

## Is Nothing Sacred?

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Vaughan Bell argues that madness and enlightenment can go hand in hand

There have been countless biographies of important spiritual figures who have experienced intense, transformative and ultimately mystical states of being. Much of this literature is preoccupied with the question of whether the 'chosen one' was saint or madman, prophet or psychotic. Considering how often these labels occur together, it is perhaps surprising that they are almost always presented as an either/or choice. The thought that someone could be both mad and enlightened is rarely considered.

Perhaps part of the difficulty for some in accepting such spiritual experiences is that they can be highly – if not wildly – unusual. When compared to the traditional accounts of religious revelation, they are often far from the mainstream, and are therefore rarely accepted as valid by the clergy of the time. One famous example is from the memoirs of the nineteenth century German judge Daniel Schreber. We can only imagine the response as he described his belief that he was reaching a state of heavenly bliss that would unite him and the Almighty in holy union, because his highly excited mind was attracting rays from God that were feminising him with sensations of 'voluptuousness'.

Often, spiritual revelation is only one aspect of a potentially kaleidoscopic experience, which may include any number of additional beliefs that predictably might challenge even the most open-minded of religious leaders. One of the 'messiahs' I have met believed himself to be both the second coming of Christ and Kylie Minogue's boyfriend. He had many considered and intelligent things to say about how we should relate to the world and each other, all of which were seemingly brought-on by his revelatory episode in which he realised he was the Son of God (and the beau of Kylie). His unusual beliefs could easily be used as ammunition to rubbish his well thought-out views on world affairs and human relations.

Indeed, accusations of madness, particularly in Britain, have often been used as a way of marginalising and excluding the spiritual views of a minority. The Methodists and Quakers (ironically now considered models of sobriety) were regularly branded as mad by the mainstream church during the time of their founding. George Whitefield, one of the eighteenth century founders of Methodism, writes of rescuing believers from Bethlem Hospital after they had been locked-up and diagnosed with 'Methodical madness'.

Although we would hope that few would be locked up for holding minority religious beliefs today, the Paradogs film 'Those Who Are Jesus' documents the difficulty with which psychiatry handles atypical religious experiences. The documentary follows three self-proclaimed messiahs, all of whom articulately claim to have benefited from their experiences, even if they found themselves overwhelmed at the time. Sadat Miran Sufi (a middle-aged Asian man who believes himself to be 'God's Prophet, Jesus Christ') leaves his psychiatrist puzzled by the fact that his revelatory experiences seem entirely resistant to antipsychotic medication.

The fact is, spiritual experience doesn't fit easily with psychiatric practice. Before the twentieth century, madness was largely seen as the result of bad deeds ('moral insanity' as it was once labelled) and was therefore considered a divine punishment, or sometimes a test of faith. In modern times, psychiatry has replaced moral judgements with a far more ambiguous approach to making the distinction between revelation and mental illness. The DSM (one of the major diagnostic manuals) defines a delusion as a false, fixed belief, sustained despite obvious evidence to the contrary, as long as

it is not a belief ordinarily accepted by other members of the person's culture and is not an article of religious faith. One particular thing that leaps out of this definition is the exemption for 'articles of religious faith'. Although no rationale is given, it is presumably an expedient measure to prevent the majority of the world from being diagnosed as psychotic. Crucially however, it is not an exemption for all religious beliefs, but only ones that already form part of a recognised faith. The more a spiritual belief falls outside the mainstream of religious doctrine, the more it risks being considered delusional according to these criteria. We could be forgiven for asking 'Is nothing sacred?', as even personal spiritual development seems damned to be diagnosed as pathological.

Stephen Pattison has tackled this question many times. With experience as a former mental health care chaplain, a service user and now as head of the School of Religious Studies at Cardiff University, he has written extensively on mental health and spirituality. 'As a minister,' he says, 'I tend to view spiritual experience in terms of the effect it has on the individual and the people around them, rather than on the content of the experience itself. As individuals, we often interpret the world in a very personal way, so it would be difficult for me to impose a meaning on someone else's spiritual experience. But I can point out where I think it is having a negative effect on the person, and ask them to reflect on its consequences.'

Rejecting what the psychologist William James called 'medical materialism', Pattison argues that a medical diagnosis, or even medical explanation, is no barrier to spiritual revelation. However, this in itself is quite a radical view. American neurologist Gregory Holmes recently caused outrage by suggesting that the visions and revelations of Ellen White, one of the founders of the Seventh-day Adventist Church, were likely associated with temporal lobe epilepsy. The controversy that followed was centred around the assumption that revelations associated with epilepsy were somehow not 'genuine', and any hint of a medical explanation would invalidate her teachings and leadership.

It is hard to say whether her experiences were connected with epilepsy, or even whether such a diagnosis is accurate. However, even if this was the case, it would seem more obvious to consider Ellen White blessed: to have both a condition that could promote such deep spiritual experience and the insight to see its importance and value for others. Yet this point of view is hardly considered in such cases, although is uncontroversial when applied to people who are not disseminating spiritual knowledge, but who provide nevertheless inspiration and solace to their audience. Both the author Fyodor Dostoevsky and the poet Sylvia Plath (two examples from many) gained great insights from their experiences of mental disturbance. Yet arguing that their insightful works were not 'genuine' because they had an associated medical diagnosis would border on the bizarre.

Perhaps we lack a coherent set of ideas in which to help frame such experiences, either from the perspective of a subject of an unusual spiritual experience or as providers of mental health care. There have been some radical attempts to create such a framework in the past, sometimes coming from opposite ends of the psychiatric spectrum. R.D. Laing, doyen of the antipsychiatry movement, was strongly influenced by existentialism and saw the experience of psychosis as a potentially transformative process. He argued that a well-grounded self was the key to predicting whether such experiences could be spiritually beneficial or personally damaging. Less well known are the views of Karl Jaspers, who despite working clinically for only seven years, laid much of the foundations for modern mainstream psychiatry. Also influenced by existential philosophy, he left psychiatry for philosophy and theology. Jaspers rejected the dogma of religion because it claims the final word on a world that is experienced differently by each of us. He believed that as we question reality, we confront borders that science cannot transcend. At this point, the individual is faced with a choice: either to sink into despair or take a leap of faith toward transcendence.

Fortunately, there seems to be a renewed interest in understanding spirituality in mental health to promote this sort of personal transcendence. It is hoped that rather than classifying an experience into one of two mutually exclusive categories, which label it as either divine or damaging, a more subtle approach is being developed that accepts that unusual experiences can be complex and often difficult to assimilate into a pre-existing world view, but are learning experiences none the less.

Perhaps what is also needed is an understanding that these sorts of experiences, and the process by which they are absorbed and understood, can produce important insights from which other people might benefit. This is not always easy, especially in the face of highly unusual encounters. However, in doing so, we stand to gain a greater understanding of human experience – and perhaps a little about divine intervention.