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## **Mysticism: Its relationship to religious experience and psychopathology**

Richard Paul Jager

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**MYSTICISM: *e***  
**ITS RELATIONSHIP TO RELIGIOUS EXPERIENCE AND PSYCHOPATHOLOGY**

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**A Thesis**  
**Presented to the**  
**Faculty of**  
**California State University,**  
**San Bernardino**

-----  
**In Partial Fulfillment**  
**of the Requirements for the Degree**  
**Master of Arts**  
**in**  
**Psychology**

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**by**  
**Richard Paul *J*Jager**  
**June 1990**

**MYSTICISM:**  
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## ABSTRACT

The relationship between mysticism and religious experience/psychopathology was investigated by administering a questionnaire to 132 undergraduates. The questionnaire consisted of 200 true-false items measuring mysticism, religious experience, and psychopathology. Five subscales from the MMPI comprised the psychopathology scale: Unusual Experiences, Mental Confusion, Deviant Thinking, Psychosis, and Schizophrenia. Analysis using Pearson correlations and beta weights confirmed the first hypothesis that mysticism is more closely related to a religious experience than to psychopathology. The second hypothesis predicted mysticism would relate to psychopathology only in a way that suggests little or no positive relationship to severe mental disorders. With the exception of a significant positive correlation between mysticism and schizophrenia, the second hypothesis was also essentially confirmed. Further research was proposed to help clarify the true nature of mysticism and how it relates to religious experience and psychopathology.

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## INTRODUCTION

To see a World in a Grain of Sand  
And a Heaven in a Wild Flower,  
Hold Infinity in the palm of your hand  
And Eternity in an hour.

### Overview of the Problem

William Blake (1793) succinctly describes one of humanity's most ancient, universal, and powerful experiences-- the mystical. Underhill (1955) called mysticism "the science of ultimates" and believed its purpose was to unite with God. Coxhead (1986) contends that mysticism satisfies a basic human need to escape from the usual mundane state of consciousness to explore the secrets and profundities of what Bucke (1969) called "cosmic consciousness." It is therefore not surprising the word "mysticism" is derived from the Indo-European root of "mu," a word that meant an initiate of secret rites and symbolized something that was inexpressible. James (1902) thus correctly saw ineffability as one of the four essential characteristics or "marks" of mysticism, along with transiency, passivity, and noetic quality.

In recent years increased interest in Eastern religions, human potential, and altered states of consciousness has caused a renewed interest in mysticism. Despite its antiquity and current importance, mysticism among many people is still shrouded in fear and suspicion.



This attitude may be due in part to mystics often exhibiting strange and sometimes bizarre behavior. Rosen (1968) has described such behavior in the prophets and seers of ancient Palestine, Greece, and Rome. James (1902) also recognized the close relationship between mysticism and psychopathology; he referred to certain types of insanity as "diabolical mysticism." Wapnick (1972) also noted the relationship and investigated it by comparing a "typical" mystic with a "typical" schizophrenic. Laing (1967) discussed the relationship by describing the schizophrenic "voyage" of a mental patient and how it was very similar to a mystical experience. Vonnegut (1975) described the similarity between mysticism and psychopathology based on his actual experience after suffering an acute schizophrenic episode that contained many religious themes.

From the above discussion it seems apparent mysticism has both religious and pathological elements. Attempts to explain the true nature of mysticism have therefore typically been made from either a religious or psychiatric perspective. Grof and Grof (1989) focused on the religious perspective. They believed mysticism was often caused by an evolutionary crisis in consciousness referred to as a "spiritual emergency." Conversely, Freud (1964) focused on the pathological perspective and attributed the "oceanic bliss" of mysticism to regression to a womb-like state of

existence. Deikman (1966) believed mysticism was due to a breakdown in the filter mechanism of the nervous system, resulting in a mental state called "deautomatization." In a less judgmental framework, Wilber (1983) attempted an explanation of mysticism by incorporating both the religious and pathological perspectives. He called the confusion in distinguishing the religious and pathological elements of mysticism the "pre/trans fallacy." Many other researchers have also noted the religious and pathological aspects of mysticism, however, no research has been conducted to determine if mysticism is primarily a religious or pathological experience. The purpose of the present study, therefore, was to address that problem and help clarify the true nature of mysticism.

### Background of the Problem

Mysticism. Underhill (1955) described mysticism in terms of essential characteristics and included the following five features: (1) it is practical, not theoretical, (2) it is an entirely spiritual activity, (3) love is its business and method, (4) it entails a definite psychological experience and, (5) it is never self-seeking. Clark (1958) expanded the work of Underhill by describing mystics as being characterized by the following three traits: (1) their language makes extensive use of figures of speech and paradox; (2) they regard as unreal what the

ordinary person regards as real and vice versa; (3) mystics have a tendency toward extravagance in their behavior.

Incorporating the work of Underhill and James' four marks into his own, Clark defined mysticism as:

a definite but sporadic state of the religious consciousness, partly active and partly passive, involving an experience so unusually personal as to defy description in any but the most figurative and cryptic language. It involves the apprehension of a transcendental Presence which radically influences the individual's point of view and way of life. The consequent passionate devotion to this Presence tends to lead to an extremely unworldly value system. These values foster extravagant behavior which nevertheless stimulates integration of the psyche centered on this devotion.

The above definition provides a plausible explanation for both the religious and pathological elements of mystical experience. Previous research suggests a typical pattern to a mystic's development that may further elucidate the causes and relationships between those elements. For example, Neumann (1968) believed mysticism can originate in childhood and continue to develop in three primary phases throughout a mystic's life. The first phase was called "source mysticism" or "uroborus mysticism"; it is essentially the Freudian interpretation described earlier. It is characterized by the desire to return to the "infantile paradise of the maternal womb" or "Great Mother archetype." According to Neumann, this is an immature phase of mysticism found primarily in

children, primitives, and neurotics who are unable to effectively confront the demands and conflicts in their lives. The second phase was called "hero mysticism" or "Fight with the Dragon." It typically occurs during puberty or early adolescence, when the conflicts of life are first confronted. The successful resolution of the conflicts in this phase produces a strong sense of identity and the beginning of personality integration. It also marks the awakening of religious sensitivity and serves as the foundation for emergence into the adult phase of mysticism. This third and final adult phase is referred to as "last-stage mysticism." It is also referred to as "imminent world-transforming mysticism." During this phase, conflicts have been resolved and full personality integration has been accomplished. A harmony is then achieved between the mystic's ego and true self that is conducive to further development of religious sensitivity and spiritual identity. Often the mystic uses these new powers and abilities in a dedicated, self-appointed task of serving others.

Underhill (1955) also recognized different phases of the unfolding mystical process and referred to it as "The Mystic Way." She believed the process consisted of the following five stages: (1) "The Awakening of the Self," (2) "The Purification of the Self," (3) "The Illumination of the Self," (4) "The Dark Night of the Soul," and (5) "The

Unitive Life." Wapnick (1972) proposed a sixth stage that closely corresponds to the final phase described by Neumann. In that stage, the social isolation often required of the Mystic Way is ended; the mystic then returns to society with renewed strength and commitment to help others. Underhill believed the necessary selfless and altruistic motivation for such committed service could best be achieved by the true mystic, who has completed the Mystic Way and attained the Unitive Life. Such a "spiritual genius" has contacted and surrendered to God, but usually only after years of an intense physical and mental ordeal. The mystic's preparation and training often includes many arduous disciplines like yoga, meditation, contemplation, and renunciation. By these or similar means, the mystic withdraws attention from the external world of the senses and directs it to the internal world of the soul.

Douglas-Smith (1970) believed one of three styles of mysticism generally emerges following the mystic's preparatory discipline and training; theistic, monistic, or nonreligious. Theistic mysticism, as exemplified in the Judeo-Christian tradition, seeks an encounter with a separate or transcendental God. The means to this end for the theistic mystic is typically selfless love and devotion. Conversely, the monistic-style mystic, as characterized by most Eastern religions, seeks a union with a nonseparate and

immanent God. Monistic mystics usually employ rigorous spiritual discipline to achieve their goal. A drop of water merging with the ocean is often used as a metaphor to describe the monistic union with God. In contrast to theistic and monistic styles, the nonreligious mystic rejects the idea of any kind of God or divinity. Instead, nonreligious mystics have a secular ideal for their object of devotion, such as nature, a lover, or a political cause.

#### Mysticism and its Relationship to Religious Experience.

The above discussion of mysticism makes evident its close connection to religious experience. Underhill (1955) referred to mystics as "sons of religion" and believed the first stage of the Mystic Way, the Awakening of the Self, was essentially a religious conversion. Jones (1909) also recognized the similarity between mystical and religious experiences when he called mysticism, "the type of religion which puts the emphasis on immediate awareness of relation with God, on direct and intimate consciousness of the Divine Presence. It is religion in its most acute and living stage." James (1902) was also aware of the similarity; his description of religious conversion is very similar to his "marks" of mysticism. Included in his description of religious conversion are the following characteristics: (1) the loss of all worry, (2) the sense of perceiving truths not known before, (3) the feeling that the world is somehow

new, (4) the appearance of automatic phenomena (lights, strange speech, etc.), (5) the sense of ecstasy, (6) the feeling of extreme passivity and, (7) the transience of these conversion characteristics.

Because of the similarity and overlap between mystical and religious experiences, many find it difficult or impossible to distinguish between them. Ellwood (1980) attempted a distinction based on the following examples of experiences that are religious, but not necessarily mystical: (1) a joyful and deeply felt acceptance of salvation as if it had already been granted by God, (2) intellectual enthusiasm for spiritual ideas and concepts, but without an actual religious experience that transcends the intellect, (3) a strong commitment to certain moral or ethical principles based on one's religious world view, (4) warm feelings in a religious context caused by religious expressions of communication, such as spiritual songs, paintings, ceremonies, etc., (5) experiences interpreted as involving real gods or spiritual powers that are intensely felt and believed, but are not a direct perception, encounter, or union with those gods or powers. In order to be categorized as mystical, but not necessarily religious, Ellwood believed an experience must have the following distinguishing qualities: (1) possesses a sufficient intensity that suggests an encounter with full spiritual

reality has been achieved, (2) resolves mental and spiritual conflicts, (3) produces a sense of unity and purpose and (4) occurs in a context that makes a mystical interpretation the most appropriate.

Ellwood also pointed out that categorizing mysticism apart from religion may create more confusion than clarity. Because interpretation of experience varies from culture to culture, it may be argued the interpretation of mysticism must be made within the context of the culture in which the experience occurs. In addition, a person's understanding of an experience could be interpreted from very different occupational perspectives. For example, an experience could be interpreted very differently by people in such diverse fields as theology, psychiatry, or sociology. Another source of confusion is that many believe the concept of mysticism itself implies a metaphysical position that is entirely outside the scope of scholarly investigation.

Another complicating factor in distinguishing mystical experience and religious conversion is their often occurring as a climax to an intense inner struggle following long periods of internal conflict and turmoil. An experience viewed in such light may therefore be interpreted as a positive, conflict-resolving remedy. Often these mystical and conversion experiences, however, are viewed as pathological states themselves and interpreted from a



psychiatric perspective. Salzman (1953) incorporated both the religious and psychiatric perspectives into his work when he made a distinction between two types of conversion experiences. The first is viewed as a progressive or maturational process. It usually occurs in normal people after conscious and sincere religious seeking and contemplation. The second type is viewed as a more regressive and pathological variety. This type usually involves disturbing mental and emotional states that typically occur in neurotics or psychotics as a reaction to conflicts. Rather than being adaptive, however, the regressive type of conversion is pathological; it only provides a pseudo-solution to the conflicts. Glenn (1969) summarized the work of Salzman by saying:

the conversion experience, then, like other religious and mystical experiences, can be approached in many ways. Psychiatric thought has tended to de-emphasize its felt passionate aspects, denigrating "mysticism" while extolling the "adaptive value" of well-thought-out change, as if change were rational. Such experiences, however, merit being comprehended in their own right, as phenomena sui generis. Poorly understood by our rational vocabulary, they nonetheless point to the creative potentiality of human experience, both pathological and healthy.

Mysticism and its Relationship to Psychopathology. The difficulty involved in distinguishing between mysticism and pathology is already evident at the beginning of recorded history. Rosen (1968) described the commonplace perception

of some of the greatest mystics, seers, and prophets of ancient Palestine, Greece, and Rome as insane or demon-possessed. Included among the group were Jeremiah, Hosea, Ezekial, and even Jesus. Despite the eccentric and sometimes bizarre behavior of such individuals, an authentic prophet (Rosen maintains) could be distinguished from a "mad" prophet in a number of ways. First, the true prophet confronts a profound spiritual and moral struggle that is filled with inner conflicts, doubts, and fears. The true prophet also typically resists the initial callings to preach, and searches for some kind of confirmation that his mission is true and valid. The "mad" prophet, on the other hand, typically does not endure any comparable spiritual or moral struggle. Nor does the "mad" prophet typically entertain any doubt about the truth or validity of his "mission." Even when confronted by the scorn and rejection of his society, the mad prophet still does not question the legitimacy of his venture. Instead, the harsh treatment is usually viewed as "persecution" and proof that the prophet indeed has been sent by God.

The belief that prevailed in the ancient Graeco-Roman period regarding mental disturbances was such afflictions were of two types. One type of disturbance was thought to be caused by human ailments of the brain. Such a condition is essentially what today would be called a pathological

disorder; it was considered a curse in the Graeco-Roman period. The other type of disturbance was believed due to possession by divine beings or spirit forces. This other type of disturbance was closer to a kind of mystical trance and was considered a gift or sign of favor. Plato (1952) believed only through a divine intervention (characterized by the second type of disturbance) was it possible for a person to display the gifts of prophecy and poetry. These abilities were usually thought to be far beyond the powers of normal human beings. In Phaedrus, for example, Plato argued that the Delphi prophetesses and the Dodona priestesses accomplished their greatest achievements while in a state of "divine madness," but little or nothing when they were not in that state. Furthermore, Plato expressed the belief in Timaeus that poets of the highest quality required divine madness or "enthousiasmos" that linked them to supernatural realms where they received their inspiration.

James (1902) also recognized the close connection between mysticism and pathological states. He believed religious conversions constituted just half of the total of mystical experiences. The other half, he thought, consisted of abnormal brain states such as epilepsy, hysteria, and especially paranoia, which he referred to as "diabolical mysticism." James said the diabolical mysticism was "a sort

of religious mysticism turned upside down" and further described it by saying:

The same sense of ineffable importance in the smallest events, the same texts and words coming with new meanings, the same voices and visions and leading and missions, the same controlling by extraneous powers; only this time the emotion is pessimistic: instead of consolations we have desolations; the meanings are dreadful; and the powers are enemies to life. It is evident that from the point of view of their psychological mechanism, the classic mysticisms and these lower mysticisms spring from the same mental level, from that great subliminal or transmarginal region of which science is beginning to admit the existence, but of which so little is really known. That region contains every kind of matter: "seraph and snake" abide there side by side.

Wapnick 1968) also investigated the relationship between mysticism and pathology by comparing a "typical" mystic with a "typical" schizophrenic. The famous Spanish Catholic nun, St. Teresa of Avila, was selected to represent the mystic. Lara Jefferson, a former mental patient from a mid-western state, represented the schizophrenic. The similarities between the two were quite striking. Both experienced feelings of alienation from society and pain and terror upon entering the "other world." They both also had feelings of peace and contentment after the pain and terror had subsided. Both also reported increased satisfaction and competency after returning to the social world. Although the similarities between the two were surprising, the

differences were much more pronounced. For example, St. Teresa was able to maintain some degree of social contact, and decisions to isolate herself were consciously made. Lara's loss of social functioning, however, required her to be incarcerated in a mental institution for an extended period of time. In addition, the mystical process of St. Teresa was virtually a lifelong commitment to spiritual ideals and disciplines that culminated in the attainment of her religious goal. On the other hand, Lara Jefferson's schizophrenia was compressed into a much shorter period of time that resulted in no such religious reward.

Wapnick believed the contrast in purpose and preparation between the mystic and psychotic was partly responsible for their different outcomes. The goal of the mystic, on the one hand, is primarily religious in nature. The means to such an end is by a gradual expansion of consciousness through a progressive and disciplined strengthening of spiritual "muscles." By contrast, the schizophrenic's "goal" is primarily to escape a world viewed as intolerable and where he/she cannot adequately function. The schizophrenic therefore resorts to the delusions of an inner world as a means of coping with the reality of an unbearable outer world. The resulting schism between the inner and outer realities of the schizophrenic eventually causes even greater agony and torment. Conversely, the

harmony between inner and outer realities achieved by the mystic is reflected in the joy, love, and satisfaction manifested in his/her life. Their highly evolved spiritual and moral character then often impells them to devote considerable time and effort to the service of others.

Laing (1967) also recognized the overlap of mysticism and pathology. He described many of their common elements in the case of a mental patient named Jesse Watkins. After feeling physically and emotionally exhausted for an extended period of time, Watkins embarked on a ten-day schizophrenic "voyage." One of his initial experiences was feeling as if he had died and was waiting to pass to the "next department." He thought time was going backwards. He also believed he was in complete control of the universe, and felt an enhanced significance to all things. He reported an expanded awareness that made everything seem much more vivid and real. He experienced the grass looking greener, the sun shining brighter, and people appearing more alive. Rather than thinking it was insanity, however, he felt his experience was more like a kind of hypersanity. He also believed his experience was part of an evolutionary process in consciousness that all people must eventually experience to spiritually progress. After ten days, he knew he could no longer endure the experience, so he decided to end his voyage. Watkins soon informed the hospital staff he was not

going to take any more medication. He then sat up in bed with his hands tightly clenched and began repeating his name until he was "able to run things normally." After emerging from his voyage, rather than interpreting the experience as an illness, he viewed it as a kind of natural healing process of the mind.

Laing maintains a similar view in arguing that many psychotic episodes are not just breakdowns, but also opportunities for breakthroughs. He also said they are a "natural way of healing our own appalling state of alienation called normality." Laing and other "antipsychiatrists" therefore believe some psychotics should be allowed to heal themselves in this natural way and be subjected to traditional psychiatric treatment only as a last resort (Epstein, 1979). Laing has also been instrumental in starting several progressive treatment programs based on those principles (Mosher, Menn, & Matthews, 1975; Carpenter, McGlashan, & Strauss, 1977). Furthermore, former mental patients were often used as staff in those treatment centers to serve as guides during the "voyages" of new clients (Mosher, Reifman, & Menn, 1973).

Mark Vonnegut (1975), son of popular writer, Kurt Vonnegut Jr., also reported a similarity between mysticism and pathology. After recovering from his own schizophrenic breakdown, he described the similarities, as well as the

differences, as follows:

It's been suggested by many that a schizophrenic is a failed mystic. The same thing happens to both, but in the face of God, infinity, or whatever, mystics keep their cool but schizophrenics end up in such rotten shape because they cling to their egos, refuse to accept their own insignificance, or some such sin. Let me say this: It seems more than likely that there's a relationship between the two, but what sets them apart is far more a matter of degree and circumstance than wisdom and virtue. Most descriptions of mystic states, while they include feelings of timelessness, actually cover very little clock time. For the schizophrenic it's a twenty-four-hour day, seven days a week. Realizing the transient nature of material things helps for a while, but it has its limits.

A number of explanations have been proposed to explain why mysticism, religion, and pathology have so many common elements and are so often difficult to distinguish. Wilber (1983) offered an explanation based on the perspective and principles of transpersonal psychology. He believed the confusion was caused by the "pre/trans fallacy," which is described as follows:

The essence of the pre/trans fallacy is easy enough to state. We begin by simply assuming that human beings do in fact have access to three general realms of being and knowing--the sensory, the mental, and the spiritual. Those three realms can be stated in any number of different ways: subconscious, self-conscious, and super-conscious, or prerational, rational, and transrational, or prepersonal, personal, and transpersonal. The point is simply that, for example, since prerational and transrational are both, in their own ways,



nonrational, then they appear quite similar or even identical to the untutored eye. Once this confusion occurs--the confusion of "pre" and "trans"--then one of two things inevitably happens: the transrational realms are reduced to prepersonal status, or the prerational realms are elevated to transrational glory. Either way a complete and overall world view is broken in half and folded in the middle, with one half of the real world (the "pre" or the "trans") being thus profoundly mistreated and misunderstood.

### Purpose of the Present Study

A great deal of confusion still exists regarding mysticism and how it relates to religion and pathology. The present study was conducted in the hope of clarifying the confusion. First, a questionnaire was administered to determine if mysticism is primarily a religious experience or a pathological one. The questionnaire consisted of scales to measure mysticism, religiosity, and pathology. The mysticism scale was constructed by a previous researcher and the religiosity scale was constructed by the current researcher. The pathology scale consisted of five subscales from the Minnesota Multiphasic Personality Inventory (MMPI) and measured for psychosis, schizophrenia, mental confusion, deviant thinking, and unusual experiences. The first hypothesis was mysticism will be found to have a stronger positive correlation with religion than pathology. The basis of the assumption was the work of Hood (1973) who demonstrated a strong positive correlation between mysticism

and religious experience. Hood (1977) also offered evidence that indicates mysticism is not due to regression or severe pathology. Therefore, a second hypothesis was mysticism would correlate to pathology only to a degree that suggests little or no similarity to the more severe pathologies of psychosis and schizophrenia. If any positive correlations with pathology are found, it is predicted they will be with a less severe type, such as unusual experiences. Therefore, it is believed mysticism will correlate to the pathology subscales in the following order that reflects the predicted weak relationship to severe pathology: unusual experiences, deviant thinking, mental confusion, psychosis, and schizophrenia.

## METHOD

### Subjects

One hundred and thirty two undergraduate students from California State University, San Bernardino (CSUSB) served as voluntary subjects. (They received extra credit in undergraduate courses for their participation). There were 89 females and 43 males, ranging in ages from 18 to 72. All subjects were treated in accordance with the "Ethical Principles of Psychologists (American Psychological Association, 1981).

### Materials

A questionnaire consisting of 200 true/false items was used to obtain true/false responses to the three scales of mysticism, religious experience, and psychopathology. The measure for mysticism (Scale M) was created from 16 items of the Mysticism Scale developed by Hood (1975). The measure for religious experience (Scale R) tested for the frequency and intensity of religious thoughts and feelings. The religiosity scale was composed of 31 questions based on information from several eastern and western religious books. (After administering the questionnaire items 17, 31, 76, and 134 from Scale R were rejected because of low reliability scores obtained by computer analysis using the Statistical Package for the Social Sciences or SPSS). The remaining 153 questions, drawn from five subscales of the

MMPI, were used to create an overall measure of psychopathology (Scale P). The five MMPI subscales that made up the overall Psychopathology Scale consisted of the following: Unusual Experiences (Subscale UE), Deviant Thinking (Subscale DT), Mental Confusion (Subscale MC), Psychosis (Subscale P), and Schizophrenia (Subscale S). (See Appendix A for questionnaire items and corresponding scales and subscales). Subjects answered the questionnaire on a computer-scored answer sheet, Form no. 30423.

#### Procedure

The questionnaire was administered at several different times and locations on the CSUSB campus during the spring quarter of 1989. Subjects were first given instructions how to properly answer the questionnaire and then given all the necessary time needed to complete it. The questionnaire was designed so that each response, true or false, contributed to the score of one of the three scales (Mysticism, Religious Experience, or Psychopathology). (A single question dealing with psychopathology could contribute to the score of more than one MMPI subscale). Pearson correlations revealed the strength and direction of relationship between mysticism, religious experience, and psychopathology. Beta weights showed how good of a predictor religious experience and the five MMPI subscales were in predicting mysticism. The Pearson correlations and beta

weights were obtained by subjecting the questionnaire data to analysis by the SPSS.

## RESULTS

The data supported the first hypothesis that mysticism would have a stronger positive correlation with religious experience than with psychopathology (see Table 1). A Pearson correlation revealed a statistically significant relationship between mysticism and religious experience, and a nonsignificant correlation between mysticism and the overall measure of psychopathology. Beta weight measures indicated religious experience to also be a good predictor of mysticism, while psychopathology is a weak predictor of mysticism.

The second hypothesis, discounting the problematic relationship between mysticism and schizophrenia, was essentially confirmed (see Table 1). The correlation between mysticism and unusual experiences was both significant and positive, as predicted, although the beta weight showed unusual experiences are not a good predictor of mysticism. The significant negative correlations and beta weights for mysticism with deviant thinking and mental confusion were in line with predictions stemming from the second hypothesis. The correlation and beta weight between mysticism and psychosis, as expected, were negative and nonsignificant. The nonsignificant beta weight between mysticism and schizophrenia was consistent with the second hypothesis. The only notable finding not in keeping with the second

hypothesis was a significant positive correlation between mysticism and schizophrenia.

Table 1

Mysticism and its Correlations and Beta Weights with  
Religious Experience and Psychopathology

	Mysticism	
	<u>Correlations</u>	<u>Beta Weights</u>
Religious Experience	.44**	.21*
Psychopathology	-.09	-.11
Unusual Experiences	.17*	.05
Mental Confusion	-.44**	-.21*
Deviant Thinking	-.24*	-.29*
Psychosis	-.07	.24
Schizophrenia	.26*	.15

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\* $p < .05$ .    \*\* $p < .01$ .



## DISCUSSION

The data strongly confirmed the first hypothesis that mysticism bears more resemblance to religious experience than it does to psychopathology. The significant correlation of .44 and significant beta weight of .21 between mysticism and religious experience (as measured by Scale R) fits the general perspective of the present study. The findings are also consistent with those of several other researchers. Hood (1975) reported a significant positive correlation between mysticism and religious experience during the process of constructing and validating his mysticism scale. Glenn (1969) investigated the concept of religious conversion and concluded it was essentially a mystical experience. The data from the present study also support the contention of James (1902) who believed there were many similarities between religious conversions and mystical experiences.

The nonsignificant correlation of  $-.09$  and nonsignificant beta weight of  $-.11$  between mysticism and the overall measure of psychopathology (Scale P) is consistent with the perspective of the present study, as well as previous research. Douglas-Smith (1970) demonstrated there is no relationship between mysticism and a variety of psychopathologies, including epilepsy, schizophrenia, paranoia, manic-depression, and multiple personality.

Interestingly, he found people who scored high on measures of mysticism tended to be more intelligent, come from higher socio-economic classes, and are less susceptible to suggestion than those who scored low on mysticism. Similarly, Hood (1974) reported a significant positive correlation between mysticism and ego-strength, and a significant negative correlation between mysticism and psychic inadequacy. The work of Hood (1976) also supports the view that interpretations of mysticism based on regressive and pathological explanations are misleading and fallacious. Finally, Maslow (1964) found mystical or "peak experiences" to be more common in people who were well-adjusted or "self-actualized."

The second hypothesis was fundamentally confirmed. It was predicted there would be negative and/or nonsignificant correlations and beta weights between mysticism and psychopathology, with the exception of unusual experiences (Subscale UE). The correlation and beta weight between mysticism and unusual experiences was expected to be positive and significant. This prediction thus reflects the perspective of the present paper that mysticism is more appropriately viewed as an atypical or unconventional experience rather than a severe form of psychopathology. The present data supported the second hypothesis in all but one notable instance: the significant positive correlation

between mysticism and schizophrenia.

Consistent with the second hypothesis was the significant correlation (.17) between mysticism and unusual experiences. The correlation was in keeping with the perspective of the second hypothesis because mystics often have experiences that could be classified as "unusual" but not necessarily psychotic. The present data therefore suggests mysticism, rather than being a serious mental disorder, is more of an experience that should be viewed as uncommon or simply out of the ordinary. Hood (1975), for example, believed some mystics may appear psychotic simply because they are so much more open to experience they consequently can seem crazy or bizarre to most "ordinary" people.

The nonsignificant beta weight (.05) between mysticism and unusual experiences as measured by Subscale UE was a minor inconsistency of the second hypothesis. This inconsistency could be due to societal and cultural factors that are often important in determining if an experience is judged as unusual or not. The work of previous researchers may be helpful in understanding the role of society and culture in interpreting experience. Wallace (1958) demonstrated that influences such as race, religion, and age are often primary factors in judging if an experience is considered unusual or not. Ram Dass (1971) pointed out

different cultures and societies use different models for interpreting reality and experience. An experience viewed as strange and unusual in one culture or society could therefore be viewed as perfectly normal in another and vice versa.

More in keeping with the assumptions and perspective guiding the present study, results revealed a significant negative correlation ( $-.44$ ) and beta weight ( $-.21$ ) between mysticism and mental confusion as measured by Subscale MC. This finding is also consonant with the work of previous researchers. Gellhorn and Kiely (1972) investigated the neurophysiology of mysticism and found the mystical state is incompatible with mental confusion and nervous tension. Deikman (1966) showed a person trained in contemplation and renunciation may achieve the mystical state of "de-automatization" mentioned earlier that contains little or no mental confusion or psychic distress. (Without adequate preparatory training, however, true mental confusion can occur during the "de-automatized" state)

The obtained relationship between mysticism and deviant thinking (Subscale DT) is consistent with the prediction stemming from the second hypothesis. Both the correlation of  $-.24$  and beta weight of  $-.29$  proved to be significant. Such a finding is in agreement with the work of Hood (1975). He found no positive correlation between mysticism and deviant

thinking. His study was especially relevant to the present paper because the scale he used to measure deviant thinking was composed of many items specifically relating to religious and mystical experience. The finding that there is no positive correlation between mysticism and deviancy is also consistent with other researchers who report mystical experience is conducive to mental clarity, enhanced concentration, and improved thought processing (Fromm, 1978; Benson, 1969; Wallace, 1970).

Also in line with the expectations (hypotheses) guiding the present study was the finding of a nonsignificant correlation (-.07) and nonsignificant beta weight (.24) between mysticism and psychosis as measured by Subscale P. These results are consistent with past research conducted by Deikman (1971). While acknowledging the existence of mystical "traces" during the onset of some psychotic episodes, Deikman believes mysticism and psychosis are very different in most every other respect. He said the mystic achieves a harmonious integration of self and world by means of spiritual disciplines. The psychotic, on the other hand, experiences a chaotic relationship between self and world that results in delusions, which represent a desperate attempt to restore a semblance of order and control. Lukoff (1985), recognizing the difference between the mystic and psychotic individual, devised diagnostic criteria to assist

clinicians in distinguishing mystical experiences from psychotic episodes.

The relationship between mysticism and schizophrenia (Subscale S) proved to be the most problematic to the perspective of the second hypothesis. Although the beta weight between mysticism and schizophrenia (.15) was nonsignificant, as expected, the correlation between them was unexpectedly both positive and significant (.26). The correlation is surprising because, unlike a minor type of psychopathology such as "unusual experiences," schizophrenia is generally considered the most severe of all mental disorders. Furthermore, in light of the nonsignificant relationship between mysticism and psychosis obtained in the present study, the significant positive correlation between mysticism and schizophrenia was even more surprising. A possible explanation is that mysticism may have some similarities with experiences reported by schizophrenics. Buckley (1981) examined the autobiographical reports of mystics and recovered schizophrenics and found a high correspondence in their experiences. Some of the similar experiences included a strong noetic quality, an expanded perception, a sense of divine communion, and feelings of joy and ecstasy. Freedman (1974) also reviewed the autobiographies of schizophrenics and found some obvious mystical elements. He reported schizophrenics, especially

those in the acute phase of their illness, often experience feelings of heightened sensory awareness, increased mental acuity, distorted time perception, and strange sensations in their brains. This similarity between mysticism and schizophrenia, however, should not be interpreted as meaning mysticism is equivalent to schizophrenia, but rather that some limited number of experiences are common to both.

In summation, the present study has helped elucidate the nature of mystical experience by demonstrating mysticism more closely relates to religious experience than to psychopathology. The fact that mysticism was found to be an unusual experience and have similarities to schizophrenia should not detract from the credibility or validity of reported mystical experiences. On the contrary, further investigation into the reasons for these traces of psychopathology in mysticism is warranted and recommended. The legitimacy of claiming to capture the essence of mystical experience in a methodology using questionnaires or similar techniques is an issue that should also be addressed in future research on mysticism. Using actual mystics as subjects could address such methodological issues and improve the validity and reliability of the research. Furthermore, efforts toward recognizing and accounting for societal and cultural influences in judging and interpreting unusual experiences such as mysticism could prove

beneficial. In conclusion, by demonstrating that mysticism is predominantly a religious experience, it is hoped the increased understanding contributes to a more enlightened and tolerant approach to the mystical experience.



## APPENDIX A: QUESTIONNAIRE

### Instructions

(Please do not mark on this booklet)

This questionnaire covers a wide variety of human experiences. Please examine each statement and determine whether it is, in general, true or false for you. Consider a sample statement:

SAMPLE STATEMENT- I have headaches once a week or more.

If you primarily agree with the statement, then you would fill in the circle containing a "T" under Column A to answer "True." On the other hand, if you disagree with the statement, then you would fill in the circle containing an "F" under Column B to answer "False." If at all possible, please provide an answer for each and every statement, without leaving any blank. IMPORTANT- MARK YOUR ANSWERS ONLY ON YOUR COMPUTER ANSWER SHEET; DO NOT MARK ON YOUR QUESTIONNAIRE. Thank you for your participation.

## QUESTIONNAIRE

(Please do not mark on this booklet)

1. I have a good appetite. (UE,S,P)
2. My daily life is full of things that keep me interested. (S)
3. I have diarrhea once a month or more. (UE)
4. Once in a while I think of things too bad to talk about. (S)
5. I have never had an experience in which my own self seemed to merge into something greater. (M)
6. I am sure I get a raw deal from life. (S,P)
7. My father was a good man. (S,UE)
8. My sex life is satisfactory. (S,UE)
9. At times I have very much wanted to leave home. (S)
10. At time I have fits of laughing and crying that I cannot control. (S,P)
11. I am troubled by attacks of nausea and vomiting. (UE)
12. No one seems to understand me. (S,P)
13. I have seen haloes of light surrounding the heads of people. (R)
14. Evil spirits possess me at times. (UE,P,MC)
15. I have nightmares every few nights. (UE)
16. I find it hard to keep my mind on a task or job. (S)
17. Entering into complete trance states is a common

experience for me. (R)

18. I have had very peculiar and strange experiences.

(S,P,MC,DT)

19. There are places in my body which have been activated or energized, with the result that powerful feelings seemed to arise from those places. (R)

20. If people had not had it in for me I would have been much more successful. (S,UE,P)

21. I have never been in trouble because of my sex behavior. (S)

22. During one period when I was a youngster I engaged in petty thievery. (S)

23. I have often felt intense vibrations in my body. (R)

24. Most any time I would rather sit and daydream than to do anything else. (S,UE,P)

25. I have had periods of days, weeks, or months when I couldn't "get going." (S)

26. I have felt as if I possessed an awareness which extended in all directions at once. (R)

27. My family does not like the work I have chosen (or the work I intend to choose for my life work). (UE)

28. Once a week or oftener I feel suddenly hot all over, without apparent cause. (S)

29. When I am with people I am bothered by hearing very queer things. (UE,P,DT)

30. It would be better if almost all laws were thrown away. (UE)
31. Feeling intoxicated or "high" without drugs is a common experience for me. (R)
32. My soul sometimes leaves my body. (UE,P,MC)
33. I prefer to pass by school friends, or people I know but have not seen for a long time, unless they speak to me first. (S)
34. A minister can cure disease by praying and putting his hand on your head. (UE)
35. I have never had an experience which seemed holy to me. (M)
36. I am liked by most people who know me. (UE)
37. I have never experienced spontaneous jerking of my body parts. (R)
38. As a youngster I was suspended from school one or more times for cutting up. (UE)
39. I loved my father. (S,UE)
40. I see things or animals or people around me that others do not see. (UE,P,MC,DT)
41. I have had an experience that is impossible to communicate. (M)
42. I am an important person. (P)
43. I get angry sometimes. (UE)
44. Most of the time I feel blue. (S)

45. Any man who is able and willing to work has a good chance of succeeding. (UE)
46. Except for times when I have been ill, afraid, exerted myself, or some other obvious reason, I have always had regular and even breathing. (R)
47. Sometimes I am strongly attracted by the personal articles of others such as shoes, gloves, etc., so that I want to handle or steal them though I have no use for them. (UE)
48. At times I have a strong urge to do something harmful or shocking. (S)
49. I have felt the physical sensation of energy flowing up and down my spine. (R)
50. I have little or no trouble with my muscles twitching or jumping. (S)
51. I don't seem to care what happens to me. (S)
52. Someone has it in for me. (P)
53. I frequently find it necessary to stand up for what I think is right. (UE)
54. I have never had an experience in which time, space, and distance were meaningless. (M)
55. I believe in law enforcement. (UE)
56. I believe in a life hereafter. (UE)
57. I have never had an experience which was incapable of being expressed in words. (M)

58. My speech is the same as always (not faster or slower, or slurring; no hoarseness). (S)
59. I believe I am being plotted against. (S,UE,P)
60. I have never had an experience in which I became aware of a unity to all things. (M)
61. I know who is responsible for most of my troubles. (P)
62. At times my thoughts have raced ahead faster than I could speak them. (DT)
63. I commonly wonder what hidden reason another person may have for doing something nice for me. (P)
64. I have had an experience in which I felt that all was perfection at that time. (M)
65. Sometimes I feel as if I must injure either myself or someone else. (UE)
66. I have the wanderlust and am never happy unless I am roaming or traveling about. (UE)
67. Someone has been trying to poison me. (UE,P)
68. I have perceived sounds such as whistling and hissing inside my head. (R)
69. I have had periods in which I carried on activities without knowing later what I had been doing. (S,UE)
70. I have had experiences which make me consider myself a "mystical" or "spiritual" person. (R)
71. I cannot understand what I read as well as I used to. (S)

72. I like to study and read about things that I am working at. (UE)
73. There is something wrong with my mind. (S,UE,P,MC)
74. I am not afraid to handle money. (UE)
75. My mother was a good woman. (S,UE)
76. I have never had the subjective feeling of leaving my physical body. (R)
77. My memory seems to be all right. (S)
78. I am worried about sex matters. (S)
79. I am afraid of losing my mind. (S)
80. Rarely have I experienced feelings of bliss or ecstasy. (R)
81. I commonly hear voices without knowing where they come from. (UE,P,MC,DT)
82. My hearing is apparently as good as that of most people. (UE)
83. My hands have not become clumsy or awkward. (S)
84. I have had no difficulty in keeping my balance in walking. (S)
85. I have had attacks in which I could not control my movements or speech but in which I knew what was going on around me. (S,P)
86. I have had internal visions in which I have seen lights, colors, images, etc. (R)
87. I like to visit places where I have never been before.

(UE,S)

88. Someone has been trying to rob me. (UE,P)

89. Except when sick, in response to environmental conditions, or some other obvious explanation, I have never experienced rapidly changing temperature extremes in my body. (R)

90. I daydream very little. (P)

91. Children should be taught all the main facts of sex.  
(UE)

92. There are persons who are trying to steal my thoughts and ideas. (UE,P)

93. I believe I am a condemned person. (S,UE)

94. I sometimes see an aura around people. (R)

95. At times it has been impossible for me to keep from stealing or shoplifting something. (UE)

96. I have never felt as if I were a miniature universe.  
(R)

97. I am very religious (more than most people). (UE)

98. I believe my sins are unpardonable. (UE)

99. Everything tastes the same. (S,UE)

100. I have no familiarity with the experience of energy moving from one part of my body to another. (R)

101. My people treat me more like a child than a grown-up.  
(S)

102. I have used alcohol excessively. (UE)



103. It does not bother me particularly to see animals suffer. (UE)
104. My vision has been altered at times in a way that made it possible for me to "see" things in an entirely new and different way. (R)
105. I loved my mother. (S,UE)
106. I have been told that I walk during sleep. (UE)
107. Feeling that "I" (my ego) no longer existed is an experience unknown to me. (R)
108. I have been inspired to a program of life based on duty which I have since carefully followed. (P)
109. I have periods of such great restlessness that I cannot sit long in a chair. (S)
110. I dream frequently about things that are best kept to myself. (S)
111. My body has never felt like a channel of energy. (R)
112. My parents and family find more fault with me than they should. (UE)
113. My neck spots with red often. (UE)
114. I have had an experience in which a new view of reality was revealed to me. (M)
115. I have reason for feeling jealous of one or more members of my family. (UE)
116. I have had blank spells in which my activities were interrupted and I did not know what was going on around me.

(S)

117. No one cares much what happens to you. (UE)

118. I have never experienced myself as pure consciousness.

(R)

119. The only interesting part of newspapers is the "funnies." (UE)

120. I usually expect to succeed in things I do. (UE)

121. I believe there is a God. (UE)

122. I have difficulty in starting to do things. (S)

123. I have never had the experience of feeling that time did not exist. (R)

124. Once a week or oftener I become very excited. (S)

125. I can easily make other people afraid of me, and sometimes do for the fun of it. (UE)

126. At times I am all full of energy. (UE)

127. I never have felt as if I were a reincarnated being.

(R)

128. I have numbness in one or more regions of my skin. (S)

129. Someone has control over my mind. (UE,P)

130. I enjoy children. (S,UE)

131. I have often felt that strangers were looking at me critically. (P)

132. I do not often notice my ears ringing or buzzing. (S)

133. Once in a while I feel hate toward members of my family whom I usually love. (S)

134. Seldom have I felt as if my body was light as air. (R)
135. I am sure I am being talked about. (P)
136. I am never happier than when alone. (UE)
137. At one or more times in my life I felt that someone was making me do things by hypnotizing me. (S,UE,P)
138. Someone has been trying to influence my mind. (UE,P)
139. I have never had the experience in which I felt as if all things were alive. (M)
140. I wish I were not bothered by thoughts about sex. (S)
141. I think that I feel more intensely than most people do. (P)
142. Life is a strain for me much of the time. (S)
143. I am so touchy on some subjects that I can't talk about them. (S)
144. I have had an experience which I knew to be sacred. (M)
145. I get all the sympathy I should. (S)
146. I refuse to play some games because I am not good at them. (S)
147. I seem to make friends about as quickly as others do. (S)
148. Without doing anything physical (such as taking medicine, exercising, etc.), I have experienced my body as if it had been cleansed and purified. (R)
149. I dislike having people about me. (S,P)

150. I am more sensitive than most other people. (P)
151. I have never experienced a perfectly peaceful state.  
(M)
152. I worry over money and business. (S)
153. I have had very peculiar and strange experiences. (MC)
154. I have never been in love with anyone. (S)
155. The things that some of my family have done have  
frightened me. (S)
156. I find it hard to keep my mind on a task or job. (MC)
157. I have never been paralyzed or had any unusual  
weakness of any of my muscles. (S)
158. Sometimes my voice leaves me or changes even though I  
have no cold. (S)
159. Peculiar odors come to me at times. (S,P,DT)
160. Prolonged and intense trembling occurs quite often  
with me. (R)
161. I cannot keep my mind on one thing. (S,MC)
162. Most of the time I wish I were dead. (S)
163. At times I hear so well it bothers me. (S,P,DT)
164. I often feel as if things were not real. (S,P,MC)
165. I have no enemies who really wish to harm me. (P)
166. I tend to be on my guard with people who are somewhat  
more friendly than I had expected. (P)
167. I have strange and peculiar thoughts. (S,P,MC,DT)
168. Seeing great bands of clouds within my mind is not

- something I personally have experienced. (R)
169. I hear strange things when I am alone. (S,P,DT)
170. I have been afraid of things or people that I knew could not hurt me. (S)
171. I have had an experience which was both timeless and spaceless. (M)
172. I am afraid of using a knife or anything very sharp or pointed. (S)
173. Sometimes I enjoy hurting persons I love. (S)
174. I have more trouble concentrating than others seem to have. (S,MC)
175. Almost every day something happens to frighten me. (S)
176. I sometimes possess no awareness of my body even though I am awake. (R)
177. At times I have enjoyed being hurt by someone I loved. (S)
178. People say insulting and vulgar things about me. (S,P)
179. If given the chance I could do some things that would be of great benefit to the world. (P)
180. I have had some very unusual religious experiences. (P,DT)
181. I do not possess the ability to obtain information by means other than my physical senses. (R)
182. I used to have imaginary companions. (P)
183. I am bothered by people outside, on streetcars, in

- store, etc., watching me. (P)
184. I have never seen a vision. (P,DT)
185. I have never experienced myself as a point of light.  
(R)
186. I am a special agent of God. (P)
187. I often have a distinct pressure in the middle of my  
forehead. (R)
188. I have a daydream life about which I do not tell other  
people. (P)
189. I have had an experience in which all things seemed to  
be conscious. (M)
190. Sometimes I am sure other people can tell what I am  
thinking. (P)
191. I have never experienced a profound harmony in the  
world. (R)
192. I have a cough most of the time. (UE)
193. I believe I am being followed. (UE,P)
194. I feel that I have often been punished without cause.  
(S)
195. I can sleep during the day but not at night. (UE)
196. I have had an experience in which something greater  
than myself seemed to absorb me. (M)
197. Even when I am with people I feel lonely much of the  
time. (S)
198. Many of my dreams are about sex matters. (S)

199. I have had an experience in which I felt everything in the world to be part of the same whole. (M)

200. I have never experienced anything I could call ultimate reality. (M)

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