An Investigation of Psychotic Religious Experiences

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One afternoon some thirty-five or forty years ago, Morag Coate got up from the room in which she was sitting and moved to another room in her home, where a strange thing happened to her. Suddenly, she saw shafts of "exquisite, warm, dazzling sunlight," and her whole being was "filled with light and loveliness." Although Coate, a well-educated single woman in her thirties, had been an avowed atheist since her youth, she thought that this was what the mystics must have meant by "direct experience of God." She knew she had made direct contact with the "secret ultimate source of life." Convinced that she was in touch with God himself, she realized that God was a "living person." She and God commenced a "reciprocal love relationship" so strong that years later the thought of ending it would be devastating to her (1965, pp. 22-23, p. 87).

Her communications continued, and she often discussed theological points with God. "The Last Judgement was the wrong answer," she said. "I opposed God strenuously on this and insisted that some other answer must be found, and I offered myself meanwhile as a kind of hostage for the basic goodwill of the human race," she gradually got the feeling that a great disaster was about to occur (pp 28-29).
On a day several months after this first experience, Coate envisioned that a superhuman personage was stepping across the planets. She became a priest of the Minoan snake goddess, "or perhaps the goddess herself; it did not seem to matter which" (p 35). As she danced nude and wide-eyed in front her mirror, she was spotted by someone and taken to a mental hospital shortly thereafter. During some point, she was diagnosed with schizophrenia. Once in the hospital, she gained new feelings of piety and submissiveness, and felt herself to be the "star actress in a celestial mystery play." At different times she identified with the virgin Mary, the boy David, and an anonymous figure representing a boy and girl at once. At meal times, she and the other patients filed into a "chapter house," in which she believed the Last Supper was recurrently enacted. There, "space and time converged" to make a "meeting point" (pp 36-37).

After many weeks in the hospital, Coate recovered and went back to work, and happily resumed her contacts with God. A number of months later she was rehospitalized after "I had religious delusion and spoke of it in a public place," but quickly recovered after a course of electroshock treatments.

Then, for the next five years, Morag Coate would go
to work as usual, come home, and communicate with God. Although she had read the works of several Christian mystics in the past, Coate seemed to discover on her own their idea that "the whole material universe was in a sense the body of God." She understood that God had been doing so much for mankind for the past 2000 years, and that it was now mankind's turn to do something for God in return. Coate took it upon herself to be the negotiator for mankind, delighted to take the job although she knew that religious professionals would be more qualified, but too busy. Strange coincidences occurred frequently, and carried profound meaning for her and her dialogue with God. She assumed first that "God was everywhere, and that nothing could exist that was outside his reach or beyond his being"(p. 51). From there, she developed more specific ideas, especially about heaven and hell. "If the Last Judgement were to take place as planned," she concluded, "heaven would become all-powerful but the most vitally creative element of the life force, [hell], would have been destroyed" (pp. 52-53). Morag Coate saw herself as acting "in direct defiance of the powers of light," for she was bringing together spirits representing both good and evil (p. 53), in an attempt to achieve some cosmic diplomacy.
After two more hospitalizations over a period of a couple years, a psychiatrist helped her to recovery using psychotherapy and possibly antipsychotic medications, although she makes mention only of "a pill." She regained her sanity, disavowed nearly all of her religious beliefs, and left us with an autobiographical account of her experiences from which the above information was drawn. Her tale prompts us to wonder about the meaning of her religious experiences, about the validity of her somewhat logical theological system and the somewhat mystical nature of her experiences, and about what led this avowed atheist to suddenly concern herself with God and religion.

This study explores these questions by discussing psychotic religious experiences with respect to their mainstream, traditional counterparts, and from this it can be better learned what, if anything, constitutes a religious delusion. Like Coate, many people fit the DSM-III criteria for schizophrenia, schizoaffective disorder, bipolar affective disorder, or other psychoses, but also have religious imagery, ideation, and experience figure prominently in their lives.

A clear relationship exists between Coate's religious experiences and her pre-morbid life, and this helps us understand Coate and others who may be like her, and focus on the questions that her tale prompts. In the opening
pages of her book, she described herself as an only child who was not unhappy, who early on discovered that demonstrating anger toward her mother would "disturb [her mother] greatly." Coate learned young to curb her "rages" (p. 8), by running to her room and beating her pillow. Eventually she did not feel that she could get close to her mother at all, although she enjoyed her father's company and got along well with him. She turned to neither parent in times of pain, and "steeled myself to do without comfort "in [times of] distress or hurt." Being an only child in a rural environment, she felt very isolated from her peers, and the feelings of isolation intensified during her school years when she saw herself as the only one of her classmates who could not accept the Christian doctrine. She secretly became the only atheist she knew. As she got older, Coate's isolation came to include a distance from men-- she had her first kiss at age 27. During her 20's she fell deeply in love with a male friend whom she greatly respected, but she understood that his feelings were not the same for her when he expressed disapproval of an intellectual essay she wrote. Though she had a series of lovers after this man, she enjoyed their company but never experienced the passion she had for her first, unrequited, love.
Ultimately, Coate attributed her illness to her "[ab]normal sex life" (p. 125), and to needing a mother's love, but being rejected instead (p. 120). She had a problematic lifelong fear of "needing anyone so much" (p. 119). She said that her several acute relapses occurred, in part, because her direct contact with God in between hospitalizations were convincingly legitimate, and subsequently caused her confusion and pain (p. 125). Although Coate never stated any connection between her issues of loving and the deep love relationship she had with God, the reader can see that the love she experienced with "the person" of God was not found in her relationships with humans. Perhaps this was even the same kind of love that she later mentioned she lacked. She and God needed each other greatly, loved each other with apparently mutual respect. She says she recovered from her illness because her doctor's warmth, support and evident concern (p. 119), anchored her, and with him she could "let my feelings free" in a completely "uninhibited" relationship which gave a "profound new sense of freedom to the rest of my emotional life" (p. 121). As for her religious experiences, Coate stated that her first "illumination" gave her the basis for her adult belief in God, and she repeatedly tried to validate this belief with
subsequent delusional experiences that followed (p. 125).

All of her psychotic content was drawn from her memory, she said (p. 132). Somewhere in her memory existed a knowledge that Christianity "commands" its adherants to love (p. 9), and that love played a large part in Christian doctrine. In addition to her childhood religious training, as a young adult she had read the works of several Christian and non-Christian mystics, but she never subscribed to their beliefs. Although she saw her own life as giving her little opportunity to love other humans and be loved by them, she probably knew that Christian faith involved a love of God, and that Christian doctrine describes God's love for mankind as represented in the personage of Jesus, whose sacrifice illustrates God's love.

Morag Coate represents one of many psychotic mental patients with religious concerns, but these patients' experiences can be widely variable. Mary Barnes provides an example in which religion plays quite a different role than it did for Coate. Examining her story gives more perspective to the questions of meaning and validity that Coate's case prompts. Barnes fell into her second state of madness in 1965, about the time when Coate wrote her autobiography. Raised a Protestant Briton like Coate, she
converted to Catholicism in 1949 at the age of 26, as "something undeniable, undefinable, attracted me" (1972, p. 46). "Being received into the Church and into the mystical Body of Christ was the most important event in my life" (p. 46).

Her faith generally brought her comfort and peace at first, but it soon caused her some spiritual malaise. Not long after she became a Catholic, she became distraught at the idea of not being able to find a boyfriend she loved — her true love left her for the Anglican priesthood a couple years earlier. She became very religious, "always on my knees, praying, at Mass, going to confession." She said that she went after God as if he were a man with a penis. "It seemed I had . . . to give myself to God, to be the 'bride of Christ'. . . . I wanted to be a saint [but] it seemed you just had to let God make a saint of you. 'Well God . . . get on with it. Tell me what to do.' I got very demanding of God" (p. 47). At different times, she wrestled with shame and guilt, and at one point, she spoke of wanting to be a saint. Although she had been working as trained nurse all this time, in 1951 she decided to quit, and she went to live in an abbey in preparation for becoming a nun. After several weeks in the abbey's service, she went mad. She was considered schizophrenic by
many, including herself, but her autobiography does not list her official diagnosis. By 1952, she had recovered with ECT, insulin shock, and psychotherapy. During the following two years, her therapist advised her not to go to church so much (p. 54). She was still angry and upset that she did not have a boyfriend.

Throughout the years following, Barnes knew she stood on the verge of madness again. An older brother had been institutionalized for schizophrenia, and Mary saw her formative years as steeped in family pathology. She sought a healing situation where she would be allowed to "go down" into herself and come out and grow as a healthy whole person.

In 1965, Barnes moved into R.D. Laing’s Kingsley Hall, where her therapist, Joseph Berke, helped her "go down," and she became clearly mentally ill. Despite the fact that she was now in her early 40's, Barnes behaved more like an infant. She demanded constant attention, and often played with her feces, shaping them and rubbing them on herself and on the walls. Unlike Coate, she experienced few audio or visual hallucinations; these were essentially limited to one episode where she saw non-existent spiders on her bed.
Mary was wracked with feelings of "badness" and overwhelming anger she called the IT. She feared the IT could break out and destroy herself and others. Because she constantly felt "bad," she assumed she was being punished for doing something wrong, and found herself perenially trapped in this cycle of guilt. According to Berke, Mary's obsession with playing with her feces was a way of molding babies (p. 347), and at times this baby-making represented both shame, guilt, and love. Covering herself with her feces provided a way for her to regress to infancy, said Berke (p. 347).

Not long after Barnes arrived at Kingsley Hall, Berke introduced her to painting, and she soon became a prolific artist. Virtually all her paintings depicted Biblical scenes: the temptation of Christ, the crucifixion, Jesus entering Jerusalem. Barnes spoke little of her religious ideas in her autobiographical account of her illness, except to caption the reproductions of her paintings. Unlike Morag Coate, Barnes' words show an understanding of traditional Christian doctrine, sometimes reminiscent of the writings of Christian mystics such as John Tauler. Of one painting, she wrote, "Christ is seeing in a flash, all that was, is and will be, as he conceived it, before the beginning of time. The painting is of a peak point in
time, between the crucifixion and the Resurrection, a pause in the breath of God." (p 150). She painted several works she described as "Christ in agony," and one entitled, "The Schizophrenic Christ." Another scene she described as "Christ in happy resignation," where Jesus was depicted as bearing his cross. Of her painting entitled "Peter the Fisherman," she wrote that "Peter is orange and red, lotsa red, aflame with the love of Christ . . . strong in faith, he walks on water." (p. 292).

Visitors to Kingsley Hall, as well as Laing and Berke, have described her colorful and dramatic works as powerful and disturbing (eg, Laing p. 310). Berke noted that Mary Barnes did not differentiate herself from her paintings -- "they were one and the same." (p. 239). He stated that painting helped extricate Mary from her anger (p. 244), and that she played each character in the scenes she produced (p. 245). Her anger, love, and ecstasy were all expressed in the Biblical portrayals. After her recovery, Barnes said that "my madness uncovered more clearly and revealed the Faith within me . . . Going through madness is a purification, it brings me nearer to God, to myself . . ." She wanted to "further purify my remaining madness to holiness, to wholeness." (p. 351).

Mary Barnes saw psychological roots of her illness in
her mother's behavior. In the opening pages of the book, Barnes describes a childhood where her mother got "ill" whenever she was upset at the children. The mother never told the children she was angry, and didn't yell, but instead would say things like, "I have a headache now," and "I do feel ill." The children were left to tiptoe around her, and under father's direction, they had to make sure that they would not make the mother sicker. Mary reported feeling intense guilt for causing her mother's illnesses (p. 292). Barnes also portrayed her mother as very clean, and her mother wanted Mary to grow up to be a plain, homely housewife like her. Mary described her parents as "abnormally polite," and she described interchanges in which her parents would be communicating in dishonest way, hurting each other without realizing it because they would always retain a veneer of consideration even when they were angry (p. 14). Mary could never get angry at her mother, and "[I] couldn't really love, be in harmony with my Mother," either (p. 48). Throughout the book, Barnes stated that she always disliked being near her mother.

Mary's premorbid pattern of guilt is consistent with the cycle of badness and guilt that she experienced when mentally ill. Early on, Barnes learned to substitute guilt
for an honest expression of anger, both because she never saw anger expressed by her mother, and because she herself could not express anger at her mother without feeling like she made her mother sick. With this suppression of anger, and with her family's attitude that anger had grave consequences, it is not surprising that Mary would fear that the angry IT inside of her could have far-reaching and devastating effects on herself and others.

Mary's religious paintings, by contrast, provided an outlet for some of her emotions, especially joy and agony. These she expressed along prescribed story lines, enriching not only her psyche but probably her appreciation of the Biblical history as well.

Both Barnes and Coate point out the need to examine personal issues underlying psychotic religious experience. In Morag Coate's religious experience, there is an overpowering love in the form of her relationship with "the person" of God. Also in Morag Coate, there are certain barriers to her ability to express these emotions honestly with other humans: a fully developed love relationship with a mortal was never known to her. Early in life, she could not get close to her mother in either anger or love, and she later repeated this pattern with
lovers and potential lovers, for reasons that aren't entirely clear. Mary Barnes learned early both to suppress anger and to deny recognizing it, and this modus operandus interfered with her positive feelings for her mother. The later religious experiences of both women were highly emotional, perhaps reflecting both the emotional nature of religion in general and the emotional nature of their personal conflicts.

In both cases, there is a level of psychological understanding to the appearance of these religious experiences. While a psychological connection may or may not be present in most psychotics with religious experiences, examining these experiences within the context of the patient's life could yield information than can help interpret the meaning of the experience.

Like Coate, Barnes prompts questions about the role and validity of religion with respect to mental illness: to what extent are her experiences acceptable to the Catholic Church as valid religious experiences? Does Mary's conversion to Catholicism and her religiosity contribute to her illness in any way? Barnes in many ways represents Coate's opposite: Barnes was faithful before she "went down" in her 40's, and her paintings and beliefs were far more consistent with mainstream Christian beliefs than were Coate's.
Barnes and Coate illustrate the variety of religious experiences seen in psychosis, and the complexity of the issues. This study seeks to broaden our understanding of these experiences by discussing them within the context of the patient's psychological life, and with respect to the psychotic's counterparts in more mainstream religion. In this way, we can help define what is meant by "religious delusion."

Review of literature and background

The literature so far lacks any specific attempts to define "religious delusion," although William James (1902, 1982) and Wayne Oates (1955) both discussed some general characteristics which distinguish "healthy religion" from "pathological" religion. James concentrated largely upon the feelings that religion brings the healthy minded. Optimism is healthy, for example, but too much may be "pseudo-pathological," as is too much melancholy. Oates, whose training was in pastoral care, characterized healthy religion by such features as coherancy, clarity, sincerity, and pre-existing faith. His criteria for healthy religion referred to Christian values and terminology. The works of James and Oates represent important contributions, although neither specifically discussed their criteria in relation to specific patterns
seen in psychosis, as neither systematically studied psychotic religious phenomena. In addition, neither spoke much of the possibilities that a psychotic could be expressing acceptable mainstream or esoteric beliefs, despite his condition.

Relatively little has been written on specifically psychotic religious experiences, and relatively little empirical data has been gathered. Few researchers have investigated the relative prevalence of religious content in psychosis. Farr and Howe published a 1932 study indicating that 13.5% of a group of 500 heterogeneous psychiatric patients had religious content in their symptomatology. Within this group, 64% were diagnosed as either manic or depressive. The authors did not specify the range of psychiatric illnesses present, nor did they qualify what they meant "religious content."

Farr and Howe's results are loosely consistent with Bleuler's theory that religious delusions arise primarily from disturbances of affect (1950). Bleuler, however, restricted his theory to delusions, and the question of valid, non-delusional religious experience in psychoses remained unanswered.

One of the most contributory studies to date is Anton Boisen's 1936 work, *Exploration of the Inner World*. Boisen
was a theologian with a background in sociological work and a history of two acute psychotic breaks. His psychotic experiences inspired him to perform sociological studies on mental patients. They also inspired him to prompt mental hospitals to begin hiring chaplains.

His study gives some idea as to the prevalence of religious ideation. In a survey of 173 cases of "dementia praecox," 32.9% had ideas of impending world change and great issues at stake, and in 23.6% cases the patient exalted his role in the impending world change (p. 33). He did not say if these patients specifically discussed God or familiar religious imagery, yet these cases share characteristics of apocalyptic beliefs. Eight of the cases do mention religious themes specifically: 2 claimed to be the Son of God, one will be crucified, 3 claimed to have a central role in the eminent Second Coming of Christ, 2 others discussed the devil.

Boisen also discussed the experiences of several religious leaders, including Immanuel Swedenborg, George Fox, and John Bunyan. He compared their experiences to those of specific schizophrenic patients and he concluded that the main difference between these acceptable religious experiences and schizophrenic religious experiences was that the religious leaders emerged
victorious, functional, and enriched, whereas the schizophrenics did not. Regardless of the validity of this specific conclusion, Boisen was among the first to reject psychopathological explanations for psychotic religious experiences, and to concentrate on social factors instead (in Beit-Hallahmi & Argyle, 1977). Decades later, more researchers, also came to agree with this general idea, eg. Lowe in the 1950s and Alland in 1962.

In other work in the field of psychotic religious experiences, Freud, Jung, Schatzman and many others have written about the content of Daniel Schreber's psychosis, which this patient had described in his 1903 Memoirs of my Nervous Illness. Schreber reported terrifying visions of God, which later authors, notably Schatzman, correlated with his father, who raised Schreber in an unusually draconian manner. However, the body of literature on Schreber rarely focuses in on the context of mainstream religion, despite the religious nature of Schreber's beliefs.

In the 1950's, Lowe extensively interviewed and tested eleven psychotics, all of whom had anomalous religious beliefs that generally included grandiose identifications or delusions of persecution (eg, chief of divinity and
commander of all nations; is Jesus' bride and twin; is the Second Coming). All patients with available histories were found to have problematic childhoods, all characterized in part by excessive dependency on the mother. Lowe concluded that the patients' present religious beliefs came as "the aftermath of severe personality disturbance[s]," and were not their cause (1953). "Affective lability was the fertile ground" upon which the "cognitive distortions developed" (1953), and affective needs forced them into a more significant role within the religious systems (1954). Religion represented a childhood symbol to which the psychotics regressed (1955). Although his sample included only those with anomalous beliefs, Lowe generalized his conclusions to all psychotics with religious preoccupations, (1953), and concluded that their religiosity was "objectively narcissistic," an escape, and these preoccupations "provided them with secondary gains for frustrated primary social and sexual needs" (1953). Lowe also found that these patients could be divided into two groups, one that strongly identified with dogmatic beliefs of their religious groups, including literal interpretations of the Bible, and another which displayed hostile and rejecting attitudes toward organized religion and their dogmas (1954). The dogmatic group had been strongly influenced
by religious parents, and these patients were said to "blindly" follow these belief systems, while the hostility of the other group "enabled" them to shop around for other beliefs that fit their needs, even if these beliefs were outside orthodoxy (i.e., were anomalous) (1954).

In 1953, Salzman described a kind of religious conversion that "may either precipitate or be a part of the psychotic process," although "it may also occur in presumably normal people." This 'regressive' conversion, as opposed to a 'maturational conversion,' occurs during attempts to solve serious problems or come to terms with disintegrating processes which generally arise from hatred of an authority figure. The resulting faith does not generally represent a deep-seated change, and has elements of hatred and intolerance typified by "'hell, fire, and damnation' preachers." Salzman used several cases to illustrate his point, and later Spellman, Baskett, and Byrne (1971) gathered empirical data on a group of such converts and found that they had higher levels of manifest anxiety than did normals. Salzman likened regressive conversion to the "divided self" conversion described by William James, although Salzman's description of hatred, intolerance and conflict with an authority figure makes this kind of conversion markedly different from the
conversion described by James, despite their other similarities.

Alland (1962) noted that intense religious experiences, described as trances, which involved some physical changes and perhaps alterations in consciousness, were very common in a revivalist black church. He therefore rejected psychopathological explanations for such experiences. He summed up his argument by saying, "A culture or subculture composed of either hysteric's of schizophrenics would be difficult to imagine."

Later, Milton Rokeach's 1964 book, *The Three Christs of Ypsilanti*, did little to answer questions about the nature and validity of religious content of psychosis. Rokeach, a social psychologist, was primarily concerned with the social interactions of three men claiming the same identity.

In 1963, Murphy et al published a cross-cultural survey of psychiatrists and found that among schizophrenics, religious delusions occurred most frequently in Roman Catholics, relative the other Christian and non-Christian groups. It was noted that those faiths with the highest tendencies to produce guilt had the highest prevalence of delusional patients, except
for Judaism, which had the very lowest. Buddhists, Shintoists and Jews had by far the lowest prevalence of religious delusion, with Hindus, pagans and Muslims ranking in the middle after Christians.

Levinson observed in 1973 that, over the previous 2 years, an increasing number of patients in the Michigan state hospital system believed themselves to be Christ. All of these patients, he said, had been involved in the so-called counter-culture, which included Eastern religions, mysticism, and meditation and vegetarianism. All were found to be withdrawn individuals who "avoided affect-laden experiences," and were worried about aggressive impulses. They often had aloof mothers. Their images of Christ followed accepted religious images, for the most part, according to Levinson. They often identified with Jesus' pacificty to curb aggressive tendencies.

There have been several scattered studies which examine the religiosity levels of psychotics and/or normals. Larson et al (1986) also cited a series of papers indicating that empirical generalizations from psychosocial research outside the field of psychiatry demonstrate that "the mentally ill are less religious and engage in less religious activity, whereas the psychologically healthy are more religious and engage in

Boisen (1935), who surveyed the religiosity of 173 patients with dementia praecox but did not survey normals, found that 5.8% showed "marked" religious concern," and this group mostly included church workers or religious professionals. An additional 51.4% were considered to have "moderate religious concern," that included regular attendance at worship services, adherance to religious teachings, but he described their religion as "formal and superficial" overall. A final 42.8% showed no evident religious concern in their pre-psychotic lives, meaning that, while they generally believed in God, they did not adhere to religious teachings nor attend worship services regularly if at all (pp. 50-51). Boisen did not seem to have a category roughly analogous to Larson's, in which religion may be important to one's life, but one is not necessarily a church worker or religious professional.
Outside of these categories, Boisen also noted that several patients experienced an increase in their religiosity shortly before becoming ill (p. 51).

Cothran and Harvey stated in a 1986 paper comparing normal controls with psychotics of various diagnoses, that self-ratings of extreme religiosity does not seem to be a correlate of tendencies toward religious delusions. However, self-ratings of high religiosity combined with a lack of support for "dogmatic," beliefs (eg, "fundamental beliefs") appears only in psychotics, and not normals. (Cothran and Harvey never defined "dogmatic," but they repeatedly used it in contexts in which it could sensibly only refer to adherance to mainstream or conventional religion.) Their paper asserts that unusual characteristics of the belief, and not differences in the degree of belief, are associated with psychosis. This finding is consistent with Beit-Hallahmi and Argyle's conclusion from their 1977 review of literature on religious delusions, which stated that "psychopathic" aspects of religious experience were more evident in individuals claiming solitary religious experiences and expressing independent religious beliefs.

Cothran and Harvey noted that their work directly
contradicts a 1971 study by DiGiuseppe on dogmatic beliefs in normals, in which high self-ratings of religious conviction were highly correlated with dogmatism. DiGiuseppe measured dogmatism using the Dogmatism Scale (Rokeach 1960), which measures the ability to form new belief systems of any kind, and overcome any kind of preconceived beliefs, and has nothing to do with adherance to traditional religious doctrine.

In 1968, Daly and Cochrane reported that depressive psychotics were more often highly religious than other patients (type unspecified), in a study which compared these two groups on 31 assorted variables. They did not state how religiosity was evaluated or the amount of attention this variable was given.

The following year, Gallenmore, Wilson, and Rhoads published findings in which 52% of manic-depressives reported religious experiences described as salvation or conversion, as compared to 20% of normal controls. In most instances, these experiences, defined respectively as rededication to religious life and feelings of oneness with God, were found to have occurred at times when the patient was well, and the experiences were only rarely related to an illness. While many patients in the study had no change in their religious beliefs or feelings, a
few derived "considerable benefit from the religion when ill."

Overall, it is unclear whether differences in religiosity are present between various types of patients and normals. We are also unclear, both empirically and theoretically, about the extent to which religion contributes to psychosis (e.g., Salzman), benefits the psychotic patient (e.g., Galenmore et al), or is irrelevant to the development or course of the illness (e.g., Lowe). In addition, only Lowe and Boisen have performed general, in-depth, exploratative analyses of the religious content of specific patients, whereas all other investigators examined content only by testing isolated hypotheses. Except for Boisen, Lowe, and to an extent Galenmore et al, the field lacks attempts to integrate empirical data into a comprehensive theoretical framework. However, affective lability in these patients was linked by two empirical research teams to subsequent religious experiences or delusions (Lowe, Galenmore et al).

A comprehensive theoretical framework would provide understanding for diagnostic and therapeutic purposes. The current literature gives us little understanding of why religious content appears, nor is there understanding of the therapeutic consequences of religious content.
More fundamentally, there is no guarantee that operational definitions of key terms such as "religious" or "religious delusion" are consistent from study to study. The literature makes frequent use of these terms, yet "religious delusion," in particular, is uniquely problematic. According to Winters and Neale (1983), delusions refer to "convictions, ideas, or beliefs which are held to be true but are certainly false and impossible, and are not endorsed by members of an individual's religious or cultural subgroup" (p. 28). The DSM-III also considers endorsement by cultural subgroup as central in differentiating some questionable religious experiences from psychosis. Both of these definitions leave considerable room for controversy. First, by their very nature, religious beliefs can almost never be "proven" "certainly false and impossible." This may be the case, as we shall see, even when the believer claims that he is a certain religious personage, such as Jesus. Second, while it is possible to judge objectively whether or not a person's religious beliefs are endorsed by others, to label any unendorsed belief "delusional" can also be problematic, since many people hold solitary beliefs, but are functioning members of society and not thought by themselves or others to be mentally ill. As
Beit-Hallahmi and Argy implied in their conclusion, these people are more likely to be mentally ill, but are not necessarily so (1977). Although genuine religious delusions no doubt exist -- and this study attempts to help define what these may be -- the term is nonetheless fuzzy at this point, and it is also unclear in all the preceding literature.

James and Oates contributed significantly to the general distinctions between "healthy" and "unhealthy" religion, but now that more is known about psychosis, their basics can be applied to specific psychotic religious phenomena. In addition, with the rising level in interest in spiritualism, Eastern religion, and mysticism that our culture has witnessed since the 1960's, clinicians of today need to be able to distinguish the esoteric from the delusional. As we shall see, these differences are often thin ones.

For the present, the "religious delusion" will be substituted here by the terms "religious content," "ideation," and "experience. These terms are more accurate because they encompass those religious beliefs and experiences that are consistent with mainstream religion. people. Use of such broad terminology is necessary until a working definition of religious delusion is formulated.
Clinically, such a definition can be important for diagnosis and also for treatment. It cannot be assumed, for example, that any religious belief combined with aberrant behavior constitutes delusional thinking, because some content may represent endorsable or accepted esoteric beliefs that are operating in psychotic people. Moreover, some religious beliefs may be therapeutically helpful to a psychotic, as Barnes' case illustrated. Thus it would be useful to be able to identify the characteristics of potentially therapeutic beliefs.
The reasons for the paucity of comprehensive research on psychotic religious experiences are not entirely clear. Larson et al (1986) analyzed all the psychiatric literature from 1978-82 that used religious variables, and concluded that psychiatric research on religion lacks conceptual and methodological sophistication relative to religious research in psychology and sociology. They cited that mental health professionals infrequently believe in God: 43% of psychiatrists in the APA (APA 1975), and 5% of psychologists in the American Psychological Association believed in God (Ragan 1976). They contrasted these data with the polls mentioned earlier showing that 90% of the general public believe in God, and 20% of the public perceive religion to be very important in their lives (references cited earlier).

The current pattern of psychiatric religious research no doubt stems partly from the historical roots of modern psychiatry. Nineteenth century thinkers like Comte, Marx, and Nietzsche brought to modern psychiatrists a tradition whereby man's capabilities were extolled, religion was viewed as a illusion, and ideas which could not be proven scientifically were readily rejected. Freud, a man with scientific training, viewed religion as a neurosis, and believers were barred from the Psychoanalytic Association.
Freud believed that the ideas of psychotics are simple individual religions, while ordinary religious ideas are the result of a more widely shared psychological mechanism (in Beit-Hallahmi and Argyle 1977). Kaufman (1939) developed this theory. Freud's theories contradict the body of more recent non-psychiatric empirical social research cited by Larson (1986), in which religious activity is more associated with mental health than mental illness.

Unlike Freud, Jung respected and accepted the value of religion, and while his interpretation of religious myth in psychological terms represents a great contribution to psychology, his tendency to describe religion in terms of its psychological value, rather than any inherent value, nonetheless retains the influence of scientific reductionist tradition in which he was trained. With notable exceptions in people such as Fromm, Freud's model or variations on it dominated psychiatry at least until the 1960's where interest in spiritualism emerged in the general public, and the field of psychiatry witnessed the rise of the Anti-Psychiatry movement, led by Thomas Szasz and RD Laing, who rejected traditional models of mental illness or even rejected the concept of mental illness itself. Today, with a new emphasis in the general public on traditional values and religion, there appears to be a
move toward greater psychiatric acceptance of religion. Psychological issues in psychosis as a whole, however, are now often pushed aside with the emergence of biochemical models. Psychotherapy together with neuroleptic drugs are still recommended for schizophrenia, however, as a 1986 editorial note in the *American Journal of Psychiatry* illustrated (see also Boffey 1986).

In contrast to psychiatrists, the earliest psychologists of religion in the latter half of the nineteenth century, were religious persons. The second generation, according to Strunk (1957, in Alter 1985), were theologians first and psychologists second. After 1930, the psychologists followed Freud's lead in viewing religion as neurotic and regressive, and researchers tried to adhere strictly to scientific objectivity, but this "failed to capture the richness and complexity of religious faith." (Alter, p. 8) Allport, who worked in the 1960's, was a forerunner of the current phase of this field, which began around 1970. Now, influenced by humanistic psychology, there is a melding of the previous two world-views, where the strengths of each are combined for a richer yet more systematic understanding of the psychology of religion.

This study represents an exploratory attempt to understand the psychotic religious experience in a more
integrative sense, using the resources of psychiatry, psychology of religion, and religion. It examines the similarities and differences between conventional Western religion and the Western religious tradition, including the mystical tradition, and psychotic religious experiences, therefore helps define what religious experiences are "delusional" and what are not, and in doing so helps defines the roles that religion may play in the development and course of psychotic illness. By examining psychotic religious content using the terminology of mainstream religion and mysticism, light may be shed on the "vocabulary" of the belief systems seen in psychotics.

Methods

Methods of investigation used here are more similar to those of Boisen and Lowe than to any of the more quantitative methods used by other researchers in the field. Individual cases were reviewed and analyzed in detail, and background on the patients' pre-morbid lives was obtained, where possible. All patients demonstrated religious and sometimes pseudo-religious content; no non-religious cases were examined. The investigation was purely exploratory, with no attempt to test any specific
hypothesis, although special attention was paid to the emotional history of the patients’ pre-morbid lives.

The patients came from two groups. In the first group, six cases were taken from published autobiographical accounts of the twentieth century, and one from a briefer biographical summary taken from autobiographical reporting. In all but one of the above cases the patient recovered, and none of these patients, with the possible exception of Coate, used antipsychotic medication, generally because most of the autobiographies were written before neuroleptic agents came into widespread use.

The autobiographical cases reviewed in detail are as follows:

Mary Barnes, in *Journey through Madness* (1972)
Clifford W. Beers in *A Mind that Found Itself* (1935)
Anton Boisen in *Exploration of the Inner World* (1936)
Morag Coate, in *Beyond all Reason* (1964)
John Custance, in *Wisdom, Madness, and Folly* (1952)
"Renee," in M. Sechehaye’s *Autobiography of a Schizophrenic Girl* (1951)
"Albert W." described in detail in Boisen’s study

Also reviewed was the purely pseudo-religious case of Jane Hillyer, in *Reluctantly Told*, which would bring the total to 12, if she were to be counted with the others.

(Please see the appendix for a table reviewing the features of all eleven religious cases.)

In the second group, four patients were obtained through patient interviews and review of the patients’ medical records. All of these patients were medicated and
were generally incomplete historians, as all were still mentally ill. These patients were recruited from a 24-bed locked adult unit of an urban psychiatric center in a teaching hospital owned by the Catholic Church. Most of the psychiatric patients were on Medicaid, and it is not thought that the Catholic nature of the hospital significantly affected the sample, as only one patient reported being Catholic. For two months, all consecutive patients demonstrating any religious content were referred to the study by the unit chief. Seven were referred in all, but one was excluded because of probable Korsakoff's psychosis, another patient did not want to participate in the study, and a third patient was not available time constraints. Of the remaining four, three were interviewed two to four times, but the fourth was only available to be interviewed only once.

All eleven patients, including the autobiographical authors, were regarded as psychotic, and diagnoses included schizophrenia or dementia praecox, schizoaffective disorder, and bipolar affective disorder or manic-depressive disorder. In addition, one patient's diagnosis given as post-traumatic stress disorder of delayed onset. Diversity in diagnoses was considered acceptable due to the exploratory nature of the study because differential
prevalences in different diagnoses were not examined, and because evidence from each case was not assumed to be generalizable to all psychotic religious experience. Results, however, happened to demonstrate patterns that crossed diagnostic lines.

Patients' experiences and psychotic content were then analyzed over four religious parameters, where trends in their experiences at least superficially overlapped with known and accepted religious experiences. These were:

1) contact with the divine and the individual's description of God.

2) conversion experiences (i.e., those experiences where a shift in one's central values was seen). The temporal relationship of the conversion to the onset of illness, as well as the nature of the conversion, was also studied.

3) the nature of the individual's relationship to God,

4) the use of the language of the sacred and the apocalypse (which represents a return to sacred time).

These parameters were chosen for study after a pilot review of the cases showed all four of these parameters to be relatively common among the patients, and all are also very common in mainstream Western religious experience. These four are but a few of many possible parameters.
"Religious" in this study refers to a belief that life is purpose, combined with any use of words associated with religion: eg., Virgin Mary, God, divinity, salvation, gods or goddesses, prophets and saints. In another category of content referred to here as "pseudo-religious," patients use religious content without using specifically religious words. For example, patients who speak of impending world catastrophe, share with the Western religious tradition the concept of the apocalypse, and would be labelled "pseudo-religious" for this reason.

Introduction to the Analysis and Discussion

Before beginning the analysis of the cases in terms of the four parameters described above, it is important to note that, when comparing madness to mainstream belief and behavior, a deviation from social and historical context in part defines madness. Beliefs and practices that may objectively seem to be of questionable psychiatric status would not usually be defined as mad if they were practiced by the community as a whole. Examples range from the belief that one is eating the blood and body of Christ during communion, to the practice of consuming placenta, as was a
recent popular trend. Both of these practices are or have been endorsed by a community, or cultural subgroup. Even with community endorsement, there is sometimes no clear dividing line, for at times the mental stability of entire minority groups has been questioned by the majority, as with the Baghwan Shree Rajneesh, and other so-called new religious movements.

In addition, historical context is particularly relevant for this study. At one time in English history, excited behavior combined with religious ideation was less likely to be viewed as madness than as spiritual affliction, until beliefs about mental disorder became more secularized in the mid-eighteenth century (MacDonald 1982, p. 124). Today, the same beliefs and behavior would more likely be viewed as symptomatic of mental illness.

Although general social and historical context must be borne in mind, this study is not primarily concerned with the changing definitions of madness throughout the centuries. Nor is this study concerned with discussing the possible nervous and mental disorders of saints and mystics who were not viewed as mad. Unlike the mystics, nearly all of the people upon whom the following discussion is based
have viewed themselves as mentally ill. This study discusses their beliefs and alterations in consciousness with respect to traditional religious beliefs and alterations in consciousness that would have been acceptable to their contemporary communities or subgroups. The Western religious tradition is used for comparison here to provide, at the least, a basis for understanding these patients' vocabulary. Religious delusion, by definition, will differ markedly from mainstream religious tradition. Thus, in defining "delusion," one must examine the extent to which this is so, and the exact way which "delusions" differ from mainstream religion.

The four parameters of religious experience outlined above can be better focused on by introducing one area where schizophrenia and possibly other psychoses overlap with the general nature of religion. This area consists of the link alluded to previously between the emotional life of Morag Coate and Mary Barnes and the place that religion holds for their emotions.

Earlier, Morag Coate was shown to have met some barriers to her expression of loving feelings toward others. Mary Barnes also demonstrated that she learned early on suppress her feelings of anger, and possibly love as well. Current psychiatric thinking seems to suggest that
a disorder in the expression of one's emotions, including anger and love, may predispose a person to schizophrenia or other serious psychiatric disturbances. For example, according to the DSM-III, schizoid personality disorder, often associated with the later development of schizophrenia, is characterized by the blunting or dulling of affects, especially in instances where some expression of affect would be appropriate. Suppression of affect has been noted in several psychological theories. Bleuler proposed that delusions arise from the interaction of thought disorder to disturbances of affect and that religious delusions arise primarily from those disturbances of affect (1950). John Perry stated that loving passion, tenderness, and concern was often suppressed in the development of people who would later develop psychoses (p. 143). Perry elaborated by suggesting that being hurt in early infancy may leave one with a fragile self-esteem, and "since closeness threatens renewed disappointment and hurt, which are either dulled or repressed or remain so unconscious as to function in a distressingly autonomous fashion" (p. 44).

In addition to the psychological components of psychoses, there is evidence of a genetic or chemical etiology at least in some cases (see Boffey 1986). The
above studies and theories were cited as part of a focus on
the former, without denying credence to the latter.

In contrast to the affective blunting or suppression
described in schizophrenia, and in contrast to the
affective suppression seen in Barnes and Coate, the Western
religious tradition is filled with images and rituals which
evoke strong emotions and provide a framework for their
expression. We see love, for example, in many forms: the
peace of maternal love represented by the Virgin and Child,
and the anguish of this love in Demeter's desperate search
for her kidnapped daughter Persephone, and in the pain of
the Virgin Mary as she holds the dead Jesus in her arms in
pieta. The triumph of Jesus as he arrives in Jerusalem
bearing his cross illustrates the joyful love of God for
man. We see the love of man for God in everyday worship, in
mystical ecstasies, and Biblically in Job, in Abraham's
near sacrifice of Isaac, and throughout the gospels, and

The crucifixion depicts a prototypical image of
suffering and sheer anguish. The feeling of resignation is
found in the powerful image of Jesus carrying the cross of
his punishment. There is anger in the wrath of God as in
the stories of Jonah and Noah. And in the piety of a
worshipper there is utter humility, awe, and an empty fullness in the face of God.

Thus, at religion's spiritual level, there exist raw uncomplicated emotions: love, wrath, suffering, joy, humility, resignation, loss and anguish. At the level of religious law, there exists the more intricate feelings of sin, repentance, and guilt, where suffering is the product of internal conflict, not generic pain. Yet all these feelings can be powerful, even overwhelming.

In Coate and Barnes, strong emotions are expressed along some prescribed lines that Christianity draws. Barnes' experience more closely followed conventional Christianity than did Coates', perhaps because Barnes' pre-morbid faith and religious training made her well-versed in the rich complexity of Catholic dogma. Coate, by contrast, had little to work with—she appeared to draw her basic religious assumption from the simplistic teachings she received as a child, despite the fact that she read the works of some Christian mystics later in her life. In Barnes' first break and throughout Coate's illness, it appears that the emotionally charged nature of conventional religion and including mystical experiences, make it susceptible to misinterpretation in those with emotional problems.
In both cases, religion provided a framework for two women who were not dealing honestly with their emotions. Their particular psychological dilemmas fit in well with Christianity or what they held to be Christianity. Mainstream Christianity holds a place for love, as well as for joy, sin, and suffering. Religion also holds a place for self-control, and the suppression of desires and affects, and one may expect this aspect of religion to also hold some place in those with emotional conflicts (eg, in Levinson's aggressive Christs who identified with Jesus' peacefulness). Although this overlap of religion and affect may not be true for all patients who exhibit religious content, Barnes and Coate illustrate that this possibility exists, and this possibility necessarily colors the consideration of the four parameters discussed below.

1. Contact with the divine and the patient's description of God

Morag Coate knew she was in direct contact with God himself. She described beautiful shafts of lights, and that her whole being was filled with "light and loveliness." Although she was the only patient in this study with such a dramatic experience with God, there no
doubt exist others with similar histories. How are the patient (or potential patient) and the clinician alike to know whether such an experience is a convincing religious experience, especially when mystics like Hildegard of Bingen and Richard Rolle have experienced similar dramatic events that were accepted as valid by themselves and their religious communities?

Margery Kempe, a fifteenth century Englishwoman, had trouble evaluating her experiences with the holy spirit, and she wrote to a well-known mystic, Julian of Norwich, for advice. Kempe received a reply from Julian, telling her to evaluate the veracity of her experiences by the fruit which they produced. If they moved one to charity, to chasteness, and to strengthened faith, said Julian, they could be trusted to be from God (Capps and Wright 1978, p.96).

Sandra Schneiders, a spiritual counselor at Berkeley’s Jesuit School of Theology, gave similar criteria for evaluation today. Proof is not given by the specifics of what the deity looked like or sounded like, but by how the experience affected the person, as by moving one to virtue and/or peace of mind (personal communication). Daniel Schreber, for example, was hardly moved to peace of mind by his terrifying visions of God, and his experiences
would be highly incongruous with conventional religious experience.

Direct contact or union with God is something many mystics describe as the culmination of their faith and devotion, and therefore one would be less likely to evaluate the phenomenon as a valid religious phenomenon if the person reporting it had not previously been faithful or concerned with religion. Jan van Ruysbroeck, a fourteenth century Dutch mystic, described three stages of devotion: purgation, where one cleanses away the sins of his previous life; contemplation or illumination, where one begins to turns one’s soul actively toward God; and finally union, where one experiences the divine directly (Capps and Wright, p. 140, from "Adornment of the Spiritual Marriage"). van Ruysbroeck’s stages are echoed in many mystical traditions, from John of the Cross’s famous "dark night of the soul," to the alchemical steps of nigredo, albedo, and rubedo, where this latter stage represents direct experience of the divine.

Implied in the mystical experience of contact, or union with God, is knowledge of God. Knowledge and union may even be synonymous (eg, in Gnosticism, Meister Eckhart). Fourteenth century mystic John Tauler eloquently related
his concept of union, which he described as "wonderful resignation" (Capps and Wright, p. 127).

If the two are to be made one, then must one stand passive and the other active. If my eye is to receive an image, it must be free from all other images; for if it already has so much as one, it cannot see another, nor can the ear hear a sound if it be occupied with one already. Any power of receiving must first be empty before it can receive (p. 126).

The characteristics of the deity are widely varied in the Western religious traditions, yet all descriptions include features of utter incomprehensibility, infinity, and transcendence, where God is by definition a separate entity removed from mankind. This transcendence necessitates a personal relationship with God, often mediated by intermediaries such as angels. Union or contact with God occurs with divine rays, such as the "Seelenfunklein" described by Christian mystic Meister Eckhart (who died in 1327), and not generally "face to face" with God. Ultimately, union often involves a feeling that one's individuality is lost as one temporarily becomes part of something much greater than oneself (eg, in van Ruysbroeck, and in Jewish Hasidic mysticism).

Despite the transcendence of God, many more mystical strains of the Western tradition hold that sparks of the divine are found in all humans or in certain humans. This
doctrine was important to the Gnostics, who thrived in the first few centuries of the Common Era, and later to Eckhart and to the Jewish Hasidic mystics. These traditions concern themselves with raising these sparks. Others talked in more general terms about the divinity to be found in this world: Hildegard of Bingen saw divinity in the reason and harmony of the world.

Note the similarity between the belief in divine sparks in all or some humans and the beliefs of certain patients who describe themselves in divine terms. However, important differences generally do exist, such as a lack of humility in the patients, and these differences will be more fully elaborated upon in the third and fourth sections of this paper.

For mystics like those of the Rhineland school (led by Eckhart), and for the Kaballists, and to an extent the Gnostics, the term "God" or the name of God, often merely represents a relatively comprehensible entity which sprang forth from something far more vast and unknowable. This original entity is often referred to as the "Godhead" in the Christian tradition, as the Ayin Sof or Infinite One in the Kaballistic tradition, or as Bythos "The Abyss" in the Gnostic tradition.
Several strains of Western religion also hold God or the Godhead to be without a specific character. They defer even from labelling God as good, because God is the sum of all qualities. "If anyone were to say that god is good, it would be as incorrect as to say that white is black," said Eckhart (Capps and Wright, p. 110) The Jewish Kaballists held that the Infinite One, the Ayin Sof, is defined only by the ten emanations that make up the Tree of Life (eg, Love, Mercy, Justice, etc.) and not by any single one of these qualities.

While the above beliefs may sound odd to a clinician who is not well-versed in religion or mysticism, these beliefs are generally accepted by the orthodox religious communities from which they came. A patient who envisions the deity along these lines would not, then, be considered aberrant in the religious community, just for having these beliefs alone.

Regardless of how one envisions the deity, experience of the divine is ipso facto, emotionally powerful. As Eckhart put it, "if the soul beheld God even at a distance, . . . and saw him only for a moment, it would never turn back again to this World" (Kingdom of God is at Hand, in Capps and Wright). William James asserted that divinity is defined as that which evokes solemn feelings (1982).
Depending on the extent to which a patient's experience is congruous with the conventional Western religious tradition, he, too, may be profoundly affected. Even in those whose beliefs are relatively anomalous, like Coate, the contact with God may change their lives.

Although the above introduction to accepted descriptions of God is far too brief to do justice to the Western religious tradition, it can nonetheless contribute to an understanding of what makes someone like Morag Coate anomalous. First her contact with God came from nowhere, without a preceding period of faith, devotion, or even religious thinking. Also, Coate strongly believed in God as a "person," and demonstrated little feeling that the deity was utterly incomprehensible. By seeing God as a "person," Coate reduced the Western ideal of an incomprehensible God to a deity which is quite understandable. It was upon this idea that she centered her faith, and upon this faith, she centered her life. While her contact with God was influential to her, and while it gave her some deep happiness, it also led to a troubling dialogue with God on several theological issues, and did not lead to a peace of mind. Perhaps if Coate had not understood God to be a "person," she would not have
taken it upon herself to involve herself in these dialogues that troubled and preoccupied her, for one would expect that the infinite and incomprehensible deity of the Western tradition is not a being that lends itself well to human-style negotiation and diplomacy. In this sense, Coate's anomalous beliefs contributed to her problems.

Another subject of this study, Mr. P, a 47 year old paranoid schizoaffective patient whom the author interviewed, reported having visions of Jesus, during which Jesus would "instill bravery" in him and reassure him. He began to have these experiences not long after he felt "the spirit of Christ descend upon me," during a troubled time in his life. Mr. P also demonstrated beliefs that were much closer to conventional beliefs than were Coate's, and the later onset of his contact with Jesus is consistent with this proximity to the mainstream. Mr. P described God as "the Infinite," "the Being," "He's in all our minds; He is our minds." The bravery that Jesus brought Mr. P served as a comfort, especially because Mr. P's mother had tried to convince him that he was a "coward" ever since he was 5, when she chided him for not standing up to a bully twice his age. "You should be brave like your father," she told him, "I don't want a coward for a son."

Mr. P was not without more aberrant thoughts and
behavior. He also believed himself to be the only heterosexual person on earth, and he spoke telepathically with people both living and dead. At one point, Mr. P was dressing like a Roman Catholic priest although he was never trained or ordained as one. In addition, Mr. P was extremely concerned that he might not get into heaven, and he relied on Jesus' decision in this respect. Divinity thus also caused him some apprehension and malaise.

Mr. P and Morag Coate demonstrate that contact with the divine can have varied forms among mental patients, and can contribute to their problems, or help them feel better about themselves, and may even do both at once. Such contact should be evaluated in terms of a person's existing faith, the effects of the contact on the person, and for the qualities the person sees in the divine.

2. Conversion

A change in belief systems or value systems, or a deepening of religious beliefs appears to be not uncommon in those psychotics demonstrating religious content. For example, in this study, in ten of the eleven religious cases reviewed, the entire focus of the patient's life
changed as he changed or deepened his beliefs, in contrast to the remaining patient, who expressed occasional religious thoughts but never considered herself to have gone through a religious conversion. In five of these cases, the change occurred before the onset of psychosis or psychotic alterations in consciousness. In four others, the change was coincident with the onset of their symptoms, and one other converted after his illness began. These ten patients included four schizophrenics, three patients with schizoaffective disorder, two patients with bipolar affective disorder, and the patient with post-traumatic stress disorder.

Three patients showed completely anomalous new belief systems, and the new faiths of three other patients were relatively unusual faith with followings: Mr. H, became a Jehovah’s Witness. Another, Mr. L, became an adherant of Gurdjieff and of an early twentieth century mystic named H.W. Percival, whose writings represented a synthesis of Eastern and Western mysticism put in Percival’s unique terminology. Mr. P, whose visions of Jesus were discussed earlier, first became a Lutheran, then also a Catholic, Muslim, and Christian Scientist. Coate, Albert W., and John Custance all had solitary beliefs. Before their conversions, nearly all of the converted patients, like
Coate, had led lives virtually devoid of any other religious devotion and meaning, and although religion may have been important to their parents, only one of these people (Mr. F, a fundamentalist Christian), reported observing any important religious holidays (eg, Yom Kippur, Easter) in any religious way. Many of them had attended church or synagogue regularly, especially in their youths, but derived no religious satisfaction from the services. For example, Mr. L’s memories of Yom Kippur consisted of feeling bored, not penitent, throughout the holiday, including the worship services. To Mr. P, also raised a Jew, Rosh Hashonah meant pinching food from the nearby synagogue. He was Bar Mitzvah’d, only because his parents felt pressure to conform to their Jewish neighbors.

Of the ten patients cited, only three converted to major denominations. Barnes became a Catholic, and Boisen, who graduated from Union Theological Seminary. Another patient, Mr. F became a born-again Christian.

The tenth patient, Clifford Beers, must be regarded in a different class from the other nine, though his experience is notable. Beers underwent no conversion in religious terms, although he did speak more and more of God as he recovered. However, he went from being a calculating
young man who joined clubs just so that he could be elected to positions of influence in them, to a man sincerely motivated by the welfare of others. During his illness, he was moved to change the poor conditions of mental patients, and after his release, he founded the American Mental Hygiene Movement. Beers, whose premorbid religious faith included a belief in God and a pattern of regular church attendance, is included here because he can be described as being "moved to virtue," to paraphrase Julian of Norwich, a change of focus away from self and onto others.

It is not uncommon for mentally healthy people to change their faith or deepen their faith, but it is important to examine if their conversions differ from those of the psychotics mentioned here.

Conversion is theologically defined as a metanoia, a "turning to." In Christianity, for example, this amounts to a change of mind to focus on God, rather than self, a dying to self and living through Christ (Zeffer 1981, p.9). Bernard Haring, an eminent Catholic theologian, described gospel conversion as a "transformation of the heart" (p. 217).

Conversion can involve a deepening of existing faith.
Robert Thouless, who wrote on the psychology of conversion, states that "mystical conversions" move one from an ordinary religious life (e.g., the casual church-goer), to an attitude in which religious motivation becomes dominant (1978, pp. 145-6). He gives an example of a medieval Muslim theologian who became a Sufi, an Islamic mystic. The theologian, Al Ghazzali, was an adherent of "dogmatic religion," who passed through a period of skepticism "until he was redeemed by a light which God caused to penetrate his heart" (p. 144). This kind of conversion, where existing faith is deepened, is closer to the first mystical stage described by the mystic van Ruysbroeck, where a person with existing faith turns more and more toward God.

Even in circumstances where a person had no existing faith central to his life, as with most of the patients in this study, it is generally thought that conversion is preceded by psychological or spiritual malaise. According to William James, whose basic thoughts on conversion are generally accepted as normative religious circles even today (Oates 1978), conversion takes place in a troubled individual, a "divided self," who seeks resolution and wholeness. Before converting, said James, fragmentation disguises one's habitual center or core, and conversion
redirects religious consciousness back to that core (1982). He struggles away from sin, rather than toward righteousness (cited by Salzman 1953). Oates describes religious conversion as an anxiety-relieving, integrative, maturational process (p. 155) that helps one resolve any of several types of dilemmas: dilemmas of loyalties (eg, parents vs. friends), or authority (eg, self vs. God), or conflict between freedom and restriction (pp. 156-7.) [Oates notes that the "divided self" of James does not refer to schizophrenia or any medically definable mental illness.] V.B. Gillespie, Gordon Allport, and Henry Wieman also saw conversion as a return to wholeness, while Freud, by contrast, insisted that faith resulted from fears, triggered by neuroses (Zeffer, p. 19).

Salzman's "regressive conversion," also comes from internal conflict, generally identifiable as hatred of an authority figure. It differs from his "maturational conversion," which is the product of well thought-out, reasoned change. The regressive conversion, which can precipitate a psychosis or participate in it, represents relatively superficial change and hence frequent backsliding, and is characterized by hatred, intolerance, contempt, compulsive proselytizing, and the need for martyrdom.
Gillespie, who studied the phenomenon sociologically, found that conversion in general may be sudden, and the new converts often gave "no cause," when asked the cause, or often listed personal surrender or God's instigation. He stated that a mystical experience may be coincident with the conversion and may trigger it, as with Paul (1979). In contrast to Salzman's idea superficial change in regressive conversion, Gillespie concluded that "conversion is more than the product of nervous instability or the expression of a moral need. It is a deep form of change" (p. 71).

Lofland, who studied the members of a very small millenary cult, established criteria necessary for conversion into this kind of situation. He introduced social motivations, as well. According to Lofland, such a conversion would occur in an individual who:

1) experiences enduring, acutely felt tensions,
2) within a religious, problem-solving perspective (as opposed to a political or psychiatric perspective),
3) which lead to defining him as a religious seeker,
4) encountering the cult at a turning point in his life,
5) wherein an affective [affectionate] bond to adherents is formed (or pre-exists),
6) where extra-cult attachments are low or neutralized, and
7) where, to become a "deployable agent," exposure to intensive interaction is accomplished (1977).

The image of suffering, or waylessness before enlightenment or turning to God, is widespread in the Western religious tradition and this image might be relevant in terms of the self-conflict that often precedes conversion. Joseph Campbell illuminated the pattern of the hero's journey, which involves a descent usually into an unpleasant situation, and after much challenge, the hero re-emerges into light, enriched by the elixir he bears (1968). This pattern is evident in both religious and secular stories: from Dante's journey into the Inferno and out through Paradise, to Theseus' quest to slay the Minotaur. Dante is guided by Vergil, Theseus is helped to freedom by Ariadne's thread. The Biblical story of the temptations of Christ represent these infernal challenges in the Christian drama. The seventeenth century German mystic Jacob Boehme pronounced that God's love is the thread that leads one "from anxiety to God." (in Capps and Wright, p. 162).

Given the evidence that conversion in the mentally healthy is often associated with an attempt to resolve a "divided self," one must examine the extent to which the conversion in those with psychiatric problems represents a similar or identical attempt, for one would expect that
many psychotic patients have psychological dilemmas as well (cf Boffey 1986). This appears to be the case for many of the patients in this study. Two patients, both with schizoaffective disorder, had serious difficulties with drug use before converting to Jehovah’s Witnesses and fundamentalist Christianity, respectively. Both reported feeling better about themselves and their lives, and that worship brought them very positive feelings. Mr. H, the 38-year-old Jehovah’s Witness, who also had serious marital problems as well as drug problems prior to his conversion, gained a perspective on his personality weaknesses ["I need to mature more; I need to be more responsible"], and could apply what he gained from Witness teachings to his life and to the world in general. He converted because he saw truth in the Witnesses’ teachings when a woman Witnessed to him. His beliefs did pose a problem to him, however, in that he had a tendency to proselytize at inappropriate times, according to his psychiatrist, and this sometimes interfered with his work. [The psychiatrist stated that Mr. H had lost jobs because of proselytizing, but when the author asked him why he lost his jobs, he recounted certain incidents which had nothing to do with religion. However, he did not describe each job lost]. His proselytizing may or may not have been "compulsive," in accordance with
especially in light of the fact that proselytizing is considered an important part of all Witness practice.

The fundamentalist Christian, 38 year old Mr. F, in contrast to the Witness, converted because he felt the need to become good, and "I knew Christians were good." He also converted because he was feeling down, and because the members of a Christian group had offered him a free meal. He had been a Christian for several years at the time he was interviewed. While he spoke sincerely and joyously about God and about being a Christian, nearly all his sentences began with "we": "We believe that . . .," or "We feel comforted and blessed when . . .," where he said that "we" referred to born-again Christians. Certain words used in questioning him (eg, "submissive,"") evoked what seemed to be much used phrases in his congregation, and he could only answer many of the questions by using those phrases. In short, the interviewer got the feeling that he was merely parroting what the fundamentalists told him. Unlike the Jehovah's Witness, he could apply his beliefs to abstract issues only with difficulty, if at all. In addition, he had been a homosexual until three months
before he was interviewed, when God "delivered me" from
this orientation. Although he and his recently deceased
lover of eight years were both born-again, they were
rejected by their church.

The patient with post-traumatic stress disorder, 
thirty-five year old Mr. L, felt that his beliefs in
Gurdjieff and Percival had led him to realize that there
were "deeper things" in life than just "TV and People
magazine." Following Percival's writings, Mr. L's goal in
life was to become "conscious of Consciousness," or
"glimpse the Absolute," meaning that he wanted to become
mystically aware of that force that lives in all things and
beings. He liked Percival because Percival explained the
mystical process step-by step, and renamed well-known
mystical concepts in words that Mr. L felt were more
accurate and less abstract. Mr.L said he found the mystics
"wanting" because they required him to figure out too much
himself. Mr. L, however, was a highly intelligent, well-
read man who had completed several years of graduate school
and attended a highly-regarded university. Based on these
talents alone, one would have expected him to be able to
understand more conventional mystical writings.

Mr. L attributed his psychosis to the fact that his
father shot and killed his entire family then fatally shot himself when Mr. L was seven years old. Mr. L happened to survive because no bullets hit him, but he did nothing to help his dying family for six hours after the incident. He had grown up in a foreign country, until his family's death brought him to the U.S. six months later where he was raised by relatives.

Although Mr. L was raised a Jew, Judaism never meant much to him (as mentioned earlier). His interest in spiritual matters came when he was about seventeen. At that time, he began to verse himself in "the occult," and began using marijuana and LSD regularly. His first psychotic break came about three years later.

Even though Mr. L drew strength from his spiritual beliefs, they also caused him problems. He said that focusing on the occult to the exclusion of more earthly interests contributed to his eventual break. In addition, he cut off his half his penis in accordance with his religious beliefs during a psychotic episode. He was visiting his native country at the time, and he performed that action on Yom Kippur, on the first day of the Yom Kippur War. He reportedly did it for several reasons: to free himself from worldly attachments and desires (i.e., sex), so that "I could be conscious of the Absolute," and
"I also did it for the Jews, because their thoughts were with me." Although Mr. L frequently expressed a concern for humanity and for their suffering, he said he performed the mutilation because he felt "morally obligated," and not because he was identifying with their suffering. Rather, he felt that "something bad would happen" if he didn't go through with it.

Mr. L's psychiatrist noted that Mr. L has difficulty "allowing himself to feel," although Mr. L himself denies having trouble expressing himself when angry, upset, or hurt. His doctor gave several examples of this difficulty, one being that he excuses himself from therapy sessions to buy cigarettes if the conversation grows uncomfortable. Mr. L told the interviewer that, although he wanted to, he has never "been able to" cry out of empathy for his family's suffering, and has only cried out of sadness because he missed them. It makes sense that facing his emotions honestly may be too overwhelming in light of his family's extraordinary circumstances.

It appears that Mr. L's emotional guarding seems relate to his strict adherance to Percival and his reported inability to fully understand more traditional mystics. Percival's spelled-out guide to mystical experience
required no additional interpretation or abstraction, unlike the writings of other mystics, which generally demand the reader's interpretation in order to be understood. The kind of interpretation required to fully understand other mystical writings involves the ability to identify emotionally with them, as the emotional elements of mystical experience cannot be well-communicated with words, if it can be communicated at all. Thus, traditional mystic writing evokes feelings in the reader, and the reader can come to a rich understanding of the writing, otherwise the mystical writing may simply appear as nonsense. Mr. L does not appear to have the ability to emotionally relate to the conventional mystics. He was shown some Hasidic mystical writings with nearly identical ideas to those of Percival which he had described to the interviewer. Mr. L, however, responded by saying he did not agree with these writings, which were more abstract, and he was primarily critical of fine-points of Hasidic word-usage. The similarities would have been obvious to the average college student, and one would have expected Mr. L to otherwise be able to see the pattern of similarity in the whole, rather than the differences in the details.

Mr. L, who identified himself as Christ several times, shared this emotional guarding with the Christs that Levinson described (1973). Levinson's Christs all "avoided
affect-laden experiences," and like Mr. L, all granted importance to spirituality and mysticism.

While religion can have a place for certain emotions, it can also hold a place for the suppression of other feelings or desires. This is especially seen in the asceticism of Christianity. For example, Mr. L mutilated his genitals partly on the grounds of religious asceticism. Levinson's Christ identified with the pacificity of Jesus in order to curb aggressive tendencies. This emotional suppression also seen in religious traditions seems to make these faiths susceptible to interpretation or misinterpretation by those who have difficulty confronting their emotions.

Mr. L appeared to be as rigid a follower of Percival as was the fundamentalist Christian of his faith. His religious pattern of self-mutilation is found nowhere in the Western religious tradition today -- the Church even condemned the self-castration of its renowned father Origen, and the ritual castration of worshippers of Cybele has not occurred for thousands of years. In the past, however, Christianity has included flagellation, hairshirts, and extreme fasting, but Mr. L's specific mutilation has no social endorsement, today or in the past. They also did not occur in a ritual context. The uniqueness of Percival's
ideas did not provide Mr. L with a community context for ritual (although it appears that Percival had at least a handful of followers when he wrote at the beginning of the twentieth century). Mr. L said he prefers to practice his beliefs alone. In summary, while Mr. L’s uncommon belief system centers him on his desired value system and gives meaning and goals for his life, his strict adherence to its step-by-step program is symptomatic of the problems he has in facing his real psychological issues. His belief framework contributed to his self-mutilation -- a practice which Percival probably would have condemned himself -- perhaps because Mr. L had no religious community to collectively assert that such (non-ritual) mutilations are not acceptable.

Like Mr. L, Clifford Beers’ experience, discussed earlier, led him to a more profound value system where he was less concerned with his own influence in the world than with the welfare of others. His plan to found the Mental Hygiene movement happened to reconcile these values with his need for importance, but it is clear from his statements that humanitarian concerns appeared to be the primary, if not sole, motivation for his work. Unlike Mr. L, he had no adverse effects.

Mr. P, the 47 year old schizoaffective patient who
first became a Lutheran, then also a Catholic, Muslim, and Christian Scientist, seemed to reap only benefits from his initial conversion to Christianity from non-practicing Judaism. He felt brave and calm and good about himself. In contrast to the rigidity of Mr. L and Mr. F, Mr. P could see the validity in the generalities which link all these abrahamic traditions. Yet at the same time, he overlooked their differences. After many years as a Christian, he gradually became overwhelmingly concerned with going to heaven, to the point where he would ask his eventual fate of animals, all of whom, he said, were heaven-bound. The animals would always assure him that he would join them. Mr. P knew he was a good person, but not as good as a saint, who would definitely go to heaven. However, cowards, transgressors, and homosexuals cannot go to heaven, he said, because the Bible said so "in between the lines." It was up to God and Jesus to decide who went to heaven. Mr. P said that he had nothing against homosexuals, and that he didn't care what people did in the privacy of their own homes, but he got angry when he perceived people making homosexual advances toward him. Indeed, Mr. P had no note of hatred in his voice whenever he spoke of homosexuals. While his conversion probably indeed stemmed from hatred of an authority figure in the way that Salzman described, his
resulting faith showed little evidence of actual hatred.

Jesus, then, instilled bravery, but it was Jesus who must ultimately approve of him. Mr. P's concern with heaven began sometime after his mother died, and it seems possible that he expected from Jesus the approval that he never got from his mother, who "tried to make me think I'm a coward, all my life." Mr. P, who had a high school level of education, appeared to see no connection between his mother and Jesus, or any connection between one's early life and one's present problems.

Mr. P did not understand many abstract ideas of everyday human existence. For example, he never read novels because "they're not reality," and never answered "if" questions because "'if' is not reality." However, despite the concrete nature of his thoughts, he could understand at least some aspects of his belief system on an abstract level. When asked to interpret Eckhart's statement, "The Father begets his Son in me," Mr. P said that Eckhart meant that "the Spirit of Christ was born in him." One might have expected him to give a more literal interpretation, and to say that the statement was wrong because only the Virgin begot Jesus. [The fundamentalist Christian, by contrast, did say that the statement was wrong because "Jesus is eternal," and his life could not begin in one person,
although he did not comment on why this did not apply to the Virgin Mary who conceived Jesus in the un-eternal year of 1 CE.]

Religion may have been one of the few areas where Mr. P could think abstractly. It also made Mr. P feel both brave and secure, but distressed and insecure as well. Religion brought out his strengths, but also contributed to or compounded his weaknesses. Conversion brought mixed feelings to Morag Coate, too, as we saw, who felt love and ecstasy, but was also entrenched in theological controversy. She seemed to have none of the peace of mind that comes with mentally healthy converters.

For Mary Barnes, conversion provided peace during her second psychosis at Kingsley Hall and there she demonstrated a deep understanding of Christian dogma. However, her conversion gave her some distress early on, and appeared to contribute to her initial breakdown because, as she implied, she treated God as if he were the boyfriend for whom she was desperately searching. This confusion appeared to be responsible for the subsequent preoccupation with religious activity, including her striving for holiness that culminated in her desire to be a saint. Here, the emotional content of Catholicism made this
religion susceptible to misinterpretation by someone who had pre-existing emotional problems.

Boisen's faith seemed to center him, and the faith he held during his periods of mental health seemed irrelevant during his psychosis, where he saw the apocalypse as eminent. Custance, whose sudden visionary conversion to the idea that love of others would solve the world's problems, spent all his savings by giving it to prostitutes. Thus his inability to apply his faith responsibly led to problems for him, and he never recovered, nor ever regarded himself as mentally ill.

Albert W's conversion, while anomalous and coincident with the later stages of his illness, seemed to help him to recovery by providing a model for renewal, and "new purpose in life." Albert, then 30, emerged happily convinced that "there is such a thing as a spiritual type" (p. 48). At first though, it appears as though his religious ideas confused him, as they were rather incoherent. Albert regarded the experience as purely religious, and did not appear to regard it as symptomatic of mental illness because of the positive feelings it eventually gave him. (Beers' illness gave him positive feelings too, but he always regarded himself as mentally ill). Albert eventually suffered another break and did not recover.
Overall, among the ten in the study who converted, there is a continuum marked at one end by a conversion relatively consistent with the mainstream (eg, Beers; and Mr. H, the Jehovah's Witness), where mainstream conversion is characterized by a peaceful, coming to terms with oneself. At the other end of the continuum are anomalous conversions (Coate, Custance), yet even these imparted good feelings on the converters, although they were problematic overall and compounded the patient's break from reality.

Five of the ten patients were found to have converted before their illnesses began. This data is consistent with Boisen's observation that a few patients markedly increased their faith before becoming psychotic (p. 51), and one might wonder whether or not the conversion helped precipitate their psychosis. A closer look at this data, however, reveals that three of these premorbid converts (Mr H, Barnes, Boisen) derived support from their faith during their illnesses. It seems likely that where the psychosis stems from primarily psychological problems, many patients attempt to resolve these problems through conversion, but the conversion is not adequate. Salzman (1953) gave evidence that a similar phenomenon explained why the US Navy found a high percentage of newly converted Catholics
among people who had attempted suicide.

Thus, it seems that pre-morbid conversions do not necessarily cause psychoses in and of themselves, but a patients' problems might compound when he begins to interpret his new faith in anomalous ways, and his new reality can be neither validated nor supported by a community of fellow worshippers.

Anomalous conversions coincident with the onset of psychosis can constitute the patient's break from reality and then sustain it (eg, Coate, Custance), a break which may have been brewing for years with psychological conflicts. Anamalous interpretation can come from a lack of exposure or understanding of religion on an adult level, and reliance on the less rich, simplistic models of religion conveyed to a patient during his childhood. People who consciously research and choose a faith (eg Barnes), would be expected to have a richer understanding of it and therefore have less anomalous content than those in whom religion was blindly adopted in childhood then abandoned without questioning it.

The reasons for converting must be evaluated in a patient, as must the changes that the conversion brought. Patients who convert because they see a religious truth in a particular faith (including their own pre-existing
faith), may have undergone more of a profound change than those who convert say, for material needs such as a free meal or for interpersonal needs such as fellowship. In those who had undergone a more profound change, the faith would be more central to their lives, and thus they would be in a better position to allow the faith to have more power: power which can then benefit a patient or precipitate a psychosis.
3. The patient's relationship with God

Perhaps the most popular image of psychotic religious experience is the image of the patient who claims to be a prophet, saint, an executor of some divine mission, or the Messiah himself. Familiar are the quips, "If Jesus were to come again, he'd probably end up in a mental hospital," and "The only difference between a prophet and a madman is that the prophet has followers."

Although these statements may be amusing in some respects, they point out the difficulty in drawing the line between religious leader and madman. Patients in this study demonstrate a wide variety of these claims to a special relationship with God: Mr. L believed himself to be Jesus on several occasions; at one time, Mr. P wondered whether he was a prophet; Morag Coate served as mankind's chief negotiator with God; Mary Barnes wanted to be a saint; and Clifford Beers felt religiously compelled to embark on a mission where "great reforms shall be effected" (p. 92). All of the patients eventually abandoned their original ideas about themselves, except for Beers, who truly did end up effecting great reforms, therefore indicating that all claims may not be problematic. It is important to examine the extent to which such claims are are like any delusion of grandeur, which are thought to compensate for feelings of low self-esteem and self-worth. However, because of the
religious nature of these claims, it is also necessary to examine the extent to which this nature imparts additional meanings, or different meanings entirely. In this section, we will examine the basic similarities and differences between these patients and those individuals who are thought to have made valid religious claims, such as acknowledged prophets and other religious leaders. In the next section, we will more thoroughly examine the possible religious meanings of these claims.

To begin with, acknowledged prophets of the Judeo-Christian tradition, namely those of the Hebrew Bible (Old Testament), all shared certain characteristics. Their messages were generally addressed to a certain specific community, the Jewish community, not to the world at large. The typical prophet tried to call his straying community back to faith. Jeremiah, Ezekiel, Habakkuk, Amos, and Hosea, for example, all strived for a reform of "shallow and meaningless piety," "immorality," and easy tolerance of paganism and syncretism. (Oxford 1962, introductions to Amos & Hosea; Anderson 1986, p. 388). The movement known as Deuteronomistic Reform began by Jeremiah and Ezekiel, insisted on a stricter adherance to the ways of the Bible (Anderson, p. 388) These prophets stand in marked contrast to Coate, for example, who spoke for all of mankind and who
tried to introduce new ideas, not insist on a return to old ones. Although she never claimed to be a prophet per se, and we do not see her preaching her ideas, propheticism is the closest we can come in comparing her unique situation to mainstream religion.

Aside from the prophets of the Hebrew Bible, another widely acknowledged prophet of the abrahamic religious tradition is Muhammed, the founder of Islam. Unlike the Biblical prophets who came centuries before him, Muhammed did introduce radically new ideas. The cultural setting of Islam was significantly different from that of the ancient Jews, however, which may in part help explain Muhammed’s success. Like any man with followers, he must have contributed timely ideas which appealed to his community, and he must have been able to communicate these ideas in a way that many people could understand. In addition, he must have appeared as a credible source, that is, he was otherwise a functional member of society, and he was able to convert, early on, well-respected members of his community who helped him spread his daringly new message. A mental patient who tried to communicate new religious ideas has probably failed in at least one of these three aspects, and possibly in others, too, to be discussed below.

Jesus himself probably differed in a number of ways
from patients who claim to be Jesus. However, since most of what we know today about the historical person of Jesus was written long after his death, it is difficult to know exactly what he claimed, as he had become a mythical, legendary figure by the time his story was recorded. Like Old Testament prophets, he did call his community back to faith, as when he overturned the tables of the Temple's moneymongers. Jesus also introduced new ideas, proclaiming that the coming Kingdom of God was already present in his ministry of preaching and healing (Perrin and Duling 1982, p.71). This idea held vast appeal among Jews, many of whom were doing what they could to hasten the apocalypse -- which was generally thought to be eminent -- in order to rid themselves of the anguish of their trying times. In fact, a large proportion of the Jewish community seemed desperately to seek a Messiah, and Jesus' idea of the Kingdom of God galvanized their deep-seated hopes. Jesus' insight into everyday life allowed those who understood his parables to better cope with their difficult times.

The concept that Jesus is actually divine is thought by many leading interpreters to have arisen from an accident in translation, and not because Jesus himself claimed to divine, or even the Messiah. After his crucifixion, many Aramaic speaking preachers claimed that
Jesus was himself the "Son of Man" first described some 190 years earlier in Daniel (chapter 7), a book originally written in Aramaic. "Son of Man" referred to "redeemer," or one appointed by God. Later, Jesus' teaching spread from his audiences speaking his native Aramaic to Greek-speaking Jews for whom the term "Son of Man" could not translate in any sensible way. These Jews adopted the term "Son of God" instead, which means "possessing divine qualities" (Perrin and Duling, p. 80). The now-commonplace mystical presumption that men have divine elements within them, grew in part, from the belief that Jesus was divine, and also probably from the Platonic idea that bits of divinity were mixed in men's souls (cf Timaeus).

The apocalyptic prophets, such as Isaiah; Daniel; Ezra; the authors of several apocryphal and pseudepigraphal books (e.g., Enoch, Baruch), and John, the author of Revelation, also share certain features with one another. Daniel and Isaiah both claim to be written at a time centuries before they came out, and the alleged authors said that they were required to safeguard their books' information until it could be safely "revealed." Biblical scholars generally agree that these books were indeed written at the time they first appeared, and were therefore only "miraculously" accurate in "foretelling" the "future" up until the eminent apocalypse. Daniel was
written around 164 BCE, for example, at the time of
Antiochus IV Epiphanes’ severe attempts to extirpate the
Jews and their culture, and it was not truly written by the
Persian attendant Daniel who lived four hundred years
earlier. The book of Isaiah, which actually had two
authors, and was written in the eight and seventh centuries
BCE, when Assyria annexed Israel. Written in a prescribed
style, these books gave hope to a community for whom the
end of time seemed eminent due to their harsh
circumstances. In the trying times of Daniel and John, the
eschaton was on the minds of the entire community of
believers (see Perrin and Duling). The situation today, in
this era of nuclear war, is not entirely different, so a
person who tries to convey to mankind the message of
eminent annihilation would not be entirely inappropriate.
Today’s threat, however, can be seen in purely secular
terms, though, whereas the Biblical predictions of the
apocalypse could only be see in terms of a divine plan.

The true identity of the Biblical authors of these
apocalyptic books will always remain unknown, as each took
on the name of a more believable source in the culturally
sanctioned form of forgery known as pseudonymity. The
anonymity of these Biblical prophets illustrates, in part,
perhaps their most important characteristic for our
purposes: humility. In all the prophetic writings, it is apparent that the speaker's purpose is to convey what he saw as God's message, and not to earn personal recognition for himself. Each considered himself the interpreter and instrument of the righteous God. Those prophets who were also ecstatics were moved to fulfill this mission independently of such experiences, and in doing so, had recourse only to prayer (Lods 1937, pp. 57-58). Many prophets willingly sacrificed their identities so that the message could get across in the most credible form. Even the historical Jesus probably did not claim to be divine, or even to be the Messiah.

By contrast, all of the patients in the study who claimed to have a special relationship with God, with the probable exception of Beers and the possible exception of Barnes, displayed a desire for personal recognition. Mr. L, for example, laughingly remembered that during one of his stints as Jesus, he got upset at a waitress because she did not give him special service. Morag Coate described herself as the chief negotiator of mankind to God. Clifford Beers, on the other hand, seemed primarily concerned with the interests of mental patients and not himself. His religion-inspired mission was ambitious but within Beers' means, given his prior leadership experience in college and in the business world. Mary Barnes, whose religious
experience was initially close to mainstream, and later became entirely mainstream, only expressed a desire for sainthood, and did not claim to be a saint. This desire lasted only a limited time during her religious career, and it is unclear whether sainthood, for her, necessarily included community recognition or simply holiness.

In a believer, claims of grandiosity are worth comparing with the medieval religious concept of magic. Magic is found in mystics influenced by the Jewish Kaballah, such as Pico della Mirandola, the fifteenth Italian mystic who is considered the father of Christian Kaballah, and Cornelius Agrippa, a German mystic and Kabbalist of the sixteenth century. Agrippa asserted that everything which exists is interconnected, because everything has a 'soul' or spiritual component which is part of the world soul. "Man hath in himself All that is contained in the greater world . . . Whosoever therefore shall know himself, shall know all things in himself; especially, he shall know God, according to whose Image he was made" (cited in Cavendish 1983). According to Cavendish (1983), in medieval magical theory, a magician can make himself into God, and thus wield the power of God in the universe. This idea is superficially quite similar to the ideas of those psychotics who claim to be God. However,
medieval magicians demonstrated a kind of humility nonetheless, because the power to make oneself God was open to all initiated magicians. Also, the assumption behind the idea is that there is a oneness of God and the universe. This assumption is prevalent in all forms of mysticism, even today, although the specific theories of medieval magic are now obsolete. A psychotic believer who claims to be God using this assumption, would be behaving in a way not incongruous with the Western mystical tradition.

Further complicating the issue of evaluating a person’s grandiose claims is the concept that man carries divine seeds within him. As discussed earlier, this very common idea is found widely in the Western religious tradition, from the Gnostics up to mystics many centuries later (e.g., Eckhart, Hasids). Like the assumption underlying medieval Magic, this idea would be acceptable today with respect to our religious tradition. "Converted" patients who claim divinity would be within the bounds of the mainstream, as long as they acknowledged that divinity or the potential for divinity is found within other humans as well. ("Potential" is used because most doctrines hold that the spark must be searched for and found in order for religious transformation to occur.)

Unless the patient has made his faith central to his life, claims of special relationship with God or the world
are likely to represent simply delusions of grandeur, devoid of much religious meaning. Rokeach's three Christs of Ypsilanti, for example, were pre-occupied with aspects of religion but were not deep in faith, or "converted," and their claims to be the Son of God represent more purely grandiose ideas, such as "I made the world," or "I own all the property in the world." In a believer, however, or in one who sees his experiences as a genuine religious experience, his claims may have religious meaning or may even be appropriate if one sees evidence that humility is present. Mr. L, who never considered himself Christian yet was a "convert" nonetheless, once believed he was Christ because he had acted "so humbly," having given away the Enlightenment to the rest of the world. Mr. L himself later laughed at the irony in his logic ("I was so humble I knew I must be Christ!"), recognizing that he must not have felt truly humble after all. Even so, his claim to be Christ had more religious meaning than did that of any of the three Christs, for Mr. L identified with a spiritual quality of Jesus, humility, not with ostensibly material attributes of Christ, such as owning the world, which really have no place in Christianity. Similarly, Levinson's Christs all gave spirituality an important place in their lives, and Levinson said that all of them followed the religiously
accepted view of Christ, for the most part.

Along with the humility and other attributes of prophets we must note that the Judeo-Christian tradition has not accepted anyone as a canonical prophet for nearly two thousand years. Thus, anyone identifying himself as a "prophet" today would be acting in a culturally anomalous manner. Historically, however, those with special religious insight since that ancient time have have generally been mystics. Mystics do exist today and do contribute new ideas to the existing Western religious tradition. However, since most mystics are accepted as orthodox, their ideas serve to enrich existing doctrine, not radically change it.

Twelfth century mystic Joachim of Fiore (d. 1202), for example, was accepted by the Church despite having very unusual ideas. He believed that history has seen what he called the era of the Father, referring to the days of paternalist God of the Hebrew Bible, Yahweh. This era ended, he said, with the advent of Jesus and the coming of the era of the Son. While we presently live in the era of the Son, said Joachim, it will eventually be replaced by the era of the Eternal Gospel (Evangelium Aeternum). During this period, the Holy Spirit will reign, and people will all readily understand the content of the New Testament. As a result, there will be no need for bishops, popes,
sacraments, or even the New Testament itself (Joachim 1928). While Joachim's teachings left many Church authorities feeling a bit uneasy, they generally did not consider him a heretic or madman because his beliefs did not contradict Scripture. In Joachim, who was a mystic not a prophet, we see an example of an introduction of a new and unusual religious belief which was not regarded as suspect of madness even by mainstream society.

There is a fine but definite line between many psychotic claims for a special relationship with God, and mainstream Western religious tradition, and patients may lie on either side of that line. Mary Barnes with her early pre-occupations with sainthood despite the conventional beliefs that carried her through her second psychosis, and Mr. L with his identification with Jesus' humility, illustrate that the differences between these kinds of claims are not polarized but form a continuum. Barnes and Mr. L lie somewhere in the middle, but their claims nonetheless stand somewhere to the left of the mainstream side. Of central importance in evaluating these claims are the patient's level of faith, his humility, his message and his audience.

The issue of claims, already somewhat complex, will be further discussed as part of the next section, where the
distinction between anomalous and mainstream will appear yet more blurry.

4. The sacred and the apocalypse, and a further discussion of prophetic claims

At the time of her first hospitalization, Morag Coate gained "new feelings of piety of and submissiveness." She identified with the Virgin Mary, and the boy David, and she took her meals in a "chapter house" where the Last Supper was reenacted and "space and time" converged "to make a meeting point." Whenever Coate got ill, it seemed, time would get distorted. At different times, she knew a great disaster was coming, and she also felt the urgency of her negotiations with God.

Coate's experiences were not entirely unique. Albert W., a man with dementia praecox described in Boisen's study, also experience time in an unusual manner, when it came to him that "the dawn of creation" had come (p. 20). Shortly thereafter, he became, at different times, Jesus, Jonah, and Saint Augustine. At one point, he was tempted to injure others and thought himself the devil. The second coming was at hand, and he was to have an important role in it. His break was acute, and he returned soon to a completely normal functional state, now with new hope and
new purpose. Although he was not deeply faithful before his break, he asserted later that he had had a genuine religious experience, and that he was now convinced that there was such a thing as a spiritual type (p. 48).

Renee, another schizophrenic whose autobiographical account was included in this study, reported experiencing the feeling that she was 900 years old, but younger than she'd ever been (p. 74).

Boisen noted that of the 173 patients he studied, patients seemed to have lived many previous existences "in case after case," with "striking frequency" (p. 31). He also recounted that 57 of these 173 patients mentioned impending world change.

Like some of the cases in this study, the Western mystical tradition is filled with allusions to a break in conventional time. Said Meister Eckhart, "If the soul is to know God, it must know him above space and time." (in Capps and Wright, p. 114). Centuries later, a Hasidic text stated, "One must think of oneself as ayin [no-thing; an empty fullness], and forget oneself totally . . . Then one can transcend time, rising to the world of thought where all is equal: life and death, ocean and dry land . . . such is not the case when one is attached to the material
world." (Matt 1987, from Maggid devarav p. 186). In some Gnostic Christian traditions, including the Gnostic-influenced Gospel of John, it is assumed that this timeless knowledge of God is what is really meant by salvation, and that the kingdom of God consists of this state, which is always at hand for those who choose to seek it this way. (see Gospel of Phillip, in Robinson 1978).

Meister Eckhart also made statements which sound not unlike Coate and Albert's tendency to identify with religious personages. For example, Eckhart stated once, "The Father begets his Son in me and I am there that same Son and not another" (Capps and Wright, p. 110). At another place, Eckhart indicated that he could function as the Christ, under certain circumstances: "if I got away from self, and at the same time were completely pure . . . if I were as well prepared as the Lord Jesus Christ, the Father could function as clearly in me as he did in him, and no less, for he loves me with the same love he has for himself. (Blakney, p. 134).

While the above statements by Eckhart and the Hasids are definitely distinct from the reported experiences of the schizophrenics Albert, Renee, and Coate, they also share many features. The similarity of the mystics to the psychotics prompt us to wonder, for example, about the
extent to which the psychotic tendency to assume a new identity goes beyond mere delusional confusion and "Otherness," to something that actually uses the vocabulary of mainstream religion, to something potentially accessible to any mentally healthy person. The idea of being outside or above time, as we shall see, may play an important part here.

In their above statements, the mystics spoke what religious studies scholars call the language of the sacred. The vocabulary of that language is metaphor -- metaphor in an unusual usage.

According to Mircea Eliade, the historian of religion who pioneered this field, the sacred is that which is real to a community, and everything else -- everything profane -- is somehow not truly real (1957). The sacred is that which really matters, while the profane is somehow less meaningful, less comprehensible; it is all that which does not define one's existence. In the words of Gregory Bateson, the sacred is that which is without question, "that with which you shall not tinker." (1987, p.148). The myths that lie at the center of each religion, by their very nature, constitute the sacred (Bateson), and represent that which is real. By virtue of their being sacred, myths actually took place in a mysterious time, cosmic time, not
the everyday profane time (Eliade 1954, 1957) governed by concrete conventions such as time pieces and calendars. Cosmic time is beyond profane, ordinary time; it is the calendar of a different realm, not of our everyday world. Whether or not the events recounted in myths historically took place is irrelevant; they are what is real, and they occurred outside historical time. The story of Jesus, and the Hebrew Bible constitute the central myths of the Judeo-Christian tradition. "Myth," actually denotes the opposite of what it commonly means: in the field of religious studies "myth" does not refer to that which is false, but to that which constitutes the true reality.

Rituals represent the re-enactment of myths (Perrin and Duling, p. 71), and on holy days, the community suspends all ordinary activities in observance. Should Christmas or Yom Kippur fall on a Tuesday, for example, a believer would spend his day not at work but in observance, at worship in a sacred space, like a church or a synagogue (Eliade 1957). He may never even be conscious all day that that day was a Tuesday. The next day, Wednesday, he would resume life as usual, and the concept of Tuesday would have been deleted from the week's agenda. In short, during a holiday, ordinary time is suspended, and the holiday takes place during cosmic, sacred time. During a holiday, ritual
takes the believer to this realm of timelessness and even placelessness, in the re-enactment of myth. The devout mystic, who frequently contemplates God and things sacred, does not need to wait for a holiday in order to transcend time. He detaches himself from the ordinary, puts himself "above space and time," and in this way "his soul [can] know God" (Blakney, p. 132). Knowledge of God is an important goal in Western mysticism.

In emerging from contact with God and the sacred, man is renewed (see Perry 1976). In the Hasidic tradition, after each timeless union with the Ayin Sof (the Infinite; akin to the Godhead), man is recreated, wholer (Matt, lecture given 1987.)

At the eschaton, the end of time, historical time ends and cosmic, sacred time supercedes. In some respects, the world returns to the primordial sea of chaos from which the universe was created. For example, in the apocryphal/deuterocanonical books of Baruch, two beasts of the primordial sea, Behemoth and Leviathan, are said to rise up again, and serve as "food for all that are left," (2Baruch 25-30, in Barrett 1957, p. 246), thus representing not only man's return to this primordial time of chaos, but his victory over it. The feeling of impending doom or any
apocalyptic expectation represent an expectation of a permanent return to the sacred.

The psychotic experiences and the mainstream mysticism already show similarities -- the psychotics seem to be speaking the same language, even if the content is somehow different. Morag Coate, for example, dines in the chapter house, where space and time converge. She is outside conventional time, and there, as in traditional religion, she witnesses the ritual enactment of myth: the Last Supper is played out nightly in this realm of space-time. The comparison goes even deeper, though, and may shed light on the tendency of psychotics to take on the identity of religious personages. The explanation lies in part, in the unusual usage of metaphor found in religion.

As stated earlier, the sacred speaks in metaphor, but in the realm of the sacred, metaphors and allegories tend to be viewed as more real than that which they ostensibly describe. To begin with, myth themselves are metaphors. As Bateson wrote,

For the believer, . . . religion is a rich, internally structured model that stands in a metaphorical relationship to the whole of life, and therefore can be used to think with . . . The peasant in the Middle Ages went out to plow the fields in the presence of a great crowd (or cloud) of witnesses, patron saints, powers, and principalities (pp 195-6).

Bateson also described how an Australian aborigine’s
cosmology allows him to bring all plants and animals, wind, thunder, exorcism, and boomerangs into a relationship with each other which define the aborigine's place in that complex whole. Both the Middle Age peasant and the Australian share what Bateson called a "truth of integration." He continued,

For most human beings throughout history, the pattern which connected their individual lives to the complex regularity of the world in which they lived was a religion, an extended metaphor, which made it possible for ordinary people to think at levels of integrated complexity otherwise impossible. It is no wonder that the unity of God has so often been a focus of meditation (pp. 195-96).

David Hay expressed similar thoughts. "Religious concepts and language," he said, "provide us with a rich set of metaphors, and I am beginning to understand those who see metaphor as acting as a powerful screen or opening into our existences" (Brown 1985, p.147).

The metaphors of religious myth, because they are sacred, are real, more real than the world they seek to describe. The medieval peasant's crowd of witnesses somehow matter more to him than the field and the empty sky. In common usage, metaphors are subjective tools to help us describe something objective. In the sacred, the metaphors
are the objective, and what they describe is less real than they are. In the sacred, metaphors are not just tools, they are the telos, the reality itself.

While Bateson spoke in general terms about religion as metaphor, examples of the real-ness of metaphors punctuate mystical writing and even everyday religious practices. For instance, in the Timaeus, a cosmological work, and one of the only Platonic documents that was accessible in the Middle Ages, the philosopher expounded upon the "divine harmony in mortal movements" (Cornford 1956, sec. 80). He did not use "harmony" as an everyday metaphor to connote the agreeable way in which the world fit together. Rather, he literally meant harmony -- musical harmony. He described musical principles of harmony, and how these sounds "reproduced the divine melody in mortal movements" (Lee 1965, sec. 80). One expects that, on some level, one can actually hear this music. This idea in the Timaeus later served as an inspiration to many medieval Christian Kaballists.

In the fourteenth century, Meister Eckhart gave a sermon on the Latin translation of Luke 10:38, which in English usually reads something like, "As Jesus and his disciples went on their way, he entered a village and a woman named Martha received him into her house." [Intravit Jesus in quoddam castellar et mulier quaedum, Martha
nomine, except illum in domum suam.] (Colledge and McGinn 1981, p. 177) Eckhart translated this to mean, in German, "Our Lord Jesus Christ went up into a little town and was received by a virgin who was a wife." In his sermon, Eckhart defined "virgin" as one who is "free of all alien images," "free and empty according to God’s dearest will" (p. 177). "Virgin" to Eckhart, had nothing to do with physical sexuality. In addition, Eckhart said that a "wife" is any person, male or female, in whom God has become fruitful (p. 178). The "little town" which he quoted from Luke is "in the soul so one and so simple, far above whatever can be described." Eckhart drew these conclusions given what he knew about Martha from the anecdote about her which followed Luke 10:38.

Eckhart used metaphors in his translation. He gathered abstract, unusual meanings from the original words, but he viewed these abstractions not just as one possible interpretation of the passage, but as the true, underlying translation. "Martha" is absolutely synomous with "virgin who was a wife." She was not like a virgin who was a wife, she did not possess some qualities characteristic of virgins and wives. She was a virgin and wife. If Eckhart had authored a dictionary, an entry for
"Martha" would have been given as "a virgin who was a wife."

A more commonplace example of the realness of metaphor in Catholic communion. Believers hold that the wafer they eat is the body of Christ. In this way, they partake of the divine, they are joined with the divine. Just as Eckhart's "virgin" had little to do with its everyday meaning, "body" here does not necessarily refer to a piece of human flesh, with tissues and capillaries. "Body" may have a more abstract meaning. Communion with the deity is not uncommon in religions. The Bacchae practiced a similar rite, for example. But, no matter how one defines "body of Christ," it is essential to the meaning of the ceremony that the wafer becomes that body in any way that really matters, for that is how the believer is joined with the divine. The ceremony would not entail this union if one said "this wafer represents the body of Christ." In order to partake of the divinity of Jesus, the Catholic believes that the wafer is the body of Christ, whatever "body of Christ" may mean. [There are many differing views on its meaning throughout Christianity]. In transubstantiation, the wafer becomes synonymous with the body of Christ, just as Martha is synonymous with "a virgin who was a wife."
The Jewish mystics had a similarly nonconventional use for metaphor, in the form of the Hebrew language. Hebrew is said to have been spoken during the dawn of creation, and is therefore acknowledged by Jewish and Christian mystics alike to a sacred language, unlike Latin or Greek. Each Hebrew letter is believed to carry a power, as is each word formed by these letters. Each word has the power to call into being the object it names. (see Scholem 1949, Zohar) Upon pronunciation of the word in sacred primordial time, the object will suddenly begin to exist out of nothingness. The letters do not just stand for sounds and words, which in turn stand for object, they have a reality of their own.

In the realm of the sacred, then, a different linguistic formula applies than in the everyday world. In the everyday world, we may describe a friend by saying, "Jerry is king," meaning that Jerry is like a king because he is the best or most powerful at something: he can drink more than anyone else, or he can sell more cars than anyone else, or he has absolute authority over his children. Jerry possesses some qualities of a king, but is not a true monarch, like King Juan Carlos or Queen Elizabeth. We say "king" because we are trying to describe Jerry and we do so by comparing him to a king. In the language of the sacred,
however, "Jerry is king" may mean something totally different. We are not comparing Jerry to a king, we are not trying to find adjectives to describe Jerry. Here, "Jerry is king" means that Jerry, quite literally, is a king. He is not like a king, he does not merely possess some characteristic qualities of a king. He is a king. "King" may have various abstract meanings such as saviour, or one who knows God, and none of these meanings may relate to our prototypical image of a regent with a crown and a country. Nevertheless, Jerry is still a true "king," whatever that may mean. Furthermore the concept of "king" is more real to us than Jerry is. In everyday usage, Jerry is more real, and "king" is just a way to describe him. [Bateson also discusses this unusual usage of metaphor in the sacred, but he speaks of it in terms of the types of logical conclusions one draws using language. He even likens sacred logic to schizophrenic logic. However, the above explanation is probably a more accurate way of describing the same phenomenon.]

A psychotic who transcends conventional time, as by comprehending "space-time" (Coate), or by going back to the dawn of creation (Albert), or by becoming nine hundred years old (Renee), is using the same terms found in the sacred, even though the content of this speech may or may
not be completely congruous with the mainstream experience of the sacred. Nonetheless, he demonstrates a detachment from the ordinary world in the direction of a common religious pattern. By detaching himself, the psychotic has becomes free to clothe himself in the identity of a sacred personage, like Jesus, Saint Augustine, or the Virgin Mary.

Such religious personages, because they are sacred, represent abstract concepts more than they represent actual historical people. Over the centuries, with repeated recounting of the stories of historical people like Augustine, such figures have become legends, (see Campbell 1968) and the historical period in which they may have lived fades into incomprehensibility. The figure becomes a metaphor, or a part of a myth, as he fades in sacred time. Religious scholars commonly think that three of the gospels were written only after the Temple was destroyed in 70 CE, because that event transformed the historical period of Jesus and the first Christians into a bygone, inaccessible era revered with nostalgia. With the destruction of the Temple, the time of Jesus' became sacred (Perrin and Duling, p. 72).

In the case of Albert W., for example, we have no way of knowing that Jesus, Jonah, and St. Augustine did not
represent metaphors for Albert, and we have no way of knowing that when he "became" these people, he didn't actually become whatever it was that they stood for in his mind. His experience might have represented more a manifestation of a religious phenomenon than a true "delusional" confusion of his identity. Jesus, Jonah, and Augustine all share certain abstract qualities, after all: all three died and were reborn, either literally or figuratively. All three experienced a dramatic transformation. Albert, himself, underwent a dramatic transformation during his experience: when he recovered, he felt he had a new life and new hope. Albert may have literally been Jesus, but Jesus may not have represented to him a historical person, but may have stood instead for certain ideas.

While Albert's assertion that he had "become" these personages is linguistically appropriate if he were in the realm of the sacred, it would be interpreted as purely delusional in the profane world of the psychiatric hospital. Given that Albert had transcended everyday time by going back to the "dawn of creation," it is possible that he was speaking the language of the sacred, with its vocabulary of metaphor, at least to an extent. At the
least, he was using the same concepts used in mainstream religion (e.g., detachment from conventional time).

Albert's experiences probably lie on a continuum between the anomalous and the mainstream religious experience. His case was described not to prove that he was not mentally disturbed, but to illustrate that identification with a religious personage is not necessarily so foreign from the experiences of mentally healthy people, from mystics to practicing Catholics. While it is far from being de rigueur in the religious world, such identification is consistent with certain appropriate trends in conventional religious experience.

Albert's experiences cannot necessarily be generalized to all patients who transcend time and then identify with religious personages, and each case should be evaluated in the context of other factors: namely, whether or not the person is a believer or "convert," to what extent other aspects of his religious beliefs are anomalous, and whether the figures the patient identifies with represent a cohesive set of abstract ideas which are relevant to the patient. This latter feature may have been illustrated in Albert, where Jesus, Jonah, and Augustine could convey a message of transformation (or they may have meant nothing
readily comprehensible to others, depending on what personal meaning these figures held for Albert).

Morag Coate's identification with the Minoan snake goddess, the Virgin Mary, and the boy David, may convey no message to others, or it may convey a series of messages, understandable only to Coate, whose low level of religious training may have led her to assign uncommon meanings to these personages. However, Coate seems to have demonstrated some of the sacred usage of metaphor when she stated that she was a priest of the Minoan snake goddess "or perhaps the goddess herself; it did not seem to matter which" (p. 35). It makes sense that it did not matter whether or not she was the priest of the goddess because it was really the concept of the goddess that truly mattered to her -- it mattered what the goddess stood for in Coate's mind, not the actual living figure of the priest or goddess.

Coate's experiences have other aspects with conventional religious experience of the sacred. Once hospitalized (immediately after her identification with the Minoan goddess), she described feelings of piety and submissiveness, which are consistent with a mentally healthy person's feeling upon confronting anything sacred. As mentioned earlier, she was somehow detached from
everyday time. The chapter house, where space and time converged, provided a clear illustration of space, where myth (the Last Supper) was ritually re-enacted during each meal. In conventional religions, rituals represent the re-enactment of myth, the sacred story.

Albert W.'s feeling that the second coming was eminent brings us to another issue involving the sacred. Coate, too, felt a great disaster coming, and also believed that man's relationship with God needed an almost urgent re-evaluation. In fact, according to Boisen, feelings of impending world change are quite common in dementia praecox. The most obvious interpretation of these premonitions of change is that the patient is projecting his own feelings of upheaval upon the entire cosmos. While this interpretation makes sense and may well be true, these premonitions may also share certain features of conventional religious premonitions of the apocalypse.

As stated earlier, the apocalypse, in many ways represents a return to cosmic, sacred, or maybe even to primordial cosmic chaos. While apocalyptic prophets wrote during a time when the community as a whole anticipated grand changes, the anomalous psychotic anticipation may also share the conventional vision of a permanent return to
cosmic time.

Conventional apocalyptic expectations also seemed to come when some tangible, external representation of the sacred was destroyed, like the Temple for instance. Perhaps a psychotic's premonitions of world change also come when his reality is threatened -- when what he holds sacred stands at the verge of destruction.

In all cases, an understanding of the sacred deepens our understanding of psychotic religious content. Without doubt the psychotic and conventional religious experience share similar concepts, language and vocabulary. Difference in the usage of this language may vary, and gaps in our understanding of psychosis still remain. With an understanding of the underlying ideas, we can add another tool to aid our quest for understanding mental illness.
Conclusions

I. Toward a working definition of "religious delusion"

Defining "religious delusion" is a difficult task, given the complexity of mainstream religious experiences, and their sometimes striking similarity to the bizarre experiences in individuals regarded as mad. Psychiatry has thusfar defined "delusions" as those beliefs, convictions, and ideas which are certainly false, and which are not endorsed by members of the individual's religious or cultural subgroup. (Winters and Neale, 1983). As we have seen, religious ideas cannot be proven or disproven, and non-delusional people can have questionable, and/or anomalous beliefs, which can even include sensory experiences that are not shared other nearby persons. The issue of social endorsement is complicated not only by the fact that non-delusional people can have anomalous beliefs, but by the fact that many ideas which are endorsed by others can often be questionable: for example, both Hitler and Manson had social endorsement. However, after a point, we must wonder how it is possible for an individual to succeed in introducing any new ideas, especially religious ideas, without being labelled as mad. All socially endorsed ideas today were not always endorsed. While social endorsement is certainly important to any definition of madness and
delusion, there must therefore be other factors which transcend this relativistic formulation. Those who are in a position to affix labels of "delusion" or mental illness on others need to be aware of these factors, since a faulty diagnosis could be devastating to a potential patient. I shall delineate those factors which were elucidated from this study, although others probably exist as well.

Before beginning, it must be understood that one's beliefs do not have to define him as either delusional or normal. Some seemingly odd beliefs may simply be esoteric. Other beliefs may be misguided or indicative of immaturity, but not necessarily delusional. Naziism, for example, may be an example of a misguided belief, but it certainly could not be psychotic: to paraphrase Alland (1962), an entire nation of psychotics would be difficult to imagine. For the reason Alland cited, any questionable system of beliefs with a large following would have to be defined as misguided at best, and not delusional -- even if it is tragically misguided -- for statistically speaking, all members of a substantially-sized cultural subgroup could not have severe psychiatric disturbances. However, it does seem statistically conceivable that smaller groups, (say, with a handful of people) could
technically attract people with more serious psychiatric problems, although even here, psychosis in all members would be unlikely. This appeared to be the case for the core members of the Divine Precepts cult described in Lofland's classic study (1977), where members had obvious personal conflicts and often hallucinatory experiences, although most could not have been classified as psychotic. In addition to the spectrum of non-delusional individual's, there is also a continuum among those who can definitely be classified as delusional. As we have seen with the patients described in this study, some delusional religious beliefs are more delusional than others.

Hallucinatory experiences, even heterodox ones, are not necessarily indicative of psychosis, that is, of severe psychiatric disturbance. Therefore the mere presence of hallucinations and even of messianic or grandiose thoughts cannot be used as criteria to label a person delusional. Such events are not uncommon in mystics, even the most mainstream of mystics. Heterodox hallucinations were also experienced by many of the core members of the Divine Precepts cult. Most of these hallucinations occurred before conversion to the DPs, and the "hallucinatory" generally assumed these experiences to
be mystical in nature although they were often unlike mainstream mystical experience. While these members had definite psychological problems and definitely could have benefited from psychotherapy, only one of them probably would have fit any rigorous diagnostic category for psychotic illness. The concept of sacred language as discussed in this paper and by others, in part illustrates how it can be possible to have seemingly delusional thoughts (eg, "I am the Son," ) which in fact aren't viewed as delusional by the person himself and society. Given these ideas, we can now discuss the point upon which delusional status can be evaluated.

1) **Content of the beliefs.** The evaluation of content depends somewhat on socio-cultural norms, yet the inherent nature of socially endorsed religion would make certain beliefs non-problematic, regardless of whether or not they were socially endorsed. In addition, these cultural norms are so general that they probably would not change every decade, or even every century, although they may have been different 2,000 years ago. We must bear in mind that asking what distinguishes a person with religious delusions from a mystic or prophet is a little like asking
what distinguishes a poet from a person who claims to be a poet, but is really a composer of doggerel. We many say that a true poet is capable of eloquence or insight, but we are then left wondering what constitutes eloquence and insight. Nevertheless, it is imperative that some working definition of "delusion" be reached, since decisions based on some definition must be made everyday. With this qualification under consideration, I'll thus propose that non-delusional religious beliefs and experiences possess humility, and respect for the integrity of others, and do not lead to obsession or pre-occupation with religion or belief-related ideas. Where these qualities are not found in a person's central beliefs, we may have good reason to label that person as delusional. These three qualities need clarification before these ideas can be applied with any fairness, and they are explained below.

A) Humility. In a definitely non-delusional person, even seemingly grandiose beliefs do not represent pure attempts to compensate for feelings of low self-worth, nor do they represent pure desires for power. If a non-delusional religious person, such as Eckhart, makes a claim that he is "the Son," for example, he most likely believes that others are capable of achieving this same, seemingly grandiose state. Such a person would not perceive others
as posing a threat to him if they did achieve this state. Such a person may actually want others to achieve this state, just as Eckhart wanted others to strive to be "the Son," just as he strove. It is also important to note that humility is a relative issue, and in part depends on a person's capabilities to carry out his announced plans realistically. Many non-delusional people may proclaim a high regard for themselves, (eg, some rock stars, political candidates and others in power, some artists such as James Joyce). If their views of themselves are unrealistically high, we are inclined to say that these people have large egos, that they are misguided, not that they have grandiose delusions. In evaluating a person with a grandiose religious view of himself, we must be certain that he, too, is not simply misguided, for some religious claims are more realistic than others. A person who claims he rules the earth would be more likely to be delusional than one who claims that he is on earth to save people by leading them to mystical self-realization.

Applying these criteria can change the way one thinks of a patient. For example, in his observations of patients with messianic delusions, Levinson (1973) described a "Christ" who had experienced Nirvana and was trying to lead others to Nirvana. In light of this
description of the patient, which is all Levinson gave us, and in light of our previous discussion on sacred language, it is not clear, beyond doubt, that this patient was actually suffering from religious delusions. He may have been having a valid religious experience, or he may have been merely misguided. Because his beliefs do not appear to be pure attempts to compensate for feelings of low self-worth, it is not clear from the information given that this man was not a twentieth-century Eckhart. Levinson essentially informed us that this patient had spiritual training on an adult level, thus the possibility that his experiences were legitimate, or quasi-legitimate, cannot be ruled out.

Again, humility is in part a product of long-standing socio-cultural norms. Two thousand years ago, during the time of the historical Jesus, humility may not have been as important in evaluating delusional status, as society in ancient Israel was desperately seeking prophets and the messiah, and they were prepared to recognize a person as such, as long as that person met their expectations.

B) Lack of obsession or pre-occupation with religion or belief-related ideas. The feelings that a faith bring to an individual can be very important in distinguishing
socially-endorsed religious beliefs from potentially problematic, anomalous beliefs. A belief system that causes a relatively large degree of discomfort may more likely be delusional than a system that brings the bearer peace or inspires him to virtues he holds high. The clinician who evaluates someone with possible religious delusions would be in a better position to make a decision if he knew the overall balance of these feelings: eg, peace, hatred, confusion, terror, guilt, love, and obsession. Of all the feelings that one may get from a religious experience, only feelings of obsession and pre-occupation do not seem to be a part of any non-delusional, socially-endorsed experience. Several cases in the study demonstrated that extreme extreme religiosity or religious pre-occupation are not uncommon in psychotics, and appear to be a product of anomalous beliefs or misinterpretation of mainstream faiths. Religiosity, in general, does not appear to correlate with a tendency toward psychosis, although anomalous, solitary beliefs do predispose to the development of severe psychiatric disturbances. Anomalous beliefs, then, can give rise to religious pre-occupations.

C) Respect for the integrity of non-believers, and of others, in general. Salzman's description of "regressive conversion" (1953) provides a useful model for those, like
the Nazis perhaps, who may demonstrate problematic beliefs. According to Salzman, such converts generally had elements of hatred and intolerance in their belief systems. To say that love is more healthy than hate, or preferable to hate, reflects the Christian value system. However, at a more basic level, we can say that a respect for the integrity of others is implicit in mature adult relations of any kind, and this value goes beyond creed. An individual or group which demonstrates intense intolerance, or advocates harm or destruction to others, would be misguided at best. In the individual anomalous believer, such beliefs could represent paranoid delusions, although not necessarily so, for many people who do not show this respect are not delusional. In sum, feelings of hatred and intolerance in an individual's newly acquired belief system, predispose him for delusion or psychosis.

2) *Importance of the belief system in the individual's life* ["Centrality"]. Any belief that a person holds, no matter how odd, would be merely eccentric unless that person made that belief central to his life. Delusions can only occur in those whose anomalous beliefs define the meaning of their lives, for here the belief would constitute a break from reality, because the belief has become the reality. Any mentally healthy person may
occasionally fancy himself as someone of grand importance, yet a manic individual or a paranoid schizophrenic would hold these thoughts as central. In the individual with anomalous beliefs, the degree of delusionment is proportional to the degree of importance that belief holds in his life. Both anomaly and importance lie on a continuum, thus delusionment does, too. In those with potentially problematic beliefs, centrality separates the delusional from the misguided, immature, and eccentric. Centrality of mainstream beliefs may also be proportional with the degree that those beliefs can exert a therapeutic effect on the patient, as we saw with Mary Barnes’ second psychotic break.

Centrality, in part, explains why one cannot view all Nazis as psychotic, as well. One would expect that most of them did not center their lives around the idea of purifying the Aryan race, even though this concept may have been important both socially and individually in some.

It is important to note that centrality is not necessarily synonymous with "religiosity." Religiosity conveys how religious a person is, and, in those with mainstream beliefs, a high degree of religiosity almost certainly reflects a high degree of centrality, ie, that
faith is central to an individual’s life. A person with religious preoccupations, however, typically illustrates a high degree of centrality, but his religiosity cannot be described using the same terms as used in healthy individuals since it typically represents an obsession stemming from anomalous beliefs. Centrality (importance) is a more general concept than religiosity, and can apply to ideas outside religion. Unlike religiosity, "conversion," as used in this paper, is integrally and definitionally tied in with centrality. For conversion describes an individual’s move to make a particular belief system central to his life.

3) Belief in the religious principles for their own sake. Those with intense, socially-endorsed religious experiences all demonstrated a firm, central support for the truth of their beliefs. The reasons why an individual believes in what he does are particularly relevant for a person who joins a new religious group or sect, especially when the legitimacy of that group is questioned by the mainstream. A person who joins primarily out of the need for fellowship or acceptance, or out of some material need, the religious principles may not be as important to him as they are for a person who joins because he sees truth in the faith’s teachings. If the group’s teachings
are problematic (e.g., Manson, Naziism), those who join more for fellowship or acceptance may have a stronger hold on reality than may those who join because of a religious truth. The core members of the Divine Precepts, for example, were desperately lonely and troubled individuals who obviously derived great social benefit from being in any group, regardless of its principles. In order to be accepted, they did truly believe in the teachings, although this belief seemed secondary to the social needs that were fulfilled. Even the group's American leader admitted that she had trouble intellectually accepting some of the Korean founder's original tenets. None of the Americans, for example seemed to accept the Korean founder's claim that he was the "second Advent."

In a mainstream religion, those who join because they see a truth may derive more benefit from the religion than those who join for fellowship, acceptance, or a free meal. In a psychotic, it is important to identify beneficial beliefs because they have the potential to help a patient, both spiritually and as a psychotherapeutic tool for exploring emotions. This especially applies to those patients for whom confronting emotions is a problem.

As a final note to add to this working definition of religious "delusion," the person evaluating the potential
patient should attempt to achieve as thorough an understanding of the belief as possible. Only then can the three main points discussed above be applied with fairness.

In addition, it is worth noting that a religious delusion is that anomalous central belief that cannot be otherwise classified as either sin, crime, or political belief (Swanson, personal communication).

II. Further conclusions from the study

This study demonstrated that the emotional nature of religion, both in affective repression and expression, make it susceptible to misinterpretation by those with emotional problems, especially those who cannot or will not deal honestly with their emotions. This group of individuals includes schizophrenics, and is not limited to those with specifically affective disorders. Affective expression in religion is seen in both Barnes and Coate, and affective repression on religious grounds was seen in Mr. L and in all of Levinson's "Christ." Perhaps for these reasons, severe psychological conflicts are often readily traceable in patients with religious content, perhaps more traceable here than in psychotics with other kinds of content.
Misinterpretation of mainstream religion and religious experiences may be more likely if the person has had little exposure to religion or religious training on an adult level, eg, if the person has only a child's level of understanding. Certain aspects of religion, especially emotional and mystical ones, could never be understood by a child. Mysticism is a highly emotional aspect of religious experience which has cognitive aspects as well, and adult background in religion helps a person draw religiously valid cognitive conclusions from apparently mystical experiences. Religious traditions have recognized the danger of these experiences: Jewish mystics dictate that one must be at least 40 years old in order to read the Zohar, the mystical "Book of Splendor." (Katz 1983)

More spiritually-minded patients who report a break from everyday time and/or place, and who claim to be Jesus or any other religious personage, may be speaking the language of the sacred, common in the Western religious tradition. To the extent that this is true in a given patient or potential patient, the identification with a religious personage actually represents the taking on of the concepts which these mythical figures represent, and
may not represent an entirely pathological confusion of identity.

"Converted" patients of any sort can be expected to identify more with spiritual aspects of these personages, eg, the suffering or triumph, resignation or divinity of Jesus, than with material aspects of these personages that have no place in mainstream religion (eg, owning the world). However, because many of these characteristics are well-known even to those who are not faithful, one can expect to see them sometimes in these persons as well.

Religious content may precipitate or compound a psychosis, may be therapeutic to a psychotic patient, or may be irrelevant to the development and course of the illness. Thus this study substantiates the work of Salzman, Gallenmore et al, and Lowe, respectively.

This study illuminated many differences -- often thin ones -- between psychotic religious experiences and mainstream religion, especially between schizophrenia and mysticism. Lowe (1953) stated that experiences of those with "acute disturbances" are phenomenologically similar to mystical experience, but they differ from mysticism in the "inability to return to shared living." (cites Boisen 1939). While many have found it tempting to liken the
"loss of ego boundaries" and lack of sense of self seen in schizophrenia to the mystical process (cf Fingarette 1965), it is important to recognize that the mystic loses himself to something, to something identifiable, which is much vaster than himself, while it seems as though the schizophrenic often does not lose himself to anything in particular. The mystic returns shortly thereafter, renewed or recreated, while the schizophrenic may not return so soon.

We need some basic understanding of the overlaps among madmen, prophets, and mystics. Such an understanding helps the sane hurdle those barriers of the bizarre, the unreachable, the "Other" that form a seemingly impossible gulf between the psychotic and the sane who surround him, including the therapist. Knowing that some psychotic religious experiences overlap with acceptable, albeit esoteric mainstream experiences, make the psychotic more accessible. Psychotherapy can take advantage of religious themes, both to extract affective sources of a patient's psychological problems, and in some cases, to help the patient recover buried feelings. Ultimately, it is the meaning of the psychotic experience that tells us something about the patient -- the person -- and ultimately this matters more than diagnosis, for understanding what an experience means to a person can lead to acceptance or to more effective treatment.
<table>
<thead>
<tr>
<th>PATIENT</th>
<th>AGE AT ILLNESS(ES)</th>
<th>DIAGNOSIS</th>
<th>NATURE OF PSYCHOSIS</th>
<th>RELIGIOUS LIFE BEFORE CONVERSION</th>
<th>FAITH AFTERWARD</th>
<th>TEMPORAL RELATION OF CONVERSION TO ILLNESS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Barnes (1974)</td>
<td>27; 40's</td>
<td>presumably schizophrenia</td>
<td>chased God as if</td>
<td>'vaguely Christian'</td>
<td>devout Catholic</td>
<td>before illness</td>
<td></td>
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<tr>
<td>Clifford Beem (1935)</td>
<td>20's</td>
<td>probably bipolar affective disorder</td>
<td>paranoid depression then mania with elation: 'I shall effect great reforms,'</td>
<td>said grace &amp; went to church: a calculating man</td>
<td>thankful to God, motivated by welfare of others</td>
<td>during recovery phase</td>
<td>after recovery, he began mental hygiene movement</td>
</tr>
<tr>
<td>Anton Boiren (1935)</td>
<td>30's?</td>
<td>presumably dementia praecox (acute)</td>
<td>saw apocalypse as eminent</td>
<td>unknown</td>
<td>later got theology degree; became a chaplain</td>
<td>before illness</td>
<td></td>
</tr>
<tr>
<td>Morag Coste (1964)</td>
<td>30's</td>
<td>schizophrenia</td>
<td>chief negotiator with God: cosmic crisis here: love: extra-temporal experiences</td>
<td>childhood Anglican then avowed atheist</td>
<td>anomalous, with love of God at center of her life</td>
<td>coincident with illness onset</td>
<td>may have taken neuroleptics</td>
</tr>
<tr>
<td>John Custance (1952)</td>
<td>36-onward</td>
<td>manic depression</td>
<td>love to solve world's problems; probably visions: gave all 'average' to prostitutes</td>
<td>'average'? (no conversion)</td>
<td>anomalous with illness onset</td>
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<tr>
<td>'Renee (In Seche, early)</td>
<td>late 'teens'</td>
<td></td>
<td>became as a child: went back 900 years (an extra-temporal experience)</td>
<td>average? (no conversion)</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATIENT</td>
<td>AGE AT ILLNESS(YS)</td>
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<tr>
<td>Albert W.</td>
<td>30</td>
<td>dementia praecox (acute)</td>
<td>went to dawn of creation (extratemporal expe.) was Jesus, devil, Jonah, Augustine</td>
<td>faith not central to his life; bettering self with books</td>
<td>filled with 'new life' and belief in 'spiritual type'</td>
<td>during and after recovery</td>
<td>analysis based on Boisen's biographical notes on him</td>
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<tr>
<td>(in Boisen)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Father murdered L's family when he was 7; has large esoteric interests</td>
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<tr>
<td>(1935)</td>
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<tr>
<td>Mr. L.</td>
<td>20-35 (now 35)</td>
<td>post-traumatic stress disorder</td>
<td>was Jesus several times; mutilated genitals on religious grounds</td>
<td>non-practicing 'bored' Jew</td>
<td>goal is to glimpse the Absolute; into occult and mysticism</td>
<td>before onset of illness</td>
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<td>(interviewed, 1987)</td>
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<td>Sister to be married to herself after onset of illness</td>
</tr>
<tr>
<td>Mr. P.</td>
<td>late 20's (now 47)</td>
<td>schizoaffective disorder (paranoid)</td>
<td>is world's only heterosexual; preoccupied with getting into heaven</td>
<td>non-practicing Jew</td>
<td>Lutheran, than Catholic, Muslim, and others all at once</td>
<td>before onset of illness</td>
<td>talks with visions of Jesus; does not regard himself as ill</td>
</tr>
<tr>
<td>(interviewed, 1987)</td>
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<tr>
<td>Mr. H.</td>
<td>30's (now 38)</td>
<td>schizoaffective disorder</td>
<td>obeyed voices to drink his own urine; mistook neighbor for an 'accuser'</td>
<td>bored Baptist with drug and marital problems</td>
<td>devout Jehovah's Witness</td>
<td>before onset of illness</td>
<td></td>
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<tr>
<td>(interviewed, 1987)</td>
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<tr>
<td>Mr. F.</td>
<td>18-38 (now 38)</td>
<td>schizoaffective disorder</td>
<td>(went off his medications, so hospitalized)</td>
<td>religious Lutheran until drugs and girls in high school</td>
<td>Fundamentalist Christian stopped drug use</td>
<td>after onset of illness</td>
<td>homosexual for many years, until 3 months before this study</td>
</tr>
<tr>
<td>(interviewed, 1987)</td>
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</tbody>
</table>

*The initials of interviewed patients have been changed.

**Sample (N=11) consists of 3 women and 8 men.
Table II

Numbers of Patients Exhibiting the Religious Parameters Studied*

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) contact with the divine</td>
<td>2</td>
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<tr>
<td>2) special relationship with God, or ambitious or &quot;grandiose&quot; claim</td>
<td>6</td>
</tr>
<tr>
<td>3) conversion (shift in belief system or deepening or change in central values)</td>
<td>10</td>
</tr>
<tr>
<td>4) a) extra-temporal experiences (eg, &quot;space-time,&quot; or reports that one is outside the limits of ordinary time)</td>
<td>4</td>
</tr>
<tr>
<td>b) evidence that the patient could have been speaking in the religious language of metaphor (as was Eckhart)</td>
<td>3</td>
</tr>
</tbody>
</table>

*N=11.
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