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## Anxious Bliss: A Case Study of Dissociation in a Mexican Nun

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**Abstract** This is a case study of Celeste, postulant in a Roman Catholic convent in Mexico who experienced frequent episodes of leaving her body to commune with God. During these experiences, Celeste felt immersed in an 'incredibly beautiful profound silence' where 'time and space were broken.' But as much as Celeste craved these experiences, they also alarmed her; she was acutely aware that they might be indicative of psychological or neurological dysfunction. This article chronicles Celeste's struggles to make sense of her experiences in light of competing explanatory models. Her ultimate resolution suggests intriguing new directions for transcultural psychiatric research.

**Key words** case study • dissociation • Mexico • religiosity • trauma

### WHERE TIME AND SPACE ARE BROKEN

In the winter of 1995, 19-year-old Celeste was in her fifth month of religious training as a postulant in a Roman Catholic convent in Puebla, Mexico. I had met Celeste a few months earlier when I began my dissertation fieldwork at the convent. The focus of my research was the experience of religious vocation; specifically, I was interested in trying to understand the emotional, psychological and spiritual processes through which a young woman comes to believe she has been chosen by Christ to

be his bride. I spent 18 months with a group of postulants, women in their first year of religious training, accompanying them in all their activities; classes, prayers, chores, service to the community (see Lester, 2005).

I developed close relationships with many of the postulants, but none more than Celeste. I was drawn to Celeste's dark and sarcastic sense of humor (something I had not expected to encounter in the convent) as well as her sharp intellect and inquisitive mind. She, in turn, found me something of an intriguing quantity; an American feminist studying femininity in a convent, a Jew eager to learn about Catholic doctrine and practice, an academic trying to understand the intimate and often intangible experience of the divine. During my stay, Celeste and I spent many hours discussing everything from the nature of the Trinity to the relative mirth of *The Simpsons* vs. *South Park*. We talked about racism, abortion rights, feminism, past boyfriends, career ambitions, family dynamics and God. Over time, we developed a trust for one another that deepened as time went on.

Perhaps it was because of this trust, and the fact that I was an outsider in the convent, that Celeste confided her secret to me that winter. We were alone in a storage room behind the stage in the postulants' classroom, organizing the musical instruments. We were chatting amicably, when suddenly Celeste turned to me and said, 'Rebe, do you ever feel like you're not where you are?' I asked her what she meant. 'I mean, do you ever kind of go away from yourself?' 'In what sense?' I asked. Celeste sat down at the table in the room and asked me to sit with her. She then went on to describe experiences she had been having for over a year where she felt as if she were leaving her body, 'as if time and space were broken' and she 'went off somewhere else':

It's like all of a sudden it gets difficult to hear what's going on around me, kind of like when you're under water, and I know I'm about to have one of these experiences. Then, things start to look different, like the way they do it on TV where the edges close in and you just see a small circle in the middle. And there's a light, a bright white light. And profound silence. It's so peaceful. It's really beautiful. Lots of times I don't want to come back.

Sometimes, she said, she felt herself communing with God during these episodes. Other times, she could not remember what her 'self' was doing while it was apart from her body.

Celeste described the experiences themselves as generally pleasant, although she was becoming increasingly anxious about and fearful of them. Since arriving at the convent they had increased in frequency (occurring about once a week) and duration (lasting anywhere from a few seconds to several minutes) and she felt less able to prevent their onset at inopportune times or to snap herself out of this state when necessary. She

was becoming concerned that her sister postulants or her superiors would soon catch on and that her secret would become known.

Celeste's secrecy stemmed from her own ambivalence about the origins and meanings of these experiences. In trying to make sense of what was happening to her, Celeste drew on three different explanatory frames: (a) psychological understandings of trauma and dissociation, (b) neurobiological explanations related to temporal lobe epilepsy and (c) spiritual perspectives on religious ecstasy. Although complex experiences such as Celeste's can rarely (if ever) be definitively or exclusively located in a single domain (Kirmayer, 1994; Kirmayer & Santhanam, 2001; Taves, 1999), I discuss these three explanatory models sequentially because this is how Celeste herself worked through what was happening to her. Each of these models offered Celeste a plausible rationale for her experiences. Yet, as I discuss later, she found none of them alone satisfying. Nor, however, did she find any combination of perspectives persuasive, in large part because she understood them to entail contradictory claims about the nature of human experience, which, for her, were irreconcilable. As a result, Celeste found herself in a quandary in terms of how to make sense of these powerful experiences. It was at this juncture that she confided her secret to me. As we will see, Celeste's process of discernment highlights central concerns in transcultural psychiatric study, and her resolution suggests intriguing directions for new research. Before we consider how Celeste ultimately reconciled her dilemma, however, let us first look more closely at the explanatory toolkit she brought to bear on her own experiences.

### WOUNDED BODY, WOUNDED MIND: TRAUMA AND DISSOCIATION

In psychiatric terms, the experiences Celeste describes could be considered dissociative. The DSM IV describes dissociation as 'a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment' (American Psychiatric Association & American Psychiatric Association Task Force on DSM-IV [APA], 2000, p. 519). This can take several distinct forms: (a) dissociative amnesia where one is unable to recall important information (usually stressful or traumatic in nature); (b) dissociative fugue, involving sudden, unexpected travel away from home or work accompanied by a confusion about personal identity; (c) dissociative identity disorder (formerly multiple personality disorder) characterized by the presence of two or more distinct identities within the same person; and (d) depersonalization disorder, which involves feeling detached from one's own mental processes or body, as if one is an outside observer of one's self (APA, 2000). In each of these permutations the pathology is thought to inhere in a loss of one's core sense of self or identity.

These sorts of dissociative disorders are generally thought to result from extreme physical or psychological trauma, often in childhood (Herman, 1997; Hornstein & Putnam, 1996; Irwin, 1996; Mollon, 1997; Putnam, 1997; Waite, 1993). According to this explanatory model, severe threat or injury to the physical or psychic integrity of the person can precipitate a sheering off of the experiencing self from the physical body; the self, in effect, 'checks out' to avoid what is transpiring. A person may experience herself as an actor in a play or feel as if she is watching events from a position of remove. In extreme cases, he or she may become unaware of real-time events and may even remain so afterwards. This initial rending of the self from the body is thought to then predispose a person to dissociate in response to other stressful situations (Dorahy, 2006; Putnam, 1997).

The specific psychological and physiological mechanisms by which trauma can produce dissociation and dissociative tendencies are not entirely clear. Some suggest a psychodynamic explanation predicated on repression, the unconscious, and elaborated psychological defense mechanisms (Nemiah, 1998). Others stress the social patterning of attachment dynamics and the crippling of interpersonal functioning that often follows trauma (Herman, 1997). Still others largely eschew dynamic or interpersonal explanations and look instead to brain chemistry and the neurological effects of extreme stress (Brown, 1994). It also seems that dissociation can be a *learned* response, rather than a strictly reactive or uncontrolled one (Luhmann, 2004) and that it can arguably be adaptive as well as dysfunctional (de Ruiter, Elzinga, & Phaf, 2006).

Regardless of how the specific pathways of disjuncture are conceptualized, psychiatric perspectives on trauma and dissociation hinge on an understanding of the healthy self as coherent, bounded and centralized, and mapped onto an intact, integral, non-violated body. Dissociation, by definition, is the inverse; a self-body relationship that is tenuous, decentered, or fragmented.<sup>1</sup>

Celeste's greatest fear was that her experiences were, indeed, psychiatric in origin and were rather run-of-the-mill dissociative states. She was well-read in a range of psychological theory, from psychoanalysis to behaviorism. She knew the clinical definition of dissociation and how it is believed to be related to trauma. And she was painfully aware of the fact that her own personal history seemed to make her a textbook case.

Celeste was a survivor of two rape attempts as child, one by her own brother. Although her parents and others did believe her version of events on both occasions, she found herself wondering if there was something about her that was inviting the attacks, or if, perhaps, she was being punished for her sins, specifically vanity and a lack of humility. These events, and her own self-blame about them, shook her to the core. 'After something like that happens to you,' she told me, 'you feel like dirt, and

you don't even know sometimes if you're really alive or not.' Celeste lost faith in God for a long time after the second attack: 'I thought, "How could there be a God who lets things like this happen?" And I know I'm not the only one – it happens to girls all the time. I just couldn't imagine a God who would permit that.'

In high school, Celeste gradually began to turn back to her faith, and even started thinking about joining a convent. But again, the rape attempts came to the fore:

As I got more involved in religious things, my spiritual director pointed out to me that maybe I was looking for some sort of compensation, some kind of affective compensation in the religious life for what had happened to me. So I started questioning myself all over again. What if it was true? If that's what was motivating me, she said, then I shouldn't enter the religious life.

Over the next several years, Celeste concerned herself with this question: was the pull she felt toward the convent a genuine call from God, or was she looking to escape from her past? To help clarify this question, she threw herself into sports at school, dedicated herself to her studies (primarily in psychology, philosophy and religion) and developed a serious relationship with a boyfriend. She also attended numerous religious retreats. By the end of her senior year of high school, Celeste was more convinced than ever that she wanted to be a nun.

It was during this year of exploration that Celeste's first experiences of leaving her body began. The first time was at one of the religious retreats sponsored by the diocese for young women considering the religious life. Celeste told me that she was in silent prayer with the other girls in the retreat. They were supposed to remain there for one hour. She knelt down and looked at the crucifix and began to pray. The next thing she knew, everyone was getting up to leave. She was confused, thinking something had happened and they had decided to cut the prayer time short. Then she checked her watch and saw that the entire hour had passed. She worried that maybe she had fallen asleep while kneeling, though as she noted, 'I don't see how that could happen without me falling over.' She chalked the experience up to fatigue and did not think much more about it. Until it happened again the next day. This time, she had more of a conscious memory of what happened when she 'went away':

I remember gazing up at the crucifix and thinking about all the horrible sufferings Christ endured for us. It was like I was there, watching them nail him to the cross, seeing him suffer and knowing that he was doing it out of love. It was horrible, but it was beautiful, too.

She did not tell anyone about these experiences for fear that they would not believe her or that they might think she was 'crazy.'

After the retreat, Celeste had no more experiences for several months. She decided they were probably brought on by the emotionality of the retreats, and wrote them off as unusual but not terribly remarkable events. It was only after she had one of these experiences in her own bedroom that she started to wonder if she should take them more seriously:

I was in my room doing my math homework. I started thinking about God, and all of a sudden I felt like I was being drawn up out of myself. I remember marveling about God's goodness and love and then feeling this profound sense of silence and peace. I don't know how long I was like that. It must have been at least ten minutes or so. The next thing I knew my mom was knocking on my door to tell me dinner was ready.

Celeste began to wonder if perhaps these experiences were indications from God that she should, indeed, become a nun. As her experiences continued, she became more convinced. She broke up with her boyfriend and entered the convent. But she kept her spiritual experiences a secret. She was still unsure what to make of the experiences and was afraid the sisters would not let her join if they thought she had psychological problems.

Five months later, as we sat in the storage room, Celeste confided all of this to me. The experiences had increased to about once a week, and seemed to come on without warning. Despite her increasing concern about what was happening, she begged me not to tell any of the other sisters. As she saw it, one of three things could happen: (a) they would not believe her and would think she was making the experiences up in order to appear special; (b) they *would* believe her and she would become the focus of much frenzied attention, and perhaps envy or resentment, from the other sisters; or (c) they would think she was psychologically unbalanced and she might be asked to leave the congregation. So she kept her secret and implored me to do the same.

Viewed from a psychiatric perspective, then, Celeste's experiences could readily be attributed to her trauma history and the psychological mechanisms that may have been activated as a result. While her particular experiences were religious in content, a psychiatric explanation would view the causes of the experiences themselves as primarily intrapsychic. Celeste found this explanation troubling; it scared her to think she might be 'crazy,' and she struggled with the idea that dissociation left no room for the existence of a soul or spirit:

I understand that your mind might want to leave your body if something awful is going on, but what about your soul? That never leaves until you die. So what's happening with your soul? That's the part that doesn't make sense to me, because when I'm having one of these experiences I *do* feel my soul. It's with God.

Nevertheless, Celeste could not deny that she fit the trauma–dissociation prototype. Still, she bracketed the psychiatric model as a definitive explanation as she considered other alternatives.

### ALL IN HER HEAD? TEMPORAL LOBE EPILEPSY AND DIVINE UNION

Celeste also considered the possibility that her experiences could be due to a form of epilepsy; that her experiences were not encounters with God but rather the effects of seizures in her brain.

The medical literature is replete with accounts of profound mystical experiences deriving from brain dysfunction or stimulation, specifically temporal lobe epilepsy or TLE (Dennett, 2006; Ogata & Miyakawa, 1998; Temkin, 1971; Trimble, 2007; Trimble & Freeman, 2006). TLE involves epileptic seizures in one or both temporal lobes of the brain and can be classed as mesial temporal lobe epilepsy (MTLE) (involving the hippocampus, parahippocampal gyrus, and amygdala which are located in the inner part of the temporal lobe) and lateral temporal lobe epilepsy (LTLE) (involving the neocortex on the outer surface of the temporal lobe). Because of brain interconnectivity, seizures originating in the temporal lobe frequently involve neighboring areas of the brain as well and can lead to complex activations of different brain regions (Bartolomei et al., 2004).

The symptoms experienced by someone with TLE depend upon the specific temporal lobe area affected by the seizure and the particular neighboring brain areas involved in the event, as well as the severity of the seizure activity. Simple partial seizures (SPS) frequently produce symptoms such as déjà vu, sensory hallucinations and feelings on the skin that may seem to move over the body. Complex partial seizures (CPS) often carry more dramatic symptoms, including motionless staring, inability to respond to others and unusual speech or behavior. Data suggest that stimulation of the temporal lobe in combination with hyper sensory–limbic connection can imbue post-seizure experiences with a ‘sense of the personal’ wherein events are felt to assume cosmic import and take on the valence of religiosity (Persinger & Makarec, 1987).

Dewhurst and Beard (1970) were among the first clinicians to explicitly raise the issue of religiosity in TLE, providing six case studies of patients who experienced religious conversions in conjunction with seizure activity. These findings have been supported by Bear and Fedio (1977), Bear, Levin, Blumer, Chetham, and Ryder (1982), Kanemoto, Kawasaki, and Kawai (1996), and Waxman and Geschwind (1975), among others, to the extent that a review by Saver and Rabin (1997) contends that most prophets and religious leaders throughout history may have, in fact,



suffered from TLE. Others have endeavored to substantiate this claim by stimulating the temporal lobe in subjects in order to induce religious experiences (Persinger, 1987).<sup>2</sup>

Viewed in context with those reported in the medical literature, Celeste's case clearly fits the TLE profile. She says she often 'feels one of her experiences coming on,' though it is difficult for her to identify what, precisely, signals this for her. As it begins, she experiences a profound silence as she starts to disengage from her surroundings. She reports becoming immobilized, staring off into space, unable to respond to others around her. Tingling fills her body as she 'returns' and she describes a sensation of calmness and serenity for several hours afterwards.

From a neurobiological perspective, then, Celeste's experiences could be accounted for without recourse to psychological explanations of trauma. But the TLE still renders them 'all in her head' in another sense. If Celeste indeed had TLE then, as with the trauma-dissociation explanation, her episodes still originated within her (rather than coming from God) and were still linked to a sense of pathology or dysfunction.

Celeste found the TLE explanation somewhat more palatable than the trauma one, but she still had difficulty coming to terms with the idea that her religious experiences were nothing but a misfiring of neurons in her gray matter:

I know the human brain is powerful and amazing, but just because something is happening inside our brains doesn't mean it's not *also* God. We're human; everything that we experience has to go through the 'hardware' of our human bodies. That includes our experiences of God. Saying it's biology doesn't rule out God.<sup>3</sup>

So while Celeste thought TLE or some sort of related brain dysfunction could be part of what was going on, the profound significance of the experiences for her tugged against this as a final explanation.

## INTERLUDE

Before moving on to the third approach, let us pause here for a moment to consider some of the congruencies and tensions entailed in the two explanatory models Celeste has engaged so far. Both the psychiatric and neurological explanations of dissociation pose the self as intimately linked to the physicality of the person, and both understand the healthy self to be bounded, stable and rooted in an intact, non-violated, functioning body. Yet, where they locate the cause of the problem entails different sorts of moral evaluations and different epistemological commitments about the nature of human experience. It was precisely because of some of these incongruencies that Celeste found them difficult to digest.

In the psychiatric model of dissociation, the trauma originates outside the individual but produces intrapsychic pathological effects because, for whatever reasons, the individual is unable to manage the 'psychic overload' of the events. While he or she might be construed as a 'victim' or 'survivor' of the trauma itself, the implication remains that some sort of internal glitch led to the unhinging of self and body in response to stressful events. Although it may be functional in the moment to preserve psychic integrity, it is *this* element – the unhinging, particularly in contexts other than the initial trauma event – that is ultimately viewed as pathological.

In the neurological explanation linked to TLE, however, we find an entirely self-contained system of dysfunction: it all takes place within the individual brain. No interpersonal component is necessary. Yet unlike the psychiatric model where dissociation itself is viewed as pathological, the neurological view holds that dissociative experiences are natural sequelae of pathological dysfunction in the brain.

In other words, while both models read dissociation as a symptom of deeper pathology, they differently configure the relationships between cause and symptom. This is an important distinction. In the trauma–dissociation model a problematic stimulus (e.g., sexual abuse) cannot be psychologically integrated by the individual, leading to a sheering off of the self. Here, the problem is construed as one of a processing mechanism gone awry. Not everyone who experiences trauma dissociates. Those who do are prone to do it in other contexts as well. In the TLE model, by contrast, the problematic stimulus (e.g., brain seizure) is readily and properly processed, but the specific nature of the stimulus itself produces unusual experiences. Here, the problem is not a processing problem but a stimulus problem – everyone who has significant seizures in the temporal lobe region of the brain dissociates.

Why is this distinction important? As Luhrmann (2000) demonstrates in her ethnography of psychiatrists-in-training, whether one locates unusual experiences such as Celeste's in brain biology or in the more ephemeral domain of the human psyche carries profound implications for the moral valence with which they are imbued. If Celeste were suffering from brain seizures, one might view this as an unlucky roll of the genetic dice. It happens. People develop epilepsy, and no one is at fault. And more than this, the next step would be clear and straightforward: medication. However, if Celeste's experiences were derived from her sexual abuse history, we have a much thornier problem to contend with. Someone *is* at fault. Traumatic dissociation is not an inevitable, random event. Here, the origins of the dysfunction carry a moral burden that misfirings of the brain do not. And the next step is not entirely clear. Certainly, therapy and medication might help. But this is a far cry from the directness with which antiseizure medications can mitigate epilepsy.

Celeste found both of these explanations lacking largely because she felt they had no way to account for the *meanings* of the experiences themselves. While the TLE model demonstrates that stimulation in certain parts of the brain can generate religious sentiments, and the psychiatric model might allow for speculation about religious symbolism during dissociation, neither explanation effectively goes beyond accounting for the existence of such religious content. For Celeste, the spiritual dimensions of her experiences did not remain contained within the episodes themselves; in the context of the convent, they became central to her spiritual development. This leads us to the third explanatory model Celeste engaged.

### TO LOVE LOVING IN LOVE: RELIGIOUS ECSTASY

According to Church tradition, there was yet another possible explanation for Celeste's experiences: religious ecstasy. Deriving from the mystical tradition exemplified by such figures as St. John of the Cross and St. Teresa of Avila, ecstasy entails the direct communion of the soul with God; an immediate, intense, personal experience of the divine; the 'burning of [a] dark and secret love [that] presses into the soul' (St. John of the Cross, 2003, p. 70).

The possibility of experiencing religious ecstasy remains a cornerstone of the Catholic religious tradition. Religious ecstasy is understood to be a collaboration between the celebrant and God, in the sense that one might strive for this communion with the Divine but ultimately ecstasy is given (or withheld) according to God's will. One cannot formulaically produce religious ecstasy. The best one can do, according to Church teaching, is make oneself available and amenable to the experience through prayer, meditation and internal disposition. The rest depends on God. At the same time, religious ecstasy may be conferred spontaneously without the individual seeking out such an experience or appearing to be particularly worthy of divine attention. While surrender to God's will (what the Sisters of Celeste's order call *entrega* – see Lester, 2005) may facilitate communion with the Divine, then, it is far from sufficient to ensure such an experience.

That experience appears to be extraordinary. Thomas Merton describes the culmination of contemplation as follows:

You are transported from one degree to another. What happens is that the separate entity that is *you* apparently disappears and nothing seems to be left but a pure freedom indistinguishable from infinite Freedom, love identified with Love. Not two loves, one waiting for the other, striving for the other, seeking for the others, but Love Loving in Freedom . . . It is freedom living and circulating in God, Who is Freedom. It is love loving in Love. It is the purity of God rejoicing in His own liberty (1971, p. 283–284).

Celeste and the other postulants in the convent not only read about the spiritual ecstasies of the saints and engaged the writings of contemplatives like Merton, but openly yearned for such experiences. As Marta, an 18-year-old postulant in the convent told me one day during recreation time, 'I wish so badly that I could know what that feels like. I pray every day that I might be worthy of that sort of grace.' Rosita, a 17-year-old postulant, concurred. 'It must be amazing to actually have an experience like that! But that's something that very few people really experience anymore. We may feel in touch with God in prayer and feel His presence but ecstasy is something else altogether.' Celeste, who was sitting with the group, remained silent and focused on her needlework.

From within this worldview, one might reasonably interpret Celeste's experiences as genuine, intensely intimate engagements with God, as God speaking to her and showing her special grace. From this perspective, a devoted young postulant embarking on a life of religious study and dedication might, indeed, seem to be the ideal candidate for such attention. Experientially, this is how the events manifested to Celeste. She described being 'swept up by God' and 'becoming lost in his grace':

Everything is God and God is everything. I feel myself embraced in His light and all my worries fall away. I know that everything will be all right. It's a sense of profound comfort and illumination where I feel the whole world is connected, and the whole world is God.

In a context where religious ecstasy is understood to be undeniably real, it would seem that Celeste's experiences are exemplary.

Even so, we might speculate about whether Celeste, like her sister postulants, so desired spiritual communion with God that her dissociative experiences produced either via trauma or TLE simply took on the cast of religious ecstasy, either in their manifestation or how Celeste made sense of them. But bracketing this for a moment (I will return to it later), Celeste's lived reality was that these experiences could, in fact, be extraordinary evidence of God's love for her, despite her past and her perceived imperfections.

It is important to remember that, for Celeste, religious ecstasy was as real and undeniable as the effects of trauma or the neurobiology or epilepsy. Taking the ecstasy explanation seriously, as Celeste did, alters the terms of discussion. Unlike the psychological or neurological models the religious option enables a language of non-pathology and, perhaps, even healing.

The religious ecstasy model becomes actualized through the mediating language of the soul. As in the trauma-dissociation model, religious ecstasy entails a loss of self. But this loss does not give way to a void or a fragmentation; rather, it serves as a portal to a deeper Truth. 'You are not you,' writes Merton:

... you are fruition. If you like, you do not have an experience, you become Experience: but that is entirely different, because you no longer exist in such a way that you can reflect on yourself or see yourself having an experience, or judge what is going on, if it can be said that something is going on that is not eternal and unchanging and an activity so tremendous that it is infinitely still (1971, p. 283).

This is different from the defensive unhinging of the self and body in the trauma model. Rather, the religious explanation holds that the self entangles one's true being in worldly desires and pursuits through its materialization in the body. With the 'loss' of the self in contemplation and ecstasy, a more authentic rendering of one's being becomes possible.

Such a view derives from a metaphysics wherein the body is temporal house of the soul, which, in its worldly grounding, is experienced as the self. Catholic tradition holds that God created all souls at the beginning of time and has a specific plan for when they will become human. As they are grounded in fleshy bodies, souls remain eternal, but also manifest through a temporal condition affected by lived, bodily experience. This is the experienced 'self' (e.g., I grew up in Florida, I am 30-something years old, I am a professor of anthropology, etc.). While the self is not separate from the soul, neither are they one and the same. Rather, the self is a localized, historically grounded, embodied expression of the soul and, as such, is necessarily a partial rendering of this eternal form.

The physical body, then, is integral to self/soul manifestation and serves as a domain of interaction and translation between the two (see Lester, 2005). Religious ecstasy occurs when the self and the soul commune directly, without recourse through the body and without translation through physicality. As William James observed, 'This overcoming of all the usual barriers between the individual and the Absolute is the great mystic achievement. In mystic states we both become one with the Absolute and we become aware of our oneness' (James, 1982, p. 419). This is similar to what Celeste described. 'When I'm having an experience, I have no idea what's happening to my body,' she told me. 'I honestly don't know. It's like I don't even have a body anymore. It's the most freeing feeling imaginable.' Indeed it is this release from physicality or rootedness in the body, when 'intellect and senses both swoon away in these high-test states of ecstasy' (James, 1982, p. 412), that Celeste and others have found so compelling.<sup>4</sup>

Like the psychiatric and neurological explanations, then, the religious ecstasy model conceptualizes the self (as the temporal incarnation of the soul) as directly linked to the body. But, unlike the neurological model, not inextricably so. And, unlike the psychiatric model, not as a fundamental component of health. In fact, the religious ecstasy view maintains that freeing the self from the body brings one to truer experience. This

emerges, however, not from a simple denial of physicality but by, somewhat paradoxically, going *through* the body and out the other side (Lester, 2005). In this way, the religious ecstasy explanation mediates the trauma and TLE models by offering a way to account for physicality without making it entirely determinative of experience.

According to this view, then, Celeste's experiences could be read as part of her exceptional spiritual development, as healthy and good. Clearly, then, this would seem to be the most attractive explanation for a young nun. Yet, Celeste engaged this perspective with at least as much trepidation and ambivalence as the other two. Why might that be?

For Celeste, the very attraction of the religious interpretation led her to question it. She desperately *wanted* this to be the correct explanation, a desire she felt was contrary to the spiritual state she should have if they were, indeed, genuine. 'If I want it,' she told me, 'it cannot be. Wanting it means I think, at least on some level, that I deserve it. And if I think that, then I am not truly humble to God's will but want to impose my own.' Indeed, her suspicion of her own motives was so great that she even began to speculate whether her experiences were actually instigated by the Devil (rather than God) in order to tempt her into pursuing fame and glory.

Ultimately, Celeste was not prepared to commit herself to the religious explanation to the exclusion of psychiatric or neurological factors. Yet neither could she quite reconcile the different metaphysical imperatives about bodies, selves, souls and manifest experiences entailed in these different models. Was her spirituality really a bundle of neurons in her head? Did her traumatic experiences as a child really warp her ability to remain grounded in reality? Was God permitting her a glimpse of the eternal joy her soul will enjoy after death? Celeste became increasingly preoccupied with the different aspects of each argument, and each time she had another of her experiences she plumbed it for new (and, she hoped, definitive) information.

### ANXIOUS BLISS: UNKNOWING

After months of struggling with the question of the meaning of her experiences, however, Celeste's ponderings took on a different cast. She began to wonder about her need for a definitive answer. 'I've noticed that I think about it all the time, trying to weigh the different explanations,' she told me. 'As if suddenly a light bulb will go off over my head and I'll say "ah ha! Now I know!" But it doesn't. I keep going around and around about it.' Maybe, Celeste speculated, there was something about the *not* knowing itself that was important:

You know, I'm the kind of person who always wants to know the answer to things. I want to understand things. I want to pin them down. But maybe

God is trying to teach me something here. Maybe having definitive proof or being able to settle on a single answer is not the only way to know something is true. Even something that has to do with God. Maybe *especially* something that has to do with God.

In other words, the spiritual import of Celeste's experiences became not so much the experiences themselves, but rather her own struggles in trying to reconcile different interpretive frameworks. She eventually decided she had to let go of the idea of settling on a 'correct' assessment.

Celeste came to see this deliberative process – rather than the experiences themselves – as God's vehicle for communicating with her:

I think God is trying to show me that events in our lives don't necessarily mean one specific thing. They happen. Things happen. Good things and bad things. But the significance of those events is in what you do with them, how you use them in your life to either dissolve in your own misery or help other people. I've come to think of it like this: God gives us the raw materials, but it's up to us to make the cake.

God may provide the recipe and the ingredients, she said, but we have to follow the directions in order for it to actually make a cake rather than a sloppy mess. And, of course, we have to want to make the cake in the first place. The meaning of any experience, then, depends largely on what we choose to do with it.

This tension between ultimate Truth and constructed meanings played out in Celeste's own process of discernment. In grappling with whether these episodes were rooted in her body, her self or her soul, Celeste was forced to contemplate the relationships among these domains of experience and, in particular, to confront the ways in which they are separate, yet inseparable. In this way, Celeste found sitting with the unknown and unknowable to be far more challenging than settling on a specific answer. Yet at the same time, this reframing enabled her to integrate parts of her experiences that were rendered incompatible by each of the three explanatory models she had explored.

We can see the effects of this process on how Celeste brought these questions to bear on her own trauma history as well as her involvement in the religious life. In working through the indeterminacy of her experiences, she came to construct an alternative narrative that did not deny the horror of what happened to her, but reconfigured the relationship between this trauma and her religious involvements as life-affirming and healing rather than as indicative of escapism or pathology. As she explained it to me towards the end of my stay:

Here in the congregation, we learn that God gives us a body, and we have control over that body. But our bodies also house our souls, which ultimately belong to God. What we do with our bodies affects our souls. And,

of course, all of our experiences in our lives affect how we act with our bodies. So it's all connected in a system. When other people do things to our bodies, it has psychological and spiritual consequences. We can't always control the actions of others, but we *can* control the kinds of effects they will have on us psychologically and spiritually. This is what I've learned here.

In other words, Celeste's out-of-body episodes prompted her to reflect in a self-conscious way upon what it meant to be *in* her body, and to grapple with how to understand the interactions among seemingly disparate levels of experience: the material, the psychological and the spiritual. She came to view her body – and specifically, her female body – as a material locus of complex spiritual dynamics. At the same time, she understood this material/transcendent relationship to be mediated by her own psychological and emotional configuration and events in her own past. This iterative dynamic entailing not simply the ambiguity of meaning (what is the 'truth' of the experiences?) but also the *meaning of the ambiguity* (why the need for 'truth'?) became a vehicle for her metaphysical and existential speculation.

Specifically, Celeste came to think of her rape attempts as spiritually meaningful experiences that enhanced her ability to help others; as, ironically, one of the ways God has worked through her. She did not in any sense believe God 'wanted' her to be traumatized, or that it was necessarily part of his plan for her that she be raped. Rather, she told me, she came to believe that he did *permit* the attacks to take place. Not to punish her for some kind of personal failing (as she had sometimes thought in the past), but because, she said, he knew she had the strength and the character to 'handle it,' to transform her experiences into something that would help others. In this way, through her dissociative experiences, and her struggles to understand them, Celeste came to a new understanding of her own femininity as spiritually powerful, and learned to view her physical and emotional vulnerabilities as spiritual strengths.

## DISCUSSION

In many ways, Celeste is an unusual case. Most strikingly, her capacity for self-reflection and her ability to self-consciously articulate her experience though various explanatory frames marks her as uncommon. Yet at the same time, certain elements of Celeste's story resonate strongly with recent developments in both anthropological theorizing on religion and trans-cultural psychiatric research.

In his ethnography of Christianity in Papua New Guinea, Joel Robbins (2004) challenges long-standing assumptions about religious belief and practice that tend to figure religiosity as functional – people do things



and believe things (or claim to believe them) in order to meet specific psychological (Freud, 1927/1989), social (Durkheim, 1915/2001), political (Marx, 1867/1992) or economic (Weber, 1904/2002) needs. In the case of New Guinea, Robbins argues, the 'payoffs' for converting to Christianity certainly did play a part in the initial success of missionaries. Yet by the time Robbins arrived, the fervor with which many individuals engaged Christian doctrine and practice seemed to go well beyond a pragmatic strategizing to obtain material goods or political influence. Christianity had become a passionately embodied worldview that seemed genuinely and deeply felt by participants.

Such devotion does not necessarily run counter to the functionalist explanation of religion. Yet, as Robbins discovered, adherence to Christianity for many New Guineans meant accepting oneself as inherently inferior to whites, duly allotted a life of poverty and deprivation, and at grave risk for eternal damnation. But more than this, it seemed to provide a justification for the very lack of resources and influence a functional model of religion would resolve. Why, then, Robbins asked, would a people become passionately devoted to such a belief system? In the course of the ethnography Robbins presents a model of religious conversion that endeavors to account for both the strategic political dimensions of conversion as well its emotive and experiential elements.

Celeste's journey in a Mexican convent speaks in dialogue with Robbins' New Guinea converts in the sense that both challenge the assumption that, when confronted with experiences of unclear derivation, individuals necessarily choose explanations most advantageous to them or that maximize their status or social capital. Certainly, Celeste could have endorsed the religious ecstasy explanation of her experiences and pursued its substantial psychological and social benefits. But she did not. Rather, she struggled to understand her own motivations and sat uncomfortably with the not knowing. Celeste, like Robbins' New Guinea subjects, illustrate that faith is not always 'functional,' or, at least, not conventionally so. In fact, sometimes the persuasiveness of religious belief might not be in what it gets you, but in what it doesn't get you.

It is here, too, that Celeste's story speaks most directly to concerns within transcultural psychiatry. When we encounter someone like Celeste we are confronted, as was she, with something of a conundrum. Clearly, her experiences were as troubling to her as they were captivating. She did not have a specific, coherent explanation for what was occurring; rather, she had three, none of which she felt she could entirely endorse. She chose to confide in me when she began to feel overwhelmed by the experiences themselves and her inability to distill clear meaning from them. She hoped that, by talking to a 'neutral' party, she might gain some insight into what was happening to her.

In this regard, Celeste is perhaps not very different from clients we might see in clinical practice, those who come to us ambivalent about their symptoms (which may be ego syntonic or serve functional purposes), yet eager to know the cause of their suffering and how to alleviate it. Like such clients, Celeste's 'working through' of alternative possibilities was a transformative process for her, not because she found the answer to her original question – why is this happening to me? – but because she eventually reframed the question itself: who is the 'me' to whom this is happening?

This reframing of the project as an existential and metaphysical query about the 'self' requires one to develop the capacity for reflexive function: to observe one's own experiences with something of a thoughtful distancing from the immediacy of that experience (Fonagy & Target, 2003). In Celeste's case, being a postulant in a convent facilitated and shaped this self-reflection in at least three ways: first, she was preoccupied, as all the postulants were encouraged to be, with how she appeared in the eyes of God. This led her to continually evaluate her thoughts, feelings and dispositions from the perspective of an omnipotent, omniscient Other. Second, religious practice within the convent entails structured activities, mentored practice, and significant periods of silent reflection and prayer designed to help initiates develop this capacity of 'seeing with God's eyes.' And third, the metaphysical and existential propositions of Catholic doctrine endorsed in the convent provided Celeste with a language for articulating the content of her unusual experiences, as well as for working through her own discomfort about them and, eventually, for articulating a sense of resolution. For Celeste, this reframing led her to grapple with questions about the nature of the human body, self and soul and how they implicate one another, eventually bringing her to a new understanding of her own metaphysics and existential condition. And this, in turn, enabled her to integrate the traumatic events in her past, her current religious experiences and her specific physiological symptoms within a non-pathological dynamic that was consistent with her own worldview.

## CONCLUSION

My point here, of course, is not to suggest that joining a convent is a reasonable substitute for psychotherapy in the case of trauma, or medical care in the case of epileptic seizures. Rather, one contribution of Celeste's case is its illustration of how local cultural practices of reflexive function wherein the 'self' (however construed) reflects upon itself and the nature of its existence (e.g., meditation, prayer, spirit possession, psychotherapy) interarticulate with broader social and ideological commitments about what makes us human and what makes that humanity meaningful.

Specifically, Celeste's case demonstrates the subtlety with which such discernment often unfolds, even in the face of the kinds of striking experiences she reported.

A research agenda concentrated on how such reflexivity is conceptualized, prioritized (or not), facilitated, managed, and/or operationalized in local contexts opens up intriguing new avenues of theoretical and ethnographic speculation. This is a somewhat different project than those entailed in recent anthropological works on subjectivity (Biehl, Good, & Kleinman, 2007; Cole, 2001; Desjarlais, 2003; Jenkins & Barrett, 2004; Mageo, 2003) or psychologically oriented theorizing on reflexivity and reflexive function (Aron, 2000; Atwood & Stolorow, 1984; Auerbach & Blatt, 2001; Benjamin, 1990; Fonagy et al., 1995; Kohut, 1977; Lacan, 1949/1977; Mitchell, 1991), although it certainly draws upon these literatures. Rather, a consideration of cultural practices of reflexivity brings these bodies of research into dialogue with each other to facilitate the development of grounded models of cultural selves in conversation with theoretical perspectives on universal psychological processes. To offer just one example, one might consider the experiential and practical configurations of 'no-self' across contexts, for example: (a) Buddhism (where 'no-self' is seen a prelude to enlightenment), (b) existential philosophy (where it is held as a source of angst), (c) depersonalization disorder or borderline personality disorder (where it is seen as the hallmark of significant psychopathology), and (d) various spiritual and shamanistic healing practices (where the negation of self on the part of the healer or patient is thought to precipitate restorative action). While there may be some shared phenomenological aspects of 'no-self' across contexts (e.g., a feeling of radical detachment from everyday life, as if a veil had settled between the experiencing self and the outside world), and one might speculate about certain neurophysiological similarities, the specific ways in which a sense of 'no-self' manifests, the meanings attributed to these phenomenological states (by the individual as well as others), and the kinds of extrapolations that follow about the 'self,' community, and universe (and how they are thought to interact) allow for theoretical explorations of widely shared human experiences while at the same time grounding such explorations in cultural specificities and local lived realities. Working across such domains is the hallmark of transcultural psychiatry; Celeste's case is illustrative of the generative possibilities entailed in such an approach.

## NOTES

1. In this regard, we might understand the pathological rendering of dissociation as a crystallization of western philosophical anxieties about the nature of human experience as rooted in thought and/or in physicality.

Anthropological research has long documented that dissociation may be considered normal or even healthy in other cultures (Boddy, 1988; Bourguignon, 2004; Castillo, 1995; Hollan, 2000; Klass, 2004; Nuckolls, 1991; Seligman, 2005). For example, a brochure entitled 'Women and Mental Health . . . A Beginning' distributed by the Centre for Advocacy in Mental Health in India (Bhargavi & Dandekar, 2002) describes the positive health effects of spirit possession: 'It is like doing exercises . . . it brings about desirable physiological changes and a feeling of being refreshed and bright.' Spirit possession can also keep one mentally fit: 'Possession is a self-help strategy that women adopt, to stop themselves from "going mad." It is like keeping a journal for one's own self. It is a type of self expression. It does not harm anybody. It does not need to be "treated"' (p. 31). The determination of such experiences as pathological rests on a privileging of the 'self' as whole, inviolate, and rooted in the body.

2. There has been significant debate among researchers whether the 'felt presence' effect (experiencing the presence of a sentient being during temporal lobe stimulation) results from brain activity per se or from suggestibility and the placebo effect. See Granqvist et al. (2005) for a challenge to Persinger's work and St. Pierre and Persinger (2006) for a response.
3. For more on this theme, see Mark Salzman's compelling novel *Lying Awake* (2003), which chronicles a nun's spiritual journey when she discovers her religious ecstasies are in fact due to TLE.
4. See Myers (2001) for additional dramatic accounts of such experiences and speculations about their complex origins.

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