SPIRITUALITY, PSYCHIATRY, AND MAD STUDIES

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Introduction

Some people uncomfortably chuckle when to their question of my academic field of practice I respond I am a Mad Social Scientist/Environmental Psychologist who conducts Survivor Research. Mad, in my thinking here is used to describe a righteous rage type of mad that does in fact exist and is not in the realm of psychiatrization. Psychiatrization, using this just as an example from an unlimited range of examples that people in the field of psychiatry have created, is the labeling of any person’s actions as rooted in an inappropriate biologically instigated emotional response. This supposed inappropriate display of emotion is said by people in the fields of psychiatry and psychology, which are at odds with many people who have had spiritual experiences that include voices and visions, to be spurred by some kind of yet-to-be-proven-to-exist-biological damage.

People in the field of psychiatry, and some people in the field of psychology, support the notion that what are called symptoms of a ‘mental illness’ can be controlled with the (purchase and) use of biological or behavioral products, procedures, or practices that people in the field have labeled as medicine. However, these drugs, procedures, and practices often are not understood.

To be a mental patient is to never say what you mean, but to sound like you mean what you say. To be a mental patient is to act glad when you’re sad and calm when you’re mad, and to always be ‘appropriate.’ … To be a mental patient is not to die, even if you want to – and not cry, and not hurt, and not be scared, and not be angry, and not be vulnerable, and not to laugh too loud – because, if you do, you only prove that you are a mental patient even if you are not. And so you become a no-thing, in a no-world, and you are not.

(Unzicker, 1984)
in their form or function and are known to cause injuries and a multitude of damages and harm, including death.

Being psychiatrically assigned and confined to a psychiatric institution at fifteen years of age is what prompted what I see as my early righteous rage and determination to expose this system for the truth about it and its institutional design. The design of the system exploits real experiences of human suffering to help perpetuate itself; its purpose is clearly to maintain social control at a profit. This I have learned from stories people who have experienced severe forms of oppression and torture via the psychiatric system have shared with me over more than twenty-five years. My involvement with the Psychiatric Survivor and Human Rights Movements began around 1991. I was locked up in 1988. These factors remain my fuel for the work I do to try to expose the historical and contemporary realities of the institutional and structural design of psychiatry and its often non-cooperation with, but rather benefit from, tax-payer resources.

Guiding values and framework

In 1982, in Toronto, Canada, at the Tenth Annual International Conference on Human Rights and Against Psychiatric Oppression, a Declaration of Principles was written and adopted, and the human rights movement agreed to work toward implementing those principles. The principles speak for themselves and I will be relying on several of them throughout this chapter.

Principle Three: We oppose involuntary psychiatric intervention because it is a violation of the individual’s right to control his or her [their] own soul, mind, and body. (Declaration of Principles, 1982)

When someone has a spiritual experience, too often the psychiatric response is to fail to obtain the person’s full informed consent, fail to explain their possible choices, and force them into compliance with clinical practices, procedures, and products. When constituting torture, murder, and slavery, these are all violations of human rights. A person’s spiritual experience, which some people may identify as occurring within the realm of their souls, was considered as in need of mention to protect the rights of those involved with psychiatry by those who wrote the Declaration of Principles in 1982. This inclusion of the idea of a soul may be because the issues of the soul, or what others may describe as human experiences which one has the opportunity to seriously and deeply contemplate, has been a concern of the Human Rights Movement for those who experience psychiatric oppression.

Yvonne Z. Smith is a person for whom I have immense respect for and love. Throughout this piece, there are sections where I share Yvonne’s direct review of an early draft of this work with you. She has some ideas about the way the world is that are quite different from mine. As I am someone who also rejects organized religion, although perhaps for differing reasons than Smith does, it is Smith’s guidance that I go by when writing this piece:

I personally do not find religion comforting or faith at all but an assault on sensible things. If your condition is uncomfortable fight it, do not submit. As a rabid atheist, part of my recovery has been to throw off such beliefs.

In fact, Lauren they serve as an irritant. Much more than an irritant I only think of God when I wish harm on someone. I never say I will pray for a person because that means I will pray for you to die. It conjures up uncomfortable feelings of helplessness. All manner of religious
practices actually make me super angry. I don’t like gospel music. I hate it when there is prayer in a group setting and usually will just leave it very unbearable. There is no grand design for us by somebody greater than me.

That is my opinion and I respect others beliefs if it gives them comfort. Psychiatry is doing the same as the slave breakers.

Also, I did not come to my conclusions on spirituality by any psychiatrist but on my own for what was making me uncomfortable in thought. Now for others it might be the opposite.

Everyone should find his or her own path.

For some people their religion or spirituality I think might serve the same as a rape victim who blacks out to avoid the horrible memories. For others it is a horrible memory the spirituality of helplessness. And pain.

I am sorry I cannot contribute more than this since I don’t believe in religion.

It is my belief (lol) that Mad Studies can create opportunities for people to explore aspects of experiences concerning the soul, about which they are passionate and curious, and that Mad Studies can make this possible in ways that no other way of thinking might do.

**Demons and deities: Possession states and rude awakenings**

Over time, there have been fierce pendulum swings between making the heart of the problem either religious or biological. Ossa-Richardson points to a medical doctor, Richard Mead, who rejected the spiritual explanations of supposed insanity and in “1749, denied the existence of possession, and prescribed medical treatment for the insane: blood-letting, emetics, purgatives and other drugs, diet, and exercise” (2013: 553).

Possession, of course is still included as a concept in the newest diagnostic manual (DSM-5) published by the American Psychiatric Association, which is officially a lobby group. The diagnosis of Dissociative Identity Disorder includes possession-form presentations which are culturally determined for their level of acceptability versus diagnosability per the culture in which the said possession is experienced, and different than experiences of possession which are deemed a problem, which are now thought to be a part of Dissociative Identity Disorder:

Possession-form identities in Dissociative Identity Disorder typically manifest as behaviors that appear as if a ‘spirit,’ supernatural being, or outside person has taken control, such that the individual begins speaking or acting in a distinctly different manner. For example, an individual’s behavior may give the appearance that her identity has been replaced by the ‘ghost’ of a girl who committed suicide in the same community years before, speaking and acting as though she were still alive. Or an individual may be ‘taken over’ by a demon or deity, resulting in profound impairment, and demanding that the individual or a relative be punished for a past act, followed by more subtle periods of identity alteration. However, the majority of possession states around the world are normal, usually part of spiritual practice, and do not meet criteria for Dissociative Identity Disorder. The identities that arise during possession-form dissociative identity disorder present recurrently, are unwanted and involuntary, cause clinically significant distress or impairment (Criterion C), and are not a normal part of a broadly accepted cultural or religious practice (Criterion D).

(American Psychiatric Association, 2013: 293–294)
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Psychiatrized for spirituality: Emerging topics in survivor research

I present different ideas I have around these issues of spirituality, psychiatry, and Mad Studies that all have multiple dimensions gone fractal. But to be clear, for me, what it means to be a Survivor Researcher has forced me into spiritual crises I never even imagined possible.

The environmental community-based participatory action research project, (de)VOICED (Tenney, 2014) that was the basis of my dissertation research in the field of Environmental Psychology, explored the multiple ways in which people are silenced and retaliated against by organized psychiatry. For those who work in the peer industry, the retaliation is in response to what it is they say or do when publicly challenging the role of psychiatry, especially when trying to hold their employer accountable to the truth of the situation, including pointing out the lack of any actual science people in the field have for what they do and plenty of biological evidence of the injuries and death caused by psychiatric ‘treatments.’ Sometimes the retaliation people who work in the peer industry face takes place at an individual level, through psychiatric (re)assignment – where one is (re)diagnosed with some fraudulent psychiatric diagnosis instead of acting on the complaints.

Through the (de)VOICED research processes, patterns of the retaliation and silencing of people who challenged psychiatric authorities were uncovered as being committed at a systemic level. People who participated in (de)VOICED had worked in roles where they were ‘out’ as someone with a psychiatric history. Role titles such as: ‘director of consumer affairs,’ ‘psychiatric survivor and activist,’ ‘ex-patient and advocate,’ ‘recipient affairs specialist,’ ‘person with lived experience,’ ‘survivor researcher,’ ‘ex-patient researcher,’ ‘consumer researcher,’ ‘psychiatrist with schizophrenia,’ ‘consumer liaison,’ and/or ‘peer counselor, peer specialist, peer leader,’ and so on.

The types of retaliation people who challenge the status quo of organized psychiatry when they are employed in roles within the organization described included experiencing: being fired; being demoted; and being removed from a public platform, where opportunities of having an amplified voice as a conference speaker or spokesperson for an agency were removed, taken away, or canceled.

Part of my initial interest for looking at issues of spirituality and religion was directly related to issues that were sometimes brought up in (de)VOICED and discussed later in this chapter. Other Survivor Research such as the work of David Webb is also discussed later in this chapter, in the section, “What Are We Yet To Know?”.

Critical feminist psychology and anti-psychiatry

Psychiatrization, or the act of psychiatrizing, is the act of medicalizing someone’s experience because another person is dissatisfied with the first person’s actions or speech or using the first person’s behavior or speech … and that other person labels them with a psychiatric diagnosis. Thinkers and visionary leaders in the field of psychology, psychologists such as Paula J. Caplan, PhD (2020, 2015, 1995), in the United States and Bonnie Burstow, PhD in Canada, who is sorely missed, have each been researching and publishing about these realities of psychiatric diagnosis as a root of damage for decades.

Caplan calling the diagnosis itself the “first cause” of all other harm that follows under a psychiatric regime. Over the course of decades of research and involvement in professional activities at the highest levels of organization of the fields of psychiatry and psychology, Caplan has shown in a variety of ways, through research and exposing actual activities of the American Psychiatric Association, how people in the field of psychiatry have perpetrated
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fraud against those they claim to ‘help.’ Caplan does not only have vision but backs her work with actions.

Burstow, also for decades in a multitude of publications, research efforts, organizing, and activism, demonstrated the illegitimacy of the supposed science that people in the field of psychiatry puts forth and the breaks in conscience and ethics that proponents of the field have to take to implement the psychiatric agenda. For example, in *Psychiatry and the Business of Madness*, Burstow traced part of the development of psychiatry back to the fifteenth century classification systems that “distinguish witchcraft from insanity” (2015: 30) and directly linked these actions to the oppression of women and told how a “rather disturbing story involving power evolves” (2015: 30).

Burstow identifies The Church and women healers as “two of the medical doctors’ major competition” (2015: 30) and that their competition wrongly, “positioned mad-doctoring itself as inherently humane and liberatory” (2015: 30). The development of psychiatry rested not only on the “business of psychiatry” but also the large variety of people, places, systems, laws, and regulations that act to sustain the structural design of psychiatry within societies.

Even though it can feel lonely, we must remember we are not alone in these efforts. Other people who publicly identify as having a psychiatric history also have focused on issues of spirituality both inside and outside of academic systems. Additionally, there are psychiatrists, psychologists, academic researchers, lawyers, and medical doctors who have spent lifetimes shining light on the ways in which psychiatric assignment harms people.

Prison psychiatry: Spirituality psychiatrized within the walls of a legalized system of slavery

A participant in (de)VOICED urged us to remember both the conditions created by prison psychiatry as they relate to spiritual experiences and to the development of policy and regulation. When discussing his experiences of forced psychiatry while in the prison system he offered:

> It’ll make you cry. It’ll make you bow down. You can’t do nothing about it, man. You try and they will beat you down. Dope you up more. Give you more meds. Straightjacket you.

*(Tenney, 2014)*

These were physical repercussions that came from expressing his spiritual experiences. He explained that it was when he was in prison that he was assigned a psychiatric diagnosis and that in part that psychiatric decision was based on his religious beliefs and spiritual experiences, he said:

> Your best bet, I guess with them, is to go ahead and go along with the program. Don’t try to buck the system. They will make you move. But I do, I kind of buck the system, because I bring up God … Doctor asked me, you still hearing voices? No doc, I hear, I feel the voice now, and I feel it. Is it violent? No. It’s like love, Doc, it’s like, and it’s like love. But I have to be careful, when I talk about G-O-D, because they think that’s delusional. I’m delusional thinking or talking, so ante up his medication.

*(Tenney, 2014)*

Later in my conversation with him, this person discussed a meeting he attended hosted by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States
as part of his work. He explained to me how at this meeting he discussed the importance of religious experiences – his own religious experiences. He explained how even among those who worked in the same capacity as himself, a ‘peer’ or someone who relies on personal experiences with psychiatry to do their work, many other People of Color understood what he meant, but white people did not express support for what he stated. He explained to me his spiritual perspective is part of the African American culture. And psychiatrists, and, he underscored, even white people who have been involved with psychiatry, often dismiss it. He offered:

It's in the community. It goes deep, like I told you. It goes deep to slavery, all the way to slavery about that higher power. They were singing songs about Christ and God, coming over here. Being whipped and worked. Abused. Lynched. Burnt up. They were raising God at every aspect of their life. That's in me … I'm like, this is real.

(Tenney, 2014)

For as many people as there are, there will be as many perspectives. What can we be sure of? It is our moral and ethical imperative to respond to the entirety of a situation, not just the way we experience it or want it to be. When reviewing an early version of this chapter, Yvonne Smith offered this response:

Spirituality in the sense as it is used in Psychiatry is a double-edged sword. Health care professionals compartmentalize religion, which commonly means that you say you are a person of faith but, you don't really believe that a deity can speak to you.

Culture is discounted.

For many people who have been raised in a particular faith religion is the fall back to things that they cannot answer. You will hear people say when someone, or a situation, or contact is unbearable that they will leave it all up to God. For some this is steeped in their cultural tradition. It also has allowed some to bear very uncomfortable situations without action. In fact, it is what White America, early on, has trained Black people to do. In the early days of slavery, Whites justified slavery because Africans were not converted to Christianity. Initially conversion was a pathway to freedom. That did not last long.

Soon, one’s skin color became a convenient reason to keep people enslaved a lifetime and to pass that condition to any children produced. It was convenient. In the Americas not only was skin color a way of identification, but it came with economic conveniences. For example, in many of the colonies importing slaves meant more land for the white settler. Labor was needed to produce crops for the British companies to send back to England.

Not just in British colonies in North America but South America also.

Africans who were kidnapped to America had their own religions but part of the breaking of the slave was to do away with their culture. People were forced to speak English.

People were strongly penalized for worshipping their gods. People were indoctrinated into White man's religion with a promise of a freedom upon death.

Bible stories provided relief. The bible is full of people being talked to and even having conversations with God and or other bodies.

Much is made of the explanation of evil in the world.

There was a war in heaven. Between god and the Devil. The devil lost and was kicked out, so the story goes. So why cannot humans have a battle like this going on, also?

Psychiatry discounts the acculturation of people, black and white. For some people religion explains and gives comfort. For others it's a call to arms. Just as in some who have taken on a militarized form of Islam, Jihad, so to speak? Why do people fly into a building or become a
suicide bomber? It is because they believe they will be rewarded in the afterlife. This is the concept that religions have of reward and comfort. Also, that they have a personal relationship with God. But this is or has been a conditioning technique used by others.

So why does a person have to be of deep belief in compartments? By compartment, I mean, the belief only is on the religious days and not all during their life, because religion is convenient for at first the government and now for psychiatry.

This is a good time to return to the Declaration of Principles (1982), Principle Eight reads: “We oppose the psychiatric system because it is an extra-legal parallel police force which suppresses cultural and political dissent.” Fundamental to the conversation is how the modern U.S. police force and prison system, as well as criminal court system, are part of the maintenance of the modern system of slavery in the U.S., that was made legal through the Thirteenth Amendment, as a punishment for a crime duly convicted in 1865.

Many people are offended by this. It is offensive. However, we are so conditioned into accepting this system, that to challenge it causes uproar. To be clear, this argument in total considers the way someone’s spiritual experiences or religious practices can and is used by psychiatry to involuntarily detain people, as an extra-legal police force.

As the asylum model in the US grew in the nineteenth century, the model was portrayed as a Quaker model. A model of “moral treatment” where there were beautiful fields for inmates to work and shops for them to build things. Labor was the treatment. As Phebe Davis (1855) explained, concerning her “two years and three months” stay at the Utica State Lunatic Asylum, it was equal to that of slavery, being forced to labor, in her situation, being forced to being a seamstress. From the establishing reports of the Utica State Lunatic Asylum, the Managers reported profits to the New York State Legislature from the products and wares the inmates created in the shops and cultivated on the farms. In the late nineteenth century, the managers used taxpayer resources to buy buildings and farmlands just for those purposes.

Certainly to the point of discussing how psychiatry maintains itself as a system through all of the other various actors and entities that hold it up, Burstow’s (2015) *Psychiatry and the Business of Madness* explains in very plain terms how inter-related this all is and how it all relies on these fundamental frauds sold to the American people, and as Burstow points out, people around the world.

Religion and spirituality are essential parts of culture. Some people, however, consider religion as a center point of social control. Spiritual and religious practices that are out of the bounds of contextual norms are used as reasons that people can be apprehended and confined in psychiatric institutions, under the auspices of an extra-legal parallel police force to be institutionalized via psychiatry.

Psychiatrists, in terms of legal consequences, in 2020 still have a tremendous amount of power. Sadly, in a U.S. courtroom, and I suspect elsewhere, the testimony of a psychiatrist often has more power than the truth has power. Psychiatrists routinely also have more power than police, judges, and nearly anyone involved in jurisprudence, including the defendant. This was established as the focus of a committee on the first day of the American Psychiatric Association’s existence, in 1844, when it was called the Association of Medical Superintendents of American Insane Institutions, ultimately creating the fields of forensic psychiatry and forensic psychology.

This matters to the issue of spirituality because since before the beginning of psychiatry’s formal existence in the United States, people in its field have supported locking up people as inmates. The stripping of someone’s identity kit (Goffman, 1959) and the mortification of self (Goffman, 1961), combined with deprivation of personal liberty and civil rights is sometimes enacted as punishment for a supposed crime but it is also sometimes enacted...
for ‘religious excitement’ and other subjective cultural ways of being, like possession-form presentations described in the modern psychiatric codes, the DSM-5 (American Psychiatric Association, 2013).

What are we yet to know?

People’s psychiatrization because of their spiritual or religious or other cultural beliefs and practices, or lack thereof, has been of concern as long as our modern human rights movement has existed. If you asked Elizabeth Packard (1868) in the nineteenth century if she thought psychiatrization based on religious ideas was a concern for human rights, she would probably say the concern was real then too. She names human rights as a concern in her expose of being institutionalized for her differing beliefs from her husband’s. Her husband was a religious leader who mounted a petition campaign against Packard to have her locked away. She upon her release, became involved with the nineteenth-century Lunatics Liberation Movement and fought for the rights of freedom and for free communication while institutionalized.

It is the position of this work that in part, Mad Studies must take on issues of oppression and human rights violations caused by psychiatry with spirituality or religious issues as entrance points to the exploration. This work utilizes an anti-psychiatry framework, which does leave one to question what the point of creating any kind of research design concerning the field of psychiatry is, and the work that those in this field do.

A frustration that comes with using an antipsychiatry framework is that by focusing on psychiatry we just add to and build the system of psychiatry, even if the goal of the research is to deconstruct the phenomena or search for evidence for legitimacy for calls for abolishing certain practices, procedures, and products.

No matter how prepared we think we are for what we will learn when we take on the goal of trying to create research with emancipatory and liberatory underpinnings, our true aim of research is to find out information we did not even think to ask about in our initial inquiry. The goal of research is not to find information that confirms what one thinks they already know. We ought never stop there, particularly when asking questions about something as multifaceted as spirituality.

‘What we are yet to know’ realms exist and it is in those realms, when we reach them, if we reach them, that we can begin to explore places we never imagined, trying to see and understand larger patterns that may emerge over varying spans of time or snapshots of its moments.

Sometimes, prior to our understanding of its relevance, a ‘what we are yet to know’ place we find in data looks to us like utter nonsense.

When unsure of which way to go, consider returning to the individual, back to the original questioning point, or back to the idea that what we are trying to do is rip away the fraudulent notions that there is something medical underlying any psychiatric or psychological category.

David Webb is specific about this issue, and one of the recommendations he makes is to “demedicalise suicide” (2016: 94). When fraudulent psychiatric categories are called on to describe a spiritual experience by the people around that person who may not understand or agree with the expression of spirituality, an assault on the integrity of the person’s spiritual experience is being made. The public has been conditioned to call in a psychiatric ‘authority’ to ‘stop’ it from occurring, resulting in the potential need for the person whose lived experience perhaps having a worse experience due to the psychiatric response to the spiritual experience rather than the spiritual experience itself.

Separating how you will examine what was direct to the spiritual experience and what was direct to responding to the assault of psychiatrization may be something you consider
taking into your research design. In other words, when conducting research on spirituality and psychiatric response, try to separate what part of the result for the individual was from the spiritual experience, and what of the result, if any, was from the psychiatrization due to discussion or response to that spiritual experience. A negative response to a spiritual experience may actually be a negative response to the ways the spiritual experience was responded to by those surrounding the person. Through Mad Studies on spirituality and psychiatry, we have opportunities to create generalizable knowledge about both spirituality and the responses of psychiatry to spirituality.

User-led research conducted by Davidson et al. specified that:

some participants talked about the valuable role their own spirituality or connection to something greater than themselves had played in their survival.

(2010: 111)

Webb underscores this sentiment, “The suicidal urge to die only passed for me when I finally attended to the spiritual crisis that lay at its heart” (2010: 87). Kathryn Cascio, a survivor and human rights activist, responds to this work in the following way:

I agree with David Webb that someone contemplating suicide is in a spiritual crisis. I say this even if someone is an atheist. I am someone who has thought seriously about ending my life several times. My experience has taught me that when I am contemplating death, I am actually evaluating my life.

It is so important for people to be able to talk about suicidal feelings safely, meaning without judgment, without someone trying to fix them or forcing them into the psychiatric industry.

Although I am not a fan of labels, for the purpose of this response I will identify as a Buddhist, or more accurately, a student of Buddhist dharma. What I like about Buddhism is that it is not a religion. Buddhism is a philosophy. You work on yourself. It is about stripping away the ego and getting back to your primordial soul.

I do not believe in an afterlife. This may change, but right now my belief is that we are energy and energy does not die.

While I am here some days, I want it to end. Other days, days are a gift. I am trying my best to love people. After all, we are all stardust.

The myriad ways spiritual experiences are denied, belittled, and diagnosed by organized psychiatry remains a staggering problem for protecting the human rights of people who are psychiatrically assigned. So, furthering Peter Beresford’s suggestion that we take charge of our own research (2016: 30), I ask you, future Mad Studies people – in relation to spirituality, how do we create emancipatory lines of questioning that will aim to free people from the trappings of organized psychiatry? It is entirely necessary and centuries overdue.

I am not a religious person. I have some kind of agreement with some kind of entity greater than myself that excuses me from having to know the difference between left and right, east and west, or which phase of the calendar the moon may be in at any moment. I am someone, particularly as I entered my teens and early adulthood, who was psychiatrized (in part) for my beliefs about the etherworlds. Throughout my life I have sometimes been surprised by how some people have reacted to my ideas.

Each person on Earth has had these experiences of spirituality to some degree or another. Humans, whether accepting or rejecting the concepts, in all cultures across time, in all places in
the world, have been thought to somehow contemplate how we are connected to the universe, what our purpose is, and if there is something greater than us, within us, or that we can join.

David Webb’s work is an alternate analysis for how as a society we can think about one of the most difficult subjects for humans to discuss. Webb gives a concrete map to how the designs of organized psychiatry could immediately be changed by eliminating certain debasing practices that seem unnatural to have to even mention to trained professionals, such as his first suggestion, “Prohibit psychiatric violence – stop beating us up” (Webb, n.d.).

He brings forward terrific insights about what will happen if people begin to listen to those who have been suicidal and include our voices in descriptions of what it means to be suicidal. This is yet another prime example one would think we would not have to instruct researchers studying suicide to explore, and yet, here we are having to make these explanations. The perceived right of organized psychiatry to commit violence against people who are contemplating suicide is poignantly acknowledged by Webb:

But the main reason, I believe, why suicidology pays so little attention to the suicidal person is that suicide is considered irrational madness, so, almost by definition, such people are seen to have nothing useful to contribute to the rational, scientific study of suicide. This is just one of numerous examples of how suicidology uses its scientific pretensions to exclude not only the spiritual and the subjective but also anything that it deems to be irrational. I think this also suits many suicidologists very nicely because many of them really do not want to have any real contact with actual suicidal people. (2016: 87)

**Designing Mad Studies about spiritual or religious experiences**

I do not define spirituality or religiosity or define the line (if any exists) that separates the two, with the exception that it seems to be as subjective and individual as any other aspect of what is to be discussed when it comes to any individual. Perhaps, as Sen and Sexton discuss, there is no direct guidance on how to get around the issue of where our inquiry begins – at the level of the individual, or at the collective. While the issue at hand is entirely different than the issues resulting from a participatory archive, Sen and Sexton pose a question that is entirely relevant to the design of spirituality-focused survivor research within mad studies:

This raises questions around whether it is legitimate to take a life history approach that is individualistic, rather than collective, in its starting point … all starting points have strengths and weaknesses: in a collective there is a danger that the individual is lost; with an individual approach there is a danger that the collective (and its power) is dissolved. It seems that perhaps both are necessary and legitimate approaches that answer different needs.

(2016: 170–171)

I do not at any point claim to have answers as to how to go forward, but perhaps, offer some questions to think about as you are plotting if and how you incorporate or reject ideas of spirituality within the dimensions of work that might be done using a lens of Mad Studies. I do see ‘mad’ as righteous rage.

You decide whether there is a battle among the etherworlds taking place or not over this, for I cannot be sure.
Perhaps it all comes simply to planetary motion, fate, and destiny. The work of David Lawrence Palmer (2020), a celebrity astrologer and intuitive known as the The Leo King, informs me. As Palmer instructs, there is a clear mathematical science of Astrology. Whatever one thinks about fate and destiny, the solar system inside of which we live, which undeniably exists, and can be mathematically charted backward and forward for centuries, as Palmer points out, even accommodating for differing calendars over millennia. Astrology possesses much more science than psychiatry has ever offered.

One of the ways that Psychiatry props itself up is by diminishing the role of spirituality in people’s lives. It’s been my experience that Introduction to Psychology courses actually use the study of Astrology to define pseudoscience. A basic (sacrilege) Wikipedia (2020) search will show, Astrology was ousted as “pseudoscience” as the “scientific revolution” began in the nineteenth century. To me, the degradation of the system of Astrology by people in the emerging field of Psychiatry was to divert attention from the fact that the alienists had no science of their own. It is my perspective that the only science psychiatry has today to show any evidence of what it does, is to show the immense damage and death that it causes. No other biological tests are available to confirm any supposed diagnosis they have created and believe one day they will find the scientific proof to match.

Whatever it is you or I believe, there is an unspoken weight about trying to construct a framework for something that can be so mysterious, so grand, so complex, and yet seen in the smallest fractions of time, in specs, glances, moments that sometimes can take a lifetime to process or understand. Often the type of spiritual experiences I am talking about are routinely denied as not even existing, and quickly pointed to as evidence for largely undefined, completely non-biologically based and socially determined psychiatric assignments.

Sometimes terrifying, sometimes exhilarating, often some mixture of unnamed moments adding to an incredible version of understanding that often when one tries to explain to someone who has not had their own, moment, shall we say, leads to the beginning of one’s then being questioned, belittled, dismissed as insane. That cutting of what can seem to be the most genuinely clear moment an individual might have had, to something that is at the root of the problem, as opposed to, perhaps, the root of the solution, can be as much an issue of what it means to address spirituality within Mad Studies as any other thing can.

But a spiritual or religious experience is not always a message, or an insight, or the idea that you have some purpose to communicate to others. Sometimes it is something that happens when all other means of escape from the realities of one’s life no longer serve one’s needs and one has to come face to face with their own soul. The darkest moments can provoke the most beautiful light. What happens when one realizes that no one else, no one else at all being there will matter? We must be able to sit with ourselves without distractions, without our edges softened, without outright obliteration. We come to the point of where we accept ourselves for all our faults, misdoings, shortcomings, and outright failures, and come to believe that we have worth and are part of something larger. Or we don’t. One outcome can lead us to a sense of euphoria and the other to a sense of torment, just being numb, or a range of possibility as wide as there are individual experiences, and within each experience, never-ending capacities for range.

Perhaps rejecting spirituality entirely seems attractive when one contemplates what it means to explore the darkness within us, around us, perhaps there is a fear that comes with it, what if we cannot find the light, what if the idea of the light is a fraud? Perhaps rejecting spirituality is the correct thing to do.

Some people do have positive, peaceful, and loving experiences of spirituality. Perhaps I have yet to reach that place of spirituality in earnest. Perhaps that is why I still even question at all
or attempt to be able to express ideas that for those who are firmly rooted in a spiritual path may have trouble to understand. Perhaps a true sense of spirituality is still yet to come for me, perhaps questioning is part of the truth of it, for me.

My not knowing how others describe their senses of spirituality does not make their experiences any less necessary to contemplate than mine, or mine less than theirs, there is enough contemplation for everyone. The fact that in one reality it does not exist, does not make it not exist in other realities. Firmly, my own thoughts, my own intentions in this reality, do in reality influence the physical world and physical body in which I live and therefore, there is a consequence of actions that exist and are interchangeable, it becomes easy to understand, we really all are, one.

Oh, I know, for some we are still truly at the rejection or contemplation stages of multiple realities. This all makes it so difficult. My intention of having an honest contemplation of the subject as I experience these issues of spirituality is to encourage by practice others to consider their own stance, forthrightly with themselves. My goal is not for you agree with me. The goal is that you agree with you and one of the first and best ways of being sure of that is to really map out, or further detail, how you feel about these domains. This is important to do, so we will know how our own thoughts may be contributing to our research as our values and worldview seep into and inform every aspect of our work, at unconscious and conscious levels. It is important that we bring these motivations to the front of our thinking.

How do we choose or dismiss topics for research? What are the questions we ask, of whom, in what fashion? How do we track and analyze the information we collect? How and by whom will we have our work reviewed? In what ways will we present and disseminate our findings and analyses? How will the research enterprise be constructed? How will issues of informed consent be addressed? Who shall fund the execution of the design and under what terms? How will the research processes be evaluated and by whom? Who do we want to publish our conclusions and under what circumstances? What kinds of conflicts of interest might exist?

We would take all safeguards on such an endeavor as we would with any other type of study, including the possibility of results that dispute our own theories.

How can spirituality be taken on and explored by Mad Studies? How can it not be? How ought we talk and think about spirituality? In all ways except to ignore those aspects that are in direct competition with our own ideas, are things we disagree with, are seemingly impossible to us, or make us uncomfortable, or are things that we want to avoid. We were asked, are there other ways, other than organized psychiatry/psychology’s horrendous or diminished attempts to ask questions as they relate to spirituality, within Mad Studies, to respect a person’s ideas, to approach what they bring forward from the position of that individual or the collective, as the situation warrants.

The aspiration is that simply by including this chapter with all its limitations, that it will inspire future research designs focusing on spirituality via Mad Studies.

Are we inspired to produce future research designs grounded in values that lead us to think about spirituality away from psychiatry? Are we willing to pull apart the complexities of the topic of spirituality through our firsthand experiences? Are we ready and able to not be guided entirely by our rational brain, but that our knowledge comes in together with our hearts, and our talents, and our goals? Our souls? Can we write together from our thinking and feeling experiences? Can we try to give a sense of what is possible within Mad Studies that is not possible elsewhere? What kinds of approaches in our design can we take? What kinds of analyses can we potentially make through the data we collect? What kinds of knowledge do we urgently need to create?
Doing Mad Studies

I do not pretend to have these answers. Mad Studies, however, may offer us some avenues for conversations that will get us closer to understanding the variety of ways the topic of spirituality and Mad Studies intersect.

Foremost, this is a call to you, if you have not already done so, and if you are so inclined, to begin to develop your own research design about spirituality through the lens of Mad Studies.

References


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