



## Centre for Mental Health: Writer in Residence programme

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**Dr Amy Pollard**

### **3. Graceful resolve: Attitudes for navigating a psychological crisis**

*“You know that place between sleep and awake, that place where you still remember dreaming? That's where I'll always love you, Peter Pan. That's where I'll be waiting”.*

Tinkerbell in JM Barrie's *Peter Pan*.

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Navigating extreme states of psychological distress isn't easy. Just thinking about it is quite hard. As someone with a diagnosis of bipolar, it's territory I've traversed many times.

The good thing about bipolar is that, because it's a life-long condition, you get several bites at the cherry when it comes to making sense of these experiences and learning how to ride their waves. In the last piece I shared my interpretation of what hypomania<sup>1</sup> and psychosis are about, drawing on ethnographic fieldnotes I've been taking since 2006. Here, I'd like to offer my tuppence on how to navigate the choppy waters which bipolar folks may find themselves in. I'm basing this on my own experience, which obviously might differ from the experiences of other people.

At the time of writing, it has been five years since I was seriously ill. In these years I've been visited by several waves of whizziness, which in times gone by might have got me in serious trouble – but which in the event I was able to surf without any enormous drama. I've been able to channel the energy into essays, stories, artwork, project ideas, or observations which I used later; and afterwards felt more tired than depressed. Over

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<sup>1</sup> My word for hypomania is “whizziness”, which I find more personally accurate.

time, my loved ones have become more relaxed and confident about this too. The writer Joseph Campbell said “the psychotic drowns in the same waters in which the mystic swims with delight”<sup>2</sup>. One of the symptoms of acute mania is having delusions of grandeur, and I think you’ve got the wrong end of the stick if you declare yourself to be a mystic. But for me there has been a lot of value in approaching these periods of altered consciousness from a different angle – being open to their mystery and humble to the beauty that comes through, rather than exhausting yourself by swimming against the tide. If you are looking for a role model during a psychic emergency, you could do a lot worse than to ask yourself, “what would Julian of Norwich do?”<sup>3</sup>.

I’ve described some tips and tricks [here](#), in [this](#) interview, as well as in *Breaking Open*, a collection of personal accounts of spiritual emergencies which I highly recommend<sup>4</sup>. In this piece I want to step back and point to the overarching attitudes which I’ve found helpful in challenging times. Speaking as a mother of two, my overall experience is that navigating a psychological crisis is no more and no less difficult than giving birth. That is to say, really quite difficult, painful and potentially dangerous! But also awe-inspiring. Person-making. These are times when we might need a bit of help; but we are doing something incredible. Birth happens every day, all over the world: It’s quite an ordinary thing really. At the same time as being ordinary, it is also, indisputably, something very special.

## Attitudes for navigating a psychological emergency

### 1. Playfulness

When we are playful, we loosen up. We let go of rigid expectations and approach things with imagination, flexibility and openheartedness. As the psychoanalyst Lisa Marchiano puts it, when we are ready to play “we are ready to embrace our adventure”<sup>5</sup>.

The most playful discipline in theatre, improv, uses the golden rule of “yes, and”. When playing with a partner in a scene, you accept what is being offered to you (“yes”), and then take the energy forward by offering an idea of your own (the “and”). In a situation where you aren’t in control, you work *with* what gets thrown at you (rather than blocking it off) and then offer something new to shape what plays out next.

The “yes, and” principle can work very well with intrusive thoughts. You can imagine the thoughts as coming from a particular part of yourself, and then engage that part of

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<sup>2</sup> Quoted in Grof, S (2000) *Psychology of the Future: Lessons from Modern Consciousness Research*. State University of New York Press.

<sup>3</sup> [Julian of Norwich](#) was a Medieval mystic. She wrote the earliest surviving book in English known to be written by a woman and coined the phrase “all shall be well”.

<sup>4</sup> Evans, J and Reed, T (2020) *Breaking Open: Finding a Way Through Spiritual Emergency*. Aeon. London.

<sup>5</sup> Marchiano, L (2021) *Motherhood: Facing and Finding Yourself*. Sounds True, Boulder.

yourself as if they were an improv partner. This could be as simple as noticing “*yes, I feel very anxious and I know this feeling will pass*”. If you are hearing a voice that nobody else can hear, it might say something like “*yes, I can hear you and I wonder why you’re saying that*”. It could play with a synchronicity which feels pregnant with meaning, for example: “*yes, Peter Andre is talking to you when he sings ‘Mysterious Girl’ and he’s talking to the rest of his audience too*”. It works with darker thoughts, like “*yes, I feel worthless and I can hear a bird outside*”; and with stuff where a thread of logic is hard to recognise. The core attitude is about letting go of a rigid, defensive position. It’s about being open to what’s being offered by the parts of yourself that you don’t know.

In an improv sketch, the catharsis comes when the scene falls apart. When *you* are falling apart, an improv attitude is the way to find release and connection.

It can be hard for carers and health practitioners to adopt a “yes, and” attitude towards their loved ones. A psychological crisis is a serious business, and it can seem imperative to give a “no” to dissuade someone who’s unwell from pursuing a dangerous delusion or train of thought. However, [as I’ve described](#), a combative approach often creates an anxiety vortex which doesn’t do anyone any good. A “yes, and” attitude can de-escalate it. It doesn’t mean saying “yes” to everything; it means saying “yes” to *something*. Without providing extra fuel to delusions or negative thoughts, you can always find something to say “yes” to – even if it’s something as simple as a person’s breathing.

Hayleigh, one of the nurses in the mother-and-baby-unit where I was once an inpatient, was an expert in improv bridge-building. I remember once walking into the dining area, my mind labouring under a heavy weight of darkness. There was a little twist in my step, which Hayleigh noticed and mirrored as she walked towards me, almost doing a little curtsy. I noticed her movement and took another twisty step forward – a little deeper this time. Hayleigh copied me back and before I knew it, she and I were doing a funny little twisty-curtsey dance together. The darkness didn’t leave me, but somehow, it felt like there was more possibility in the world – and that I wasn’t alone in it.

## 2. Acceptance

Being able to accept what *is* – to surrender to it – is crucial. Like a swimmer plunged into a cold sea, the first order of business in a psychological crisis is not to fight against the water, but to float. You can take your pick of spiritual and cultural reference points for this attitude: acceptance is at the heart of Buddhist teaching and is a prerequisite for redemption in the Christian tradition. It’s ‘Step 1’ on the 12 steps to Recovery developed by Alcoholics Anonymous. Acceptance was the theme of The Beatles song “Let it be”, of Queen Elsa’s “Let it go” in Frozen, and of countless other works of art, literature and music.

When it comes to acceptance, half the battle is cultivating awareness of what you are going through. Notice the thoughts that are coming up; the feelings and the sensations that arise in your body; the instincts and gut reactions. The psychoanalyst Joseph Lee suggests imagining that you are an ornithologist – watching thoughts and feelings come and go, just as birds might come and go outside your window<sup>6</sup>. This is arguably a skill that's useful for anyone in life, but it comes into its own when you're needing to spot signs of whizziness early and, perhaps, accept that some medication might be useful.

Being an ornithologist of your feelings is easier said than done when you're sitting in a yoga studio, never mind when you're in the grip of a major psychological storm. Strangely, though, it can be the most intense suffering – the kind which forces us to totally surrender – that sometimes offers us a gateway to release. In *The Power of Now*, Eckhart Tolle argues that the joy of being alive is released when you free yourself from your mind<sup>7</sup>. Perhaps it follows that when you have (as the saying goes) 'lost your mind', there is potential for something transcendent to happen.

This arrived for me at the lowest point of my worst crisis. Trapped and despairing, I had abandoned hope as I breastfed by daughter in an institutional box-room. "How can I go on?" I asked myself. It's hard to describe, but the plastic sofa and formica table seemed to offer an answer. I lifted my eyes to see a streetlight shining through the hospital curtain. I felt an abiding sense of accompaniment – a sense of being wholly present and completely still. Confronting my finitude and the inevitability of death, I was somehow touched by infinity. I witnessed a luminescence that radiated everywhere I looked, a sense of love that was connecting all things. The very abandoning of hope – the acceptance of despair – had revealed something mysterious and extraordinary.

This revelation isn't, of course, particularly original. Such experiences are frequently reported by people who have had near death experiences (which is what an extreme psychological crisis is). Personally, I've always found it quite frightening – awe-ful rather than awe-some. There's a Hebrew word – "yir'ah" – which sums up for me the kind of trembling fear that you might feel when encountering the divine. In the carol Silent Night, you might recall how "shepherds quake at the sight" of the glories streaming from heaven – it can be petrifying to be in the presence of something much bigger than you. But others report the experience positively and I've found, over the years, these encounters have become much less scary than they used to be. For me, the key to making this energy less frightening is a) to trust it and b) to build a relationship with it, not only whilst in crisis but also in normal times. This doesn't have to be particularly complicated – you might do it by going to church or developing another spiritual practice, for example.

Psychological crisis is a time when we're confronted by our demons – our shame; brokenness; the parts of ourselves that we find it hardest to know about. Jung called this

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<sup>6</sup> See the This Jungian Life podcast '[Facing your feelings: Avoidance or encounter?](#)', Feb 2020.

<sup>7</sup> Tolle, E (1997) *The Power of Now: A Guide to Spiritual Enlightenment*. Namaste Publishing.

darkness our “shadow” and argued that re-integrating these banished parts of ourselves was the route to a fuller life. If we can accept that which is most shameful about ourselves – bringing these qualities in from the cold rather than pushing them away – then we take a step towards becoming more whole as human beings. When we accept our shadow we become able to look at ourselves from 360 degrees – which is to say, we have integrity.

Acceptance requires humility. It means letting go of any pretence of perfection or specialness. We face up to the ways in which we are tainted, weak, helpless and in need of support – in relationship with other fallible human beings. As perfectionism melts away, wholeness can step into view – a sense of being loved in our brokenness (which is the Christian definition of joy). The word humble comes from the same root as ‘humus’ meaning *of the earth*. It is an attitude which helps us get grounded – rooted – with the soil. This implies rest and peace of course; as well as a reminder that being alive is a funny old business.

Acceptance does not mean approval or impassivity. It’s not the same as being proud of your worst bits or telling everyone about them. But it does mean opening up to yourself with a warm heart: befriending your demons rather than rejecting them with contempt.

### **3. Compassion**

Treating oneself with compassion in the midst of a psychological crisis is of the utmost importance. It’s crucial for taking the pressure off and keeping safe whilst the storm passes, but it’s also a set of oars which you can use to pull yourself through troubled waters.

All of us have ‘inner critic’ voices who say negative things to us. Perhaps we curse ourselves for burning the toast for the umpteenth time; judge our bodies as we stand in front of the mirror; or point out our shortcomings and vulnerabilities as we go about our day. This is hard enough to deal with when we can clearly identify the inner critic as constrained within the boundaries of our own heads. In extreme psychological crisis, especially as you slip into psychosis, the threshold which separates the inner world and outer world starts to break down. It can feel as if your inner critic has taken flight and started running amok everywhere.

The principles that are recommended to stop your inner critic from dominating in normal life are equally applicable to more extreme times. The coach Tara Mohr describes how our inner critics are like very afraid children, who misbehave because of their terror<sup>8</sup>. Telling a frightened child to “shut up” or “leave me alone” would be unlikely to lead them to behave better – it would make them more anxious and have them behaving

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<sup>8</sup> Mohr, T (2015) *Playing Big*. Penguin Random House. London.

worse! Instead, you would offer comfort, kindness and reassurance to the frightened child, addressing their underlying fears rather than getting drawn into an argument.

In her model, these fearful parts of ourselves are always attempting to do something useful – perhaps to protect us from attack, embarrassment, or isolation. If we can understand their motives and intentions compassionately, then the sense of being ‘at war with ourselves’ dissipates. Kindness and empathy allows us see where the darkest parts of ourselves are coming from, and offers the key to taming their destructive energy. Like in the fairy-tale Beauty and the Beast, by offering love to the beast (rather than attempting to slaughter it) we become restored.

For carers and health professionals, compassion must always be primary too. Go as far as you can with your empathy, but don’t let your humanity stop when you reach empathy’s limit. It won’t always be possible to put yourself in the shoes of someone in psychological crisis. You won’t always be able to see where they are coming from; or listen to what they’re saying and think “that’s understandable”. You can still *relate* to someone, even if you can’t reason with them. This simply requires us to show more imagination.

Be with the person. Be alongside them, just as a human being. Bear witness to their suffering, without judgement and without demanding explanation. Show that you’re there with your body language and with things around you, as well as through your words. The less you feel that another person is understandable, the more respect you need to show them.

A colleague of mine embodied this attitude beautifully, when called out to assess a young, frightened woman under the Mental Health Act. The young woman wasn’t able to talk, so my colleague sat next to her in silence for a while. My colleague had an elastic band, and the woman gestured that she would like it. She put it around her wrist and twanged it to her skin, before starting a gruelling journey through multiple different institutions within the mental health system. When my colleague met her again some weeks later, she was still wearing the elastic band.

#### **4. Curiosity**

What was the elastic band all about? Why did the woman want it? Why did she keep wearing it? Some might speculate that it was a ‘transitional object’<sup>9</sup>, which enabled the woman to hold onto the connection she’d felt with my colleague as she got shunted precariously around the system. An elastic band is a flexible way of holding things together, so perhaps it acted as a symbol of hope, representing the way that we can

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<sup>9</sup> The ‘transitional object’ is a concept coined by Donald Winnicott in 1951. It describes the soft toys, blankets and comfort objects which small children become very attached to as they are separating from their primary carers.

bend, not break, to find a new way of holding ourselves together. Perhaps twanging of the elastic on her wrist helped the woman get out of her head and into her body. Or maybe there was something going on that can't be explained; perhaps you just had to be there.

It might well be the mystery itself that makes these moments of connection powerful. Usually if you dissect them, they lose their meaning. Obviously doing this overtly during a psychological crisis is a terrible idea – it will remove the thing that somebody's holding onto.

When you are caring for someone in psychological crisis, there is nothing more important than maintaining an open mind about what could be going on for them; why they are behaving as they are and what it all might mean. This is completely different from the figuring out how their condition might be diagnosed or what their treatment pathway should be. Psychiatry is designed to optimise reliability, not validity. It's good at saying "given ABC symptoms in someone with XYZ characteristics, then this treatment is statistically associated with better outcomes". It's not good at saying "when ABC symptoms occur, then such and such is what's *really* happening". It's fine to make a decision about the right thing to do; it's not fine to make assumptions about the truth of a situation.

When I was involved in a major review of the Mental Health Act, we received evidence and testimony from thousands of people who had been detained whilst in crisis. One woman described how, in her desperation to avoid being sectioned, she attempted to show she wasn't a threat to herself or others by making the only gesture of submission she had – stripping herself naked. She recalled "I thought, they'll never take me if I'm naked". They did take her, of course. But these health professionals – closing off any curiosity about why the woman might have taken this unusual step – failed to pick up any clothes from the floor for her. She spent 48 hours in a prison cell with only a blanket to cover herself.

Curiosity comes from the Latin *cura*, to "care". It's the difference between caring for someone and doing things to them.

When it comes to caring for yourself in a psychological crisis, curiosity can gently loosen the grip of shame, self-loathing, anger and despair. Asking yourself about the context of your crisis – exploring what's been going on in your life, with those around you, and things from your past – can help put things in perspective and make sense of what's been happening. You don't have to get to a concrete answer; the important thing about curiosity is the way it creates space. When you have more space, you don't feel so trapped. When someone isn't able to find this for themselves, it is perhaps the most precious gift that a carer or health professional could offer.

One way to break the grip of rumination, I find, is to step back from the detail of your thoughts and feelings to look at their symbolism. If we explore the symbolism of what

we're going through, rather than taking things literally, we often see a situation in a new light. Thinking "I want to die" feels like a dead end; but asking "I wonder what part of me wants to die?" offer us more movement. To paraphrase Václav Havel, to have hope isn't necessarily to be optimistic that things will turn out well; it's about knowing things will be meaningful, however they turn out. Whenever we get curious about what something means, we recognise that hope, in this sense, could never not be there.

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These four attitudes – playfulness, acceptance, compassion and curiosity – have served me well on my various psychological fieldtrips. These types of experiences aren't such a big deal for me now. I'm grateful to have a wonderful team of loved ones who support me; I know the care I need and am able to access it (touch wood!). For me, bipolar is now more a case of being under the weather occasionally rather than being properly unwell, and I find that the less of a big deal is made of these times, then the less there *is* to deal with.

The four attitudes aren't particularly original on my part. They mirror those that psychologists Daniel A Hughes and Jonathan Baylin suggest parents should adopt to foster a stronger connection with their children<sup>10</sup>. Perhaps this is no coincidence: ultimately, it is a sense of connection which makes the difference between swimming in these waters and drowning in them. A sense of connection and, for me, a clarity that these experiences are not only personal but a channel for something bigger than us.

I sum up my approach as one of *graceful resolve*. Graceful resolve means a surety that you can get through something not so much because of your "willpower", but because of the power in you that goes beyond your will – that is, the power of love. This was, incidentally, a maxim I first found for labour and childbirth: It works very well for situations where you're not sure how long something difficult will last, but where the moment it feels most impossible is the time you are turning a corner.

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Perhaps navigating these experiences would never be easy but it's worth noting, I think, that the cultural context of 21<sup>st</sup> century Britain does us no favours here. Dominated by Enlightenment values, British society doesn't offer much space for spirituality and often treats it as weird and embarrassing. Religious institutions – nervous of the ways that faith itself is suspected as 'wacko' – haven't always stood alongside those in psychosis in an open-minded way. The skills and learning that can come from giving birth aren't usually recognised as transferrable. As I detailed in my [first piece](#), the Age of Reason entrenched a number of taken-for-granted assumptions on the relationship between

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<sup>10</sup> Hughes, DA and Baylin J (2012) *Brain-based parenting: The Neuroscience of Caregiving for Healthy Attachment*. Norton Professional Books. New York. The four attitudes were also used by Lisa Marchiano in her book on how motherhood can help us grow (Marchiano, L (2021) *Motherhood: Facing and Finding Yourself*. Sounds True, Boulder).



power and knowledge. There are plenty of ontological arguments to be had about Enlightenment assumptions, but we can save these for another day. Here, I want to briefly flag the practical ways that Enlightenment norms make the process of swimming through psychological crisis more difficult.

- 1) Enlightenment thinkers held that people should stand separately from one another, shining the light of reason on the same thing in order to check its veracity. This is obviously very useful in many situations, but it means many of us are in the habit of saying *'no, but'* rather than *'yes, and'* in situations we don't understand. It only works when there is an external object available for everyone to check – and means that we don't have a way of generating trust when there's a curious mish-mash of subjective/objective/archetypal/transcendent stuff going on. In a psychological crisis, it can get us fixated on what external sources of authority think is the best course of action, when in fact when someone is struggling psychologically it makes a huge difference when practitioners listen to what *the person* wants<sup>11</sup>. It can undermine playfulness and lead to the assumption that, if you aren't speaking from a vantage point that can be delineated by others, then your perspectives are to be disregarded. It treats the observation "I don't know where you're coming from" as an impasse rather than a starting point for curiosity.
  
- 2) The basis for Enlightenment exchange – of goods and services, but also knowledge and ideas – was of things passing across sovereign boundaries. The defining characteristic of psychosis is a loss of boundaries (and much of the challenging behaviour that people sometimes exhibit in this state could be interpreted as *testing* boundaries – i.e. trying to get them back). Losing the boundary between the conscious and unconscious is perhaps always going to be challenging, but is made much more so by the Enlightenment presupposition that, in order to be dealt with, people and institutions must come in neatly separated units. This leaves us with no model for 'dealing with things' that don't have conventional boundaries. For instance, hallucinations are often talked about as being "all in your head". In our cultural context, this can antagonise and dishonour the person who experiences them as breaking through the threshold between their inner and outer worlds. As I've described, being able to build relationships between different parts of yourself is essential for navigating extreme psychological states – but Enlightenment exchange conventions imply that being made up of conflicting parts will undermine your sovereignty. If we had a more expansive imagination about the modalities of exchange which are possible in human life, then we'd find ourselves much less ruffled by unusual

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<sup>11</sup> This was a major theme of the Independent Review of the Mental Health Act (2018), which concluded that people in crisis should be given more autonomy and choice over their treatment.

states of mind; more respectful of people's preferences when they're unwell; and with a much wider repertoire for relating to each other.

- 3) Perhaps the most hubristic Enlightenment belief is that of the 'perfectibility of man' – the idea that through learning and innovation, human beings can tend towards perfection on earth. Learning and innovation has indeed been the most remarkable engines for transforming the quality of our lives, fixing stuff and making the world more interesting – I'm a big fan! Striving for improvement is synonymous with optimism, which is very nice, but a pale stand-in for true hope as I defined it earlier.

In practice, the 'perfectability of man' ethos has played out as a rejection of imperfection – meaning that what's 'bad', 'wrong' or 'broken' is to be cast aside and has no place in our future. This is the opposite of accepting our shadow and embracing our imperfection, which I've noted as a way of moving through crisis and towards integrity. At best, if you place 'the pursuit of happiness' as the ultimate human goal then you position those in distress as falling short. At worst, you position people in crisis as real-life 'failed experiments' – who serve no more purpose in society than being a warning to others. This, of course, is an incredibly narrow view of what a good life might be, and where peace and happiness ultimately come from. It eschews the wisdom and beauty that can come through these inner adventures, and the honour of journeying on them.

Julian of Norwich said that "all shall be well" not because we would eventually be perfect, but because we would always be loved. It is love, more than having people attempt to fix things, that you need in a psychological crisis.

I find it sad and irritating that Enlightenment norms mitigate against people journeying well through psychological crisis. I've come to the view that this happens not only because of mainstream ignorance and lack of imagination around what mental illness is about, but also because these experiences represent what we're *all* most afraid of. I'll explore this in my next piece of writing.