

# Visionary Spiritual Experiences in an Enchanted World

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**SUMMARY** *In the “disenchanted” modern world, belief in the existence of spirits came to be seen as a nonrational and nonempirical product of culture. Psychological and anthropological theorizing explained naïve, nonmodern spirit encounter experiences as culturally loaded imaginative events. Among modern populations such experiences were assumed to be pathological and relatively rare. The resulting stigma suppressed the reporting of spirit encounters by modern individuals, bringing appearances into line with theory. Recent research, particularly in medicine, has shown that spirit encounters taken to be real are actually quite common in modern populations without regard to education or religious or other cultural background. This has initiated a slow but dramatic revision of psychiatric diagnosis, and it demands a major reconsideration of social science theories of spirit belief, especially in anthropology. [Keywords: spirit, sleep paralysis, near-death experience, modernity, disenchanted, psychopathology]*

Belief in the existence of spirits, and their ability to interact with humans, is ancient and found in all cultures. But the very idea of modernity seems defined by the rejection of spirits, or at least their empirical availability. It has been assumed that a belief in the reality of any sort of spirit encounter could not be held by any well-educated and sane, modern person. But my own research, and that of many others, has shown this to be a remarkably mistaken notion. Not only the belief in but also the experience of, spirit encounters turns out to be very common in the modern world as elsewhere. What is less common—although this is changing—has been the willingness to talk about such things. The prevalence and distribution of spirit belief and experience is of great importance in the critical evaluation of contemporary theories about spirit beliefs. False scholarly beliefs on this subject have caused great suffering and have led to confused and empirically weak theories on the topic.

My approach to this domain of contested knowledge claims is neither positivist nor postmodern. I am neither an advocate of spirit belief nor a skeptical opponent. Rather, I am an advocate of rigorously rational and fair inquiry. Let the chips fall where they may. I call this approach “methodological symmetry,” meaning that all beliefs are “problematic,” that is, they all require explanation, and they all raise the question of why they are held. This is as true for well-established beliefs (such as scientific knowledge) as for the flimsiest rumor, if we want to understand how knowledge is constructed. When inquiring into a contested belief—and spirit belief is hotly contested in the modern and post-

modern world—no explanations should be either privileged or discounted without reasons, and similar reasons should be required of all kinds of explanations. For example, appeals to authority should not count as compelling reasons in the investigation of beliefs, unless the authority in question is equally accepted by both side of the debate. This holds for the beliefs of skeptics as well those of believers, even if one side is deemed more “conventional” than the other. The “received view” is not exempt from making a case with evidence and argument. The skeptical stance that “extraordinary claims require extraordinary evidence” is not license for specious argument. When the evidence is considered impartially, and the debates on the subject are approached symmetrically, it seems obvious to me that at present the argument for the reality of spirits and their encounter with the flesh-and-blood living is much more compelling than its opposite.

### Problems of Definition

Contemporary scholars have found the words *spiritual* and *spirituality* difficult to define, complaining that their meanings are “vague and contradictory” (Egbert et al. 2004:8). The reason appears to be discomfort with the immaterial, supernatural meaning of “spirit,” the core reference of “spiritual” and “spirituality.” This has led to the development of ambiguous scholarly definitions that conflate psychological and spiritual factors. (For an extensive discussion of this problem, see Hufford 2005b:7–11.) In ordinary English discourse, *spirituality* refers to the domain of spirit(s): God or gods, souls, angels, djinni, demons. In short, this is what was once called the “supernatural,” and still is by many English speakers, immaterial as opposed to material beings. When we use *spirituality* to refer to other intangible and invisible things, we do so by metaphorical extension, as in “team spirit,” the “spirit of democracy,” or “animal spirits” in 17th-century chemistry and anatomy where they were thought to be a class of highly refined invisible particles moving through the nerves—analogueous to the invisible fumes emitted by volatile liquids such as alcohol—thus, “wines and spirits.” This meaning referring to nonmaterial entities has been consistent for centuries. For example, Walter W. Skeat’s classic *An Etymological Dictionary of the English Language* defines spirit as follows: “breath; the soul, a ghost, enthusiasm, liveliness, a spirituous liquor. (F.–L.) The lit. sense is ‘breath,’ but the word is hardly to be found with this sense in English. ME” (1909:589). *The New Shorter Oxford English Dictionary* confirms this: “spiritual 1. Of, pertaining to, or affecting the spirit or soul, esp. from a religious aspect” (Brown 1993:2990).

The term *spiritual transformation* has been used in a wide variety of ways: “spiritual transformation may be either positive (toward something, e.g., conversion) or negative (away from something, e.g., loss of faith), healthy or unhealthy, incremental or sudden; it may involve transformation of spiritual beliefs (a cognitive spiritual transformation) or it may refer to one’s spirit being changed (e.g., being “saved” or being spiritually corrupted)” (Hufford and Bucklin 2006:27). Most discussions of spiritual transformation focus on emotional characteristics, and emotions are what give events their most important human meanings. Because of the problem of spiritual–psychological conflation,

however, an exclusive focus on emotion risks losing the distinctive elements of spirituality. I will argue here that a consideration of cognitive factors in spiritual transformations resulting from dramatic spiritual experiences offers a number of important new insights central to the study of spirituality and health, particularly in the contexts of anthropology and psychiatry.

### The Conventional View

Through much of the 20th century it was assumed that dramatic spiritual experiences, perceptual spiritual experiences—visions—were pathological. They have been attributed to various psychoses, especially schizophrenia, and to epilepsy, migraine, and toxic states. An exception has been made for those reported in “non-Western cultures,” based on the belief that these experiences are culturally constructed and could only be “normal” in a culture that endorses and “teaches” them (Hufford and Bucklin 2006).

In 1902 in *The Varieties of the Religious Experience*, William James said, “Were one asked to characterize the life of religion in the broadest and most general terms possible, one might say that it consists of the belief that there is an unseen order, and that our supreme good lies in harmoniously adjusting ourselves thereto” (1902:53). In non-Western and premodern religion, that transcendent, “unseen order” seems to manifest itself often in apparitions, the performances of spirit mediums, and omens. When such experiences involve what seems to be a direct perception of a spirit (e.g., seeing a ghost), these perceptions are what I will call visionary experiences. But in the modern world that invisible order is expected—in fact, required—to remain unseen.

*Interpretive spiritual experience* stands in contrast to visionary spiritual experience. This term is patterned after Davis’s “interpretive religious experience,” an experience seen “as religious not because of any unusual features of the experience itself, but because it is viewed in the light of a prior religious interpretive framework” (1989:33–35). Interpretive spiritual experiences tend to be strongly affective, for example a feeling of devotion to God elicited by the beauty of nature. The subject may experience that feeling as being more than an interpretive response, as somehow inherent in the experience. Nonetheless common experience tells us that the personal meaning of events and the emotions triggered by them is strongly conditioned by one’s prior knowledge and beliefs. This contextual element in experience are why events ranging from election results to changes in the weather bring joy to one, sadness to another, and leave a third person unmoved. In interpretive spiritual experience, cognitive elements (e.g., the belief that a personal god exists) predate the event or are not themselves explicitly spiritual in the traditional sense. In other words, ordinary perceptions may yield specific new knowledge, but that direct knowledge is itself ordinary by definition.

Interpretive spiritual experiences do not claim to involve the perception of spirits. Therefore, they are generally acknowledged to be normal, and they are consistent with the modern view of religion, a view in which religion seems more a matter of feeling and intuition than of empirical knowledge. This is especially true of liberal theological traditions, and existential theology in particular. Exceptions to this include fundamentalist theology where creationist

(and other) beliefs are knowledge claims about the physical world, but these claims are based on scripture, and the meaning of that scripture is attested by faith rather than contemporaneous empirical evidence. That is, they are not a direct result of the believer's perceptual experience.

Visionary spiritual experiences are events that appear to the subject to involve the direct perception of spiritual realities, such that if they are not hallucinations they must be perceptions of spiritual reality that are somehow factual. The person who has a near-death experience perceives her body from an external location and (often) is met by one or more spiritual beings who communicate with her. If those perceptions are not hallucinatory, then they entail certain facts; for example, that persons (at least this person) have an immaterial self that can leave the physical body and yet retain awareness and record memories. Many of the perceptual features of such experiences are notoriously difficult to put into words, although they are experienced as real. This is the noetic quality of mystical experience noted by William James. These are cognitive aspects of the experience. They certainly give rise to feelings, ranging from awe and amazement to peace and consolation, but they are not themselves feelings. Neither do they appear to be products of interpretation. This is not the place for a detailed discussion regarding role of constructive processes in perception through which interpretation enters into perception itself. I acknowledge that aspect of perception, yet it is widely accepted that perceptions vary in the degree to which they are open to or require interpretation; that is the characteristic of ambiguity. It is sufficient to say that in visionary experiences the only necessary interpretive move required is the choice between whether the experience is real or hallucinatory. That choice is required in all experience, but it only becomes obvious when perceptions are very unusual or are contested by competing epistemological claims. The subject of a near-death experience does not reach her conclusion that she has a nonphysical soul through careful reflection anymore than a person caught in a drenching downpour concludes that it is raining by logical inference.

Modernity—variously dated, but for our purposes roughly meaning the post-Medieval period—has been characterized as rejecting a supernatural worldview in which the mundane and the transcendent interact, or even rejecting outright the very idea of transcendence. This includes the rejection of the possibility of validly real visionary spiritual experiences. It is what Max Weber called the “disenchantment of the world,” making the modern world a world without spirits.

Max Weber on modernity wrote:

the growing process of rationalization . . . means we are not ruled by mysterious, unpredictable forces; (this is) the *disenchantment* [DH—*enzauberung* in the original German, sometimes translated as “demagification”] of the world. Unlike the savage for whom such forces existed, we need no longer have recourse to magic in order to control the *spirits* or pray to them. [Weber 2004:12–13, emphasis added]

Skeptical materialists reject the very existence of spirit, while modern theology rejects its perceptual accessibility. Visionary experiences have been discredited as symptoms of mental pathology in the scientific worldview, and as heresy

in theology; and belief in such experiences is considered superstition from both points of view.

The disenchantment of modernity arises from a critical and reflexive distancing characteristic of such second-order intellectual activities as history, anthropology, and epistemology, in which self and society become objects of critical reflection, informed by new knowledge flowing from the scientific revolution. As a result, the natural acceptance of tradition is replaced by a skeptical and ironic stance. Modernity sets itself apart from an earlier or distant naïve world, and claims for itself a new kind of insight; that is, in colloquial English, a “capacity to discern the true nature of a situation” (DeVinnie 1991:685). According to the insights of modernity, spirits are not real. To the contrary, spiritual experiences cannot be valid. From this point of view claims to have had visionary experiences, encountered frequently in medieval accounts and in ethnographies of non-Western societies, appear as either naïve errors in which natural phenomena are mistaken for supernatural events or else they are hallucinations. In fact, from the modern point of view, hallucinations themselves are natural events, so mistaking them for spiritual reality is just naiveté of a greater magnitude, just as attributing spiritual significance to dreams is seen as a naïve error. In this view nonmodern societies are naïve by definition. But the same mistake made in a modern setting by one with modern education and modern sensibilities cannot be excused so easily.

Even anthropologists who claim special respect for visionary experiences follow this line of reasoning. For example, Jean-Guy Goulet and David E. Young, in the concluding chapter of their edited volume on “the anthropology of extraordinary experience,” insist that anthropologists who have visionary experiences of spirits “similar” to those of their “native informants” must interpret these in ways that eliminate spirits, that this is required “because the anthropological journey leads back home where they must communicate anew with friends and colleagues in a shared language of understanding” (1994:322). Even most sympathetic anthropologists such as Young and Goulet consider spirit experiences alien to modern, Western culture, asserting that the experiences are produced by immersion in cultures which believe in and teach the reality of spirits.

For the modern person—the person who should “know better”—visionary experiences of spirits and associated beliefs suggest a disordering of one’s understanding of the world, a becoming naïve that is retrograde and abnormal. This loss of insight is part of the process of psychopathology and is taken into account in the diagnosis of mental disorder, as illustrated here from Sadock and Sadock’s 7th edition of *The Comprehensive Textbook of Psychiatry*:

8. *Clinical Manifestations of Psychiatric Disorders* Disturbances of Judgment (§4:) “The term *insight*, [is] usually applied in the context of self-awareness. . . . A deeper level of insight is operating when the patient has an intellectual appreciation of what is going on (e.g., “I have hallucinations and delusions and my doctors have told me that I have schizophrenia and must take medication”). [Sadock and Sadock 2000]

Insight accompanying hallucination, as in the Sadock and Sadock example, is a “good” prognostic sign. The visionary who acknowledges that his visions are not real still inhabits the same world as his psychiatrist but sees it oddly. He is

experiencing a disturbance of perception, but not yet a disturbance of judgment or thought disorder. And even when the visionary lacks insight and insists that his visions are real, his modern world friends and family, with insight intact, are expected to “see through” the hallucinations.

### **Contrary Evidence**

What are we to make, then, of the mounting evidence that visionary experiences are prevalent in the general population of the modern world, that they are taken for “real” by most of those who have them, and that in many cases they are associated with positive psychological and emotional outcomes? These facts directly contradict the conventional psychological and social science theories of spiritual belief and experience. Statements of the prevalence, distribution, and clinical significance of visionary experiences have been dramatically incorrect throughout the past century. Psychiatry and anthropology have unintentionally colluded to stigmatize these experiences as either primitive or insane, suppressing their discussion and producing a self-fulfilling prophecy: “These things shouldn’t happen in modernity and—see?—you certainly don’t hear about them around here, except from the mentally ill.” The prevalence and distribution of reports, themselves a product of modern theories acting as social control, are mistaken for the prevalence and distribution of experience, in a neatly circular and self-reinforcing process.

I have argued that the inescapable conclusion is that some classes of visionary experience are normal, and that this sets them apart from hallucinations as that term has been traditionally used. We do not know what all the categories of “normal” visionary experience are, nor even how many categories there are. I will discuss just three that are now well established: “Bereavement visits” (from the deceased), near-death experiences (NDEs), and sleep paralysis (with a spiritual “presence”).

Each of these is a visionary experience, that is, each involves perceptions of what appear to the subject to be a spiritual reality. Each also has a history of (1) being used to diagnose psychiatric illness, although now known not to be pathognomonic of any illness; (2) a greatly underestimated prevalence in modern, Western subjects, although now shown to be ubiquitous among humans; and (3), crucially, each of these is taken to be a real experience by most who have them, regardless of prior belief in such things—that is, if these are hallucinations they are not accompanied by “insight.” Inevitably, therefore, these experiences raise two questions: are they normal, or even psychologically helpful? If so, is it “rational” to believe they may be “real” as opposed to purely “imaginary?”

Both questions are relevant to the psychiatric interpretation and to the appraisal of their cognitive content. If it were not rational for the subject (or others) to believe that these are veridical experiences of some aspect of external reality, then subjects convinced of their reality would be in some way deluded (psychiatrically significant), and the experiences would not make a strong cognitive claim on others. But if such belief is rationally founded, then there are no grounds for taking the belief to be delusional (although there might still be arguments that the belief is mistaken) and the cognitive content does make a

strong claim. Furthermore, the transformations of spiritual belief occasioned by these experiences become readily understandable as do their transforming effect on others if belief in their "reality" is rational.

Because deciding what counts as "rational" is crucial to this discussion, a definition is required here. According to the *New Shorter Oxford English Dictionary*, "rational" means, "Having the faculty of reasoning; endowed with reason" (Brown 1993:2482). And Simon Blackburn's *Oxford Dictionary of Philosophy* states: "reasoning. Any conclusion or drawing a conclusion from a set of premises may be called a process of reasoning . . . such processes may be good or bad; if they are good, the premises support or even entail the conclusion drawn; if they are bad, the premises offer no support to the conclusion" (2005:310). Blackburn defines a "premise" as "one of the propositions from which together the conclusion is derived" (2005:289).

Following from these very basic points we will consider a belief (which in the cognitive sense is a conclusion, "an idea held to be true") to be rational if it rests appropriately (reasonably) on premises that support it. Rational beliefs are not all true—pre-Copernican belief that the sun went round the Earth was rational but not true—and not all beliefs are equally rational. But rational beliefs are intelligible and open to rational discussion. Beliefs cannot be judged as to their rationality on the basis of whether one considers them true, agrees with them, or likes them. They cannot be judged not rational on the basis of appeals to authority but, rather, only on specific argument. Rational beliefs stand in contrast to beliefs which are rationally unfounded but nonetheless intransigent, as in the "fixed ideas" called delusions. But a "fixed belief" is not fixed in this sense just because its holders refuse to change their minds (we who believe the Earth goes round the sun refuse to change our minds). The fixity of belief, in this sense, depends on the adequacy of alleged reasons that one should change one's mind. This places the issue of the rationality of spirit belief in the same logical context as other beliefs rooted in experience.

The true prevalence and distribution of visionary spirit experiences, and evidence against their conventional diagnostic use, first emerged in the 1970s and has led to gradual change in their understanding within psychiatry and to a lesser extent within the social sciences. I will briefly recap some of the evidence from the literature.

### **Bereavement Visits**

Physician W. D. Rees published "The Hallucinations of Widowhood" in *The British Medical Journal* in 1971. This article reported a study in which Rees interviewed all competent widows and widowers in the county of Wales where he practiced, regarding their adjustment to the loss of their spouse. Unexpectedly he found that almost half had experienced what they considered a "significant and real" visit from the deceased (2001:273). As Rees comments in his 2001 textbook, *Death and Bereavement*, prior to the publication of his study these experiences were considered rare and pathological. None of the doctors and only one of the clergy in the county had ever heard of these experiences. These reports were not significantly associated with religious faith, mode of death, social isolation, or depression. Weight loss was less likely among those report-

ing these experiences. Experiencers had significantly less sleep disturbance, 69 percent said the "hallucinations" "helped," and only 6 percent found them unpleasant (2001:270). Rees also found that it was common for these experiences to continue for years. One widow, for example, told him that "There's nothing like it. . . . It's a lovely feeling. I'm very happy, I never feel alone" (ongoing for 10 years, 2001:268). Rees has concluded, with 30 additional years of experience as a hospice director, that "such hallucinations can be considered normal because they are both common and helpful" (2001:272).

Rees's findings were incorporated into the bereavement literature, and a small number of additional studies have confirmed his findings, especially the work of Andrew Greeley (1975) and, more recently, M. Barbato et al. (1999). In 1973, Greeley surveyed Americans regarding three specific spiritual experiences through the National Opinion Research Center under a grant from the Henry Luce Foundation. He employed "a multistage NORC sample with probability selection to the block level and quota selection of respondents within the block" (Greeley 1975:9). With face-to-face interviews ranging from one to one and a half hours, the results are very reliable. One of his questions was, "Have you ever felt that you were really in touch with someone who had died?" Greeley found that 27 percent of respondents said "yes" (one or two times: 16 percent, several times: 8 percent, and often: 3 percent; 1975:36). This study showed a very strong association between this experience and positive emotional health using the Bradburn-Caplovitz affect balance scale.

Comparing relevant comments from the 1975 and 2000 editions of the *Comprehensive Textbook of Psychiatry* one finds substantial progress regarding these experiences and diagnosis. In 1975 each of the three symptoms listed for "abnormal bereavement" could be applied to bereavement visits, and the second one is specifically a direct reference:

It is . . . appropriate to diagnose abnormal bereavement only under the following conditions: arrest of the process; . . . exaggeration of symptoms. . . . An example is a mourner who . . . believes in a full hallucination about the dead, or, more extreme, communication with the dead; deviant behavior that violates conventional expectations. [Freedman et al. 1975:1755]

But 25 years later in the 2000 edition, under "Disturbances in Perception," the following is found:

Hallucinations are experienced by many normal people under unusual conditions. . . . In acute bereavement, up to 50 percent of grieving spouses have reported experiencing the voice or presence of the deceased. [Sadock and Sadock 2000:810]

And under the "Multidimensional Assessment of Bereavement and Grief" this:

One powerful means of mitigation is the continuing relationship with the deceased. . . . Thus it is not unusual for bereaved individuals to maintain continuing contact by dreaming of their deceased loved ones, looking for them in crowds, sensing their presence, feeling them watching out for them or protecting them, reliving conversation or "speaking" with them, and even having auditory or visual hallucinations. [2000:1976]

But despite the progress suggested by these changes, in 2000 the *Diagnostic and Statistical Manual of Mental Disorders* (4th edition, text rev.; [DSM-IV-TR]) still says the following:

A clinician who is unfamiliar with the nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behavior, belief, or experience that are *particular to the individual's culture*. E.g. . . . hearing or seeing a deceased relative during bereavement (emphasis added) may be misdiagnosed as manifestations of a Psychotic Disorder. [American Psychiatric Association 2000:xxxiv]

This notion that such experiences are nonmodern and non-Western is widely assumed in the modern world, and that assumption is constantly bolstered by anthropology. For example, Young and Goulet, noted above for their insistence that anthropologists cannot accept their informants' claims that their visions of spirits are real, offer examples of such postdeath encounters. But they imply that the anthropologist has insight that reveals the imaginary nature of such events, insight lacked by the naïve non-Westerner. The notion of modern disenchantment continues, and it continues to mislead diagnosis.

### Near-Death Experiences

The term *near-death experience* (NDE) was coined and the first reports were published by physician Raymond Moody in 1975, in his book *Life after Life*. Moody claimed, based on an informal survey, that many resuscitated patients recall a complex and consistent pattern of events from the time of their loss of consciousness and subsequent resuscitation. This pattern, now well known, included leaving one's body, often through a tunnel; observing resuscitation attempts; being met by a "being of light," deceased relatives, or both; reviewing one's life; and often being given a choice whether to return. There was intense medical skepticism at first about the high rate of prevalence suggested by Moody and about the independence of the pattern from cultural contexts (e.g., Vaisrub 1977). Subsequent research has confirmed, however, many of Moody's initial statements.

Returning to Greeley's 1973 NORC survey (1975), he asked "Have you ever felt as though you were very close to a powerful spiritual force that seemed to lift you out of yourself?" On this question he found that 35 percent said "yes" to this question. It is now clear that some of the positive responses to this "mysticism question" referred to NDEs (Hufford 1985:96), and that, conversely, NDEs have made a substantial but largely invisible contribution to the literature on mysticism.

Psychologist Kenneth Ring published the first solid quantitative data (1980) on the occurrence of NDEs and established that the recognizable pattern occurs frequently in the recollections of resuscitands. Two years later cardiologist Michael Sabom published data from a prospective study confirming and extending Ring's findings. Ring found 48 percent of his serial sample of resuscitations in an Emergency Room in Storrs, Connecticut, recalled what he considered to be "core near death experiences" (Ring 1980). Sabom found 43 percent recalled NDEs in his sample of 106 nonsurgical patients (Sabom 1982).

More confirmatory studies have followed, including a prospective study with an 8-year follow-up and non-NDE controls published in 2001 in the *Lancet* by Dutch cardiologist Pim van Lommel et al. Among the consistent findings has been a positive effect of NDEs on the patient's emotional and social health and well-being, confirming Greeley's earlier observation. Estimates of the prevalence of NDEs range from 4 percent to 12 percent in the general population (i.e., combining the prevalence of close brushes with death and the incidence of NDEs in that context), and from 12 percent to 48 percent of resuscitands. The variability probably reflects the sensitivity of this topic to the mode of inquiry and the effect of how death nearly occurred (e.g., accident vs. heart attack vs. suicide attempt, etc.). Historical and cross-cultural research on NDEs has been slow to develop, but it has largely supported the presence of a robust perceptual pattern that transcends the local cultural frame.

Prior to Moody's book there were no references to NDEs as such, although in retrospect it is clear that studies of dissociation and depersonalization under stress included NDEs in their data sets. It is also clear that reports of NDEs were assumed to be the products of delirium. The 1975 edition of *The Comprehensive Textbook* has no mention of NDEs, but in 1976 the Committee on Psychiatry and Religion of the Group for the Advancement of Psychiatry (GAP) published *Mysticism: Spiritual Quest or Psychic Disorder?* summing up the equation of mystical experiences with mental illness as follows:

Confronted with an unacceptable reality . . . the subject turns his back on that reality, excluding it from his consciousness and psychically destroying it. He replaces it with a new inner reality . . . [that] gratifies rather than frustrates him. This process represents a rebirth, a return to . . . infancy, when he was able to deal with frustration and disappointment by retreating to a world of fantasy and when he also enjoyed a firm and intimate union with his parents. Achieving this union once again in fantasy, he now feels vigorous and powerful, no longer dependent upon the whims of other people. [1976:781]

In the 1976 publication the committee specifically connects mystical experience with hallucinogenic intoxication, schizophrenia, and seizures. The authors make the distinction between the psychotic and the mystic on the basis of whether this abnormal state is obligatory and cannot be reversed by an act of will (psychotic) or can be "voluntarily intensified or resisted or terminated" (mystic; 1976:780). The committee goes on to note that this distinction is not always clear-cut and that in some cases it is very difficult to distinguish mystics from psychotics. Please note that none of the three classes of visionary experiences I am discussing is voluntary.

Fortunately much progress has been made since the GAP report. In 1982 in an article in *The American Journal of Psychiatry*, Gabbard and colleagues published a clear criteria to differentiate *depersonalization* from NDEs and other "out-of-body experiences" (OBE; see Table 1): That is to say, depersonalization and NDEs have practically nothing in common.

Furthermore, the *Comprehensive Textbook* 7th edition (Sadock and Sadock 2000) has a separate subsection on "Death, Dying and Bereavement" devoted to a respectful description of NDEs, including the most common phenomenological elements.

**Table 1.**  
**Comparisons of Depersonalization and OBE**

Depersonalization	OBE
<ul style="list-style-type: none"> <li>• Observing self watches functioning self</li> <li>• Usually does not feel “out of body”</li> <li>• Typically unpleasant</li> <li>• Affects: anxiety, panic emptiness</li> <li>• Experienced as pathological and strange</li> <li>• Age distribution 15–30; rarely over 40</li> <li>• Sex distribution 2:1 female</li> </ul>	<ul style="list-style-type: none"> <li>• Observing self and functioning self are experienced as one</li> <li>• Must feel “out of body” by definition</li> <li>• Typically pleasant</li> <li>• Affects: joy, ecstasy, feelings of calm, peace, and quiet</li> <li>• Experienced as religious, spiritual, and noetic</li> <li>• No characteristic age distribution</li> <li>• Even sex distribution</li> </ul>

For these reasons, misdiagnosis of NDEs is becoming less of a problem among psychiatrists. However, patients now have a tendency themselves to “misdiagnose delirium as a bad NDE,” being less familiar with delirium. This can produce a very frightening spiritual crisis for the patient, and it requires that a knowledgeable healthcare provider explain the distinction. In addition to NDE’s contrast with depersonalization offered by Twemlow and colleagues (1982), NDE differs from delirium in that NDE subjects are very well oriented to time and place, while delirious patients are disoriented, and NDE subjects are lucid and have clear recall whereas patients usually have difficulty recalling the details of delirium.

### Sleep Paralysis with a Spiritual Presence

Based on my fieldwork in Newfoundland, Canada, I published a series of studies beginning in 1976 showing that the prevalence of sleep paralysis is at least several times the rate than was published in the sleep literature, and that it contains a consistent subjective pattern that experiencers take to be spiritual although very negative—that is, evil. Comparing traditional accounts in Newfoundland and around the world I was able to show that this pattern is independent of cultural traditions. My first surveys in the United States were with medical students. The following is a typical example from a first-year medical student:

What woke me up was the door slamming. “OK,” I thought, “It’s my roommate . . .” I was laying on my back just kinda looking up. And the door slammed, and I kinda opened my eyes. I was awake. Everything was light in the room. My roommate wasn’t there and the door was still closed . . .

But the next thing I knew, I realized that I couldn’t move. . . . But the next thing I knew, from one of the areas of the room this grayish, brownish murky presence was there. And it kind of swept down over the bed and I was terrified! . . . It was like nothing I had ever seen before. And I felt—I felt this pressing down all over me. I couldn’t breathe. I couldn’t move. And the whole thing was that—there was like—I could hear the stereo in the room next to me. I was wide awake, you know. . . . And I couldn’t move and I was helpless and I was really—I was really scared. . . . And this murky presence—just kind of—this was *evil!* This was evil! You know this is weird! You must think I’m a— . . . This thing was *there!* I felt a pressure on me and it was like

enveloping me. It was a very, very, very strange thing. And as I remember I struggled. I struggled to move and get out. And—you know, eventually, I think eventually what happened was I kind of like moved my arm. And again the whole thing—just kind of dissipated away. The presence, everything. But everything else just remained the same. The same stereo was playing next door. The same stuff was going on. [Hufford 1982:58–59]

This account includes the typical features of persistent conviction of wakefulness and the reality of the event, accurate perception of the real environment, and the common feature of difficulty in breathing. In Newfoundland, the experience of sleep paralysis is called “the Old Hag,” a reference to beliefs that it can be caused by witchcraft. I would later find that intentional attacks of this kind are credited to a variety of practitioners around the world, for example, *kanashibari* in Japan, the use of this kind of attack by Ninja. I found that about 18 percent of the Newfoundland population said they had experienced the Old Hag. Their descriptions sounded like sleep paralysis except that they included a threatening, terrifying entity, a feature that I could not find mentioned in the sleep research literature on the subject.

My research in the United States has now shown that both the high prevalence and the threatening presence occur in both places, as well as historically and cross-culturally. For example, in the 1980s I carried out a truly random phone survey of 254 subjects in Hummelstown, Pennsylvania, using open-ended questions (no checklists or other leading cues; all features reported, with the exception of “awakening unable to move,” were offered spontaneously in response to general questions). I found 17 percent said that they had awakened unable to move, and that 86 percent of those were certain that there was “something threatening” in the room with them at the time. These features and those of all others of the experience as described in the Hummelstown study were indistinguishable from the features reported in Newfoundland, including such things as shuffling footsteps and the use of prayer to end the episode when physical struggle failed (Hufford 1995a, 2005a). These results from my research were confirmed by a large, well-designed survey published in 1992 by the Roper organization. In a scientifically designed national sample of 5,947, 18 percent responded positively to the following question: “How often has occurrence happened to you? . . . Waking up paralyzed with a sense of a strange person or presence or something else in the room” (Hopkins et al. 1992:29). For our purposes it is important to emphasize that modern, well-educated subjects take the experience to be real just as do subjects in non-Western settings.

In my book (1982:160–62) I documented the mistaken diagnosis of sleep paralysis as psychotic illness and as seizure disorder—when subjects honestly and fully described their experiences. Over the past 20 years the high prevalence of “idiopathic” sleep paralysis has become much better known in the psychiatric literature, but awareness of the robust and compelling subjective pattern has not developed. For example, the *DSM-IV-TR* classifies sleep paralysis under “Parasomnias not Otherwise Specified” under the following definition, “Sleep paralysis: an inability to perform voluntary movement during the transition between wakefulness and sleep. . . . The episodes are usually associated with extreme anxiety and, in some cases, fear of impending death” (p. 592). There is no mention of any perceptual contents, let alone a complex and com-

elling pattern of perceptions. As a result there is every reason to believe that sleep paralysis remains a likely source of misdiagnosis.

Fortunately there are signs of growing interest in transcultural psychiatry, exemplified by the panel on sleep paralysis assembled by Devon Hinton at the 2003 meeting of the Society for the Study of Psychiatry and Culture, subsequently published in 2005 as a special issue of *Transcultural Psychiatry* (Hinton and Hufford 2005). But there is substantial evidence that misdiagnosis of this event continues, in part conditioned by ignorance of the very common subjective pattern of an evil presence and the conviction that the event is real, not a dream.

The manner in which sleep paralysis events, rarely recognized as such, are reported and interpreted in the anthropological literature reinforces the assumption that the subjective "spirit" elements are imaginary cultural elaborations that would not be found in modern subjects. For example in *Sacred Realms: Readings in the Anthropology of Religion* (Warms et al. 2008), there is an article by Tobin and Friedman describing an episode of sleep paralysis, unrecognized by the authors of the article or the editors of the book. The case involves a Hmong refugee who reports being repeatedly terrified three nights in a row by spirits that paralyzed him, pressed on his chest and made it hard for him to breathe (compare this to the medical student's account above). The authors of the article state that "Being unlike the Hmong in not believing in spirits . . . we understand Vang's suffering as a result of emotional stress." They proceed to describe the word *spirit*, used by the shaman who helped Vang, as "true only metaphorically; automatically we substitute . . . something we believe in: 'unconscious processes.'" They go on to say that "there is much to suggest that Vang may be a survivor of a 'Hmong sudden death syndrome'"—by then commonly called "Sudden Unexplained Nocturnal Death Syndrome" (SUNDS; Tobin and Friedman 2008:329). SUNDS refers to a pattern of sudden death during sleep among previously healthy young men, first recognized in the United States among Southeast Asian refugees in 1977. "Survival of SUNDS" is an oxymoron if there ever was one, since SUNDS is definitively diagnosed only by autopsy. This article, first published in 1983, was one of several in the early 1980s that contributed to the misdiagnosis of sleep paralysis among Southeast Asian refugees as SUNDS, and to the mistaken explanation of SUNDS as a kind of culture-bound post-traumatic stress disorder related to the refugee experience. In fact, the physiological basis of SUNDS as a genetically linked cardiac conduction problem was long suspected and is now well established (Vatta et al. 2002; for more detail on the SUNDS/sleep paralysis issue, see Hufford 1995b:39).

Knowledge that events with all the features of Vang's attacks are common in all populations, including modern Anglo-Americans, even including the conviction that they are some kind of real spiritual experience, would have prevented the typical mistaken use of a culture-bound explanation. When first-person accounts of spirit encounters appear in the anthropological literature they are consistently explained in terms of nonmodern cultural influence generally mediated by psychodynamic processes.

Richard Warmes and colleagues, the editors of *Sacred Realms*, compound the problem in their headnote to the article: "An American psychiatrist would have diagnosed Vang as suffering from acute anxiety and depression caused by survivor's guilt. . . . The shaman announced that Vang's problems were caused

by the spirits of the apartment's previous tenants" (2008:327). Noting that modern psychiatric intervention would probably have failed, they say that following the shaman's ritual intervention "his symptoms disappeared and he was able to resume his normal life" (2008:327). What appears to be an enlightened call for culturally sensitive psychiatric care actually endorses a modern diagnosis based on modern psychodynamic theories ("unconscious processes") and explains away the shaman's success.

The confusion of SUNDS with sleep paralysis, variously named and often unrecognized, persists in both popular and academic sources. The social pressures that have suppressed knowledge of spirit experiences in the modern world create a major misunderstanding of an important, often lethal, clinical condition, and that misunderstanding serves to reinforce the mistaken belief that modern consciousness is disenchanting.

## Conclusion

Answering our initial questions, based on generally accepted current evidence:

These experiences are normal, and

At least 2 (bereavement visits and NDEs) are psychologically helpful.

The almost universal belief that these are real is rational, and better knowledge of each strengthens that belief rather than weakening it (e.g., learning that others have had virtually the same experience; information regarding possible physiological triggers is irrelevant to the assessment of the reality of the experience).

These experiences attest to certain core spiritual beliefs, most basically the reality of spirits (one's own and those of others). For some this is confirmation of a long-held belief, although with a kind of evidence that was not usually expected. For others these experiences dramatically change belief, and (as the work of Greeley, van Lommel, and others has shown) they can also produce strong positive psychological and emotional effects. Even the terrifying experience of sleep paralysis often has a positive spiritual effect for the subject, as illustrated by the following quote from a sleep paralysis website:

I do not believe that sleep paralysis is a judgment. Quite the opposite, I believe my sleep paralysis episodes are an awakening. I wish I could make the episodes go away and I often pray that they do. I think sleep paralysis has opened my eyes to a spiritual world and because of that, I have looked to the Bible on how to put on the full armor of God to prepare yourself against such things. Although I wish sleep paralysis would go away, it has ironically strengthened my relationship with God. [anonymous personal communication, <http://www.trionica.com/index.htm>, 2005]

The emotional consequences of these experiences follow understandably from their cognitive content and depend on the conviction that they are "real" experiences. In this way they illustrate the way in which spiritual conviction in many cultures and through much of history has been, in fact, robustly cognitive

and rational. The extent to which this differs dramatically from modern mainstream religion suggests how much religious institutions have changed in modern times.

It is striking that psychology, both academic and clinical, failed for so long to recognize these classes of experience. It is tragic that this prolonged ignorance has produced an enormous amount of stigma, misdiagnosis, and suppression of discourse. The history of modern psychology and its general hostility toward religion and spirituality help, however, to explain this. It is even more striking that anthropology has failed to recognize that these experiences are robust, cross-cultural categories, and that they are anomalous from a modernist perspective. They are anomalous precisely because they provide a rational basis for belief in the reality of spirits. The empirically based rationality of that claim is crucial to the differentiation of such experiences from psychotic hallucination; at least as important is that this rationality makes this subject a dramatic threat to the core values of modernity as identified by Weber. Here again anthropology typically lets us down.

Some anthropologists have gone beyond the relativistic notion that spirit traditions have "their own logic," (e.g., the logic of the dream). They argue that rationality as understood in the West is itself the problem (for a powerful example see Stoller's "Rationality," 1998). But this still undercuts the empirical claims of many spirit experiences. The kinds of spirit belief that I have discussed in this paper are simply rational in the ordinary sense. They do not require a new looser or more inclusive set of rational standards to count as rational. It is a fact that many who think of themselves as scientific and rational and scientific in the modern sense consider the belief in spirits naïve and contrary to reason. But confusing the beliefs of those who call themselves rational with rationally established propositions is the kind of excessive reach that I consider an abuse of science. It often appears that the problem is a confusion between "rational" and "materialist," a confusion that has been encouraged in the West since the Enlightenment. Efforts to change the criteria of rationality simply surrender to this confusion.

Even many anthropologists who explicitly claim to open-mindedly "take spirit belief seriously" implicitly reject the knowledge claims of spirit experiences. In this they unintentionally collude in rendering the categories as peculiar artifacts of nonmodern cultures rather than ubiquitous (and anomalous) aspects of human experience (e.g., Goulet 1994; Goulet 1998; Goulet and Young 1994). Clearly part of the problem in anthropology has been the strong, and understandable, bias against comparativism because cross-cultural comparison is required to locate these classes of experience as consistently patterned, related events. Nonetheless, it is ironic that the field most identified with facilitating our ability to learn from other cultures has served as a defender of Weberian modernity against the spiritual knowledge of other cultures and times, as well as that of our own peers.

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