 110).

The connection between mental illness in general and intense religious experience belongs to the prehistoric Indo-European stock of ideas (Rosen, 1968). However, there seems to be a special relationship between manic psychosis and mysticism that is stronger than with other types of psychoses including schizophrenic and organic psychoses. A major factor accounting for this bond is the phenomenological identity of mystical ecstasy with the elevated mood in mania. The mood in schizophrenia is much more commonly depressive or blunted

TABLE 4  
THE CORRESPONDENCE BETWEEN BRYAN'S EXPERIENCES AND STACE'S  
(1960) EIGHT DIMENSIONS OF MYSTICAL EXPERIENCES

---

STACE'S DIMENSIONS	BRYAN'S EXPERIENCE
1. <i>Ego Quality</i>	Bryan reported being absorbed into something greater than himself—"I seemed caught by a power greater than myself from whom I was learning."
2. <i>Unifying Quality</i>	Bryan felt himself to be united with his objects of perception. For example, when he stopped to watch pigeons fly away from their perch on a telephone pole, it was "as if the flight of the bird and my watching it were connected."
3. <i>Inner Subjective Quality</i>	Material things became animated, e.g., Bryan experienced his light bulb and jet streams as living entities.
4. <i>Temporal/Spatial Quality</i>	Bryan had many experiences in which the normal parameters of time and space were altered. These changes are described in Table 2.
5. <i>Noetic Quality</i>	Bryan experienced a nonrational, intuitive, insightful influx of "all knowledge" and having "all within my comprehension." Looking through a book on Celtic legends, Bryan found himself to "know more than there was to know."
6. <i>Ineffability</i>	Bryan acknowledged that his notion of space aliens was just "a way of explaining things you can't understand." He described the difficulty he had communicating his experiences to others, and these difficulties contributed to his being hospitalized.
7. <i>Positive Affect</i>	Bryan was in a "steady state of exhilaration." Even when hospitalized, Bryan experienced being incarcerated as being "led there to be in an environment where I would not be hurt."
8. <i>Religious Quality</i>	Bryan's experiences did not have any overt recognizable religious themes such as union with the Divine or salvation. However, a religious skeptic such as Bryan may "allow his mystical experience to remain naked without any clothing of creeds or dogmas" (Stace, 1960, p. 26) but, nevertheless, encounter something sacred, meaningful and transforming. Bryan described his experiences as being of the same realm as "the gods, miracles or magic," and there was a great sense of mystery surrounding many of the events such as finding a photograph he believed was taken by the space aliens.

(Andreasen, 1987). Others who have worked with manic patients have also observed that in mania, "religious truths are realized, *the* religious truths, the ones of the desert fathers and the great mystics" (Podvoll, 1987, p. 118).

#### CONCLUSION

The separate contributions made to the development of transpersonal states by mania and by psychosis are not amenable to precise quantitative analysis since manic psychosis is one unified phenomenological entity. Nevertheless, the Venn dia-

grams in Figures 2-4 are an attempt to disentangle the relationships between these two syndromes of psychopathology and three transpersonal states based on the findings discussed in this paper. Note that the creative, mystical and visionary states of consciousness can exist independently of mania and psychosis. Similarly, mania and psychosis do not entirely overlap with the transpersonal states. However, the diagrams illustrate that transpersonal states and these psychopathological phenomena are often associated.

Table 5 is a summary of the various changes induced by psychosis that facilitate the development of creative, mystical and visionary states. Psychosis seems most powerfully associated with development of visionary states which require innovation and novel thinking. Mystical experiences can also be facilitated by the contact with the religious dimensions of the unconscious activated in psychosis. While creativity also benefits from these cognitive changes, numerous authors have pointed out that an artist is unlikely to be productive *during* a

*psychosis and creative, mystical and visionary states*

FIGURE 2  
OVERLAP OF PSYCHOPATHOLOGICAL SYNDROMES AND THE CREATIVE STATE OF CONSCIOUSNESS

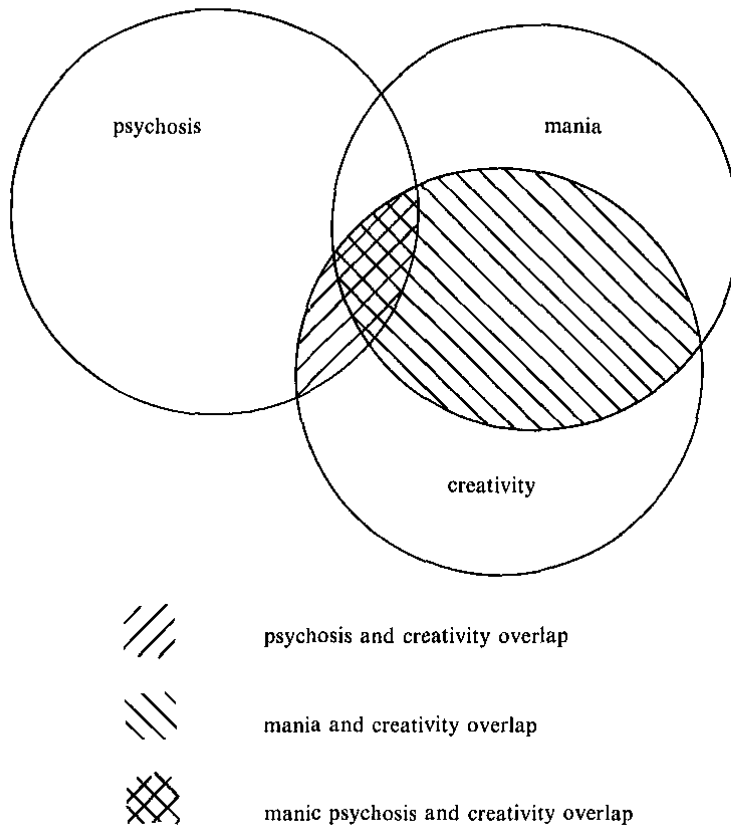


TABLE 5  
COGNITIVE, EXPERIENTIAL AND SENSORY CHANGES IN PSYCHOSIS

---

1. *Beliefs and expectations about the nature of reality, society and God are altered.*

This can heighten awareness of the fluidity of basic conceptions and perceptions of reality. The visionary who is seeking new pathways for the culture and the artist whose work requires innovation in theme and technique may especially benefit from such insights.

2. *The unconscious spews forth ancient and archetypal truths.*

These experiences offer glimpses of profound truths. When properly integrated, the individual can achieve the same religious and philosophical insights that arise from mystic and visionary states.

3. *Primitive thoughts and feelings arise.*

4. *Collective and personal unconscious contents intermingle.*

The admixture of primitive and diverse psychological elements leads to novel cognitions and perceptions. Novel cognitions are of prime value to artists and visionaries.

5. *Time and spatial dimensions alter.*

These alterations in sensation and perception can provide the artist with highly original source material and techniques (as in *Outsider Art*) and are often part of the mystical experience.

TABLE 6  
COGNITIVE, BEHAVIORAL, SENSORY AND ENERGETIC CHANGES IN MANIA

---

1. *Mood elevates.*

The intense elevated mood in mania is virtually identical to the ecstatic feelings reported by mystics. Ecstasy is often seen as the hallmark of mystical consciousness, and many of the insights of mystics seem to be a function of this heightened mood.

2. *Cognition takes on grandiose themes of special knowledge and omnipotence.*

The sense of attaining special knowledge perceived as full of importance and significance that occurs in mania parallels the sense of gnoesis in mystical experience. (However, when the individual's claim to intellectual comprehension is contaminated by egoistic concerns, as frequently happens in psychosis, it diverges from the mystic's experience of gnoesis.)

3. *Thinking becomes more fluid.*

This capacity often observed in mania is probably equally useful for the visionary, artist and mystic.

4. *Mania alternates with depression.*

The contrast of emotions and sensations provides good source material for artistic expression. Periods of despair are also frequently noted as preludes to mystical states.

5. *Sensitivity to sensory input is enhanced (hyperacusis).*

An artist's work is usually aided by enhanced sensitivity.

6. *Physical energy increases.*

The ability to work hard and long contributes to the productivity of artists and visionaries who have specific tasks to complete.

7. *Thought progression becomes nonlinear (flight of ideas).*

Nonlogical progression of thought can lead to novel cognitions that are probably most useful for visionaries and artists whose work requires innovation.

psychotic episode due to its disorganizing effects on secondary process thinking. Therefore in Figures 2-4, psychosis is shown as contributing highly to visionary and mystic states, and less so to the creative states associated with artistic production.

The mood changes in mania can contribute significantly to the development of mystical states, and the sensory enhancement can foster creativity (Table 6). However, mania is not as likely as psychosis to produce the radically new cognitions necessary for visionary states. Therefore, mania is shown in Figures 2-4 as contributing highly to creative and mystic states but less so to visionary states of consciousness.

*mania  
and  
creative,  
mystical  
and  
visionary  
states*

Not only is there overlap between psychopathology and transpersonal states of consciousness, but among transpersonal states themselves. The boundaries between visionary, mystical and creative states have not been, and probably cannot be, clearly delineated. They often occur together, as with Bryan, but can manifest independently such as when an individual has

FIGURE 3  
OVERLAP OF PSYCHOPATHOLOGICAL SYNDROMES AND THE VISIONARY STATE  
OF CONSCIOUSNESS

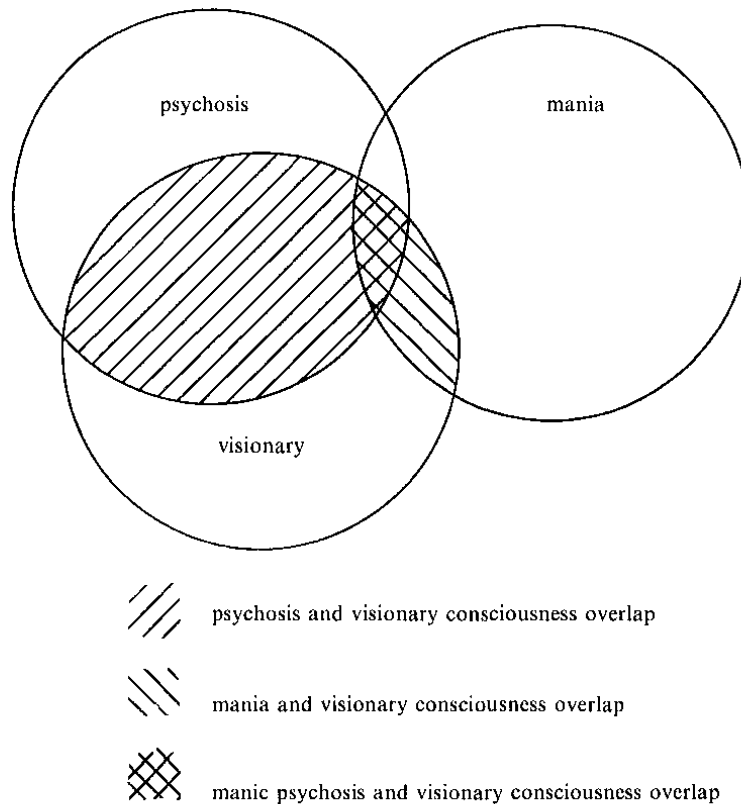
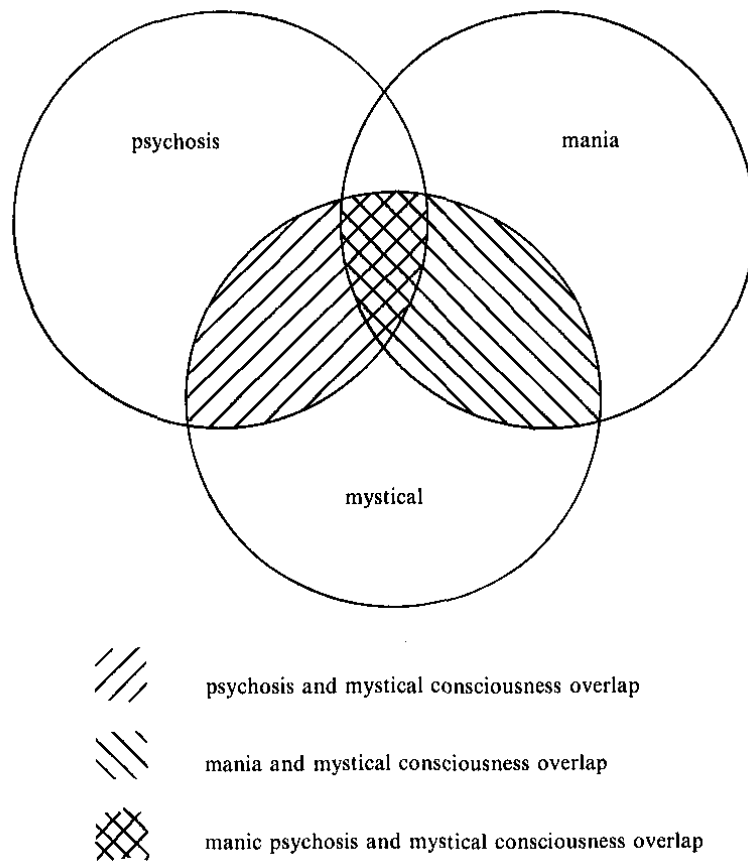


FIGURE 4  
OVERLAP OF PSYCHOPATHOLOGICAL SYNDROMES AND THE MYSTICAL  
STATE OF CONSCIOUSNESS



a private mystical experience that is neither communicated to anyone else nor has any visionary or creative qualities. However, the well-known mystics have been capable of simultaneously mobilizing their creative capacities to produce books or works of art that convey their experiences to others. In an essay entitled, "The Mystic as Creative Artist," Underhill (1980) has described this dual participation in transpersonal realms by the great mystics:

He [the mystic] must turn back to pass on the revelation he has received: must mediate between the transcendent and his fellow men. He is, in fact, called to be a creative artist of the highest kind; and only when he is such an artist, does he fulfill his duty to the race (p. 401).

Campbell (1986) went even further and argued that the artist's content *is* the mystical: "The way of the mystic and the way of

the artist are related, except that the mystic doesn't have a craft" (p. 119). Campbell also contended that when the "way of art" is followed properly, it leads to transcendental visionary insights that convey the same message as myth. Just as Underhill noted that the artist plays a critical role in communicating the mystical experience to others, Campbell (1986) asserted that the artist is required to bring the visionary's mythic images to manifestation. Thus the creative artist serves as the link by conveying the essence of transpersonal states to others.

### *Treatment Implications*

Whether a manic psychosis overlaps with transpersonal states does not depend solely on what happens during the experience itself. The Venn diagrams in Figures 2-4 do not address the time dimension. What occurs after the fireworks of the acute phases of manic psychosis is often the deciding factor in determining whether the experience will foster self-actualization. In a previous paper (Lukoff & Everest, 1985), I used Campbell's (1949) model of the three stages of the Hero's Journey (Separation, Initiation, and Return) to illustrate the importance of the Return stage in psychosis. During this phase, the individual must integrate the fantastic experiences from the acutely psychotic Initiation stage and bring them back to the society. The process of integration transforms the raw initiatory adventure into a transpersonal experience.

*the  
Return  
stage  
in  
psychosis*

The work involved in the Return stage from manic psychosis will vary depending on which transpersonal state is being integrated. The creative artist must use a craft to transform raw ASC experiences into esthetically interesting creations that also speak to the psyches of others. In order to function as a visionary, an individual must convert the very personal and disorganized experience from the manic psychosis into an organized mythology or program of social action that is capable of influencing the beliefs of others. Although no action or product is required from the mystic, he or she must utilize the experience to deepen their spiritual development.

Wilber's (1979) spectrum model of consciousness also shows how the integration process can play an important role in determining outcome from a manic psychosis. In Wilber's (1979) view, psychosis is neither *prepersonal* (infantile and regressive) nor *transpersonal* (transcendent and Absolute), but is *depersonal*—an admixture of higher and lower elements. Psychosis "carries with it cascading fragments of higher structures that have ruinously disintegrated" (Wilber, 1980, p. 64).

While actively psychotic, individuals are incapable of discriminating between the prepersonal and transpersonal components. Attention is so fixated on their own illuminated displays and insights that their ability to learn from and reflect on experience is severely limited. While psychotic persons “often channel profound spiritual insights” (Wilber, 1984, p. 108), their inability to be self-reflective prevents conscious assimilation of these insights. But during the Return stage, the capacity for self-reflection is recovered and those elements which have transpersonal potential can be integrated via psychotherapy, bibliotherapy, meditation, art therapy and other methods.

Art played a major role in facilitating Bryan’s integration of his manic psychosis. Art therapy has usually been used with psychotic patients during the acute phase to help them master anxiety-provoking perceptual distortions and hallucinations (Arieti, 1974). However, art therapy has also been employed to enable postpsychotic patients to establish a more objective relationship towards their delusional systems and express delusional beliefs in more socially acceptable manner following the episode (Wittels, 1975). The use of art in therapy following a manic psychosis offers great potential as a means to further the integration of the experiences into transpersonal insights.

*outcome  
and  
society’s  
reaction  
to  
psychosis*

The outcome from manic psychosis is also influenced by society’s reactions. Stearn (1972) compared the manic psychosis of Allen Ginsberg with a similar experience of a factory worker. Following an 8-month hospitalization, Ginsberg returned to the relatively accepting and intellectually free-wheeling milieu of New York City. He integrated his experience of psychotic surreality into his poetry and went on to become a visionary artist who has had a major impact on art and society. The factory worker returned from the hospital to a sober, matter-of-fact life residing with his well-intentioned but unimaginative parents. In the splashdown to his workaday life, he had to de-realize his potential visionary experience and came to think of it as something that was “mere imagination.” Stearn (1972) used these contrasting outcomes to point out that,

the extent to which Ginsberg could realize his vision—that is, could believe in its reality—depended ultimately on social factors beyond his control. A revelatory experience may be strictly personal and idiosyncratic at its inception, but in order to survive the always possible abortion into the merely imaginary it needs to become a reality of more than one. A purely individual reality is simply not viable (p. 26).



Transpersonal psychology can play a role in improving the outcome from manic psychosis by broadening society's and the mental health system's acceptance of its potential for fostering personal growth. When therapists learn to recognize and appreciate the intimate relationship between psychopathology and transpersonal states, they can more effectively facilitate self-actualization in individuals who experience manic psychoses. Studies with schizophrenic patients recovering from an acute psychotic episode have found that patients who had a positive, integrating attitude towards illness showed a better outcome (McGlashan & Carpenter, 1981). Although no research on manic psychoses has been reported, a positive, integrating attitude toward this experience could also be expected to be important during recovery. The transpersonal therapist can help clients who have had a manic psychosis mine their experiences for latent transpersonal contents, thereby helping them to create a positive, integrating attitude.

*the  
role  
of a  
transpersonal  
therapist*

Whereas this paper has focused on the occurrence of transpersonal states in a mental disorder, there are also times when an individual shows all the signs and symptoms of manic psychosis yet does not have a disabling mental disorder (Lukoff & Everest, 1985; Portuges, 1978). Figure 1 places such cases in the proposed category of "Spiritual Emergencies" (Grof & Grof, 1986) which are not mental disorders despite the presence of symptoms of disorders. For instances which present with the picture of manic psychosis, the category of Mystical Experience With Psychotic Features has been proposed (Lukoff, 1985). Although this designation is not recognized in the *DSM-III-R* a comparable category is Uncomplicated Bereavement. The *DSM-III-R* lists it in the section of "V" codes: "for conditions not attributable to a mental disorder." Even when the period of bereavement meets the diagnostic criteria for Major Depression, the diagnosis of a mental disorder is not given if the symptoms result from "a normal reaction to the death of a loved one" (p. 361). Similarly, individuals in the midst of a tumultuous spiritual emergence may appear to have a mental disorder if viewed out of their context, but are actually undergoing a transformative process. Delineating both the areas of overlap and nonoverlap between specific diagnostic categories and discrete transpersonal states of consciousness could yield some guidelines for clinicians faced with the task of differentiating mental disorders from spiritual emergencies (Lukoff, 1985).

Manic psychosis and transpersonal states may show similarities because they share a final common pathway in a nervous system that is limited in its repertoire of responses (Buckley,

1981). Even though the psychobiology of transpersonal states is not well-understood (Rossi & Cheek, 1988), all illness contains the potential to ultimately stimulate growth and wholeness (Lockhart, 1983; Siegel, 1986). Reframed into the language of myth: "Wherever your problem is, there is your career; wherever you stumble, there is gold" (Campbell, 1969). Because of its cross-cultural perspective, attention to unusual experiences and positive attitude toward altered states of consciousness (Grof, 1985), transpersonal psychology can play an important role in re-visioning the psychopathology of manic psychosis.

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