

## Mystical Experience: Pathology, or Supernormality?

### Abstract:

In the contemporary humanities there is still a problem with the understanding of the great texts of Western Mysticism – the common interpretations oscillate between taking the mysticism as the pathology or as the supernormality. Different researchers, including psychiatrists, psychologists, theologians and philosophers, are usually presenting theories that are either too narrow or not enough critical. In my paper I am analyzing some traditional theories of mystical experience and try to expand the discussion by taking the perspective of anthropologically-oriented philosophy of culture. The advantage of this approach is to take into consideration a broader context where any attempt at classifying the mystical experience as pathological is excluded. Therefore, it is possible to defend its originality and authenticity while using reasonable and critical methods.

### Keywords:

mysticism, supernormality, mythological core of culture, psychiatry, metarationality.

“Intellectual composure and “feeling good” have never provided the stimulus for great things.”

– Ernst Kretschmer

The question posed in the title begs to be considered from the perspective of an anthropologically-oriented philosophy of culture. This approach involves the assumption that culture defines every human being's basic lifestyle; it means that people and culture form an indivisible whole. Given such an understanding of the

philosophy of culture, the object of its studies will include everything that can be communicated. In this sense, it also encompasses mystical and psychotic experiences insofar as they can be conveyed in language, or extra-linguistic forms.<sup>1</sup>

It is easier to approach psychotic and mystical experiences found in culture if one employs the distinction discerned in culture by Leszek Kołakowski, who identified its two cores: technological and mythological.

The technological core involves rationalism and scientism: it relies on arguments, proofs and conclusions since, “[s]cience is the extension of civilization’s technological core.”<sup>2</sup> The mythological core, on the other hand, expresses the longing for significance, the desire for the existence of forces and powers that would transcend the accidental nature of humankind, and make the empirically real meaningful. These two cores of culture also exist side by side within individuals. Both lean towards imperialism, attempting to seize the entirety of culture and humanity. Dangers entailed by the two include such extremes as technocracy and Shari’ah Law. The former – i.e. the triumph of technology over culture – has been aptly summarized by Neil Postman, who argues that,

[t]o every Old World belief, habit, or tradition, there was and still is a technological alternative. To prayer, the alternative is penicillin; to family roots, the alternative is mobility; to reading, the alternative is television; to restraint, the alternative is immediate gratification; to sin, the alternative is psychotherapy.<sup>3</sup>

Individual disciplines of knowledge and human reactions can be described using language characteristic of either cultural core.

When considered from the perspective of the philosophy of culture, the question posed in the title ceases to be a rhetorical one: nor is it a question that has a simple answer. It rather leads into a labyrinth of other questions and answers.

Despite secularization, spiritual and even mystical experience continues to occur and find expression in culture. As such, it is studied within numerous disciplines: philosophy, psychiatry, cognitivism, and neurotheology. However, these approaches not only describe mystical experiences, but judge them as well. Attempts to describe mystical experience reveal questions of a metaphysical and epistemological character: those pertaining to humanity, rationality, irrationality, truth, health, and sickness. Moreover, all of them entail further questions regarding boundaries and the possibility of crossing them. These are, in fact, traditional philosophical questions, but, when posed in a different context—i.e. one of human mental illness—they invite further consideration.

## The Question of Man

During the course of a seminar I taught with Professor Jacek Wciórka, a psychiatrist, a seminar entitled “Psychiatry and philosophy: in search of a common language,” we had as our guest Grzegorz Kopacz, PhD, who is also a psychiatrist. He concluded one of our discussions with the question “What is man?” This question is implicitly answered within many disciplines of knowledge, and in everyday life. Explicitly, it is a philosophical question, and, therefore, also present in psychiatry and psychology. Answers are vast and diverse. Ionian

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1) Zofia Rosińska and Joanna Michalik (eds.), *Co to jest filozofia kultury*, (Wydawnictwo Uniwersytetu Warszawskiego: Warszawa 2006), 119.

2) Leszek Kołakowski, *The Presence of Myth*, trans. Adam Czerniawski, (University of Chicago Press: Chicago 2001), 1.

3) Neil Postman, *Technopoly*, (Vintage Books: New York 1993), 54.

philosophers described humanity by referring to the same elements that comprise all of nature; later, man was interpreted as a creature that makes symbols, engages in politics and social life, or plays; finally, Michel Foucault proclaimed the “death of man.”

Our seminar was also visited by Professor Kenneth Fulford from the University of Oxford. In his paper<sup>4</sup> he discerned three stages in the development of psychiatry since the times of Karl Jaspers and his *Allgemeine Psychopathologie*.<sup>5</sup> According to Fulford, this development was principally based on avoiding the so-called “single message mythology.” Thus, psychiatry developed from biology and evolved by undergoing pluralistic differentiation, finally, reaching the stage of translational psychiatry. The latest framework involves not only cooperation in terms of research among the representatives of various disciplines that focus on man, but also collaboration with people who have become experts through their own personal experience. Therefore, it is also possible to take the contemporary model of translational psychiatry as an answer to the question posed by Grzegorz Kopacz. In this account, “human being” would be viewed as an apophatic category that cannot be clearly defined; however, this does not mean that this category ought to be entirely dropped. More than other disciplines, psychiatry and philosophy need to collaborate: accepting this challenge, and probing into the nature of humanity. New research should be able to look in all four directions of the world – like Svetovid, the four-faced Slavic god – discerning not only the somatic, but also the cultural. After all, just as no man exists without a body, there is no man without culture, nor is human life possible without spirituality. In one study, Anthony Steinbock summarizes this point by quoting Bachelard: “Human being *qua* human being cannot live horizontally.”<sup>6</sup>

### The Question of Rationality and Irrationality

In a book written for secondary-school graduates, Kazimierz Ajdukiewicz – one of the greatest Polish philosophers – made the following observation:

The opponents of rationalism are called irrationalists. [...] To start with, mystics of all kinds belong here. By mystics we mean people who have peculiar kinds of experiences called mystical ecstasies. In these experiences they undergo revelations in which they gain (not by means of reasoning and scrupulous observation) subjective certainty, most often as to the existence of a deity, they experience its existence directly as if face to face [...]. People who undergo such experiences cannot be argued out of their conviction of the certainty of knowledge gained in states of ecstasy [...]. The certainty of their knowledge is too great, the new horizons, the new vision of the world, the fullness of life they gain through this knowledge are too valuable for them to give up. They cannot be persuaded that since they cannot justify their thesis sufficiently they should restrain themselves from affirming it. It is thus in vain that rationalists try to convince the mystic and to restrain him from fulfilling his apostolic mission. However, the voice of the rationalist is a sound social reaction; it is an act of self-defense by society against the dangers of being dominated by uncontrollable forces among which may be both a saint proclaiming a revelation as well as a madman affirming the products of his sick imagination and finally a fraud [...]. It is better to rely on the

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4) Kenneth WM Fulford, Lisa Bortolotti & Matthew Broome, “Taking the Long View: An Emerging Framework for Translational Psychiatric Science,” in: *World Psychiatry*, June 2014, 110–117.

5) Karl Jaspers, *Allgemeine Psychopathologie*, (Springer: Berlin 1913).

6) Anthony Steinbock, *Phenomenology and Mysticism*, (Indiana University Press: Bloomington 2009), 13.

safe but modest nourishment of reason than, in fear of missing the voice of ‘Truth,’ to let oneself be fed with all sorts of uncontrollable nourishment which may more often be poisonous than healthy and beneficial.<sup>7</sup>

Although it sounds very convincing, this attitude cannot be binding for translational psychiatry, because it disregards a significant portion of human mental activity by arguing that the irrational can be more often poisonous rather than wholesome. Ajdukiewicz is right in claiming that the irrational encompasses the holy, the mad, and the fraudulent, but this calls for intense research, so as to make it possible to differentiate between irrational experiences. After all, human being does not exist solely in the rational dimension. The “extra-rational” (the term is supposed to underline the difference from the “irrational”) has co-determined human existence since the earliest days of human culture.

Let us take an example from the Gospel of Luke. Jesus takes Peter, John, and James to the Tabor Mountain to pray, “And while he was praying, the appearance of his face changed, and his clothes became dazzling white. Suddenly they saw two men, Moses and Elijah, talking to him. They appeared in glory and were speaking of his departure, which he was about to accomplish at Jerusalem. Now Peter and his companions were weighed down with sleep; but since they had stayed awake, they saw his glory and the two men who stood with him. Just as they were leaving him, Peter said to Jesus, ‘Master, it is good for us to be here; let us make three dwellings, one for you, one for Moses, and one for Elijah’ – not knowing what he said. While he was saying this, a cloud came and overshadowed them; and they were terrified as they entered the cloud” (Luke 9:29–34; NRSV). Peter, John, and James saw Moses and Elijah. Their experience was mystical. Was it sickness? Was it “poison”?

## Metarationality

In order to grasp an attitude that neither renounces rationality, nor rejects the “extra-rational,” I adopt the category of “metarationality,” originally developed by Władysław Stróżewski. Metarationality is a mode in which reason identifies its own limitations, acknowledging that there are areas that it will never be able to penetrate. In this approach, the extra-rational is neither denied nor ignored, and, understanding that the extra-rational cannot be fully known, metarationality attempts to grasp the meaning of its existence. While cognition is the call of rationalism, metarationalism aims primarily to understand. Understanding as the revelation of meaning, or Logos, covers more ground than the area demarcated by Nous, or rationality. “However,” Stróżewski notes, “attaining truth lies not only in reaching that which is rational, but also that which has any meaning whatsoever.”<sup>8</sup> In other words, metarationalism puts rationalism in a broader axiological context: assuming a metarational position precludes following the direction set by Ajdukiewicz.

A metarational approach facilitates the discernment of the many attempts to describe and explain mystical experiences. All examples discussed below express the above-mentioned “single message mythology,” even if they do not interpret mystical experience as pathological. In the following four accounts, the one and only source is identified as the unconscious, a higher self, a gift, or a particular gene.

1. Firstly, there is the psychological perspective of Albert Dryjski, a psychologist from Łódź who wrote primarily in the 1940s. Dryjski rejected the view held by many French psychopathologists and psychiatrists in early 20<sup>th</sup> century that religious ecstasy is characteristic of sick, distorted psyches. Instead, he linked reli-

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7) Kazimierz Ajdukiewicz, *Problems and Theories of Philosophy*, trans. Henryk Skolimowski and Anthony Quinton, (Cambridge University Press: London 1975), 48–49.

8) Władysław Stróżewski, *Istnienie i sens*, (Znak: Kraków 1994), 421.

gious ecstasy with a psyche that is “normal yet stimulated by unusual internal or external circumstances.” “Religious ecstasy,” he argues, “perfectly captures the depth of feeling and intellectual creativity of the ecstatic person.”<sup>9</sup> Dryjski also lists crucial features of religious ecstasy, such as “suspension of normal consciousness; identification of the subject with the object of the ecstatic attitude; and finally, recurrence and conventionality of ecstatic states.” He also sketched a typology of religious ecstasies and their psychosomatic functions. Finally, he claimed that the common source of all types of religious ecstasy is either the unconscious, or another consciousness.

2. The second perspective is that of humanistic psychoanalysis first formulated by Erich Fromm. Fromm claimed that the experience of transcendence is a “*higher experience of one’s own ego*,” i.e. that of one’s own existence. In theistic thought, God symbolizes that which man is supposed to become. In this way, God determines the direction of human development. Everyone can live an interesting life, full of creativity and joy, but it demands a certain effort and discipline: Fromm himself preferred meditation, the interpretation of dreams, and breathing exercises. Similar to Buddhist monks, he believed that man connects with the sacred through mystical contemplation that goes beyond the reaches of the intellect.<sup>10</sup>

3. The third view is that of Anthony Steinbock, an American phenomenologist who refers to the developing current of the phenomenology of the gift. Steinbock analyses the mystical traditions in Abrahamic religions – Judaism, Christianity and Islam – by employing the category of “*the gift*” and the concept of “verticality.” He considers the latter idea to be the one that lies at the heart of all mental phenomena, and views it as defining the religious, moral, and ecological dimension of human existence. Being attuned to verticality guarantees our individual autonomy. Thanks to this specific sensibility, we can develop immunity to totalitarian tendencies and fixed meanings that form ossified hierarchies. Horizontal existence can be grasped, understood, and controlled. Vertical existence, however, cannot be captured, because it is simply given. Notably, the category of the “gift” is not employed here in the sociological sense, as something definable and exchangeable – i.e. as a component in reciprocal transactions when the quality and quantity of the gift are crucial. As a phenomenological category, the gift has a metaphysical character: it constitutes an epiphany of meaning, in which something is being revealed.

4. Finally, there are those cognitive and neuro-theological theories that trace the origins of spirituality and religion by researching the brain and genetics. Dean Hamer, PhD, an American geneticist, explains the operation of the so-called “*God gene*” in the following way: he experimentally discovered that in those who meditate, or pray, “the parietal lobes, which orient individuals in space and time, grew dim,” thus blurring the sense of the physical boundaries of one’s body. On the other hand, “their frontal lobes and limbic systems became very active,” as a result of which they had, “a sense of being connected to everything in the universe.” This higher consciousness is specific to humans. The identified changes can be traced on a CAT scan, and are controlled by neurotransmitters such as dopamine, serotonin, and noradrenaline, which are regulated by the VMAT2 gene. “One of the tasks of the ‘*God gene*,’” says Hamer, “[...] is to regulate moods, but in some individuals it also releases intoxicating brain chemicals like serotonin when they immerse themselves in prayer or meditation.”<sup>11</sup> A similar direction was taken by Rick Strassman, a psychiatrist from New Mexico. He argues that the human brain produces a psychedelic substance – dimethyltryptamine (DMT) – which is responsible for all kinds of mystical experiences.

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9) Albert Dryjski, *Psychologia ekstazy religijnej*, Druk. Główna Zarządu Polityczno-Wychowawczego W. P.: Łódź 1948; offprint in: *Łódzkie Towarzystwo Naukowe. Sprawozdania z czynności i posiedzeń*, no. 2/3 (1947), 29.

10) Erich Fromm, *You Shall Be as Gods*, (Fawcett Premier Books: Greenwich, Conn. 1966).

11) Barbara Dole Larsen, *The Human Dilemma*, (Dog Ear Publishing: Indianapolis, 2009), 182.

Although these four attempts contribute to a better understanding of the mystical experience, none of them take into account that human beings are tied to culture, which makes every mystical experience the sensation of a person from a particular culture and society. What is more, mystical experience cannot be reduced to visual and auditory phenomena, which form only one of its components. Mystical experience has a processual character, and is long-lasting. The goal of the mystical experience is to become united with God through faith, hope, and love. According to one of the greatest mystics in history, St. John of the Cross, “the state of this Divine union consists in the soul’s total transformation, according to the will, in the will of God, so that, there may be naught in the soul that is contrary to the will of God.”<sup>12</sup> Such a transformative unification cannot be achieved easily.

### The Normal and the Pathological

The bond between a human being and culture finds its fullest expression within a sociological framework, specifically in the concept of the supernormal as developed by Florian Znaniecki.<sup>13</sup> Although he does not address the subject of mystical experience directly, Znaniecki’s theory provides tools that facilitate a better, though still incomplete, understanding of the phenomenon: Znaniecki dynamizes the concept of “normality,” allowing it to describe the experiencing person and not the experience in isolation. This way, he expands the scope in which people would be classified as normal, in contrast to those theories that impose rigid hierarchies, stigmatize, and exclude. As a result, this perspective reveals a wide spectrum of possible patterns of behavior, emotional reactions, and judgements that can all be classified as normal.

Florian Znaniecki differentiates people who are “normal civilization-wise,” i.e. “have successfully adapted to the civilization they live in,”<sup>14</sup> and “partially abnormal,” i.e. those who “have undertaken social roles unsuitable for them—those who do not match their biographical type determined in the first period of life.”<sup>15</sup> Moreover, he distinguishes two types of “abnormality”: subnormality and supernormality. The former consists in a downward aberration, while the latter consists in one that is upward:

supernormality occurs when an individual, who performs a certain role and becomes integrated in it, does better than the personal model applicable in this role would demand in relation to normal people; when that person enriches cultural systems, motivated by creativity [...]; when that person is more efficient than others in uniting social circles to act jointly, or when they endow their role with new meaning – in other words, they transform a given pattern of identity through their behaviour, augmenting and perfecting it from the perspective of criteria used in a given civilization to judge those patterns.<sup>16</sup>

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12) St. John of the Cross, *Ascent of Mount Carmel*, trans. E. Allison Peers, Book I, Chapter XI, Stanza 2. Online: [www.basilica.org](http://www.basilica.org).

13) Florian Znaniecki, *Ludzie terazniejsi a cywilizacja przyszłości*, Państwowe Wydawnictwa Naukowe: (Warszawa 2001).

14) Ibid. 264

15) Ibid. 267

16) Ibid. 268. See also: Grzegorz Pyszczyk, *Nadnormalność jako zjawisko społeczne*, Wydawnictwa Akademii Pedagogiki Specjalnej: (Warszawa 2013).

People representing both of the above types display a tendency to be creative, rebellious, and innovative. Znaniecki refers to both as “deviations.” Characteristic features of supernormal behavior include: authenticity, public spirit, ideological fanaticism, and a conscious striving to change culture.

Is it also possible to describe mystical experience as supernormal? In this context, it seems that this term should be applied to describe people prone to such experiences. Many people endowed with this ability – such as saints, or philosophers (for example Henryk Elzenberg) – have distinguished themselves with active engagement in social matters, efficiency in practical action, and ideological fanaticism. St. John of the Cross was convinced that “mysticism neither annihilates personality, nor takes away any talents”. Thus, I would argue that the question, posed in this way, can be answered positively.

### The Question of Truth: First- and Third-Person Experience

The main question, which has not been answered outside strictly religious discourse, is concerned with the truth revealed in mystical experience, as well as the possibility to justify and verify such revelations. This question leads into the heart of the debate between a first- and third-person perspective.

The first-person perspective demands to be specified. It does not suffice to claim “I feel that,” “I think that,” or possibly, “this is how I experience this.” My feelings, thoughts and experiences need to be connected with a conviction that their content is true, and that this veracity is accepted by others. Descartes, who introduced the first-person perspective into epistemology, does not provide a satisfactory explanation when he writes that, “the things which we conceive very clearly and distinctly are all true – remembering, however, that there is some difficulty in ascertaining which are those that we distinctly conceive.”<sup>17</sup> What he calls “some difficulty” has become the source of endless conflicts. One example could be the literature that takes as its subject the figure of Ezekiel and his prophecies.

Although a purely literary analysis of Ezekiel’s prophecies can reconcile various worldviews, the answer to the question regarding the truth of their content is bound to divide opinion. According to Karl Jaspers, Ezekiel’s visions constitute a pathological symptom, precisely one indicative of schizophrenia.<sup>18</sup> Reverend Daniel Block, on the other hand, would see Ezekiel’s prophetic experience as originating with God; his rhetorical talent was in fact a gift, the essence of which was to effect changes in thought and behaviour among his audience in order to create a sense of community among the Israelis.<sup>19</sup> The psychoanalyst D.J. Halperin ascribes the extraordinary features of Ezekiel’s prophecies to his unconscious. Due to Ezekiel’s childhood traumas, his prophecies are rife with misogyny: the women who appear in those visions are powerful, cruel and seductive.<sup>20</sup> E.C. Broome considers Ezekiel to be a psychotic displaying the following symptoms: catatonia, narcissistic-masochistic conflict, schizophrenic withdrawal, delusions of grandeur, and persecution complex – all in all, he suffered from a paranoia typical for many spiritual leaders.<sup>21</sup> Psychiatrist Jerzy Strojnowski has put forward the thesis that Saint Faustina suffered from cyclophrenia, basing his diagnosis from an interpretation of her *Diary*.

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17) Rene Descartes, *Discourse on Method and Meditations*, trans. Elizabeth S. Haldane and G.R.T. Ross, (Dover Publications: Mineola 2003), 24.

18) Karl Jaspers, “Der Prophet Ezechiel: Eine pathographische Studie,” in: H. Kranz (ed.), *Arbeiten zur Psychiatrie, Neurologie und ihren Grenzgebieten*, FS K. Schneider: Heidelberg 1947.

19) Daniel Block, *The Book of Ezekiel*, (Eerdmans: Grand Rapids 1997).

20) D.J. Halperin, *Seeking Ezekiel: Text and Psychology*, (Penn State University Press: University Park 1993).

21) E.C. Broome, Jr, *Ezekiel’s Abnormal Personality*, *JBL* 65 (1946), 277–92.

Today, people are prone to believe in the truthfulness of scientific accounts, but find it difficult to accept the veracity of mystical experiences. What is more, the development of cognitive sciences has caused the first-person language, used to characterize first-person experiences, to be replaced with terms developed within a third-person perspective. Such notions as “mind,” or “consciousness,” – vague and mysterious terms linked to the first-person perspective – are employed by those approaches that adopt a third-person perspective, whether they speak of the evolution of consciousness, or equate mind with the brain.

In order to discuss the epistemic role of vertical experiences, including those mystical, as well as discern the possibility of assessing their veracity, Plantinga and Alston introduce the category of *sensus divinitas*, which forms a counterpart to “sensory impression.” One counterargument to this, however, is the fact that the contents of sensory impressions can be not only shared by others, but also experimentally falsified. The debate could be continued by citing the argument developed by Saint Teresa of Ávila, Doctor of the Church, who claimed that Divine orders, or suggestions, always come true, unlike one’s private plans and devilish instigations.<sup>22</sup> Saint Teresa’s account is acute and convincing, and her ability to analyze herself challenges the claim that mystics are prone to ideological fanaticism, which precludes self-reflection. As a result, she cannot be doubted from such a standpoint. Saint Teresa is a believer, like other Doctors of the Church, but her faith also entails doubt, disbelief and humility. Her autobiography contains numerous passages that express this state of mind, e.g.: “And it is a kind of humility not to trust in oneself but to believe that through those with whom one converses God will help [...]. But I believe they will not be lost who, humbling themselves, even though they be strong, do not believe by themselves [...].”<sup>23</sup>

### The Question of Sickness and Health

In the book *Dylematy współczesnej psychiatrii [Dilemmas in Contemporary Psychiatry]*, Stanisław Pużyński argues that the classification of mental disorders is inherently connected with the criteria of mental health. He refers to the definition of health coined by experts from the World Health Organization, who claim it to be, “a state of complete physical, mental and social well-being,” which in turn allows living a social and economic life.<sup>24</sup> He also adds the convincing point that such a definition is too broad, ambiguous, and insufficient for clinical purposes. Further criteria of mental health do not seem to be easily applicable in practice either; such criteria include intellectual and emotional maturity, predominance of positive emotions, socio-economic intelligence, subjective well-being, and psychic efficiency. These, as well as other elements quoted by Pużyński, seem bound to lead to error, over-interpretation, and, possibly, even abuse. Besides, some of the expressions employed by WHO experts are not intuitive, because they do not comply either with shared experience, or common reason. After all, sadness, trouble, stress, conflict, and suffering also constitute vital elements of a healthy life.

Thus, the question arises whether it is possible to find such criteria that would clearly and unambiguously differentiate mental health from illness, or disorder. Hans-Georg Gadamer has drawn attention to this, concluding that

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22) Teresa of Ávila, *The Book of Her Life*, trans. Kieran Kavanaugh and Otilio Rodriguez, (Hackett Publishing: Indianapolis 2008).

23) *Ibid.* 41–42 (7.22).

24) Stanisław Pużyński, *Dylematy współczesnej psychiatrii. Problemy kliniczne, etyczne, prawne*, Eneteia: Warszawa 2015, 87. (For the classic WHO definition, see: <http://www.who.int/about/definition/en/print.html>.)

our concepts of sickness and health also essentially describe vital phenomena, that flux of life whose ebb and flow accompany our very sense of being. In order to do justice to this, both in the realm of diagnosis and treatment, the doctor needs more than just scientific and technical knowledge [...] [because] all sorts of factors come into play, and these allow the treatment to develop into what is ultimately an individual partnership between the doctor and the patient. Its successful end should be the release of the patient, and the patient's return to their everyday life. When it is a matter of a chronic illness, or of a hopeless case when no recovery can be expected, then the doctor's concern must be to lessen the patient's suffering.<sup>25</sup>

However, the terms used by Gadamer are no easier to apply, and can also be called into question. How are we supposed to develop individual partnership if—as Gadamer puts it himself—an “extraordinary darkness” veils mental illness, making it incomprehensible, even when pharmacological treatment is administered. Despite the enormous chasm that cannot be traversed, doctors should strive to attain partnership. Gadamer indicates “flashes of meaning” that can be discerned in the patient. They are the places where doctors ought to begin their efforts. Unlike scientific accounts, Gadamer's vision emphasizes that psychiatry occupies a special place in the art of medical treatment. Nevertheless, this romantic uniqueness does not make things any easier. On the contrary, it reveals an internal dilemma, or split, which functions as the source of all quandaries specific to this area.

According to Kołakowski, both cores of civilization need to be balanced because their liveliness guarantees the vitality of both culture, and humanity. Although Kołakowski does not explicitly mention psychiatry, it is a discipline of knowledge that, due to its nature, has to keep both cores alive, because human beings, as well as their complex life of pains, desires, and hopes, are handed over to psychiatrists. Those among them who become aware of this aspect of their theory and practice, i.e. the fact that their discipline deals with humanity in its psychosomatic fullness, recognize that, referring to Gadamer, the boundaries that seem to lie at the heart of their craft do not actually exist. Evidently, the soul is not an isolated area, but forms the entirety of human corporeal existence, as was already posited by Aristotle: the soul is the body's vitality.

The question that emerges here is, what categories and methods would satisfy both cores present in man. The model of translational, or pluralistic, psychiatry, which takes into account not only neurological and biological knowledge, but also philosophical and psychological insights, as well as those of the experienced, could successfully avoid one-sidedness, and solve at least some problems arising in the highly specific discipline of psychiatry.

The question regarding the classification of mystical experiences remains open. Simple solutions like the one offered by Stojnowski, who diagnosed cyclophrenia in Saint Faustina, are too reductionist. Differentiating between mystical visions and psychotic states poses a huge challenge for psychiatrists, psychologists, theologians, and philosophers. It does not mean, however, that simplifications stemming from previous assumptions can provide apt explanations. In order to reach basic agreement, efforts ought to be made to free oneself from assumed pre-judgements.

To recapitulate, the metarational perspective – which discerns two cores in culture—the mythological and the technological—precludes classifying mystical experience as pathological. Categories of “truth” and “falsehood” do not seem to provide proper answers in reference to psychotic states and mystical experiences. This is due to the fact that, in both cases, there are no criteria for deciding between truth and falsehood. After

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25) Hans-Georg Gadamer, *The Enigma of Health*, trans. Jason Gaiger & Nicholas Walker, (Stanford University Press: Stanford 1996), 172.

all, we have no access to the original experience – we can only know their expression. It seems more fitting to apply, in reference to psychotic experiences, the category of the “accuracy of recognition,” while mystical experiences are better served by referring to the degree of their “authenticity.” Even so, the cognitive dimension of mystical experiences demands a separate study.