

The Art of Hearing God: Absorption, Dissociation, and Contemporary American Spirituality

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In an essay surveying the use of the term “spirituality,” Sandra Schneiders writes that most scholars of religion these days use the term in an “anthropological sense,” by which she means that “there is a growing consensus that Christian spirituality is a subset of a broader category that is neither confined to nor defined by Christianity nor even by religion.”¹ I write here as an anthropologist (my primary fields are psychiatry and religion), conscious that as I enter a conversation with scholars of Christian spirituality, there are thickets of learning which separate us and which neither of us can entirely see. I come to the table with an intellectual style and method out of the social sciences; scholars of spirituality bring centuries of engagement in debates I do not know. Yet I would like to hold the conversation, because I believe that I am puzzling over one of those features of spirituality not confined to Christianity nor even to religion, and I think that this feature may shed light on the way that many American Christians experience God—and I would like to hear how scholars of spirituality respond to what I have to say.

The puzzle begins with the shifts in the way certain psychiatric disorders are recognized over time. A humanistic skeptic might say: “But of course, definitions of psychiatric disorder always *are* changing, such vague categories inevitably shift their forms with the changing discourse of their times.” In fact, that skeptical view is already well-entrenched in this case. The disorders which concern me are the ones called dissociative disorders, and what I find puzzling is that they disappear in America in the early decades of the twentieth century and reappear in that century’s last few decades. There are already articulate (and often humanist) critics who suggest that the disorders are imagined by highly suggestible individuals whose complaints reveal more about their society than about their bodies.² For them, the appearance and disappearance of the disorders is a cultural epiphenomenon which accompanies real social issues about the changing role of women in society. They write about the way that social metaphors and narratives become embodied in an individual’s experience of illness. Much of what they say has the ring of truth.

The clinicians on the other side believe that dissociative disorders have the stark reality of cancer.³ They read what the critics have to say, and they have become more cautious about the specific claims that their patients make. But whereas many of the critics (and perhaps much of their intellectual readership) tend to dismiss the disorders entirely, these clinicians see the misery of their patients face-to-face, and they think that there is a real clinical phenomenon, that something is wrong with these bodies. Like the critics, the clinicians think about shifting social narratives—but for them, the issue becomes why certain symptoms were ignored or misinterpreted at certain times. They think that the gap in diagnosis arose because mid-century clinicians were blinded by the arrogance of psychoanalysts who interpreted incest as fantasy and by the new and capacious diagnosis of schizophrenia, introduced by Eugen Bleuler in 1908.⁴ They tend to think that the psychiatric symptoms generated out of childhood sexual abuse have always been the same.

In this essay I would like to offer another explanation, one that has not occurred (to my knowledge) to either side locked in the debate. I suggest that there is a psychological capacity called absorption, that this capacity is involved in psychiatric dissociative disorder but also in much spiritual experience, that it can be trained and elaborated, and that the cultural interest in the phenomena associated with the fruits of this capacity rises and falls over time. Social narratives, then, are central to my story, but they are central because they dictate when people become more or less interested in training this bodily capacity.

THE DIAGNOSES

Let me begin with a richer description of these controversial diagnoses. In the last thirty to forty years, mental health professionals have identified patients with an array of symptoms called “dissociative.” Loosely defined in psychiatry’s formal diagnostic handbook as “a disruption in the normally integrated functions of identity, memory and consciousness,” dissociation is understood to be a wall within awareness, so that the integrated sense that this is my body, my mind, my self is somehow split. The classic dissociative symptom (also the name of a disorder, if it is the only symptom present) is amnesia: you cannot remember, but memory is not gone, only rendered temporarily inaccessible. Another dissociative symptom (also the name of a disorder, if there are no other symptoms) is depersonalization: you feel detached from your mind or body, as if it is not yours, as if you are in a dream. Multiple personality disorder (MPD), now called dissociative identity disorder (DID), is a more elaborate and organized condition with trance-like symptoms in which individuals experience themselves as occupied—possessed—by more than one

state of awareness, each with different memories, emotions, and behaviors. When dissociative identity patients come to the consulting room, they report that they have blackouts—they cannot remember where they were or what they did for hours at a time, and then they discover that they own shoes they have not bought and know people they have not met. At times they speak in different voices, not always nicely. One therapist told me that she knew she was treating a multiple when her patient shifted in her chair, lowered her voice, and said, “you stupid bitch.”

Dissociative identity disorders (DID, MPD) are thought by their clinicians to be caused by memories of unbearable fear, which we now call trauma, and particularly by sexual experience in childhood. Powerless and terrified, a young girl protects herself from horror (so goes the clinical argument) by escaping into a trance-like state as her father rapes her. When she returns to her normal state, she can no longer remember the experience (she experiences amnesia for the memory). Nevertheless, the memory remains in some way active in her psychic life. If raped again, clinicians argue, the girl may reenter that protective absorbed state, or recreate it in a new form. Indeed, it is not uncommon for such a patient to report in therapy that she has upwards of a hundred “parts” associated with particular memories, each wreaking havoc with the “host” personality’s attempt to live a normal life. Clinicians have presumed that dissociation is a biologically driven response to overwhelming events, and that cure depends upon making the “dissociated” memory accessible and tolerable to the patient. For this, they have used hypnosis, particularly during the 1980s, and while their patients were under hypnosis, the clinicians could “recover” memories that their patients had no access to in normal life. Often, these memories had a hallucinatory feel: patients spoke of “seeing” the past event, rather than of “remembering.”⁵ And there were many such memories. As the diagnosis became recognized within the clinical literature, more and more patients were identified. By 1992, an article in the American Psychiatric Association’s newsletter stated that 25,000 patients had been diagnosed with MPD, and researchers had established a prevalence rate of roughly 3% of the general population.⁶

The critics have pointed out that there are scientific problems with the account of toxic memory. It is clear from current research that we apparently can forget horribly upsetting experiences and that these moments may nevertheless haunt us like aggressive ghosts; it is far less clear, though not impossible, that we can repress completely the memory of events which were frequently repeated, routine, and familiar, even if deeply distressing. It is clear that incest is far more common than was thought in 1955, when one study estimated the rate at one in a million; it is far less clear that sexual experience in childhood is inherently traumatic and necessarily pathogenic. It is clear that

repressed memories can be recovered under hypnosis; it is also clear that memories can be implanted. Under hypnosis, people may remember events that did not take place, and these new, false memories may be believed even after the deception has been revealed.⁷

Moreover, many of the memories recovered were downright unbelievable. In the late 1980s many patients—perhaps a quarter of those diagnosed with MPD—remembered that they had been forced to participate in Satanic cults. They remembered being raped in the center of a pentagram, giving birth to babies at cult meetings, and being forced to eat babies' flesh, told that if they gagged another child would die. They drew pictures of the fires used to roast the babies and the dark cloaked men who ringed the flames. They recalled large groups of fathers, uncles, friends, neighbors, sometimes mothers and other women, who gathered regularly and frequently for cult sacrifice and ritual. And yet a formal FBI investigation around 1990 found not one piece of corroborating evidence that these cults existed. There were no robes, no hidden altars, no photocopied lists of meeting participants with phone numbers and e-mail addresses. Moreover, there were no bones. Despite thousands of murdered and cannibalized babies, not a single police report had been filed at the time of the purported deaths.⁸

The doubt cast upon the claims of Satanic ritual abuse was devastating to these patients' credibility. Even before the formal investigations, the stories seemed implausible. It did not help that in the 1980s there emerged people with similar dissociative symptoms with recovered memories of being abducted by space aliens. The False Memory Syndrome Foundation was established. Patients and their parents began to file suits against therapists, claiming that the therapists had induced false memories, destroyed their families, and defrauded insurance companies of millions of dollars. The patients began to win those suits, and evidence acquired under hypnosis was ruled invalid in many states.⁹

It would be easy to infer from this, as many of the critics have done, that the patients are theatrical and demoralized—but not actually psychiatrically ill. And yet it is clear clinically that something is wrong with many of them. They have been in the mental health system for an average of seven years by the time of their MPD, or now DID, diagnosis.¹⁰ On average, they have had four prior diagnoses of psychiatric illness, like schizophrenia or bipolar disorder, which suggest that ordinary clinicians thought that something was seriously amiss.¹¹ The patients also clearly believed what they were saying about these events. They thought they were remembering. And they had symptoms: when patients talked to their shaken, trusting therapists, they switched in and out of different states of awareness, as if going in and out of trance.

Moreover, patients like this have been around before. At the turn of the last century, Charcot, Janet, Freud, and James all wrote about and worked

with dissociative patients.¹² It was Janet who coined the word “dissociation,” using the model of unintegrated, unremembered memory of toxic trauma. The patients of Janet and his colleagues, in Europe and America, also went into odd altered states in which they might have powerful visual experiences. Anna O. called them her “absences,” and quite clearly described vision-like pseudo-hallucinations. These patients’ symptoms could be removed or exacerbated by hypnosis; they also could be removed by identifying the distress which the patients had forgotten but which, when remembered, (so these clinicians thought) seemed to lie at the root of their malady. Janet and the early Freud thought that the symptoms of these patients were caused by trauma, most likely sexual experiences in childhood, although Charcot did not. Unlike MPD patients, these patients were more likely to have physical symptoms: they were blind or deaf, or, for no apparent physical reason, could not move their legs. Doctors found them noticeable, dramatic, and intensely interesting. And in America, at least, they largely disappeared from the medical record between the early 1920s and the late 1970s. Our best indicator here is the number of case reports and scientific papers in the medical literature. During that time, less than one paper per year was published on dissociation. By 1970 the rate began to rise; between 1980 and 1990, over eighty clinical papers on dissociation and MPD appeared each year.¹³



Life's Echoes. © Andy Ilachinski.

THE HISTORICAL DIMENSION

Why the gap? It seems implausible to claim that the rate of incest changed so dramatically to explain the absence of these patients for fifty years. It seems more reasonable to wonder whether such patients were diagnosed with the new diagnosis of schizophrenia. After all, the most remarkable symptom of schizophrenia is hallucination, and clinicians recognize that dissociative patients have hallucination-like experiences (although they are rarely willing to describe a recovered memory as a pseudo-hallucination). The case studies of psychotic illness that have come down to us from the era of psychoanalytic dominance suggest that at least some of those identified as schizophrenia might have been struggling instead with trauma and dissociation. One thinks, for example, of the imaginative vividness of the heroine of *I Never Promised You a Rose Garden*, who did hallucinate (or pseudo-hallucinate)¹⁴ but displayed little of the cognitive confusion characteristic of schizophrenia.¹⁵ At the same time, these patients seem far too striking, at least in their contemporary presentation, to presume that they could have existed in these numbers and with these symptom profiles and that no clinician would have noticed.

I think that a more reasonable explanation is that the way people respond to trauma may change with different historical contexts, an argument which would be in line with the general observation, on the part of psychiatric anthropologists, that the symptoms of even the most apparently biological of disorders, like major depressive disorder and schizophrenia, may be expressed by at least somewhat different symptoms in different cultural and historical settings.¹⁶ More specifically, I suggest that the trance-like phenomena which may always be a possible way for the body to react to trauma—at least some bodies, at least some of the time—may only be elaborated and developed as symptoms in certain historical periods.

In fact, there is some evidence for this position in recent studies of the medical records of British soldiers dating back to the Boer war. We know that roughly 10%–20% of the casualties of war in Britain and American in the twentieth century have been psychiatric and that many of the psychiatric symptoms of combat trauma remain the same across the decades.¹⁷ The soldiers' sleep is broken by terrible nightmares, they have difficulty concentrating, and they avoid reminders of that difficult time. They often, in effect, exhibit what psychiatrists call “arousal” and “numbing.” But the current formulation of post-traumatic stress disorder also includes a third category of symptoms, which include dissociative phenomena, and which consist of intrusive memories of the trauma. The most well-known of such symptoms are flashbacks, in which soldiers relive a dreadful moment as though it was still alive. Yet a systematic examination of the British war records suggest that flashbacks are very recent symptoms—that one does not find them in medical

records before 1970.¹⁸ That examination suggests that symptoms cluster in different ways in different periods, and that trance-like flashbacks are more prominent at the end of the twentieth century while physical symptoms without physical cause—the conversion symptoms Freud and Janet saw in turn-of-the-century hysterical women—are more prominent at the start. Of course, a skeptic might respond, the language of diagnosis changed and so the symptoms diagnosed also changed.

But the study is consistent with another interpretation. We have a great deal of evidence that trance-like responses to great distress have occurred throughout history and across culture.¹⁹ Some individuals during natural disasters find themselves in fugue states, forget their identities, and wander far from home. Some individuals, after a car crash, find themselves looking down on themselves from above. But perhaps it is only at certain periods that individuals are gently encouraged by their social world to look for such trance-like responses in themselves, to elaborate them, and to experience them as the major symptom of their trauma, just as in the United States, many patients experience sadness as the leading symptom of what a psychiatrist will diagnose as depression, while in China, the leading symptom may be joint pains.²⁰

This brings me at last to spirituality. I suggest that the reason that dissociative disorders have exploded in the last thirty years is directly related to changes in the way that many or most Americans have come to experience God, and that the intense religious interest in unusual experience—and trance phenomena in particular—that is characteristic of our age is part of a cultural environment in which psychiatric patients are more likely to pay attention to anomalous experience, more likely to report it to clinicians, and more likely to elaborate those experiences into a rich inner life which is experienced as the response to the trauma.

My evidence is strongest for the current period, but there is a tantalizing historical correlation. These dramatic dissociative disorders rise and fall with the religious enthusiasms of our country. We are, of course, a most religious country. About 95% of us have said that we believe in God, or in a power higher than ourselves, with placid consistency for more than fifty years.²¹ But every so often, our religious enthusiasm seems to crest. Those moments of intensity match almost exactly the appearances of these remarkable patients.

Historians have called these periods of religious excitement “great awakenings.” They appear (more or less) from 1730–1760; 1800–1840; 1890–1930; and 1965–present.²² During these decades, Americans were more likely to have had unusual spiritual experiences in which they fainted, spoke in tongues, saw visions, and so forth, and they were more likely to seek out and publicly celebrate these changes in consciousness as proof of God’s living presence in their lives. These are not, of course, the only times when God has

inflamed the American senses. Throughout the twentieth century, there were American churches that encouraged and even relied on unusual spiritual phenomena. Pentecostalism was born in Los Angeles in the early twentieth century, but continued to grow through the period when psychiatrists saw no dissociative patients. Southern Baptist churches encouraged richly spiritual experience well before the late twentieth century. Nevertheless, America does seem to have periods when great spiritual passion enters many humble homes. We are, scholars suggest, in such a period now.²³

The demographic shift in American religion since the 1960s is remarkable. Two thirds of the generation we call the “baby boomers” stopped going to churches and temples as adults. Half of them have now returned to religious practice, but not to the mainstream, hour-long services of their childhood. They have joined churches, temples, and odd little groups that put intense and personal spiritual experience at the center of what it is to believe in the divine.²⁴ Wade Clark Roof famously called them “a generation of seekers.”²⁵ Their generation, moreover, gave birth to the so-called New Age. Since the 1960s millions of Americans have tried meditation, bought tarot cards, and learned to use crystals to attune their inner energies. They bought how-to manuals on astral travel, spiritual cleansing, and even *Practical Egyptian Magic*.

I myself became fascinated by intense spiritual experience because I did my first fieldwork on middle class people in England who practiced what they called magic and witchcraft. I wanted to know how apparently reasonable people could come to believe in apparently unreasonable beliefs and I expected to find a variety of learned cognitive frames, like prototypes, narratives and heuristic biases, that enabled that to happen. I found them. But I also took the courses and attended the exercise groups one was meant to attend as a student of magic, and I discovered to my astonishment that if you visualized and meditated in the ways that you were taught, you had the darnedest experiences. Not often, perhaps, but occasionally, and those occasions were compelling. Some months into my training I woke up one morning and saw six druids standing by the window and beckoning to me. Sometimes I felt magical power move through me like an electric current. I had moments in which the living room faded and the ancient gods became real, really real. It was, as they say, a trip, and the demographics suggest that I have not been alone on the journey. The interest in unusual sensory experience of a type called “spiritual” is shared not only among witches and magicians, but by Christians and many others. By 1996, a whopping 39% of Americans said that they were born again,²⁶ and for most of them evangelical piety meant having a direct, personal, and vividly felt relationship with their Creator. Even in Judaism, whose orthodox rabbis often look askance at intense spirituality because it distracts the faithful from the obligations of their faith, the immediate spiritual experience of divinity has

generated a significant rise in interest. There are new institutions like Los Angeles's Kabbalah Center that teach the mystical kabbalah as accessible to all, even Madonna, and new Chabad and Hasidic shuls, which teach an experience-near religiosity to ever-expanding crowds.²⁷ There are many explanations for this shift and many anxieties about its social and political implications.²⁸ But its behavioral consequences are clear: these practices encourage their followers to experience the divine vividly, immediately, and through unusual moments of altered awareness.

THE CULTURE OF SPIRITUALITY

This new experiential emphasis has, I believe, had two cultural effects that, as an anthropologist, I have observed in my work with practitioners of these new forms of religiosity. First, it encourages people to attend to the stream of their own consciousness like eager fishermen. It encourages them to identify moments of discontinuity that are natural to the flow of our everyday awareness, and actually to interpret them as discontinuous. It encourages them to seek for evidence that they might be hearing a voice spoken by another awareness, be that God, the Holy Spirit, or a shamanic guide. Under the influence of this cultural encouragement, people look for movement in their peripheral vision, and interpret it as the flash of an imp. They shift their attention from the fan to the computer, and wonder whether perhaps they hear a distant angelic choir. They attend to their thoughts, and they learn to pay attention to thoughts they think are “different” and may come from some other being. An evangelical book, *Dialogue with God*, first published in 1986, provides a clear illustration of this encouragement. The author begins by saying that he used to live in a rationalist box. He yearned to hear God speak to him the way God spoke to others in the Hebrew Bible—and he believed that God still spoke to others the way He did in ancient Canaan. Alas, he, the author, was unable to hear God speak to him until he realized that God's voice often sounds like his own spontaneous thoughts, and that the Christian just needs to know how to pay attention to his own consciousness in order to hear God speaking directly and clearly. “God's voice normally sounds like a flow of spontaneous thoughts, rather than an audible voice. I have since discovered certain characteristics of God's interjected thoughts which help me to recognize them.”²⁹ That is the point of the book: to help you to identify what, in your experience of your own mind, are God's thoughts. “You need to learn to distinguish God's interjected thoughts that are coming from your own mind.”³⁰ God's voice, the book explains, has an unusual content. You will recognize it as different from your ordinary thoughts. You feel different when you hear God. “There is often a sense of excitement, conviction, faith, vibrant life, awe or peace that accompanies receiving God's word.”³¹

Second, this new cultural emphasis encourages people to engage in specific practices that help them to become absorbed in their own thoughts. We often call their behavior “trance,” but the word has an ominous ring to some and in any event, implies a behavior, rather than a psychological capacity. I prefer to use the technical psychological word “absorption,” and by that word I refer to the capacity to become absorbed in inner sensory stimuli and to lose some awareness of external sensory stimuli. All of us go into a lightly absorbed state when we settle into a book and let the story carry us away. There are no known bodily markers of absorption (or for trance, meditation, and prayer, for that matter), but as the absorption grows deeper, the person becomes more difficult to distract, and his sense of time and agency begins to shift.³² He lives within his imagination more, whether that be simple mindfulness or elaborate fantasy, and he feels that the experience happens to him, that he is a bystander to his own awareness, more himself than ever before, or perhaps absent, but in any case different.

Dialogue with God makes it clear that quiet concentration (an absorption practice) enhances the likelihood of hearing God. Habbabuk, who is the book’s example of a man who knew what to do to hear God’s voice, “knew how to go to a quiet place and quiet his own thoughts and emotions so that he could sense the spontaneous flow of God within.”³³ The authors provide explicit exercises to help their readers do likewise. They sell a “centering cassette” for that purpose on their website. In fact, they recommend a “prayer closet,” a place where you can go, unplug the phone, and be fully quiet in prayer. They recommend journaling to write down and discard distracting thoughts; they recommend simple song to focus the mind in worship; they recommend breathing techniques to breathe out your sin and breathe in the healing Holy Spirit; they recommend the complete focus of the mind and heart on Jesus. They acknowledge that many of these techniques seem very “eastern” (that is the way they describe them) but they distinguish them from Zen and other forms of meditation on the grounds that eastern meditation contacts “the evil one,” while they use the techniques to contact God.³⁴ The four keys of dialogue with God, they say, are: 1) learning how to recognize God’s voice in your everyday thought; 2) learning to go to a quiet place and be still; 3) attending to dreams and visions; and 4) writing down the dialogue so that you make it real.

We do not know as much about absorption, psychologically, as we would like. But there is a measure of absorption proclivity (the Tellegen Absorption Scale) which draws on its author’s sense that mental concentration, intense visual imagery and altered states somehow group together as phenomena. Psychological work done with that measure suggests that individuals vary in their natural ability to experience absorption, and that absorption is correlated

with both dissociation and with hypnosis (although hypnosis and dissociation have a complex relationship with each other). The most common measure of dissociation probes in a third of its items for absorption, in a third for amnesia and in the last third for depersonalization; a common description of hypnosis suggests that it is one third suggestion, one third absorption and one third dissociation.³⁵ There is at least some experimental evidence that there are training effects to absorption practice, and certainly clinicians who work with hypnosis know that absorption experience improves with practice (although research also suggests that there is something fixed about the depth of the absorbed state which any particular individual can reach).³⁶

Moreover, there is a great deal of historical and ethnographic evidence to suggest that the skills of meditation and visualization—which are attentional skills to train absorption—have been taught throughout history and across culture, that they are learnable skills, and that mastery of those skills is associated with intense spiritual experience. Systematic visualization practice is found in Asian monastic tradition, in medieval Christianity and it remains the cornerstone of arguably the most successful spiritual conversion practice in Catholicism, the Ignatian Spiritual Exercises.³⁷ The practice of visualization is also widely distributed in shamanic or shamanic-style religions, although the training may appear less systematic to an observer, in part because it is apprentice-based and taught in a preliterate context.³⁸ Most ethnographies of shamanism make clear that the shaman must be apprenticed and trained. Those ethnographies that describe the training in detail suggest that such training consists in expert coaching to enable the apprentice to enter an altered state and to see certain kinds of images clearly and reliably.

The practice of meditation is equally widely distributed, and famously present in many Eastern spiritual systems, where it is presumed to be a skill that can be learned and which, when learned, will deliver to the practitioner a series of intense spiritual experiences. Meditation has garnered the lion's share of the scientific study of spiritual practice, and because of this we know that consistent practice may produce physiological changes.³⁹ It is less appreciated that Christian prayer is a meditational system, although usually used in a less focused manner. The worshipper withdraws himself from the everyday, focuses inwardly, and attempts to bend his mind to hear the small, still voice of God.

The common description given to such practices is that they are a form of trance, a simple behavioral pattern in which a subject displays intense absorption in internal sensory stimuli with diminished peripheral awareness. An interest in trance states is even more widely distributed than the specific attentional practices of meditation and visualization. Trance states play a role in nearly every known culture, although their role in those cultures seems to wax and wane. In a still authoritative survey of religious practice, based on the

Human Relations Area Files, the anthropologist Erika Bourguignon discovered that 89% of the 488 cultures studied used some ritualized forms of trance states.⁴⁰ While the specific attentional techniques of meditation and visualization may not be used, typically the trance is entered through the use of some kind of sensory manipulation: chanting, altering the light, fantasy, pain, rapid whirling—techniques which decrease peripheral awareness and enhance absorption in internal sensory stimuli. Meditation probably inhibits sensory responsiveness to external sensory stimulation, while visualization may work by intensifying internal stimuli and in effect drowning out external sensory stimulation.

144

The ethnographic record is also clear that the behavior we call trance can be learned. When the trance is part of a religious system, it is usually treated as a skill that is difficult to learn properly and that requires apprenticeship. The record is clear as well that there are a variety of anomalous psychological experiences—altered states, mystical experiences, out of body experiences, hallucinations—that have some bodily, psychological reality, are widely distributed around the world, and respond in part to training. That training, I suggest, is absorption training. The ethnographic and historical evidence is moreover clear that there are often common, systematic attentional training techniques for a wide variety of spiritual experiences; what is common is their emphasis on increasing attention to inner stimuli and decreasing attention to the external stimuli. (One thinks of meditation, concentration, visualization, isolation, chanting, and so forth.) Moreover, ethnography, history and psychology all suggest that absorption practice increases the likelihood of other anomalous phenomena, most notably hallucinations. That is the inference one draws from the extensive experimental work on hypnosis and meditation (that practice increases the occurrence of pseudo-hallucinations and hallucination) and from anthropological accounts of spirit possession and historical accounts of Christian mysticism.

THE ETHNOGRAPHIC FIELDWORK

Let me turn now to the details of my anthropological fieldwork.⁴¹ Since 1997, I have spent hundreds upon hundreds of hours in the growing points of American religiosity, in churches, temples and groups which have grown dramatically in membership over the last thirty years. With a colleague, I conducted traditional ethnographic fieldwork in four such groups (one Protestant, one Catholic, one Jewish and one non-traditional, or New Age) in California, and am conducting fieldwork in a fifth now in Chicago.⁴² In each group, I participated in services for months, attended classes for new converts if there were any, purchased and read the material intended to lead new members to competence, took extensive field notes and interviewed group leaders and at least ten

members with semi-structured interviews. In California, these groups were an orthodox Jewish temple for Jews who had grown up unreligious and were now deeply devout, a type of Judaism that has seen significant growth in recent years; an African-Caribbean spirit possession practice full of Cuban immigrants and New Age Anglos, a New Age religion which also has grown rapidly in recent years; an alternative black Catholic church, in a form of Catholicism that some scholars think may attract non-traditional practitioners; and a new paradigm evangelical church called the Horizon Christian Fellowship, a megachurch that represents the growing appeal of Protestant evangelism. In addition, I spent some time with a reconstituted version of Bhagwan Shri Rajneesh's fellowship. In Chicago, I am looking at a related new paradigm evangelical church, the Vineyard Christian church. Any of these groups could serve as the basis for this argument: but because of the increasing importance of evangelical Christianity in the United States and indeed in the world, I will focus my attention on the two new paradigm churches.

Horizon and the Vineyard are called "new paradigm" Christian churches because they pair conservative theology with liberal social conventions (their congregants dance, see movies, date, and even drink in moderation).⁴³ They meet in gyms, not churches; they use a rock band, not a choir; most people including the pastors dress casually; and they target the young, often deliberately planting seedling churches in college communities. They are Bible-based, by which is meant that the written Bible is seen as the only decisive authority, and the words of the Bible are taken to be literally true. They are also entrepreneurial, well organized, technologically sophisticated (they always use PowerPoint), and extremely effective. Horizon is an offshoot of the fundamentalist Calvary Church, started in southern California in the 1960s by appealing to young people known as "Jesus freaks." It is on the surface an unlikely place to explore the cultural importance of trance-like states. People do not speak in tongues or faint during the service and neither services nor Bible study groups teach the classic techniques of meditation and visualization in any explicit way. The Vineyard is also a Calvary offshoot. It places more importance on the Holy Spirit and indeed split from Calvary because of its acceptance of charismatic gifts. These days, however, Vineyard churches are often overtly conventional, at least in the Sunday morning gathering.

Regardless of their stance on charismatic gifts, the constantly reiterated point of the services, sermons, and Bible study groups is that one should build a personal relationship with God through prayer. Many of us remember the prayer of childhood service. I would bow my head and my mind would wander to my dress's scratchy collar and what I would do that afternoon. In mainstream Christian and Jewish services, that is often how prayer is experienced: a dutiful, closed-eyed silence while the leader intones, followed by a

period of quiet in which it is all too easy to remember things you need to add to the shopping list. New paradigm churches set out to change those habits by modeling a relationship to God as the point of life—and incidentally, of going to church—and modeling prayer as the practice on which that relationship is built.



Kitchen Sink, 1999. © Paul Politis.

There are hundreds of prayer manuals and books about prayer available to the members of these churches, self-help books for the Christian life. Everyone I knew had at least one, and most of them had many more. Rick Warren’s *The Purpose Drive Life* and Richard Foster’s *Celebration of Disciplines*, both best-sellers, were common, but so were the works of C. S. Lewis, the Catholic Henri Nouwen, Dallas Willard (*Hearing God*) and others. My house group was reading Dietrich Bonhoffer for a while (Henri Nouwen is widely read in at least some evangelical circles). These books and the sermons and home fellowships or small prayer groups insistently and repeatedly assert that none of us pray as seriously and as effectively as we can or should; they offer testimonies on the real world power of prayer and the importance of believing not only that God exists but that prayer works in the everyday real world. They insist as well that God is to be found in personal experience, as He speaks to you directly in your prayers and through His text.⁴⁴ Pastors hasten to say that anything He says to you in private must be confirmed through His Word—but in fact the Bible is treated by congregants not as a text to be memorized but as a personal document, written uniquely for all. As one man said, “I went [to church] for several weeks in a row and I heard the Bible and it was addressing me and speaking to me personally. . . . It’s a love story,” he continued, “and it’s written to me.”

So the congregant prays. He closes his eyes, and he yearns for God. His songs of worship, whether in home fellowship accompanied by a guitar or led by a rock band in a weekend service, are simple lyrics of love and longing. In either, he sings for perhaps half an hour, swaying back and forth, eyes shut, hands held up, palms outward, his face content or sometimes wet with tears. These are meant to be moments of prayerful ecstasy: in one service, the pastor bounded up onto the platform and said, “Sorry, we get you into the throne room and then some buffoon like me comes up on stage and brings you down.” That’s church: at home congregants learn to talk to God as if He were sitting in front of them, a friend rather than an abstract first mover, and they do so by concentrating, focusing on the words they speak and the way they feel as they yearn. And they do so day after day for months upon months upon years. Many of the people I met at the Vineyard prayed for a half an hour or more a day. Sometimes their prayer involved singing; sometimes Bible reading; almost always it involved an extended period of shutting their eyes and speaking to God. People often prayed for concrete, specific items, like exam scores. Then they would “wait on God,” to see what image or thought He would put into their minds. Because they want to make sure that this is really from God and not from them, they pray for each other as well and wait to see what images or thought they get for them: and then they compare their thoughts and images with these other people who praying in turn for them. This is part of being in a prayer circle, and part of what you get out of being in a house group.

These are absorption practices. The person who prays focuses his or her attention inwardly, and attempts to ignore external stimuli. That is why the new Christian may be encouraged to use a prayer closet, because a tangible barrier between your attempt to concentrate and a ringing phone may enhance your concentration. All prayer involves absorption practice. What is new, or at least striking, about the approach to prayer in these new paradigm churches—and indeed, throughout evangelical Christianity—is how pronounced the emphasis is, and how much the church helps the congregants to enhance their focus. Churches provide time for intense prayer in Sunday service; they model prayer practice in weekly house groups; their soothing music encourages an absorbed prayer state; the many books on prayer encourage prayer practice, teach a newcomer to focus and remind old hands to focus even more intensely.

Sometimes when congregants prayed, they just “talked” to God, and when they described this experience, it sounded more like a shift in the way they learned to pay attention to their consciousness. Congregants distinguished “talking to God” from thinking. Prayer, at the Vineyard, is understood to be thought intentionally directed to God. People talked about praying to God while stopped at traffic lights, praying on their way to class, praying whenever

they had a thought they wanted to communicate. A woman explained to me how that worked. “It’s kind of like someone was talking to me. That’s how real it is. I get responses.” How do you know? I ask. “God speaks to me,” she replied. What do you mean by that? I ask. You can hear him with your ears, outside your head? “No,” she responded. “For some people God speaks with a distinct voice, so you’d turn around because you think the person’s right there. For me it hasn’t happened like that. Well, I mean kinda, there has been kind of that sense, but not like you’d turn your head because someone was there.” Can you say more about those God experiences? I prompted. She explained that she didn’t hear the voice like it really was another voice, but it was more than a passing thought. It was clearly, she felt, not her thought. She went on to give an example. “When people were praying over me and I’m just receiving it [meaning the prayer] and all of a sudden I hear, ‘go to Kansas.’ Because I was debating whether to go to Kansas, but I hadn’t been thinking about it within a 24 hour period.” That’s what made it distinctive to her: she wasn’t thinking about it, it wasn’t something she would have thought about right then. “It makes you want to say,” she continued, “where did that come from?” And—importantly—she also knows that it is from God because she feels different, and good, when it happens. It feels right. “Part of it is that it feels like a revelation. You feel like ‘wow,’ you know it feels good.”

Other prayer practices, however, suggest that congregants experience the altered states of awareness which absorption practice may produce. Congregants talk about personal bodily states (like “being filled with the Holy Spirit”) that they recognize as the signs of God’s presence in their lives. They name those states, look for them in their daily lives, remember what they felt like, and build them into a history of their relationship with Christ. I call this process *metakinesis*, a term I take from dance criticism to describe the way in which a dancer experiences an emotion in her body. As the dancer dances, she formalizes and refines a unique expression of that state so that the feeling and the movement become fused.⁴⁵ Words like “peace,” “grace,” “falling in love with Jesus,” and “being filled with the Holy Spirit” model specific ways of experiencing the body. No doubt they are felt differently by different individuals, but those individuals learn to recognize in themselves a mind-body state that becomes their reference for that word. And while a congregant does not need to be in prayer to experience such states, during prayer he or she pays attention to these inner sensations, learns to recognize them, and returns to prayer in the hopes that they happen again.

Jared, for example, was in college when he began to pray more intensely. Now, at thirty, a successful middle manager at a large engineering firm, he became a Christian—this kind of Christian—at the end of high school. He’d grown up in a Texas Methodist church, and found it pretty boring, and when he turned sixteen and got his own car, his parents told him that he was old

enough to make his own decisions about God. He believed in God, in an abstract way—he called it “a nonbelief in the personalization of God”—and church didn’t really mean much to him. But a friend of his urged him to come to a Christian youth group at school. He liked it, and he’d grill the pastor over pizza, and he decided that he needed to believe.

He began praying about an hour a day back then. He was reading in John, and so he would read for a while, take notes, and then he would actually get into his closet because it was quiet there—“I had a decent sized closet in my parent’s house”—and he would pray on his knees. In college, for about a year, he fasted every Monday. In the evening, after the fast, he’d pick up a Burger King whopper and fries—“really healthy”—and drive out to an abandoned field. “There used to be a huge cattle field north of this school, and I’d drive there, and I had a blanket. I’d just drive up into this huge field and I’d put the blanket out and I’d eat dinner and [then] I would just pray.”

At first, nothing happened. “I remember there for awhile I was kind of disappointed because I didn’t feel any different.” He clearly thought, at the time, that praying intensely *should* make him feel different. Soon, it did. After a few weeks, he could really feel God’s presence, he said. He felt it in the profound rest he experienced, in the freedom he felt to cry or talk aloud. And for him the reality of God’s presence was confirmed by the way people began to treat him. “Things started happening around me.” Jared prayed; he felt God’s presence in his prayers; and he confirmed the reality of God’s presence through what he called “circumstances” and what a non-believing observer might call “coincidences.”

These days, when Jared prays, he gets a lot of imagery. The face of someone he hasn’t thought of for a long time will come to him, or he will “have someone on my heart for no particular reason.” So he will pray for them. This is why those images have appeared, he believes: they are God’s way of letting him know to pray for that person. He was praying one night and much to his surprise, the image of a woman he knew from church popped into his mind, and she was dancing with grace and freedom. “I felt, praying about the image, God, what is this? Because I wasn’t thinking about her . . . So I told her about it, and she was struggling then and she was so encouraged by that image, that God still sees her just dancing for him.” *God* sees her, he said. It was an image in Jared’s head—but both he and she took it as a message from God. Of course, he said a little bit later, sometimes when we think it’s the spirit moving, it’s just our burrito from lunch.

Many congregants also speak of hearing voices outside of their heads, or seeing things which others do not, and they often attribute those phenomena to God. Technically speaking, such experiences are “hallucinations” (that is, whatever the ontological source of the sensory stimuli, there is no ordinary external sensory stimulus). These phenomena may be in part the fruits of

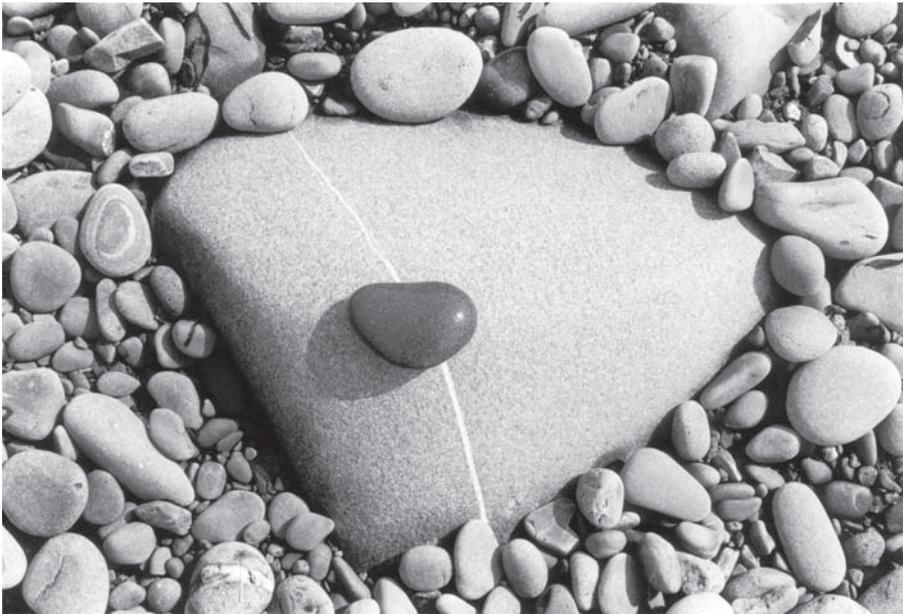
absorption practice. Certainly to entertain the hypothesis that absorption practice may increase the likelihood of such unusual sensory experience helps to explain why so many congregants in this church had such psychologically unusual experiences. Many, indeed, did so: at least one out of every five or six, a rate far in excess of what many psychologists and psychiatrists would regard as a normal distribution, and clearly not in a pattern which one would associate with psychiatric illness.⁴⁶ Congregants often talked about “speaking” with God, and they were very clear about moments when this verb was not a metaphor. They were proud of these moments, which to them meant that God was present, and they incorporated those moments into their sense of a relationship with God.

Nora’s story illustrates this process well. Now in her early 50s, Nora is known as one of the most active and most powerful prayer warriors in the Vineyard church. People say that she has a “gift” for prayer. Yet all this is relatively new to her until recently. She spent her youth in a nondescript Protestant church and converted to Catholicism when she met her husband in her 20s. She believed in God in an abstract, distant way, but the Catholic rituals didn’t move her, at least back then. It wasn’t until she was in her middle forties that she began to want a deeper religious experience. She began getting up very early in the morning to read the Bible. Then, after weeks of reading, but still early in her spiritual development, she felt that a voice woke her up—a voice that she heard very distinctly outside her head—and she heard the voice say, “Read James.” She didn’t know until that day, she said, that James was a book in the Bible.

Nora found the Vineyard through an ad in the paper. She had wanted a diverse church, with contemporary music. When she showed up that first Sunday, and found herself standing along with the others for worship, tears rolled down her cheeks. It was so amazing, she remembers, to sing your love directly to God, not to sing about Him abstractly but to pray in song so concretely to his presence. She said that she didn’t even know how to pray at first. She didn’t feel connected to God. She began to watch other congregants, to listen as they talked about having a relationship with God and about trusting God, and she felt that they had a kind of peace and joy that seemed palpable, and that she yearned for.

It was the practice of intercessory prayer—learning to pray collectively for other people—that gave her this connection to God that she wanted, a sense that she had this real relationship with him. “It wasn’t until I started participating in the intercession ministry that I really felt like it broke through.” What “broke through” was the experience of having thoughts and images arise in her mind, while she was praying for someone else, and feeling confident that these thoughts and images came directly from God. “When I first started

having them—this is a story of how I think the Holy Spirit works. It was the first year that I was with the church and the first year I was really interceding for the church. The Vineyard Association was having their national meeting out in California and they asked for intercessors to be praying regularly for that. I took it very seriously, and I prayed every morning. And one morning I was just sitting in my prayer chair, I had just finished and I was thinking about a picture. I thought that my mind was wandering. I kept on seeing these boats. And I was thinking about that, and the phone rang, and it was the pastor. He was out in California, and he was calling about something completely different—and it really wasn't necessary for him to be calling. And after we got through with that I just waited, and then I felt moved to say, 'Why did you call me?' And he said, 'I don't know. I just felt like I was supposed to call you.' And it clicked then, that the picture I had seen *wasn't* a distraction from my prayers, but connected to my prayers. I told him about this picture that I'd gotten. And he told me when he came back that several people had gotten the same picture, and that it was about Jesus with his hands on the wheel of a ship! It sounds like lunacy, you know. And yet that's how it works."



Stone on Stone. © Derek Langley.

After that, she felt connected. God became a confidante, a friend, even a buddy. And he spoke to her again, outside her head. "It was pretty early on in my relationship with him. I was just all full of myself one morning. I just had wonderful devotions and worships and just felt so close. I went out, and it was the most god-awful day. It was icy rain and gray and cold and it was sleeting. I'm just full of the joy of the Lord, and I say, 'God, I praise you that it isn't

snowing, and that nothing's accumulating, and that the streets aren't icy'—and then I went around the corner, and I hit a patch of ice, and just about went down. It was so funny to me. I just burst out laughing out loud. It was just so funny that he would put me in my place in such a slapstick personal kind of way. But then he just graced me the rest of the morning. The bus showed up right away, which it never does. I was reading, and I missed my stop to get off, and *I heard God say*, 'Get off the bus.' I looked up and hollered, and the bus actually stopped, half a block on, to let me get off. I just felt that intimacy all morning. Like when you go from holding a new boyfriend's hand to kissing him goodnight. . . . ”

152

For Nora, as for most people, the process of intense prayer practice and powerful imagery (or word) experience have evolved together. At least part of this process is a psychological story about focused concentration practice, about absorption, the capacity to increase attention to internal stimuli and decrease attention to external stimuli. While there are clearly individual differences in the capacity to become absorbed and in the depth of absorption that someone can reach, most people can experience at least a lightly absorbed state and learn to intensify their internal focus and, in turn, their disconnect from the outer world. Extended concentration practice will lead, for many people, to more distinctive absorption states.

Certainly this was true for Nora. Now, she says, the experience of praying feels like connecting to God through the Holy Spirit. “The word I sometimes think of is ‘flow,’” she said, “when you are just so intensely and completely absorbed in something that what’s going on around you is not part of your consciousness.” Now, she continued, “I feel like a conduit . . . I feel almost like a tube that the Holy Spirit is feeding through me into another person. You’re just sort of removed from what’s going on around you . . . Very often, the words that are coming out of your mouth aren’t your own words, or the picture that you’re describing isn’t something you’re conjuring up out of your own brain. It’s like, you know, an image is put into your mind and words are put into your mouth that you’re just meant to speak out. So there is that sense of being disconnected from yourself in some capacity.” For her time slows down in these states, or passes differently. “Sometimes I’m amazed at how much time has gone by, how long I’ve been praying. It is like time is spent a bit differently.” And the experience has changed over time. The internal voices—the thoughts—are louder. The images continue to get more complex and more distinct. They are very real for her now, very lucid. “Sometimes it’s almost like a PowerPoint presentation, you know.”

And with that shift, prayer for Nora becomes a necessary act to intervene and shape and mould the lives of others. “When I first started I literally felt like I had a pager on my hip. I could feel a vibration on my hip that to me, was a cue from God that I was supposed to pray. I was just like—like when you

roam, on a shortwave radio, I would just roam and wait and God would put someone's face in front of me or give me a name or something, and that was the end of it." Now, she says, she is more disciplined. She has a list of people she feels she needs to pray for, and a set of topics. It can be a tremendous burden, so sometimes she prays about the list and God lets her know, she says, whom she can remove. If the name or face "comes up" again, she will pray, but if they are off this list—a list that she composed through prayer—she does not feel that sense of imminent burden.

It seems to me that the attention people pay to their awareness, particularly in prayer, helps to create the intimacy someone like Nora feels with God, and becomes its frame and cross-weave. Dramatic moments like hallucinations become flag-waving proof that God is real in congregants' lives. More subtle and far more common moments of peace and grace, gradually identified, recognized, and sought for, become the markers of a dialogic exchange. In the quiet expectancy of prayerful surrender, one waits for God to speak. The new believer learns gradually how God makes His presence known to him or her. Over time he grows more confident at recognizing God's interventions in his life. And slowly and steadily the memory and reinterpretation of those moments gives to his God the concreteness of an old and trusted friend.

CONCLUSION

Let us now return to the dissociative patient, and let me be clear: I am not making a claim that people who are religious have been traumatized, nor am I claiming that traumatized people are more likely to be religious. For one thing, we simply have no data on whether dissociative patients are religious. Instead, I am making an argument about the way Americans are encouraged to attend to their own awareness, to their own consciousness, and about the way they learn to alter it by specific sorts of absorption practices. I don't think there is anything new about the practices, which are widely found in experiential spiritualities across time and space, nor even, I suspect in the fact that people change the attention they pay to their inner worlds. I do think that there are periods in which there is greater cultural interest in such phenomena than others. What I am pointing out is that both in the domain of American psychiatric disorder and in the domain of mainstream American religious practice, there seems to have been the same kind of shift, around the same kind of time, in which Americans became intensely interested in unusual experience.

And I suggest that this new interest in unusual experience, which is most apparent in religious practice, may provide a cultural environment in which people who have been traumatized—either by actual childhood sexual abuse or simply by chaotic families—are more likely to pay attention to inner phenomena and anomalous experiences. People who have been traumatized

are perhaps more likely to report these experiences to clinicians, and more likely to elaborate them into rich inner lives, which can be understood as a response to the trauma. In the experiential religions which have come to dominate the American spiritual landscape since the late 1960s, people are encouraged by their faiths, sometimes not explicitly, to pay different kinds of attention to their consciousness, and to look for and to generate anomalous experiences, and these experiences are incorporated into a complex behavioral practice. This is what dissociative patients do in response to their hurt: they attend to unusual experiences within themselves; they identify those experiences as associated with particular memories and often particular personality parts; they learn to use these absorbed states as defense mechanisms against repeated emotional distress; in therapy, they learn that they went into altered states to protect themselves during trauma and that the protection somehow went awry; and they practice these states in therapy as their therapists call forth the different parts and seek to regain from them their memories.

Perhaps the most novel suggestion here, at least to readers of *Spiritus*, is that there may be a shared psychological mechanism—absorption—in the psychiatric response to trauma and in spiritual experience, that the individual capacity for absorption can be trained, and that cultural interest in that training can rise and fall at different times. The skeptical critique of the very idea of spiritual experience is that little changes in actual psychological experience except the words, metaphors and narratives used to describe it. That, of course, was Wayne Proudfoot's sweeping and powerful dismissal.⁴⁷ And of course social narratives do change, and to understand properly the impact of those changes is no easy task.⁴⁸

But those who are interested in spiritual experience, I suggest, are interested in the more complex possibility that there are contributions of the body that are not just reactions to narratives, but which shape the way individuals react to and process those cognitive ideas.⁴⁹ To pay attention to those bodily features involves a risk: a risk of reductionism, a risk of being misunderstood as uninterested in ontology (on the one hand) and narrative (on the other). I believe it is a risk worth taking. To understand spiritual experience, I believe, demands what Ann Taves has called in a different context the tension between engagement and detachment, between the willingness to embrace the richness of experiential process, and the willingness to step back, to categorize and to parse.⁵⁰ This essay has been an attempt to step back, to look at the common form of different phenomena, and to suggest that they share a surprising common feature.

Notes

1. Sandra Schneiders, "Spirituality in the Academy," *Theological Studies* 50 (1989): 676.
2. One of the best accounts, summarizing much of the critiques, is by Joan Acocella, *Creating Hysteria* (New York: Jossey Bass, 1999). She would probably agree with this essay, unlike some of the other critics (for example, Frederick Crews) who tend not to think that there is a clinical reality to the emotional distress. Most of the critics, understandably, have focused on the specific claims made by patients which have led to legal action and conviction. Acocella gives a good account of the history of the dispute.
3. One of the more comprehensive overviews is by Frank Putnam, *Dissociation in Children and Adolescents* (New York: Guilford Press, 1997).
4. Bleuler gave the name "schizophrenia" to what Emil Kraepelin, the father of biomedical psychiatry, called "dementia praecox." The term became broadened and popularized, and soon was used as the catch-all category for serious psychiatric distress. In the aftermath of the shift to a more clearly delineated diagnostic system with DSM III, in 1980, the term "schizophrenia" became much more narrow. Many people who were diagnosed as schizophrenic in 1965 would not be so diagnosable now. See Tanya Luhrmann, *Of Two Minds* (New York: Knopf, 2000).
5. An interesting illustration of this process of "seeing" occurs in Lawrence Wright, *Remembering Satan* (New York: Knopf, 1994).
6. Colin Ross, "Epidemiology of Multiple Personality Disorder," *Psychiatric Clinics of North America* 114 (1991): 503–518.
7. See for example the discussions in Elizabeth Loftus, "The Reality of Repressed Memories," *American Psychologist* 48 (1993): 518–537; Nicholas Spanos, *Multiple Identities and False Memories* (Washington: American Psychological Association, 1996); H. Merskey, "The Manufacture of Personalities," *British Journal of Psychiatry* 160 (1992): 327–340.
8. The FBI report was presented by Kenneth Lanning, "Investigator's Guide to Allegations of 'Ritual Child Abuse,'" (Behavioral Science Unit, National center for the Analysis of Violent Crime, Federal Bureau of Investigation, FBI Academy, Quantico, Virginia, 1992). Again, the story is well presented in Acocella, *Creating Hysteria*; see also Sherril Mulhern, "Satanism and Psychotherapy: A Rumor in Search of an Inquisition," *The Satanism Scare*, ed. J. Richardson, J. Best and David Bromley (New York: Walter de Gruyter, 1991), 145–176.
9. The website of the False Memory Syndrome depicts this history, as do the previously cited books.
10. Frank Putnam, "The Clinical Phenomenology of Multiple Personality Disorder: Review of 100 Recent Cases," *Journal of Clinical Psychiatry* 47 (1986): 285–293.
11. Putnam, "Clinical Phenomenology," also Frank Putnam, "Multiple Personality in a Hospital Setting," *Journal of Clinical Psychiatry* 45 (1984): 172–175.
12. Henri Ellenberger, *The Discovery of the Unconscious* (New York: Basic Books, 1970) provides the most comprehensive overview of these clinicians and their period.
13. C. Goettman, G.B. Greaves and P.M. Coons, *Multiple Personality and Dissociation 1791–1990: A Complete Bibliography* (Atlanta: Greaves, 1992).
14. The difference between a hallucination and a pseudo-hallucination is that a hallucination is an actual perception, what might be called a sensory deception, and a pseudo-hallucination is a powerful sensory experience which is perceived to be imaginatively generated. The difference is clear-cut in auditory phenomena: a person experiences an auditory hallucination as heard "outside" the head, but experiences a pseudo-hallucination as heard "inside" the head. While the distinction may seem obscure to some readers, in my experience, both psychiatric clients and religious practitioners can make such distinctions easily.

15. Joanne Greenberg, *I Never Promised You a Rose Garden* (New York: New American Library, 1964).
16. Obviously that raises the question of whether the two illnesses are products of the “same” disease, and scholars hotly discuss that issue, but the discussions are more on the order of discussing whether “spirituality” and “religious experience” are the same phenomena, rather than whether “historians” and “economists” do the same kind of research. Examples of such arguments would include Arthur Kleinman’s account of the different presentation of “depression” in contemporary China (Kleinman, *Social Origins of Disease and Distress* [New Haven: Yale, 1986]) and the way in which recent changes have led people to diagnose depression directly and experience it differently from neurasthenia (Sing Lee, “Diagnosis Postponed,” *Culture, Medicine and Psychiatry* 23 [1999]: 349–380); also Robert Barrett makes a persuasive case that psychotic disorders may not include the symptom of “thought insertion” in a society, such as Borneo, in which there is not a well developed (and he suggests, Christian) concept of interiority. Barrett, “Kurt Schneider in Borneo,” *Schizophrenia, Culture and Subjectivity*, ed. Janis Jenkins and Robert Barrett (Cambridge: University of Cambridge Press, 2004), 87–109.
17. Ben Shepard, *A War of Nerves* (Cambridge: Harvard University Press, 2001).
18. Edgar Jones and S. Wesseley, “Psychiatric Battle Casualties: An Intra and Interwar Comparison,” *British Journal of Psychiatry* 178 (2001): 242–247; Edgar Jones and others, “Post-combat Syndromes from the Boer War to the Gulf War: A Cluster Analysis of Their Nature and Attribution,” *British Medical Journal* 324 (2002): 1–7; Edgar Jones and others, “Flashbacks and Post-traumatic Stress Disorder,” *British Journal of Psychiatry* 183 (2003): 158–163; Allan Young, *The Harmony of Illusions* (Princeton: Princeton University Press, 1995); Allan Young, “When Traumatic Memory was a Problem,” *Posttraumatic Stress Disorder: Issues and Controversies*, ed. G. Rosen (New York: John Wiley and Sons, 2004).
19. See the general discussion, for example, in Nancy Andreason and Donald Black, *Introductory Textbook of Psychiatry* (Washington, D.C.: American Psychiatric Press, 1995); Etzel Cardena, Steven Lynn and Styanely Krippner, eds., *The Varieties of Anomalous Experience* (Washington D.C.: American Psychological Association, 2000).
20. See Kleinman, *Social Origins*, and Lee, *Diagnosis Postponed*, as cited in note 16.
21. George Gallup and D. Michael Lindsay, *Surveying the Religious Landscape* (Harrisburg, PA: Morehouse Publishing, 1999).
22. The classic essay is by William McLoughlin, *Revivals, Awakenings and Reform* (Chicago: University of Chicago Press, 1978).
23. William McLoughlin, *Revivals, Awakenings and Reform*, and others, among them Robert Fogel, *The Fourth Great Awakening and the Future of Egalitarianism* (Chicago: Chicago University Press, 2000).
24. R. N. Ostling, “The Church Search,” *Time* 141 (1993): 44–49; Robert Wuthnow, *Sharing the Journey* (New York: Free Press, 1994).
25. Wade Clark Roof, *A Generation of Seekers* (San Francisco: Harper San Francisco, 1993).
26. Gallup and Lindsay, *Surveying the Religious Landscape*, 68.
27. R. Kamenetz, “Unorthodox Jews Rummage Through the Orthodox Tradition,” *New York Times Magazine*, 1997 (December 7): 84–6.
28. For example, Fogel, *The Fourth Great Awakening and the Future of Egalitarianism*.
29. Mark and Patti Virkler, *Dialogue with God* (Gainesville, FL: Bridge/Logos, 1986). The book’s language is cast in male first person narrative, despite the fact that there are two listed authors.
30. Virkler and Virkler, *Dialogue with God*, 31.
31. Virkler and Virkler, *Dialogue with God*, 30.

32. By “no known markers,” I mean that there are no known markers that inevitably accompany such states. There are many physiological changes which may accompany trance, meditation, prayer and so forth.
33. Virkler and Virkler, *Dialogue with God*, 6.
34. Virkler and Virkler, *Dialogue with God*, 44.
35. Auke Tellegen and Gilbert Atkinson, “Openness to Absorption and Self-Altering Experiences (‘Absorption’), a Trait Related to Hypnotic Susceptibility,” *Journal of Abnormal Psychology* 83 (1974); Jonathan Whalen and Michael Nash, “Hypnosis and Dissociation,” *Handbook of Dissociation* (New York: Plenum, 1996): 191–206; David Spiegel and Herbert Spiegel, *Trance and Treatment* (Washington, D.C.: American Psychiatric Press, 2004); Putnam, *Dissociation in Children and Adolescents*.
36. Erika Fromm and Stephen Katz, *Self-Hypnosis* (New York: Guilford Press, 1990); Daniel Goleman and Richard Davidson, eds., *Consciousness, the Brain, States of Awareness and Alternate Realities* (New York: Irvington, 1979).
37. Stephen Beyer, *The Cult of Tara* (Berkeley: University of California Press, 1973); Mary Carruthers, *The Craft of Thought* (Cambridge, Cambridge University Press, 1998).
38. Jon Christopher Crocker, *Vital Signs* (Tucson: University of Arizona Press, 1985).
39. For example, James Austin, *Zen and the Brain* (Cambridge: MIT Press, 1999).
40. Erika Bourguignon, *Possession* (San Francisco: Chandler and Sharp, 1976). She suggests that if the HRAF were more complete, the numbers would be higher; most negative examples may reflect the absence of good records rather than the absence of the practice.
41. Subject names have been disguised. Primary subjects have seen drafts of portions of the text in which they were described. Most subjects were knowingly audiotaped. The taped conversation may have been edited for conversational fluency. The research received approval from the IRB at the University of California, San Diego and the University of Chicago.
42. I lived in California from 1989 until 2000. I now live in Chicago.
43. A good description of these churches may be found in Donald Miller, *Reinventing American Protestantism* (Berkeley: University of California Press, 1997).
44. These Christians specifically and clearly represent God with the masculine pronoun and it would be a misrepresentation to write otherwise.
45. The term is discussed at more length in T. M. Luhrmann, “Metakinesis,” *American Anthropologist* 106 (2004): 518–527.
46. A good discussion can be found in Richard Bentall, “Hallucinatory Experiences,” *Varieties of Anomalous Experience*, ed. Etzel Cardena, Stephen Lynn, and Stanley Krippner (Washington, D.C.: American Psychological Association, 2000), 85–120.
47. Wayne Proudfoot, *Religious Experience* (Berkeley: University of California, Press 2000).
48. For example, see Vincent Crapanzano, *Serving the Word* (New York: New Press, 2000).
49. Thomas Csordas, *The Sacred Self* (Berkeley: University of California Press, 1994) has paved the way for one way of thinking about this in anthropology.
50. Ann Taves, “Detachment and Engagement in the Study of ‘Lived Experience,’” *Spiritus* 3 (2003): 186–208.