

TOPIC 6. CULTURE, THE INDIVIDUAL, AND RELIGIOUS EXPERIENCE

This section will address religious experience in relation to particular social and cultural categories, using two illustrative examples: children, and the mentally ill. It will also consider the use of hallucinogenic drugs cross-culturally, both in Western and shamanic contexts.

It is important to note that there are many other types of specific demographic and cultural categories in which religious experience can be researched, either as discrete groups or using comparative approaches. Many of these areas have not been explored in great depth, and this is something you may want to keep in mind when thinking about your own research topic. Some examples are religious experience in minority ethnic groups (this overlaps with the Section IV, e.g. see Pinn 1998), the disabled, particular professions, and in the elderly (who report, for example, many deathbed visions and near-death experiences. The former are currently being researched by NDE investigator Peter Fenwick, and were the subject of the 1977 book *At the Hour of Death* by K. Osiris & E. Haraldsson; New York, Avon).

The issue of women and religious experience has been highlighted by Holden (1983), who noted that the voices of women in religion in general are heard far less than those of men. When they are heard, it is usually only exceptional and extraordinary figures. This is exemplified by Cohn-Sherbok's anthology of such experiences (1994) in which only six out of forty-three contributors were women. This is despite the fact that over half the world's population is female, and that in Christian groups women comprise the majority of those attending churches.

It is also interesting to note that the majority of the first accounts received by Alister Hardy were from women. Nevertheless, the study of religious experience and the published accounts are overwhelmingly male, partly because so much of the power in institutional religion is in the hands of men; as is much of the power in academia. Feminist approaches are generally interdisciplinary. In her feminist critique of the Judaeo-Christian tradition, Hampson (1996; see especially chapter VI), for example, addresses some of the critical responses to Schleiermacher, including postmodern claims that there can be no experience without linguistic and cultural context.

CHILDREN, EDUCATION, AND RELIGIOUS EXPERIENCE

The subject of religious experience in children is of particular importance in the UK, where religious education in schools is a legal requirement under a series of Education Acts. There is therefore a need for teachers to be trained to appreciate the capabilities of children in relation to religious experience, as well as to teach them the religious traditions of the world.

A distinction between 'religious' and 'spiritual' is important here, because there has recently been an emphasis on *spiritual* education as a subject amongst others such as moral, social, and cultural education. In the school curriculum, learning about spirituality is thus not confined to religious education *per se*. This is clarified by The Office for Standards in Education (Ofsted) in their handbook:

Spiritual development relates to that aspect of inner life through which pupils acquire insights into their personal existence which are of enduring worth. It is characterised by reflection, the attribution of meaning to experience, valuing a non-material dimension to life, and intimations of an enduring reality. 'Spiritual' is not synonymous with 'religious'; all areas of the curriculum may contribute to pupils' spiritual development.

Research into the religious experiences of children has been undertaken in a variety of ways. Robinson (1977) analysed accounts in the RERC archive, and followed some of them up through corresponding with or interviewing experiencers (his 1978 book, listed in Section 3 above, explores the growth of religious experience in the lives of some of these individuals). Of course, the RERC archive includes many accounts of childhood religious experiences (obviously mostly written retrospectively by adults), and there is plenty of scope for original research in these. Areas which could be looked into include ways in which the religious experiences of children differ from those of adults, or if they differ between children of different traditions.

Other researchers, including Hay and Nye (1998), obtained first-hand accounts through interviewing children. If you decide to carry out interviews for your own research, it is important to understand the correct procedures (*and to obtain approval for your project from the University Ethics Committee*). A good place to start, particularly if you are focusing on children, is the section on Field Research Methods in Jackson & Nesbitt (1993: 185ff). Some of the issues of which you need to be aware are cultural sensitivity and understanding of the group(s) you are working with, having sufficient background knowledge of their wider communities and traditions, and liaising and cooperating with parents, teachers, or guardians. You will also need to be consistent with your interview methods, deciding whether you will ask a set series of questions, or conduct informal discussions to encourage the child to relate

the experience in his/her own words; and if you will ask the children to draw or write about their experiences.

It is also important to have a clear research orientation before you begin. Is the goal to find the answer to a particular question you find interesting? Or do you want to find out what the individuals find interesting about their own experiences? The latter requires an open-ended approach (or ‘grounded theory’), in which your data essentially consists of whatever comes your way in the interview process, rather than approaching your fieldwork with preconceived theoretical issues and frameworks. This is not necessarily a *better* method: it simply depends on the type of question(s) you are seeking to address.

Much of the research that has been done on children and religion has concentrated on children’s *thinking* and *reasoning* in relation to religious ideas. One of the most influential researchers in this area has been Ronald Goldman (see Hay & Nye 1998: 41) who took a cognitive psychology approach. His claim that mystical experiences are ‘practically unknown in childhood’ is clearly disproved by accounts in the RERC archive, and by many of the studies listed below.

As with adults, the religious experiences and perceptions of children vary widely. Hay & Nye (1998: 109) reported on a ten-year-old girl with a precocious interest in philosophical ideas, recalling the sort of questioning Ninian Smart wrote about, quoted above in Section V:

Harriet...suddenly came alive with philosophical questions, though not of a traditionally spiritual kind. Her flow of questions covered the nature of thought as never ending, leading her to wonder about the relationship between mind and brain. This was immediately followed by queries about the nature of language and how things came to have names. In turn this flood of unanswerable questions led her to wonder about the origin of the universe and human beings. Finally she suggested that, faced with such mystery yet yearning for meaning, ‘Perhaps we’ve got to, like, ask the clouds. The clouds have been there for millions and millions of years.’ ...I then asked if she felt there was some organising principle behind it all, and she replied, again drawing on images from nature: “Well, there must be somewhere, somehow – or else how would it keep reproducing? Like it (?) made a flower, a dandelion. Where did the wind come from to blow all the petals off to make them fall on the floor to make more? ...(in a whisper) It’s puzzling”.

Hay & Nye see the core category and common thread of children’s spirituality as relational consciousness. Consciousness is seen as reflective, as meta-cognition (i.e. thinking about thinking, or about thought processes, memory, perception etc), as objective insight into subjective response, and as awareness of one’s self as subject. By ‘relational’ they mean the self *in relation to* others, the world, the divine, and indeed the self. Out of this relational

consciousness can arise meaningful aesthetic and religious experience, personal response to mystery, and mystical and moral insight.

The consequences for children are not all positive, however. While there can be a sense of calm, holiness, goodness, oneness, wonder, quest for meaning, clarity, sense of worth, and thankfulness, there can also be a sense of strangeness, perplexity and confusion, inner conflict, embarrassment, and feeling ridiculed and undermined.

MENTAL HEALTH AND RELIGIOUS EXPERIENCE

This issue obviously overlaps with the earlier discussion on psychological approaches, and in some ways is a continuation of that section.

Hardy noted that he received fewer accounts from individuals of an obviously more unstable nature than he had expected. William James (1902: 29) did not discuss the question of religion and mental illness at great length. He did write, however, that there were two types of people: 'sick-soul' and 'healthy-minded'. Of these types, it is not the healthy-minded who are most likely to reach spiritual heights, but those who know the dark side of life, the 'sick-souls'. He even considered the idea that religious people may be more neurotic than others:

As a matter of fact, religious life, exclusively pursued, does tend to make a person exceptional and eccentric. I speak not now of your ordinary religious believer.

He briefly summarised:

...if there were a higher realm, it might well be that the neurotic temperament would furnish the chief condition of the requisite receptivity. And having said this much, I think that I may let the matter of religions and neuroticism drop.

Franks Davis (1989: 247) summarises some of her findings in the following passage:

...religious experiences may well be conducive to good mental health and to a healthy, positive attitude towards death. They may also contribute towards personal psychological development, leading to greater stability and self-knowledge. In the more dramatic cases, religious experiences appear to precipitate physical or mental healing, or conversion from a destructive lifestyle. Through them one may discover new, profound meaning in life where before there had been a sense of purposelessness and despair, and be enabled, as Viktor Frankl was, to survive such traumas as a Nazi prison

camp. In innumerable cases, religious experiences have helped people deal with crises, anxiety, sorrow, and guilt, and have provided comfort and hope, courage, guidance and moral strength.

An important issue here, however, is that phenomena that are acceptable and seen as beneficent when they occur in a cultural context that gives permission for them, become criteria for the diagnosis of insanity when they are manifested outside such a group. Indeed, many examples can be given of religious leaders displaying ‘abnormal’ behaviour which might even been seen as psychotic in the general populace. Some examples are the self-harming ascetic activities of certain Hindu yogis; re-enacted crucifixions and self-floggings in certain Catholic sects (such as the *penitentes* of northern New Mexico); the Quaker founder George Fox’s vision of the streets of Lichfield flowing with blood; Ezekiel enacting the siege of Jerusalem; St. Paul and Muhammad preaching in public; Francis of Assisi taking off his clothes in front of the bishop; and Teresa of Avila’s statement ‘Let us be mad, then, for the love of Him who was mad for our sakes’ (see Feuerstein 2006 for examples cross-culturally; and Christie-Murray 1978 on speaking in tongues).

David Hay (1990: 103) has pointed out the paradox in religious experience versus mental illness:

People reporting religious experience are on the whole better balanced mentally, happier and more socially responsible than others. Yet in other circumstances ...experiences such as they describe can be used as evidence for the diagnosis of mental illness. The disentangling of this very complex field could lead to a revision of the way in which an illness like schizophrenia is understood.

He further quotes the following from the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association in 1987:

Beliefs or experiences of members of religious or other sub-cultural groups may be difficult to distinguish from delusions or hallucinations. When such experiences are shared and accepted by a sub-cultural group, they should not be considered evidence of psychosis (ibid. 67).

Obviously, this is potentially problematic for those who have a religious experience, yet are not within a cultural context in which they are considered acceptable. This applies to atheists, as well as to those whose experiences fall outside the norm of their tradition or cultural context.

Now, consider the following account:

Suddenly I knew how to enter into the life of everything around me. I knew how

it felt to be a tree, a blade of grass, even a rabbit....

So far this seems very much like a ‘typical’ account of a religious experience, such as might be found in the RERC archive. The experient continues:

One day I was passing a diner and all of a sudden I knew what it felt like to be a lion. I went into the diner and said to the counter-man, ‘Bring me a steak. Don’t cook it. Just bring it.’ So he brought me this raw steak and I started eating it.

Clearly this individual has transgressed the social and cultural norms of the society and culture of which he is a part. The writer – the manic depressive American poet Theodore Roethke – was not describing a religious experience *per se*, but an episode of hypomania associated with his disease. The account is discussed in a book on ‘madness, creativity and human nature’ (Nettle 2001: 152-3), which does not deal with religious experience at all. While this may arguably be a flaw in Nettle’s approach, and perhaps a symptom of how our society characterises religious experience as madness, it is also a corrective to the romantic notion of equating the two (and belittling mental illness as *disease* in the process).

Nettle also quotes another American poet, Robert Lowell:

The night before I was locked up I ran about the streets of Bloomington crying out against devils and homosexuals. I believed I could stop cars and paralyze their forces by merely standing in the middle of the highway with my arms outspread.... Bloomington stood for Joyce’s hero and Christian regeneration, Indiana stood for the evil, unexorcised aboriginal Indians. I suspected I was a reincarnation of the Holy Ghost....

Lowell was describing his own manic episode, though one which clearly has religious dimensions. However, it also placed Lowell in a situation where he was a danger to himself and to others. His sense of being a divine entity gave him feelings of power which were unreal and misguided. Furthermore, his feelings and thoughts were paranoid, judgemental and exclusivist regarding homosexuals and Native Americans. There is no sense of clarity or ‘divine purpose’, love, acceptance, guidance, etc., and it does not appear to have been productive in an ethical or spiritual sense (see the next Section on ‘fruits’). This is not to argue that these are the things that objectively define religious experience; though these elements do recur with great frequency. Ultimately, the only one qualified to define the experience as ‘religious’ or as having any kind of spiritual significance was Lowell himself.

The question here is essentially whether madness has a spiritual dimension (this is in distinction to the question of whether spiritual/religious experience *is* madness). While there do seem to be shared elements to certain religious and certain psychotic experiences, there is

a danger of romanticising mental illness as something like a divine gift, rather than a tragedy which often causes immense pain, suffering, and sometimes death to the patient and his or her loved ones. This romanticisation was bolstered by arguments which were popular in the 1960s-70s, but are now largely outdated: that psychiatric disorders should not be considered ‘disease’ or something to be cured, i.e. through medication or therapy; and that such diagnoses are cultural rather than objective. This general orientation pervades much of the otherwise excellent anthology edited by Clarke (2001). While there is certainly a valid point being made here, advances in biology and chemistry have demonstrated that there are *physical* causes to some forms of disturbances, and that madness is generally due to a *combination* of ‘nature’ and ‘nurture’ factors (that is, what we are born with; and what we learn and how we develop in response to our surroundings).

We must be careful, then, not to impose our own romantic thinking about madness and religious experience onto those who are genuinely mentally ill. This point is often overlooked in discussions of the subject. Jackson (1991) is one scholar who has noted not only the similarities between psychotic and spiritual experiences, but also the differences. The latter he ascribed to ‘socio-cultural contexts’ and interpretation, as well as to ‘degree of autism.’

While there are similarities, and even if psychotic episodes are ‘divine’, they often cannot be processed ‘rationally’ or in a productive way when they happen to a psychologically disturbed person. The prevalence of mentally ill people who claim to be prominent religious figures is testament to this. One example is Jerusalem Syndrome, a condition brought about by a visit to Jerusalem in which the individual becomes temporarily psychotic with delusions revolving around religious themes, and/or believes he or she is a character from the Bible (Bar-el et. al. 2000). While religious experience may be something one wishes for or aspires to, psychoticism is not (or at least should not be) (see Nettle 2001).

SHAMANISM, HALLUCINOGENS, AND RELIGIOUS EXPERIENCE

Another kind of religious or mystical experience are those deliberately induced, either by hallucinogenic drugs or repetitive action or sustained focus (e.g. drumming or dancing). This type of experience is typical of shamanism in traditional small-scale societies, and in recent decades in popular New Age contexts. Of course there are other types of ‘sought’

mystical/religious experiences, including meditation, lucid dreaming or dream yoga, prayer, chanting, pilgrimage, etc. Of these, only lucid dreaming, and meditation in some eastern traditions are comparable to the subjects of this Section in that they are specifically intended to bring about altered states of consciousness, spiritual ecstasy, or an OBE involving ‘journeys’ to other realms.

The use of hallucinogens to reach mystical or transcendent states in the West began in the 1950s and 60s, first in psychiatric experiments by scientists such as Albert Hoffman (the discoverer of LSD who called it “medicine for the soul”), Timothy Leary, and Richard Alpert (the latter two were both dismissed from Harvard for their LSD experiments and advocacy of the use of the drug).

The term ‘entheogen’ has been coined to describe such drugs, meaning that they cause (or ‘generate’) divine experience within a person. The term itself, however, is a loaded one, for it presumes a genuine spiritual experience and/or benefit from psychedelic drug use. Not all researchers agree that the experiences can be usefully equated. Zaehner (1972), for example, questioned the true extent of the similarities, particularly the *meanings* of such experiences and their components. He questioned whether or not experiences brought on by hallucinogens can be characterised as a genuine transcendence of ‘Being’ and of the self. He did not, however, dispute the phenomenological similarities of the experiences or their ability to heighten or expand consciousness. He saw them as a potential aid to religious experience for those in the right frame of mind (particularly selflessness).

Partly in response to Leary’s very vocal characterisation of LSD as a path to instant spiritual enlightenment (and the widespread use of the drug by the 1960s counter-culture), research into the effects of hallucinogenic drugs has been severely restricted, and in some cases banned (particularly LSD). Therefore, much of the clinical data, as well as the interpretations of the data, are thirty to forty years old or even older.

Stanislav Grof (1998), one of the founders of Transpersonal Psychology, was a pioneer in the field of LSD research, conducting thousands of clinical trials. He noted the similarities of these experiences to descriptions of religious experience and to the basic ideas of world religions. When LSD was banned, Grof developed a system for allegedly generating similar experiences called ‘holotropic breathwork,’ which has parallels in some forms of shamanism .

Earlier, similar observations about hallucinogenic drugs and the perennial philosophy were made by Aldous Huxley (1954), who conducted many psychedelic drug experiments on himself, and even took a large dose of LSD on his deathbed. Still earlier, William James

(1902: 387-89) experimented with nitrous oxide ('laughing gas') which produces minor hallucinatory effects combined with feelings of euphoria. He described his experiences on the drug, and did not see any reason to distinguish between spontaneous and drug-induced religious experience. Somewhat surprisingly, he also characterised alcohol as a stimulant 'to the mystical faculties of human nature.'

There has been a renewal of interest and research in recent years. In a study by Griffiths et. al. (2006), psilocybin was found to have induced 'complete' mystical experiences in over half the sample of thirty-six volunteers, half of whom described it as 'the single most spiritually significant experience in their lifetimes'. Twenty percent, however, had experiences characterised by anxiety and other negative feelings.

Shamanic practices using such drugs are known from many cultures worldwide, and across time. While typical of small-scale societies they are not limited to them, and were an important part of Aztec religion (see articles in Harvey 2002, and Furst 1972), and are thought by some to have been important in Vedic India: it has been argued that the sacred, deified substance *soma* was a ritualistic entheogen (see chapter IV of Huston Smith 2000; and Wasson in Furst 1972). Such practices are known in Siberia, the Americas, Australia, Africa, and the Pacific Islands.

Cross-cultural similarities of shamanic, hallucinogenic drug, and mystical experiences bring up a variety of questions, some of which are related to the section on neurotheology, above. Do the drugs (and other shamanic practices) physically *cause* mystical experiences, supporting the theory that all such experiences have a physical origin (i.e. 'all in the brain')? Do the drugs somehow reproduce or mimic 'genuine' religious experience? Or are they gateways or conduits for the experiences to occur, bringing about the requisite changes in the chemical activity of the brain, enabling a 'shortcut' to 'genuine' mystical experience?

The issue is further complicated by the diversity of the types of drugs used, and of the types of trance-inducing practices which do not make use of drugs at all. It is therefore exceedingly problematic to generalise about 'shamanic' or 'entheogenic' experience. Nevertheless, the phenomenological similarities are clear and recurrent enough that it is often not possible to distinguish between such experiences or to categorise them according to how they came about.

It is also important to note that the social, cultural, and religious context of the modern Western hallucinogenic drug user is very different from that of the shaman proper. The latter's purpose for undergoing a shamanic 'journey' most often relates to initiation or to

healing a sick or dying person (the latter is often referred to as 'soul-retrieval'). Another important function of shamanic experience is *initiation* into the shaman's society: to teach by experience the validity of the society's belief system.

In contrast, in the modern Western world, those who use such drugs for spiritual purposes are in the minority, and on the fringes of society. Of course, such drugs are also often used purely for recreational purposes by individuals unconcerned with spiritual insight (see Jakobsen 1999 on the differences between traditional and modern Westernised shamanism).