Introducing 'Disruption' to Acute Religious Experiences: An Interdisciplinary approach to a multidisciplinary problem

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ABSTRACT

Psychiatry and Religious Studies have common interests in extreme and extraordinary states when articulated in the languages of religions. For Religious Studies the problems with the category of religious experience are philosophical and profound; whilst the resurgence of interest in religion by psychiatrists (three meta-analyses in the past five years) has not repaired the damaging legacy of reductionist interpretations.

In this paper I adopt an interdisciplinary approach to the religious experience discourse. From psychiatry I apply the new idea of Disruption, which makes its first appearance in the US psychiatric textbook DSM-5 (APA, 2013); and the older Biopsychosocial model (Engel, 1977). From Physiology I apply the language of 'ictal' (Adachi, 2002, 2010) to privilege a dynamic idea of time. These concepts involve particular epistemological presuppositions and, as this is an interdisciplinary, rather than a multidisciplinary contribution, these will be critically developed.

The approach I propose provides a way of holistically addressing the categories of Mysticism, Possession and Altered States of Consciousness, as acute or extreme categories of experience. I propose that the idea of 'Disruption' can act as a pre-interpretive placeholder for a real existential experience which might (or might not) result in a non-pathological diagnosis of religious experience. The outcome depends on the socialisation of interpretation. I hope to show that the idea that there might be alternative interpretations removes the need for a sui generis defence of religious experience. By insisting on a biopsychosocial approach within an ictal framework, a way beyond the linguistic impasse of interpretation is proposed; the essentialism, implicit in the mysticism discourse, is questioned; and the non-medicalisation of Possession confirmed.

The limitations of this paper point to the opportunity for further conversations between interested parties, including people with experiences of Disruption.

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Introduction

How to think about religious experience has become intrinsically problematic. Ann Taves opens her *Religious Experience Reconsidered* with a chapter ominously titled 'The Problem of "Religious Experience"' (Taves, 2009). These turn out to be multiple rather than singular. Taves summarises the 21st century critique of the 20th century propensity to locate 'the essence of religion in a unique form of experience' (2009, 3) before describing how scholars 'abandoned the focus on religious experience and recast the study of religion in light of critical theories that emphasise the role of language in constituting social reality' (2009, 5). When his 1998 chapter 'Experience' was republished as 'The rhetoric of experience and the study of religion' (Sharf, 2000),[1] Robert Sharf talked down the concept of experience whilst ratcheting up the rhetoric. Sharf's final flourish is that 'all attempts to signify "inner experience" are destined to remain "well-meaning squirms that get us nowhere"' (Sharf, 2000, 286). Drawn from Beckett this conclusion is typically bleak, but it is Sharf's penultimate paragraph which fascinates me and provides my point of entry to the religious experience discourse. He writes: 'The category experience is, in essence, a mere place-holder that entails a substantive indeterminate terminus for the relentless deferral of meaning' (Sharf, 2000, 286). I pick up from the place where he left off.

Holding the place whilst sharpening the tools.

Sitting within the Religious Studies camp, I have chosen to take an interdisciplinary approach to the problem of religious experience, as disciplines like Psychiatry share an intersection with our interest in the extreme.[2] Although I will borrow concepts from Psychiatry and Physiology, these come with presuppositions attached and will be subjected to a critical analysis to make them fit for purpose, making this an interdisciplinary rather than multidisciplinary study. By drawing on recent developments in psychiatric theory, particularly the theory of Disruption, I am interested in the insights psychiatrists document when dealing with the extreme and extraordinary. The conceptual toolset is listed here and then introduced:
1. A theory of Disruption as a placeholder.
2. A shift from Religious Experience to Acute Religious Experiences.
3. A method for thinking about Human Beings in holistic terms.
4. A method for thinking about Time.

1. **Disruption** is drawn from the new *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (APA 2013). It is introduced here with a

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[1] Sharf's article has been published again recently in *Religious Experience: A Reader* (Martin, McCutcheon & Smith, eds, 2012).

[2] Depression represents the bulk of Mental Disorder in the human population. The World Health Organisation estimate that 350 million people suffer from Depression, the comparative figure for schizophrenia is 21 million. http://www.who.int/mediacentre/factsheets/en/. This provides a relative sense of scale. If stress, anxiety, alcohol & substance abuse and eating disorders are added, the ratio of people with extreme (psychotic) mental disorders diminishes significantly. In spite of much of the intellectual effort in psychiatry being focused on the extreme, in *pro rata* terms such conditions do not represent the bulk of patients.

critical evaluation to follow. Disruption, as a form of thought experiment, names an extreme existential state but does not interpret it. By virtue of its inclusion in DSM-5, Disruption invariably has some of the hallmarks of madness, but a diagnosis of mental disorder can only be made if the Disrupted state can't otherwise be explained or contextualised in cultural or religious terms. In the DSM-5 usage extreme states can be legitimised by their socialisation. Disruption as a placeholder, as uncertainty, as preceding differentiation and prior to interpretation offers no guarantees of a pathological or a non-pathological outcome, it is a descriptor of existential behaviour in a person.

Robert Sharf (2000, 286) offering 'experience' as a placeholder highlights the problems of interpretation, but misunderstands the role of placeholders. The unimaginatively named 'ball markers' of the world's golfing greens serve their function by taking the place of the ball. They are not the ball, they mark a specific place, on a temporary basis. Experience cannot be the placeholder of experience as it is the thing to be marked. Instead, I suggest that the Disruption of DSM-5 evokes existential qualities of extreme experience, but remains indeterminate about meaning. As such it provides a superior placeholder for a substantive terminus which awaits determination and it is offered in this role.

2. **Acute Religious Experiences** is a possible category of the interpretation of Disrupted behaviour. 'Ordinary' religious experiences can be distinguished on the grounds of insufficient extremity; the Numinous may be part of a continuum with the quotidian but the distinction is meaningful. Such disruptive acute religious experiences might include: mystical experiences, possession and altered states of consciousness. Related ideas include the non-ordinary, ecstatic and the anomalous, insofar as these are constructed in religious terms. Acute Religious Experiences can be understood as a determination which resolves the placeholder of Disruption, i.e. they provide content (actions of speech, body, behaviour - including the symbolic) which correspond to a community's expectation of acute religious experiences. The socialisation of experiences is what allows Disruption to be articulated and understood in terms of acute religious experiences rather than mental disorder. If Disruption is 'diagnosed' as Acute Religious Experiences the terminus is determined.[3]

As the term religious experience is already problematic, the prefix, Acute, assists in distinguishing the extreme and the mundane in the same way that acute respiratory distress syndrome is more than a smoker's cough, but might begin that way. This is helpful as Disruption is always an extreme state. In his 1995 precursor article 'Buddhist Modernism and the Rhetoric of Meditative Experience', Sharf observes:

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[3] In reality there are issues about authenticity around any such determination which never go away, resulting in a 'balance of probabilities' approach rather than a 'beyond reasonable doubt' conclusions. Doubt, future events, reinterpretations, remain possible and are to be found throughout the literature of acute religious experiences.

> While some adepts may indeed experience "altered states" in the course of their training, critical analysis shows that such states do not constitute the reference points for the elaborate Buddhist discourse pertaining to the "path". Rather, such discourse turns out to function ideologically and performatively – wielded more often than not in the interests of legitimation and institutional authority. (Sharf, 1995, 229)

Altered states arise but not in a strictly causal relation to the Buddhist, or any other, discourse. But a distinction can be drawn between altered states and the Buddhist discourse which resonates with Wilfred Cantwell Smith's transcendence and tradition (Smith, 1991, 195). Sharf's example and Smith's formulation point to the difference between acute religious experiences and religious experiences I propose.

This idea of Acute Religious Experiences is validated in the literature. In chapter one of *The Varieties of Religious Experience* ([1902] 1885), William James introduces the idea of the 'religious genius' as a strong-form version of religious experience, associated with acute religious fever and nervous instability. James recognises the link with madness as 'the pathological question', describing George Fox as détraqué or deranged (James, [1902] 1985, 6-7). But over the course of his lectures James navigates a smorgasbord of religious experiences towards setting out his own beliefs. Rudolph Otto's neologism, the numinous, finds its description in adjectives of the extraordinary, and IM Lewis's *Ecstatic Religion* ([1971] 2003) culminates in throwing Psychiatry and Possession into a tumultuous conversation on the extreme. From the outset to the outpost Eliade's study locates the Shaman's ecstatic experience explicitly within the frame of the 'great mystics of East and West' (Eliade, [1951] 2004, xxv & 507).

Prefixing 'Acute' to 'religious experiences' filters out the mundane and the quotidian, the warm fuzzy glow, intercessory prayer, intellectual study, normality, the peace, the serenity, the happiness and feeling of being blessed watching a sunset, etcetera, There are obvious and legitimate difficulties with the idea of acute religious experiences, not least that it risks reinforcing or replicating a division of the world 'into two domains one containing all that is sacred and the other all that is profane' (Durkheim, [1912] 1995, 34, cited in Taves, 2009, 27). If, instead, acute religious experiences are imagined as the extreme of a normal distribution curve of religious experience in general, the exact place where acute begins is just a fuzzy line drawn by a researcher and the exact end is unknowable.

3. **The person** – In 1977 the psychiatrist George Engel introduced the term Biopsychosocial, to oppose the prevailing biomedical model of mental disorders (Engel 1977). Engel's neologism was founded on the binary distinction between the 'Bio' and 'Psychosocial', the tripartite

version Bio-Psycho-Social was a logical, unauthorised extension[4]. Biopsychosocial is echoed by Geoffrey Samuel's 'Mind, Body and Culture' (1990) and Armin Geertz's 'Brain, Body and Culture' (2010). Engel's model (in its tripartite form) is three dimensional, holistic and integrative. It contrasts with Classical constructs such as the tripartite nature of the Soul (Plato's Republic Book IV); or the Christian Spirit-Soul-Body (1 Thessalonians 5:23); or Freud's tripartite division of the psyche into the Ego, Id and Superego (Freud,1923). These Tripartite approaches contrast with Greek, Christian and Cartesian dualistic body/mind or body/soul interpretations. Engel's model flourished in American Psychiatry but Ghaemi (2009) suggests it is in demise as psychiatrists find themselves ill-equipped to address the social contexts of their patients and retreat to the biomedical model and its limiting psychopharmacological horizon.

For my purposes the Biopsychosocial model need be no more than a mnemonic, providing a reminder to involve all three of its dimensions in every context. In Acute Religious Experiences, the Biopsychosocial model supposes a research process which considers the bodily state of the person, their state of mind, and their cultural context. This includes the recognition that all experiences are informed by social attributes including language, imagery and the existing cultural and religious narratives and trope: Christians have visions of Jesus, Hindus have visions of Krishna. More subtly the biopsychosocial model's holistic approach prompts an awareness that communication of experience is invariably subject to issues of trust and power.

In this minimum form the biopsychosocial model operates to highlight possible disciplinary bias in academia. The model maps major disciplinary fault lines – Medicine/Psychology/Sociology – and the holistic imperative supports greater interdisciplinary and multidisciplinary cooperation between these disciplines and in any discipline (Languages, History) which begin with people.

4. **Time –** Acute Religious Experiences are inherently dynamic. There is no literature to support permanence in states of ecstasy, understood in religious terms. This dynamism is relevant because it increases complexity and destabilises the idea of an essential experience, even for a single person. In seeking to find a way of discussing the relationship of experience and time the language of 'ictal' is helpful. Ictal is drawn from Physiology and is routinely applied in the context of epilepsy (Adachi 2010) and can also be applied in the context of psychosis (Adachi, 2002). The ictus is the event. This is understood as having:
   a. precursors – the pre-ictal,
   b. repercussions – the post-ictal
   c. continuities – the inter-ictal.

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[4] The informal nature of this extension may explain why there remains some ambiguity as to whether the term psyche might be more appropriate than psycho!

The following graphic illustrates these different moments and movements, showing how they relate to time.

Transience
Pre-Ictal, Ictal, Post-Ictal, Inter-Ictal
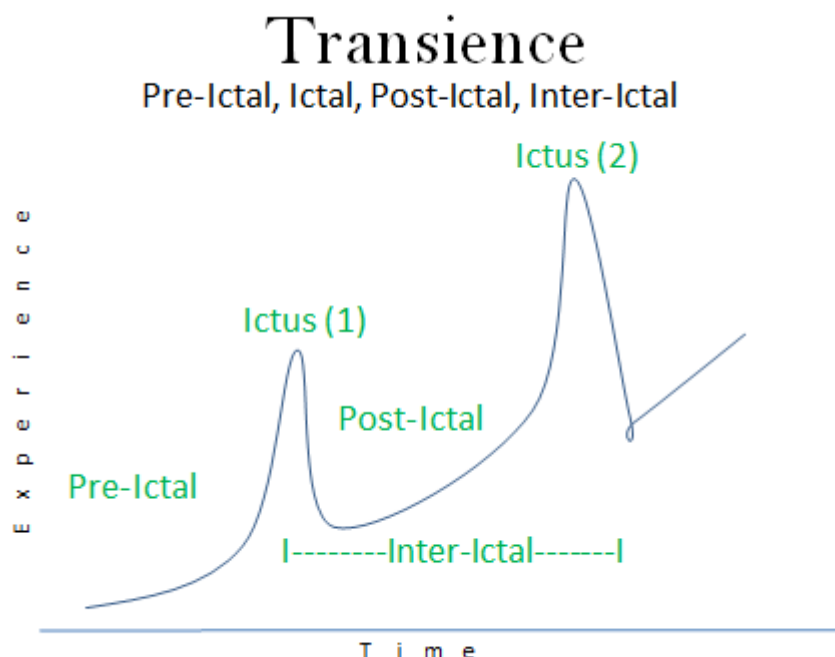
A language of transience underlies the scholarship of Acute Religious Experiences. Eliade defines "shamanism = techniques of ecstasy" (Eliade, [1964], 2004, 4) but considers the precursor as the 'psyche in crisis' (ibid, xvii) which leads to a process of initiation and subsequent development. Similarly, in the preface to the third edition of the 1971 *Ecstatic Religion*, I M Lewis describes how 'possession makes its initial appearance as a traumatic experience, even a crippling "illness"' (Lewis, 2003, xiv), but Lewis' illustration is not from the anthropological psychiatrist Shirokogoroff, but from St Teresa of Avila 'whose initial experiences were fraught with pain' (Lewis, 2003, xv). In contemporary scholarship, although I have reservations about the way they apply Kraepelin's idea of 'kindling', it seems clear that Cassaniti and Luhrmann's search for a comparative 'phenomenology of spiritual experience' (Cassaniti, 2014, s333) is committed to this dynamic approach.

By formally operating the biopsychosocial model of the person within an ictal framework, these methodological constructs assist in ensuring that the whole person is understood within their context over time. By including the cultural 'baggage'; the presuppositions of the research subject and the researcher (language, morality, imagery, etc.), acute religious experiences can be better understood in their complex context. By addressing the whole person over time it will become obvious that the process of retrospective interpretation in remission (post-ictal) is more coherent and more reflective, as compared with the incoherence of the moment. This subverts the idea of a single 'true' interpretation.

By including time as an integral aspect of the analysis, the ictal framework resists the essentialisation of experiences. Instead, the ictal approach

provides a way of thinking which reinforces the incidental irregular nature of the types of experiences under discussion whilst allowing issues of ritual, invocation and entheogens along with the heroic techniques of deprivation – fasting, sensory deprivations and self-harm, documented by Jerome Kroll and Bernard Bachrach (2005) – to remain relevant.

Finally, the ictal framework addresses a person's whole experiential career, the cumulative process of interpretation over multiple events. Memories mingle. In this context the idea of memory is not the unbreakable metaphor of Danièle Hervieu-Léger's chain (2000) but the altogether more ambiguous world of Elizabeth Loftus' *Eyewitness Testimony* (1996), in which false memories can be sworn as true.

The Psychiatric Interface

Psychiatrists have a significant interest in the extremes of human experiences, so their contribution is apposite. It can be anticipated that some scholars of religion may be sceptical of the contribution of contemporary psychiatric thinking. This is reasonable as there is a long history of psychiatrists indulging themselves in the retrospective diagnosis of the great and the good of religions and reducing them to the deluded victims of mental illness: Philippe Pinel [1801] (1806), Louis Francisque Lélut [1836], Henry Maudsley (1886) George de Loosten (1905), Emil Rasmussen (1905), William Hirsch (1912), Charles Binet-Sanglé (1915), Sigmund Freud (1927), and more recently, Jeffrey Saver (1997) and Murray (2012). Even the language of psychiatry is resilient. In *Mind over Mind*, Morton Klass stated: "The anthropological usage to date of dissociation serves in the end, intentionally or not, merely as a euphemism for mental illness" (Klass, 2003, 116). The need to change this view is at the heart of this paper.

I have no brief for psychiatrists. They lock me up. My affinities are more with Mad Studies (see Menzies, 2013). However, psychiatrists have more of a problem with theory than is generally recognised. The latest edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* juxtaposes an upbeat claim with a downbeat concession, "DSM has been the cornerstone of substantial progress in reliability" (APA, 2013, 5) but "past science was not mature enough to yield fully validated diagnoses – that is, to provide consistent, strong, and objective scientific validators of individual DSM disorders." (APA, 2013, 5). What we are being told is that psychiatry is achieving a greater consistency of diagnosis but that they still can't vouch for the validity of their theory. This is not the same as saying that they are now consistently wrong, but the concession regarding the lack of validity remains telling.

Disruption – naming the placeholder

I stumbled across the idea of Disruption in the Dissociative Identity Disorder chapter of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (APA 2013). The DSM-5 is the result of a decade long research process

involving 400 international scientists producing white papers, conferences, monographs and peer-reviewed journal articles. As a result the consolidated text of the DSM-5 reflects cultural forces which no single person has the power to control. The 1,000 page manual is a monster, marbled with inconsistencies, reflecting the aggregate forces of trenchant traditions and particular personalities.

In the chapter on Dissociative Identity Disorder the idea of Disruption achieves a status which is surprising and philosophically challenging. The Dissociative Identity Disorder text does not rely on a model of organic biomedical illness as a diagnostic or explanatory determinant. Instead, Disruption is applied to name an existential phenomenological experiences which may or may not be a Mental Disorder (mental illness) depending on whether it is or is not 'a normal part of a broadly accepted cultural or religious practice' (APA, 2013, 292). The idea that the same phenomenology might be madness or might be part of a cultural or religious practice, depending on interpretation is striking, particularly given its source. The capacity to operate in this liminal, pre-differentiated 'space' makes Disruption an excellent placeholder. Disruption is like Otto's Numinous, but capable of multiple interpretation, not just the Holy. There is no suggestion as to the numerical or proportional relation of the outcomes, whether Disruption is 50:50 mental disorder to acute religious experiences or 99:1, and there is no methodology for such a measure.

To explore the value of Disruption for Religious Studies requires some additional critical analysis of the DSM-5 text. The first thing is to show that the Disruption of the DSM-5 is an appropriate avenue for a discussion of experiences of interest to Religious Studies scholars. Although I take the idea of Disruption to places the American Psychiatric Association (APA) did not anticipate, the grounding of Disruption in the DSM text is of value. Dissociative Identity Disorder is the successor name for Multiple Personality Disorder. The term Dissociation was coined by Pierre Janet in 1924 (Paris, 2012, 1076) but the transition from the more sensational Multiple Personality Disorder was only made with the publication of DSM IV in 1994. In America, Multiple Personality Disorder was associated with Satanic Possession, child sex abuse, false memories, and became the creative focus of film makers who sensationalised ideas of 'splitting' and extreme multiplicities of identities in films like *Three Faces of Eve* (1957) *Sybil* (1976) and *Identity* (2003). The preface to IM Lewis' 2003 edition of *Ecstatic Religion* now opens on the issue of Multiple Personality Disorder which was entirely absent from previous editions (1971;1989). This is evidence that the role of Multiple Personality Disorder continued to grow after its abandonment by the psychiatric text which, de facto, governs the terms.

Whilst the DSM IV (APA 1994) included Dissociation it was only the DSM-5 (APA 2013) that introduced Disruption. In the diagnostic criteria of Dissociative Identity Disorder, clause A (APA, 2013, 292) states:

> A Disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession. The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by

> related alterations in affect, behaviour, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual.

And if any ambiguity remains that this is a territory of interest to Religious Studies the commentary removes it (APA, 2013, 293):

> 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.

And (APA, 2013, 295):

> In settings where normative possession is common (e.g. rural areas in the developing world, among certain religious groups in the United States and Europe), the fragmented identities may take the form of possessing spirits, deities, demons, animals, or mythical figures.

At this point there is no commitment to 'truth', simply a commitment to understanding the individual's experiences. In this most up to date American psychiatric text possession, spirits and supernatural beings are discussed in a straightforward manner without mention of child sex abuse in the mid-West. From a Religious Studies perspective, it is clear that the Psychiatrists are addressing extreme phenomena which are familiar to our fieldwork, appear in our texts and operate within the Religious Experience discourse. There is a shared disciplinary interest.

Disruption is a pre-diagnostic state which could be acute religious experiences, understood within existing religious practice. But it could also be madness. The interpretation is not given by the state of the person but by a process of socialised interpretation. The text is useful but requires development and clarification on the following points.

1. The text uses the phrase 'Disruption of Identity' which I consider to be gratuitous. In the context of Criteria A, Disruption can hardly be to anything else. The issue of Identity, echoed in the subsequent use of the term Self, invoke the considerable philosophical baggage the term already 'enjoys' (Gallagher, 2011). The enlightenment presuppositions of identity and self are not relevant in a pre-modern context and do not apply in non-modern cultures. Imposing such a modernist construct can most readily be remedied by abandoning the term and favouring the single term Disruption.

2. In Dissociative Identity Disorder, Criteria D, the DSM-5 text sets out the exclusion criteria: "The disturbance is not a normal part of a broadly accepted cultural or religious practice"[5] (APA, 2013, 292). (Immediately it is noted that the 'Disruption' of Criteria A has changed to the term 'disturbance' and there is no mention of identity, supporting the change in 1, above). The role of exclusion criteria, in psychiatry is to "state that one diagnosis is not made if it is 'due to' another disorder" (Slade 2002). Treating cultural or religious practices as exclusion criteria

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[5] Interestingly the criteria continues – 'Note: in children, the symptoms are not better explained by imaginary playmates or other fantasy play' (APA, 2013, 292).

(where relevant) avoids Disruption being treated as Dissociative Identity Disorder, i.e. Disruption becomes non-pathological. This provides an unequivocal resolution to the concerns about the medicalisation of Possession which run through Janice Boddy's *Spirit Possession Revisited: Beyond Instrumentality* (Boddy, 1994). DSM-5 now offers two alternative interpretations of the existential state of disruption: one medical/pathological, the other non-medical/non-pathological. Possession which is recognised as operating within the consensus of a community is not a mental illness, whatever the view of an outsider.

3. The Dissociative Identity Disorder text remains unsatisfactory from the perspective of a Religious Studies scholar in its suggestion that Cultural and Religious Practices are separate or independent (APA, 2013, 292). I sought clarification from the lead author for the chapter, David Spiegel, M.D., at Stanford, and he responded:

    > We intended the "or" to indicate something that might be cultural but not religious, e.g. possession states in India in which a wife essentially indentured to her mother-in-law might have angry outbursts against her that were otherwise culturally forbidden. These are not religiously sanctioned or explained. (Spiegel, email 16/1/15)

    This response surprises because it cites an example from India, not the Mid-West, suggesting the purview of this American textbook remains that of a global psychiatry. Clearly the example given by Spiegel comes straight out of the IM Lewis peripheral possession playbook (Lewis, [1971], 2003). But whilst Spiegel can imagine Culture without Religion the reverse goes unimagined. One conceptual way of resolving this issue is simply to merge the terms cultural practice and religious practice and to think of (say) "Acceptable Practices" which continues to offer a means of validating Disruption as non-pathological. I choose not to follow this suggestion as my interest is particularly focused on the religious experiences debate. However, it is clear that the relation of cultural and religious practices is a direction which might be relevant to addressing Sharf's observations about (secular) UFOs in the 'Rhetoric of Experience and the Study of Religion' (Sharf, 2000, 281).

4. The double qualification of the exception criteria 'D' is 1.) 'a normal part of' and 2,) 'a broadly accepted'…'cultural or religious practices' (APA, 2013, 292) is problematic. This belt and braces approach may provide psychiatrists with diagnostic comfort but it excludes novelty and innovation. As I argue in my PhD thesis, one of the key historical features of those who inaugurate and facilitate change is their experience of Disruption. If Disruption is always bound to be Mental Disorder, unless it precisely fits into a traditional conservative ('normal', 'broadly accepted') pattern of practice, then the religious innovation of Jesus or Mohammed automatically qualifies them as Mentally Disordered, returning us to the dark days of psychiatric reductionism on questions of religious genius (James, [1902] 1985, 6-7)

5. In the section on Differential Diagnosis the theoretical issues move from the particular wording of Dissociative Identity Disorder to more pervasive issues of diagnostic nosology. The Differential Diagnosis section relates the following possible diagnostic confusions in order to assist clinicians.
   1.) Major Depressive Disorder
   2.) Bipolar Disorders
   3.) Post-traumatic Stress Disorder
   4.) Psychotic Disorders including Schizophrenia
   5.) Substance/medication-induced Disorders
   6.) Personality Disorders
   7.) Conversion Disorder
   8.) Seizure Disorders
   9.) Factitious Disorder and Malingering.

This impressive list of possible confusion is significant in suggesting that the relationship of diagnoses is not one of the blurring of contiguous borders but attempts to make coherent narratives out of the same data. The question which interests me is whether it is possible to take the idea of Disruption beyond the 21st century context of the Dissociative Identity Disorder diagnosis yet retain the exclusion criteria in which acceptable religious practice validates acute religious experiences thus rendering them non-pathological.

The idea that Disruption might operate as a transdiagnostic term (like psychosis) might reasonably be criticised as exceeding contemporary nosological principles. But when the study of dissociation moves from the theoretical to the practical the theory struggles to make sense of the data. In a 2012 study of 40 dissociative and 40 schizophrenic patients Andreas Laddis and Paul Dell conclude that their tests 'do not and cannot distinguish between the classical dissociation of DID and what we suspect are just the dissociation-like phenomena that occur in schizophrenia' (Laddis, 2012, 411). In blaming the tests, they illustrate that the matter is still open, while their presupposition that schizophrenia has a different aetiology from dissociation remains simply a matter of prejudice. If schizophrenia has dissociation-like symptoms, then the non-pathological route map the DSM supplies for Dissociative Identity Disorder might also apply beyond Dissociation. This would allow the experiential world of hearing voices, seeing visions and experiencing delusion, the key 'symptoms' of schizophrenia to have a psychiatric route to a non-pathological outcome.

In this interdisciplinary exploration I concede that I have no authority to amend the DSM-5 text, but where Disruption is not Mental Disorder because it is Acute Religious Experience, it no longer 'belongs' to the psychiatrists and it is they who interlope on the disciplinary territory of Religious Studies. Since the idea of a turf war has no appeal, and no meaning as the experience belongs to the community, the co-location of both disciplines within academia might provide grounds for my critical reading of Disruption.

I introduced the psychiatric idea of Disruption as a placeholder for experiences to address Robert Sharf's substantive (but indeterminate) terminus for the relentless deferral of meaning. Disruption meets most of his

requirement. It is substantial, being grounded in psychiatric theory. As a placeholder, it is determinately indeterminate, a predifferentiated state awaiting an interpretive process which will lead to a determination within a community - including its psychiatrists.

Disruption as Traditions of the Extraordinary.

With this fuller conception of Disruption it is now possible to consider Acute Religious Experiences within Mysticism, Possession and Altered States of Consciousness, all the time privileging a whole person, biopsychosocial approach in an ictal framework.

Mysticism

Mysticism is a reified category which protects its own. If a discourse can be measured by its historiography Mysticism thrives, with nearly 7,000 items in the Library of Congress catalogue, including a volume dedicated to *Teaching Mysticism in Universities* (Parsons, 2011) and an unknowable cloud of print and online resources beyond the catalogue.

The 'proper' mystic excludes the ecstatic (Kroll, 2005, 204), but has become a celebrity category for spiritual over-achiever, like elite athletes – gold medal winners in the experiences of God. However, those lauded as mystics today are in competition not with their contemporaries or personal bests but with the shaky historiography of the cumulative past. When Stace (1960) picks Plotinus, Eckhart and Avila for his premier team he awards laurels on the basis of reputational hearsay. Just as in social media the reputations which thrive are those who already have the recognition.

William James bears much of the responsibility for establishing the idea that a theoretical, essentialising, approach to mysticism might have any value. His four 'marks' of mysticism (ineffability, noetic quality, transiency, passivity), are easier to teach as parts than understood as a whole. The conceptual neatness of his framework distracts from his more questionable differentiation of Mystical and the Psychopathological. 'For religious mysticism is only one half of mysticism. The other half[6] has no accumulated traditions except those which the text-books on insanity supply' (James, [1902] 1985, 426). By co-locating mysticism and insanity in the 'great subliminal or transmarginal region' ([1902] 1985, 426), James resorts to the striking metaphor of the 'Seraph and the Snake' apparently oblivious to the fact that however glorious a seraph seems, beneath its wings, it's just a fancy snake. Here James exposes his own presupposition, that somehow the mystics and the mad are separable, intrinsically different, belonging in separate categories. Everything about such an a priori distinction runs against his philosophy of pragmatism. If mysticism and insanity arise from the 'great subliminal or transmarginal region' of a person (i.e. the same place), an essentialising division runs counter to his declared methodology of judging things by their fruit. If insanity is 'upside down mysticism', then mysticism is right way up insanity. A sui

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[6] As noted there is no basis for suggesting a number, James' 50%/50% does not appear to be supported by the evidence of mystics as compared to the numbers of the insane.

generis construction which separates by genus rather than by roots is an unresolvable paradox, an error. The consequences cannot be overstated, the subsequent mysticism discourse addresses only 'one half' of mysticism, by leaving insanity behind (James, [1902] 1985, 426).[7]

The critical failure of the category 'mysticism' is made complete by the observation that the heavy-hitters of the History of Religions: Abraham, Moses, 'Krishna', Buddha, Jesus, Mohammed and the great procession of subsequent founders of New Religious Movements are excluded from the Mystical Olympics. Since it is surprisingly easy to identify James' typological model: the ineffable, the passive, the noetic and the transient in, for example, Moses's encounter with the Burning Bush, or in the Transfiguration of the Historical Jesus in Biblical Studies, their exclusion must be for some trivial technical reason like a dress code violation or poor record keeping. That Mysticism is not formally a Christian construct is quite different from suggesting equality of access. While Buddhists, Hindus, Christians are included, whole traditions of Shaman, Sadhu and Spirit Possessed are excluded, their unchronicled and unverified performances unnoticed by the organising committee.

Possession

That mysticism and possession are constructed as separate categories is further evidence of a categorical protectionism by legacy Christian traditions; defending the 'proper' (Kroll, 2005, 204) against the unruly. The question at the heart of possession is whether it is ever possible for Western scholars to escape the legacy of demon-possession in the Biblical narratives? The Western demonological imagination is possessed by the fear of an unwanted, pathological state. Where Christians describe their relationship with the Holy Spirit, the idea of possession is absent, except for being 'slain by the spirit' where it is paradoxically acceptable. When Stevan Davies published his provocative text, *Jesus the Healer, Possession, Trance and the Origins of Christianity* (1995), taking pre-modern ideas of possession seriously, it was too much for many. The Antioch Times' review stated that 'Jesus and his followers considered Jesus to be possessed by the spirit of God'…and viewed the people Jesus healed as suffering from malignant spirit (or demon) possession. Demon-possession was not a supernatural event, but rather a coping mechanism by people with multiple-personality disorder or from dysfunctional family structures' (Wildman, 1997, 236). The reviewer treats possession in dualistic God/demon terms and then rolls out a reductionist application of psychiatric terminology which applies to the people, but never to Jesus. This lopsided treatment infects Western history, finding its apotheosis in the witch trials.

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[7] RC Zaehner's subsequent conversations with a remitted Mr Custance (Zaehner, 1957, 84-105) are too unsatisfactory on too many levels to be addressed here.

Academic interest in the phenomenology of 'being a witch' has, like religious experiences, been stymied by interpretive concerns, allowing sociological theories about patriarchal power structures to dominate. This can be seen as a further opportunity for the biopsychosocial model to operate as a corrective. Currently the biological and psychological experiences of individual witches are rendered unreadable and go unread. How far witches colluded in the construction of their own interpretation is lost in etic court records. But an evidence deficit is insufficient grounds to conclude that all 'witches' were unexceptional ordinary people. The reports of Disruption are too powerful even in Weyer's account ([1563] 1991). Tamar Herzig (2006, 44) points to Heinrich Kramer's *Malleus Maleficarum* in 1486 and contrasts this with his subsequent 1501 publication *On the Stigmata of the Virgin Lucia of Narni and of the Deeds of Other Spiritual Persons of the Female Sex that are Worthy of Admiration.* In this tract Kramer extols and promotes the mystical experiences of four contemporary Italian holy women. The point is that if the hammer of the witches can extol women mystics, misogyny is not a sufficient explanation. If (some) witches and mystics share the phenomenology of Disruption then differences in their particular socialised constructions are consistent with the perennial nature of the experiences.[8] The limitation of treating witches and mystics as wholly other, rather than as competing cultural constructions, is resolved by the placeholder of Disruption which allows for a common existential experience which is subject to interpretation.

The legacy of the Bible and witchcraft left Western scholars ill-equipped to address the practice of possession in the non-Western World. In *Religion, Altered States of Consciousness and Social Change* (1973), Erika Bourguignon documented, and subsequent anthropologists reported, possession as a vibrant contemporary phenomenon. Possession was discoverable in diverse indigenous traditions, driving the rituals and practices of communities which declined to submit to Modernist presuppositions. In her classic paper *Spirit Possession Revisited: Beyond Instrumentality* (Boddy, 1994), Janice Boddy observed 'recent studies suggest that spirit possession rests on epistemic premises quite different from the infinitely differentiating, rationalizing, and reifying thrust of materialism and its attendant scholarly traditions' (Boddy,1994, 407). The sheer range and diversity of practices are only now being documented (Smith 2006, Schmidt 2010). The idea that the ancient term, possession, has now been written into Criteria A of a DSM-5 diagnosis (APA 2013) is an example of an interdisciplinary practice which (hopefully) begins a process of recognition which is more open minded.

Altered States of Consciousness

Altered States of Consciousness are included in this analysis to illustrate the difficulty of constructing new categories for the extraordinary. The term was initiated as a catch-all as Western Academia tried to keep up with the cultural

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[8] The data on Kramer which Herzig supplies also suggests a possible application of I M Lewis' idea of peripheral and central possession in early modern Europe.

experimentation of the 1960's. Arnold Ludwig's 1966 paper on the subject is the opening gambit in Charles Tart's 1969 classic reader. In spite of the Modernist predilection for definitions, Ludwig is extraordinarily profligate, profuse, in his inclusion of experiences within this developing super-category. Specifically he cites:

> "brainwashing states", hyperkinetic trance associated with emotional contagion encountered in a group or mob setting; religious conversion and healings; mental aberrations associated with certain "rites de passage"; spirit possession states; shamanistic and prophetic trance states during tribal ceremonies; fire walker's trance; orgiastic trance, such as experienced by Bacchanalians or Satanists during certain religious rites; ecstatic trance, such as experienced by the "howling" or "whirling" dervishes during their famous devr dance; trance states experienced during prolonged masturbation; and experimental hyperalert trance states…fugues, amnesias, traumatic neuroses, depersonalization, panic states, rage reactions, hysterical conversion reactions, berzerk, latah, and whitico psychoses, bewitchment and demoniacal possession states, and acute psychotic states, such as schizophrenic reactions. (sic) (Tart, [1969] 1990, 226)

Charles Tart predicted that 'ASCs are going to become increasingly important in modern life. With proper research our knowledge of them can be immensely enriched very quickly' (Tart, [1969] 1990, 7). Tart was both right and wrong. He was right that in 1969 the role of the referent of ASCs, the experience, was on the cultural ascendency. LSD and rock and roll rode a symbiotic relationship in the works of Hendrix, the Beatles, the Doors (of perceptions), the Grateful Dead and any number of post-Hoffman psychedelic entrepreneurs.

Tart was also right that the social ascendancy of Altered States of Consciousness would inspire research: obviously his own, his contributors, Bourguignon, but also European initiatives like Adolf Dittrich et al who, in 1975, devised the Abnormer Psychischer Zustande (APZ) (altered states of consciousness) scale. In a factor analysis, the APZ posits correlations between observable datum, gathered from questionnaires, and unobservable, but utterly awesome, dimensions, such as 'Oceanic Boundlessness' (OSE), 'Dread of Ego Dissolution' (AIA) and 'Visionary Restructuralization' (VUS), (Gouzoulis-Mayfrank, 1998, 399-406)

Tart was wrong because the significance of Altered States of Consciousness was more of a wave than a tide; a moment than a movement. Whilst acknowledging the development of anthropological research, the link to the psychedelic experiences of late 1960s America worked against the wider implications for academic consciousness studies, as compared to the burgeoning academic orthodoxies of 'traditional' psychology and psychiatry. Beyond the festival scene and heterogeneous New Age voices, the ascendancy of Altered States of Consciousness was undermined by its association with the shock tactics of Ken Kesey and the Electric Kool Aid Acid Tests and Timothy Leary as a sage whose catch phrase 'Turn on, Tune in and Drop out' inevitably left the grown-ups in charge. Research projects like (Leary's student) Walter Pahnke's Good Friday Experiment which teamed

divinity students with psilocybin in the experiences of God are only now beginning to be reimagined (MacLean, 2012; Griffiths, 2011).

Tart was also wrong because, at a theoretical level, Altered States of Consciousness privileges the mental, providing another example of a lopsided application of the biopsychosocial approach. This diminishes the wider perspective, the role of the body and the overwhelming relevance of social context which is more embedded than the 'setting' for a particular trip. As a headstrong catch-all category, Altered States of Consciousness has fallen foul of that insurmountable barrier to the development of knowledge… the cliché. The hard hand of science and the realpolitics of neoliberalism have portrayed ASCs as wide-eyed, drug-addled psycho-idealists who are impossible to take seriously in these post-New Age days.

Discussion and conclusion

Whilst acknowledging the academic problems facing the category of religious experiences, I adopted Robert Sharf's exasperated end point as my starting point to introduce the concept of Disruption, as a placeholder for extreme experiences. I identified one possible type of interpretation as being 'Acute Religious Experiences' and I focus on these because they reflect my interest. The adoption of the biopsychosocial model, which focuses on the whole person, in his or her context, and the ictal framework, as a way of focusing on time, completed the formal toolset for my approach. Whilst each of the four parts makes a contribution, Disruption is the key conceptual term. In my approach Disruption becomes a placeholder which marks the existential reality of an extreme state (it might be madness). Disruption is pre-differentiated and prior to interpretation, because it is a placeholder, it is a no-thing. The processes of interpretation are contextual and can be addressed through the biopsychosocial model within an ictal framework. Interpretations may be multiple and can be provisional. The socialisation of interpretation within the community is a process which relies on policies, politics and traditions. The distance between the 'irrational agency' and the remitted 'patient' is traversed dialectically, challenging the idea of a single narrative of the 'experience'. Sharf's concerns about ineffability are well founded, but misplaced, as meaning is found not in trying to speak the unspeakability of the experiences, but in the originating power of the interpretation. In this transient process the individual passively brings their pre-ictal state through Disruption; their pre-existent cultural architecture is lost in a twister, and then found. On the other side, they may collude in their own interpretation, as the diagnosed become their diagnosis. But there is also scope for the individual's interpretation of their noetic experiences to preponderate.

By locating madness and acute religious experiences as possible interpretations of Disruption, appeals to sui generis concepts of religious experiences are rendered redundant. Concerns about associating Acute Religious Experiences with madness are understandable, but misplaced. The theory of Disruption shows that a determination of Acute Religious Experiences is, by formal definition, non-pathological and therefore not mad. This point extends to the non-medicalisation of possession in socialised

contexts and the consequence is that these experiences, retain their meaning; but now in a holistic integrated manner are validated, rather than challenged, by psychiatric theory.

I applied the model of Disruption to mysticism, possession and Altered States of Consciousness. The normative narrative of mysticism generally ignores the relationship of mysticism and madness. James throws up genuine confusion by putting the mystics and the mad in the same frame and then bizarrely resolves the matter by a *sui generis* sleight of hand. Conceiving madness and mysticism as bifurcated provides no service to the historical record. Any apparent gains for the mystics are losses for the mad. As a placeholder of the extreme, Disruption doesn't decide, people do. That some of the mad might be misdiagnosed mystics, victims of interpretive processes which exclude religious understandings, is not so hard to believe within contemporary reductionist culture. But this is not the same as proposing that the mad might be mystics just because they're mad. The process of construction is particular, contextual and grounded in a community's epistemology and practices.

Disruption, the Biopsychosocial model and the ictal framework provide useful conceptual tools when applied to Possession. Together they point to the need to defer judgment and address the whole person over time, over their 'career'. Whilst traditions of mysticism are sometimes solitary, Possession is generally not a hermeneutic of the self. As Jean-Paul Colleyn observes in *Horse, Hunter & Messenger*, 'at the core of the Nya cult is a threefold arrangement between the owner of the altars, the possessed person and the smith, who is the witness of the possessed man (in Behrend,1999, 70). Again, this supports the socialised process of interpretation(s). The moral line which fissures possession into good or bad, particularly in legacy Christian culture, is an a priori, which is unsupported by theory. The experiences of Disruption is morally neutral because it is no-thing. Its construction as good or evil is part of the interpretive process. And this begins in the pre-ictal state with all of the presuppositions a person brings into their Disruptive state.

According to Ludwig's 'definition', Altered States of Consciousness appears to be a welcoming meta-category for all manner of non-ordinary consciousnesses. Sharf's use of Altered States as cited earlier is typical, with double inverted commas and the assumption that we, the readers, know what he's talking about. It may be his own concerns about the unsatisfactory nature of this assumption that drives his conclusions. As Disruption occurs within a social context, and is resolved through a social process, the idea of consciousness is lopsided, too mental. The biopsychosocial model grounds consciousness in the body and in culture, inseparable from the mind. Additionally, the ictal framework deconstructs the static connotations of 'states', but avoids alternative traps such as 'cycles' or (hermeneutic) circles by providing a flexible framework for understanding change.

Disruption as an Interdisciplinary Intersection

By rummaging in the toolbox of psychiatry, a discipline which shares an interest in some of the most extreme states of being human, I suggest that

Disruption may be useful in a Religious Studies context. 'The Psychiatric epistemology' presents difficulties to some scholars of religion, especially when presented as the only way of seeing; where religious experiences are reduced to mental illness; where the Psychiatric research purview is blinkered by an obeisance to the rituals of Science. However, my research suggests that such views may essentialise psychiatrists and may be anachronistic. Psychiatrists are increasingly engaged in a genuine conversation about religion, addressing the empirical evidence which confounds the secularisation thesis. Professor Herman van Praag, one of the editors of the World Psychiatric Association's compendious *Religion and Psychiatry* (2010) writes: 'For many decades religion has been psychiatry's stepchild, being considered no more than an archaic remnant of an infantile past. In doing so, psychiatry seriously erred and harmed the interests of numerous patients' (in Vergagen 2010). This does not amount to an apology, but it is new. Similarly, thanks to the pressure from David Lukoff, Francis Lu and others, the Cultural Formulation Interview (CFI) was introduced with DSM-5. In this context Lewis-Fernandez and his seventeen co-authors identify 'a "religiosity gap" between clinicians trained in positivistic scientific methods who may disparage religion and patients' (Lewis-Fernandez, 2014, 144). This underpins the even broader claim by Harold Koenig that 'there is almost no research question in this area (Religion) that has been adequately examined, so the possibilities in terms of future studies are almost endless and present a unique opportunity for investigators' (in Peteet 2011, 44).

Bizarrely this new interest in religion (three meta-analyses in the past five years) by psychiatrists is a one-sided conversation held, in the mirror, with themselves. They appear to see no need to engage with Religious Studies scholarship. It is not clear whether this is hubris or ignorance, but the publications which drive this new interest in religion boast bibliographies shamefully devoid of Religious Studies texts. Having discovered religion, Psychiatrists seem willing to reinvent it ex-nihilo.

There is an opportunity. If Professor van Praag is willing to concede the past failure of psychiatrists, then the deficit invites a fresh exchange of ideas. In this paper I have constructively applied contemporary psychiatric concepts to existing discourses in Religious Studies with results which may be of interest. Rather than defending disciplinary borders I addressed the Disrupted and placed them at the centre of an interdisciplinary consideration drawing on theoretical concepts and scholarship from different discourses, not as building blocks but to show that sharing methods and negotiating presuppositions might produce fruit. Even if I failed, the squirms on these pages point to a way beyond the impasse Sharf reached with his reading of Beckett.[9] Psychiatry and Religious Studies have different conferences, journals, imprints, departments, buildings, libraries and methodological predilections, but they intersect at the extreme and here, with those who experience the extreme, they may engage in a socialised interdisciplinary conversation.

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[9] I actually think Sharf misunderstands Beckett who was engaged in the technique of writing under erasure.

References

Adachi, N., Matsuura, M., Hara, T., et al. (2002) 'Psychoses and Epilepsy: Are Interictal and Postical Psychoses Distinct Clinical Entities?' *Epilepsia* 43(12), 1574-1582.

Adachi, N., Akanuma, N., Ito, M. et al. (2010) 'Epileptic, organic and genetic vulnerabilities for timing of the development of interictal psychosis.' *The British Journal of Psychiatry* 196(3), 212-6.

American Psychiatric Association (2013), *Diagnostic and Statistical Manual of Mental Disorders, fifth edition* (DSM-5), Arlington, APA.

Behrend, H. and Luig U. (1999) *Spirit Possession, Modernity & Power in Africa*, Oxford, James Currey.

Bleuler, E. (1911) translated Zinken, J (1950) *Dementia Praecox: Or, The Group of Schizophrenias*. Monograph Series on Schizophrenia, No.1. New York, International Universities Press.

Boddy, J. (1994). 'Spirit Possession Revisited: Beyond Instrumentality,' *Annual Review of Anthropology* 23, 407-434.

Cassaniti, J. and Luhrmann, T.M. (2014) 'The Cultural Kindling of Spiritual Experiences,' *Current Anthropology* 55, no. S10, 333-343.

Eliade, M. (1951) *Shamanism: Archaic Techniques of Ecstasy,* 2nd Paperback edition 2004, Bollingen Series; 76, Princeton, Princeton University Press.

Engel, G.L. (1977) 'The Need for a New Medical Model: A Challenge for Biomedicine,' *Science* 196, no. 4286 (1977): 129-36.

Freud, S. (1923) *The Ego and the Id*, Works, 1989, New York, Norton.

Gallagher, S. (2011) *The Oxford Handbook of the Self*. Oxford Handbooks in Philosophy, Oxford, Oxford University Press.

Geertz, A.W. (2010) 'Brain, Body and Culture: A Biocultural Theory of Religion,' *Method & Theory in the Study of Religion* 22, no. 4, 304-21.

Ghaemi, N. (2009) 'The rise and fall of the biopsychosocial model,' *The British Journal of Psychiatry* 195, 3–4.

Gouzoulis-Mayfrank, E., Habermeyer, E., Hermle, L., et al. (1998) 'Hallucinogenic Drug Induced States Resemble Acute Endogenous Psychoses: Results of an Empirical Study.' *European Psychiatry* 13, no. 8 (1998), 399-406.

Hervieu-Léger, D. (2000) Religion as a chain of memory, Cambridge, Polity.

Herzig, T. (2006) 'Witches, Saints, and Heretics: Heinrich Kramer's Ties with Italian Women Mystics,' *Magic, Ritual, and Witchcraft* 1, no. 1, 24-55.

James, W (1902) *The Varieties of Religious Experience: A Study in Human Nature*, Penguin Classics 1985, New York: Penguin Books.

Kroll, J. and Bachrach, B. (2005) *The Mystic Mind: The Psychology of Medieval Mystics and Ascetics*, London; New York: Routledge.

Klass, M. (2003) *Mind over Mind: The Anthropology and Psychology of Spirit Possession*, New York: Rowman & Littlefield Publishers.

Laddis, A, and Paul D. 'Dissociation and Psychosis in Dissociative Identity Disorder and Schizophrenia,' *Journal of Trauma and Dissociation* 13, no. 4 (2012), 397-413.

Lewis, I.M. (1971) *Ecstatic Religion: A Study of Shamanism and Spirit Possession*. Third ed. London: Routledge, 2003.

Lewis-Fernández, R., Aggarwal, N.K., Bäärnhielm, S., et al. (2014) 'Culture and Psychiatric Evaluation: Operationalizing Cultural Formulation for DSM-5,' *Psychiatry* 77, no. 2 (2014), 130-54.

Loftus, E. (1996). *Eyewitness Testimony*. Cambridge, MA; London: Harvard University Press.

Martin, C., McCutcheon, R., Smith, L.D. eds (2012) *Religious Experience: A Reader*, Sheffield; Bristol: Equinox.

Menzies, R., Geoffrey, R. and LeFrançois, B. eds (2013) *Mad Matters: A Critical Reader in Canadian Mad Studies*, Toronto: Canadian Scholars Press.

Paris, J. (2012) 'The Rise and Fall of Dissociative Identity Disorder,' *The Journal of Nervous and Mental Disease* 200, no. 12, 1076-1079.

Peteet, J., Lu, F., Narrow, W. (2011) *Religious and Spiritual Issues in Psychiatric Diagnosis*, American Psychiatric Association, Arlington VA.

Proudfoot, W. 1985 *Religious Experience*, Berkeley; London, University of California Press.

Parsons, W.B. (2011) *Teaching Mysticism. Teaching Religious Studies*, Oxford, Oxford University Press.

Rankin, M. (2008) *An Introduction to Religious and Spiritual Experience*, London, Continuum.

Rashed, M.A. (2010) 'Religious Experience and Psychiatry: Analysis of the Conflict and Proposal for a Way Forward,' *Philosophy, Psychiatry, & Psychology* 17, no. 3 (2010), 185-204.

Samuel, G. (1990) *Mind, Body and Culture: Anthropology and the Biological Interface*, Cambridge, Cambridge University Press.

Sharf, R.H. (2000) 'The rhetoric of experience and the study of religion', *Journal of Consciousness Studies* 7(11-12), 267-287.

Sharf, R.H. (1998) 'Experience' in Taylor, M., *Critical Terms for Religious Studies* Chicago, University of Chicago Press.

Sharf, R.H. (1995) 'Buddhist Modernism and the Rhetoric of Meditative Experience,' *Numen* 42, 228.

Slade, T. and Andrews, G. (2002) 'Exclusion Criteria in the Diagnostic Classifications of DSM-IV and ICD-10: Revisiting the Co-occurrence of Psychiatric Syndromes,' *Psychological Medicine* 32, no. 7, 1203-1211.

Sluhovsky, M. (2007) *Believe Not Every Spirit: Possession, Mysticism, & Discernment in Early Modern Catholicism*, Chicago, University of Chicago Press.

Smith, F.M. (2006) *The Self Possessed: Deity and Spirit Possession in South Asian Literature and Civilization.* New York, Columbia University Press.

Smith, W.C. (1991) *The Meaning and End of Religion*, Minneapolis, Fortress Press.

Stace, W.T. *Mysticism and Philosophy*, London, Macmillan, 1960.

Tart, C.T. (1990). *Altered States of Consciousness*, Third ed., San Francisco, Harper.

Taves, A. (2009) *Religious Experience Reconsidered: A Building Block Approach to the Study of Religion and Other Special Things*, Princeton, Princeton University Press.

van Os, J. (2016) 'Schizophrenia does not exist,' http://www.bmj.com/content/352/bmj.i375 (accessed 5th May 2016)
Verhagen, P.J., van Praag, H.M., López-Ibor Jr, J.J., et al. (2010) *Religion and Psychiatry: Beyond Boundaries*, American Psychiatric Association, John Wiley & Sons, Ltd.

Weyer, J. (1563) *Witches, Devils, and Doctors in the Renaissance: Johann Weyer, De Praestigiis Daemonum.* Medieval & Renaissance Texts & Studies, vol. 73. Binghamton, NY, Medieval & Renaissance Texts & Studies, 1991.

Wildman, K. (1997), 'Review Jesus the Healer: Possession, Trance, and the Origins of Christianity,' *The Antioch Review* 55, No. 2, pp. 236-237.

Zaehner, R.C. (1957) *Mysticism, Sacred and Profane: An Inquiry into Some Varieties of Praeternatural Experience*, Oxford, Clarendon Press.