**Spirituality and the Fallacy of the Medical Model**

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The medical model purports to provide an explanation for mental breakdown (albeit a tautologous one) in terms of people falling prey to one of an array of mental illnesses with supposedly discrete diagnoses and symptoms. These are treated with psychoactive drugs or ECT. Therapy linked to diagnosis may be prescribed. I have no need to repeat here the conclusive arguments against the ‘existence’ of these categories (e.g., Bentall 2003, 2009), or that medication does not ‘cure’ these spurious illnesses (Moncrieff 2008) or yet that the research supporting their efficacy is flawed (Whittaker 2010). I am interested in both finding the real explanation, and understanding the persistence of this ramshackle system.

I aim to develop a new perspective that recognizes the inherent instability of the human sense of self. This is a perspective founded in cognitive science, yet one that reaches beyond what science can fully determine, into the realm of spirituality. From this perspective, I will outline a new approach to helping and empowering those broken by mental ill health, along with an initiative to steer the whole mental health juggernaut in a new direction founded on this perspective. The path towards this insight is traced through my personal journey of discovery towards becoming a mental health practitioner, as I grappled with fundamental questions that had, in my judgement, eluded adequate explanation.

**Three Questions**

The problem with getting a grip on the operation of the human mind is that we are limited to one perspective – from the inside. Inevitably we approach vital questions such as ‘What is a self?’ and ‘Where does it sit within a wider context? ‘from this worst possible vantage point. In this chapter, I will be developing the argument that the self is much more fluid than we like to think, that it is a product of moment-by-moment experience, governed by the underlying agenda of achieving a ‘good enough’ sense of self within a given environmental context.

Consequently, whatever conclusion we reach about fundamental questions will be colored by the need to feel secure and all right in ourselves. When it comes to making sense of the breakdown of the self, these complications are magnified. Why would I accept a conclusion that casts doubt on my own unassailability?

Every society finds a world view within which it can operate with reasonable confidence, and since the renaissance cult of individualism, and the runaway success of science in taming the environment, the principles of individuality and science have underpinned the ‘story’ we tell ourselves in the West. The success of this story is only now beginning to fray around the edges with the climate crisis and questioning of Western cultural dominance and the means by which it was attained. I have always instinctively rebelled against this consensus and been intrigued by elements that do not fit neatly into it. Spirituality, and human proneness to mental breakdown, are two examples.

Studying history in my youth, this rebellion took the form of specializing in the medieval period, in rejection of the dominant narrative that the shift from a collectivist to an individualistic social organization that characterised the transition from the medieval to the early modern period in 16th Century, was proof of progress. I also rejected the contempt for the resources devoted to religion and a prayerful caste in medieval times, resources seized by the state in Tudor times to fund foreign wars and royal pomp in the dissolution of the monasteries.

A sense of spiritual connection always ‘felt’ live for me, and the idea of a proportion of people dedicated to maintaining that connection made sense. As I encountered contemplative Christian literature as part of my medieval studies, I was fascinated by the experiences of the mystics. Awareness of human fragility came initially when two members of my student cohort vanished from view with ‘nervous breakdowns’ and a school friend returned from her first-year university apparently broken by mental turmoil that she said was occasioned by getting too deeply embroiled in German philosophy.

The breakdown of a close friend brought the subject closer to home. I, along with my husband (newly graduated, newly married), supported her through a severe breakdown, including six months in hospital. She spent six months living with us, until she was back on her feet, and subsequently made a successful career in journalism. That was no thanks to the hospital whose attitudes and treatments appalled me. They dismissed the relevance of what had happened to her – being cruelly dumped by the love of her life – and when the various medications had no effect, subjected her to ECT, an assault on the brain of a brilliant young woman at the start of her career.

This experience convinced me that the dominant paradigm with regard to mental health was deeply flawed, and, combined with disillusionment with history teaching as a career, motivated my switch to psychology. Undertaking my new study, I probed for psychology’s solution to my two core questions: the place of spirituality in a scientifically-dominated world, and what was mental breakdown really about—along with, how it might be mended. Of course, I discovered that psychology was far too dispersed and discordant a discipline to offer a straightforward answer to anything.

A large section of it strove for scientific respectability, pursued by an inferiority complex in relation to both physics and psychiatry. Other elements, such as psychodynamics and transpersonal psychology, operated more like theologies, studying the texts handed down by the masters, expounding and commenting around the edges without permission for fundamental questioning.

I was, however, picking up a lot of good tips from my studies towards the explanations I sought. Both behaviorism and CBT talked a lot of sense about mental functioning; the third wave CBT approaches, by adding mindfulness to the toolkit, took this good sense further. The Psychodynamic schools and Attachment theory illuminated incorporating earlier experience into the construction of the self. Wilhelm Reich directed attention to how we inhabit our bodies and Jung envisaged the extension of mind beyond the bounds of the individual. Paul Gilbert’s evolutionary view of mental challenge shed light on the significance of the individual’s position in the primate hierarchy (Gilbert 1992), which was particularly influential on my thinking. Looking behind Kelly’s construct theory (Bannister & Fransella 1971) gave an inkling of a solution to spirituality, and gaining more understanding of the impact of trauma and the role of the body’s arousal system was starting to get me a bit nearer to personal answers about the mental health conundrum.

However, none of them provided a fully satisfactory explanation. There was a tendency to seize upon a chosen element and stretch it to try and cover the whole, multiplying complexity where gaps yawned. Further, by now I had encountered a third question for psychology to solve: what on earth was psychosis about?

This question arose first during the extensive voluntary work undertaken to complement my psychology studies as a preparation for my change in career. For instance, as a Samaritan volunteer, I supported people who were tormented by strange, unshared experiences as they made their way through the system.

I was struck both by the nature of their inner world and by their reception in the mental health service, which seemed both frightened of them (for me, they were themselves frightened human beings for whom I had deep sympathy) and unable to offer help that did not devastate both in terms of the physical effects of the treatment and in terms of destroying that crucial, ‘good enough’ sense of self with stigmatizing diagnosis. I learned more when I started work as a qualified clinical psychologist in a psychiatric rehabilitation service. Here I could offer therapy to people who were keen to tell their story, and gleaned clues from the realization that their initial experience of altered reality often (but not invariably) mirrored the mystical experiences recounted in the spiritual literature – before it all went horribly wrong and landed them deeper and deeper in the mental health system.

Faced with three huge, intractable questions, before which the established discipline of psychology appeared unable to come up with a coherent answer, something rather amazing happened. Like those expansive novels that start with three chapters introducing three sets of protagonists, completely disparate in character and context, whom the author contrives to bring together through ingenious twists of the plot, my three questions converged. The solution to the mental health conundrum illuminated the psychosis dilemma, which in turn shed light on the spirituality question – all through the insights into the human condition offered by the Interacting Cognitive Subsystems (ICS) model of cognitive architecture (Teasdale & Barnard 1993).

**Enter Ways of Knowing**

I have written extensively and in detail about this elsewhere (e.g., Clarke 2008, 2010, 2022). In summary, ICS starts from the widely-accepted conclusion that humans think differently in emotionally charged, e.g. threat, situations compared with calm and reflective ones, when it is possible to take in the bigger picture. Two examples are Kahneman’s ‘Thinking Fast and Slow’ (2012) and Ellis’s ‘Hot and Cold Cognition’ (Ellis 1994). ICS tracks the evolutionary journey behind these two, explaining that the slow thinking was bolted onto the original ape brain later as we developed language and sophisticated tool use.

According to this theory, the two never really meshed. They work well enough together when we are calm, but in different states, whether of higher or lower arousal, they drift apart and the nature of our experience changes. In everyday life, we just accept this and work around it. At the margins, whether caused by taking drugs or by extreme experience, they get seriously disconnected, such that the sense of being a separate individual can be lost, landing the unwary in the ecstasy of a mystical experience or the hell of being invaded from every side and assailed by strange experiences (the experience of psychosis). Essentially, this means that as humans we have access to two distinct ways of knowing: one that is precise and limited, and the other, unbounded and expansive, but ungraspable.

Conclusions linking psychosis and spirituality like this meet resistance from those who wish to protect the ‘higher’ spiritual nature of their unusual experiences, maybe following Grof & Grof’s spiritual emergence/spiritual emergency way of making sense of it all. Similarly, it is not welcome to biological psychiatry, for whom all such events are ‘illness.’ Likewise, spiritual psychiatrists and others are keen to argue that desirable states and pathological ones are inherently different in origin. While fully acknowledging the problems with functioning, distress, and risk that can come with being stuck in the ‘other’ way of knowing, I argue that this is a false dichotomy (Clarke 2010, 2008). Recognising this offers valuable clues about what to do about it, including strategies like controlling levels of arousal, becoming adept at managing which way of knowing you are in, and learning to move between them at will.

Simple grounding in the physical present and good self-care is the place to start to achieve this. As research into openness to the ‘other’ way (Claridge 1997) shows, it can be the gateway to creativity and spirituality as well as lead to proneness to ‘psychotic’ breakdown. The Grofs (Grof &Grof 1991) and shamanistic traditions had pointed to the potential for positive transformation and personal growth offered by such states. All over the world, Spiritual Emergence and Spiritual Crisis organisations have promoted this perspective and these ways of managing the gateway between the states. For my own part, I am secretary of the UK Spiritual Crisis Network, which exists to offer this more hopeful perspective (www.spiritualcrisisnetwork.uk).

**‘Feel All Right’**

So far, so good – I now had a psychological model that embraced both spirituality and psychosis. A new perspective on the other aspects of human fragility and how to address them also arose from the insights of ICS. This suggests that, while we have the capacity to view the world through the precise and filtered lens offered by the newer and older brain systems working together, we can also leave this groundedness in our individual self-consciousness and move into a more connected and instinctive way of being when the ‘other’ takes over.

Moreover, this way carries on under the radar of consciousness, checking how we are doing in relation to our environment and social situation; and the two together give us our sense of self. Where this feels under threat, emergency mode kicks in and we sense this in the gut – as a horrible feeling. Because the older mode does not understand time, threats from the past get added to current threats, explaining the well-attested role of trauma in mental health breakdown and fragility. All this produces a dynamic, constantly adjusting view of the self as process rather than a given.

This is my attempt to summarize what is going on ‘from the outside,’ but ‘from the outside’ is only one of our two ways of knowing. We recognize the importance of this ‘self-making’ every time we ask: ‘How are you?’ Think of all the ways we have to modify our internal state – to get to ‘feel all right,’ to quote Bob Marley: tea, coffee, alcohol, music, exercise, etc. The list is endless and integral to everyday life. So, what happens when the answer is ‘not all right’?

I can give a theoretical answer in terms of ICS, but my personal insight into the heart of mental breakdown came from reflection on my own experience.

Unexpectedly learning that a substantial rewrite of my research dissertation was needed before I could qualify as a clinical psychologist was a bolt from the blue, as my supervisor and others had judged it impressive. Shortly after waking the next morning, a feeling of sickening dread struck when I remembered my situation. My whole self-construction as a soon-to-be qualified, rather good clinical psychologist, was in shreds. I no longer wanted to get up. I felt angry and frightened. This was a relatively short-lived phase, and I soon mustered determination to find a new supervisor (mine was as disillusioned as I was), and get the rewrite out of the way.

I took responsibility for the fact that daring and provocative can be judged simply wrong when trying to gain entry to a profession. This experience gave me a crucial insight. The people I saw as a therapist also experienced the same inner state, but they did not have the luxury of being able to just turn it round. Mostly, the weight of past threat will have loaded onto it, forming a dead weight of overwhelming defeat. Like me, they will feel like not getting up in the face of this: they will feel like hiding away, they will experience anger, they will blame others, they will fear for the future, etc.

Tracking what happens when this horrible feeling persists and this management of it continues, explains all the so called ‘mental illnesses.’ My friend withdrew physically and psychologically in the face of defeat of her life’s dreams; others keep sickening dread on the boil through constant worry and rumination; and yet others find ingenious ways to achieve an OK sense of self in the short term by rigorous checking or by being thin enough – by using coping strategies which set up their own traps. For others, the boundary between the two ways of knowing is looser, often weakened by past trauma, and they can escape into the new dimension of consciousness that beckons when the two distinct processing systems disengage. They experience the world differently from those around them and come to different conclusions. Too often, what might be a creative way forward turns into another trap.

Crucial to this process is the role of the body in response to threat. The fight/flight mode is well understood – it flicks a series of switches throughout the organism to meet threat, narrowing mental focus so as to look for its source. This serves to lock in that initial dread, and with past threat added to present challenge, keeps the traumatic past alive in the present. No wonder human beings are prone to breakdown, and that ‘feeling all right’ can never be taken for granted.

**Comprehend, Cope and Connect (CCC)**

By the late 1990s, I had answers to my three questions that satisfied me, and a theoretical basis, founded in solid cognitive science research, to justify them to the world. All that was needed was to translate this into practice in order to humanise the mental health system encountered by people in breakdown.

The history of this endeavour and the details of the therapeutic approach are covered in detail in two books, Clarke & Nicholls (2018) and Clarke (2022). In summary, the name says it all. ‘Comprehend’ makes sense of the individual’s internal state (his or her horrible feelings) in terms of what happened to them, and tracks how they understandably deal with that internal state and also how this state keeps them trapped. Their strengths, their potential, and, if relevant, their faith or spiritual connectedness are named.

By now it is clear that how they are coping is the problem, and alternative coping strategies are made available. Working as I did for 10 years in the acute psychiatric hospital service, these were often delivered in the form of groups – to manage arousal, to deal with feelings, to examine strange experiences, and to start treating oneself compassionately. These could be run and supported by the wider staff group, so that the whole service started to see mental health challenges and their solutions in these terms, as opposed to focusing on diagnosis and medication.

The ‘connect’ part of the title is where spirituality comes in. Relationship is key to CCC. Embedded in the model is the insight that we are only partly individual: our individual self-consciousness arises from the two systems working smoothly together. When the other, emotional/spiritual way of knowing becomes accessible (and to a limited extent, we constantly move between the two), we flow into relationship. Relationships with people, roles, and everything in our environment maintain our sense of who we are. When these are lost, whether through bereavement or life events, we struggle to rebuild our sense of self.

Our relationship with ourselves is also damaged at such times and we can treat ourselves in ways that perpetuate the problem. My friend broke down when her lover rejected her and she stopped engaging with life; I was thrown into turmoil when my expectation of becoming a clinical psychologist was temporarily dashed. Fortunately, my relationship with my self (my self belief) was strong enough to get me back on track. Relationship is deeply embedded in the other way of knowing – we know about it through feeling. As a result, its power tends to get overlooked by the scientific world view.

Faith and spirituality are founded on the sense of relationship with the deepest and furthest – beyond our precise verbal knowing. This has been a given throughout human history, until recently. Feeling can tell us that this dimension is important, while science dismisses it as it lies beyond its reach. This sense of spiritual connectedness can become crucial when the more immediate containment of roles and relationships that provide our sense of self fall away. When the individual leaves the normal, bounded consciousness behind and enters the enticing and dangerous world of the mystic, the psychic and the mad person, spirituality, the supernatural and the numinous take over. This realm lies beyond that which we can, with our limited mental capacity, grasp, but we can feel more than we can know with precision. Who is to say that this knowledge is illusory?

An implication of this perspective is, of course, that those diagnosed with psychosis are not suffering from an illness but have become lost in a potential of human consciousness that is theoretically accessible by all, and highly valued by many. It is the gateway to creativity, to charisma, to the highest achievements of the human spirit. It is rightly feared, as danger lurks there – as many artists and mystics have discovered. Where this potential is treated with respect and where ways of supporting people through such states safely are understood, where it is better managed in cultures other than our own, it is the route to fuller development and more connected human flourishing.

Understood in this way, the separate, self-conscious individual is part of the story, but only one part. It is like a flimsy craft in an ocean that needs constant bailing and repair. Where many such crafts congregate harmoniously together, things are more secure, but storms and wave surges can still scatter them and cause destruction. The glue that keeps these precarious boats together is the stories we tell ourselves. Some are individual and some collective. The function of these stories is to hold the balance between external reality and enabling us, individually, or collectively, to ‘feel all right.’

Where the individual story strays too far from the consensus, the judgement of madness is reached. Where it strays too far from ‘feel all right’, the strategies to remedy this can lead to mental stuckness.

The collective story operates similarly, with the twist that those who command it can wield power over the rest by defining their reality. Witness the culture wars dominating current politics, including the dynamics of Black Lives Matter versus traditional nationalism.

It also explains the persistence of the medical model in the face of tremendous and mounting counter-evidence. Science and logic are highly valued in our society because of their technological successes. Advances in physical medicine and dentistry are good examples here. Mental illness is a story created to profit from these successes, based on the flimsier grounds of the purported effectiveness of so-called psychoactive medication. Medication does have its place, because the body is an essential part of the picture as outlined above, and they can modulate arousal and affect neurotransmitters. However, they are no total solution and have been grossly oversold and mis-sold.

The ‘mental illness’ story enables its practitioners to ‘feel all right’ and achieve high status at the expense of demolishing the good enough story for those it seeks to help. Since good mental health is every bit as much a product of having the right self-story as it is about modifying internal states through drugs, the medical model is revealed as not only fallacious, but actually pernicious. The remedy is to recognize the power and potential of the other way of knowing, represented by feeling, intuition and spirituality. CCC is my modest attempt to embed a new story within mental health services. More can be discovered about that on my website: www. Isabelclarke.org

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