The Perils of Being Porous: A Psychological View of Spirit Possession and Non-dogmatic Ways of Helping

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SYNOPSIS

The Conference on Spirit Possession and Mental Health, organized by the Ethnic Health Initiative in London, September 2013, introduced the dilemma of the practitioner of Western medicine, faced with a predominantly ethnic-minority client group with a culturally and religiously sanctioned attribution of certain mental health difficulties to possession by spirits (or *Jinns* in Islamic terminology). Working with traditional healers is a possible solution, but is complicated by the heterogeneity and lack of regulation of this body. By questioning the assumptions behind the Western scientific world-view regarding the impermeability of the human mind, this paper presents a model of the human being that can accommodate the reality of extraneous invasion. Based on the Interacting Cognitive Subsystems model of cognitive architecture (Teasdale and Barnard, 1995), it is possible to argue that we have the capacity in certain susceptible states of mind to step away from our individuality into such a place of vulnerability. Schizotypy research (Claridge, 1997) has explored this potential. A therapeutic approach that honours the individual's experience, based on this re-conceptualization, is presented.

Introduction: Brief Survey of the Conference on Spirit Possession and Mental Health

The Conference on Spirit Possession and Mental Health, organized by the Ethnic Health Initiative in London in September 2013, provided plenty of evidence of the universality of the phenomenon of spirit possession. Experiences that have been construed as spirit possession have been around as long as there are records, and are embedded in the scriptures of the Abrahamic and other faiths. Dr Najat Khalifa introduced the centrality of *jinns* and angels to the Islamic world-view (Khalifa and Hardie, 2005), and discussed both the benefits and complexities of medical practitioners working in collaboration with the traditional healers that many from that faith community consult. Simon Dein (Dein, 2004), who has studied the field both as an anthropological researcher and as a practising psychiatrist, with extensive experience with ethnically mixed

communities in East London, endorsed this collaborative approach. Both presenters also illustrated its difficulties, which are due to the variable quality and unregulated character of the traditional approaches available.

Professor Dein, Dr Khalifa and Dr Sashidharan all reported interesting ethnographic research into the subject. This ranged from Dr Dein's study of the attitudes of the Bengali community in East London to traditional and Western treatment for mental health problems, through Dr Khalifa's comparison between attitudes in Leicester and Dhaka (the Bengali community in Leicester were revealed to be the more traditional – Khalifa et al., 2011) to Dr Sashidharan's research in Indonesia. For most speakers, such possession was seen as an undesirable occurrence with links to mental health difficulties. The exception was the case of Brazilian Spiritism (studied and presented by Dr Bettina Schmidt: Schmidt, 2014; Schmidt and Huskinson, 2010), where invited possession enables the medium, who prepares by entering a state of trance, to avail themselves of help from the spirits of the dead for the problems of the living.

The conference presentations produced a wealth of evidence that beliefs in possession at least subsist beside Western medical ideas in both Western and traditional societies, and that to engage effectively with ethnic minority groups in particular, practitioners need to take account of such beliefs and the practices that follow from them. Indeed, the evidence from the various speakers strongly suggested that failure to do so could leave patients vulnerable to distinctly dubious practices and practitioners. However, such beliefs cannot be accommodated by Western scientific thinking since this conceptualization rules out any idea of invasion of the individual from the outside. My own contribution to the conference was to question this rigidity from the standpoint of cognitive science, and to suggest ways of working with individuals reporting possession and other anomalous experiences that are more valuing of their lived experience, along with its spiritual aspects. Dr Rufus May, another contributor, similarly presented practical ways of working that honoured the experience (May, 2004, 2011).

Examining Assumptions

Spirit possession is ruled out by conventional scientific discourse because it violates basic and, I suggest, unexamined assumptions behind that discourse. Because these assumptions appear axiomatic, they are not subjected to any scientific scrutiny. These assumptions are specified in *Madness, Mystery and the Survival of God* (Clarke, 2008: 17–19), as the *Rationality Assumption* – the idea that knowledge

gained through rational analysis trumps anything acquired through experience; and the *Billiard-ball Mind Assumption* – the notion that the human mind is a discrete, closed, system. Nothing leaves or enters without our permission, so to speak.

Turning first to the Rationality Assumption, people of faith will recognize that faith relies on knowledge of relationship; that is, relationship with God, the 'ultimate', or however designated. This is the convincing evidence, for people of faith, not propositional and scientifically provable knowledge. This is another sort of knowledge; the sort of knowledge we rely upon in any of our relationships. We do not look up or work out the quality of them – good, not to be trusted etc. – on the internet or by using our logic: rather, we feel it. Experience, feeling, is a valid way of knowing that penetrates areas where reason is of limited use, and these are the areas of most importance for our lives. Acknowledging this gives us permission to revisit those experiences that are dismissed because they do not fit neatly into the scientific paradigm, such as spirit possession. The idea of two ways of knowing is accepted in many quarters (Clarke, C., 2005), and often attributed to brain anatomy, as in the two distinct hemispheres (e.g. McGilchrist, 2009). I prefer to make sense scientifically of the co-existence of these two different but complementary ways of knowing in terms of an understanding of brain architecture founded on cognitive experimentation, namely Interacting Cognitive Subsystems (ICS) (Teasdale and Barnard, 1995).

It is generally agreed that the brain is modular. The senses and the body lay down their own memories, which are not always integrated with the verbal. This is very evident in the field of severe mental health problems where re-awakened trauma is usually at the root of the problem, because material that is too threatening to survival and the self is not processed in an integrated fashion at the time. This leaves these memories susceptible to endless regurgitation in a vivid and intrusive form (Kennedy, 2013). This comes about because of the way in which we have different systems of information processing for different occasions. The fast-track emergency response, as opposed to slow deliberate thinking through, are the best known of these (Le Doux, 1998). According to ICS, these are organized by two central meaning-making systems, thus giving us two distinct ways of knowing – the verbally based 'head' way, and the sensory and emotionally based 'heart' way, that concerns relationship and the status of the self. Normally, control weaves effortlessly backwards and forwards between these two, below the individual's level of awareness. However, in certain conditions (most notably

high and low arousal), the emotional, relational side can become dominant and take over; and when the two become seriously disjointed, we have access to a palpably different quality of experience, which I like to call 'the transliminal' – across the threshold – after Claridge (1997) and Thalbourne and Delin (1994).

Challenging The Billiard-ball Mind Assumption

This model can make sense of the way in which the human mind can, in certain circumstances such as the experience of spirit possession, appear to be permeable. When the two systems in the brain are working together we are locked into our individual, self-conscious selves. This is our normal, introspectively accessed state. It is thus natural to assume it to be the whole story. However, when these two central subsystems drift apart, this attachment to our individuality loosens. When the emotional or relational subsystem (called 'Implicational' by Teasdale and Barnard) becomes dominant, we become open and vulnerable. This experience is common within close relationships. Perhaps that sense of the danger of 'losing oneself' in intense relationship has a basis in reality? There is a continuum to this openness; we all experience it when we relax, stop problem solving and 'let our minds wander'. This is usually when the solution appears! In its more extreme form, the rational mind is left behind, the person crosses the threshold to where anomalous experiences are accessible, experiences such as invasion from outside the self. The trustworthy logic of either/or, within which we can know what is what, no longer obtains. We have entered the 'Alice in Wonderland' realm of both/and logic, where association, rather than analysis, is king.

Throughout the centuries, human beings have sought these states, whether through religious ritual, healing ceremony or drugs (or a combination thereof). The same human potential, where it is accessed in an uncontrolled manner, for prolonged periods, without easy return to the everyday state, gives rise to the disturbing and isolating condition known as psychosis (Clarke, I., 2010a).

Some aspects of this model are very familiar as in the idea of the 'head/heart' dichotomy, right and left brain etc. However, in other respects the model is both more radical and counter-intuitive. Teasdale and Barnard (1995) state boldly: 'there is no boss'. The human being is process or relationship, as control is passed back and forth between the two central meaning-making systems. There is a sense in which we are all composed of internalized relationships. Psychodynamic ideas of Object Relations Theory (Kernberg, 1984) reflect this, as does the primary role in the foundation of the self assigned to early attachment relationships and their character by Attachment Theory (Bowlby, 1977). Our internal dialogue reveals the relationship between you and yourself and its nature. When we step beyond our individualized selves when the relational subsystem is dominant, we step into a place of relationship. Bettina Schmidt's study of Spiritism (Schmidt and Huskinson, 2010) concerned relationship with the dead, the ancestors. According to my reading of this model, this type of relationship with people of our past is perfectly reasonable, as the emotional/relational mind does not 'do' time. Time and all precise location is the province of the propositional subsystem and either/or logic.

The para-psychological research literature is very relevant here, and suggests plenty of soft evidence for inter-changeability of psychic contents (telepathy, past life experiences and so on), even if it proves resistant to sustained attempts to pin this down in the inherently meaningless procedures of rigid experimentation. The idea of commonality between minds is familiar, from Jung's (1956) collective unconscious; from transpersonal theory (e.g. Ferrer, 2002) to Teilhard de Chardin's (1959) no-osphere, to name but three examples. Para-psychological researchers have noted that a meditative, unfocused state of mind is conducive to connection between minds, as in remote viewing (Rao and Rao, 1982). Group Analytic literature takes the concept of a common area of mind operating between and amongst individuals in a group as axiomatic, designated by Foulkes (1964) as the 'group matrix'. As Rao and Roa have shown, such psychic events work most reliably when the sensitive is in a relaxed, drifting state – i.e. when the verbal logical subsystem is temporarily decoupled. Hence one can argue that invasion by alien psychic content is explicable. Avoidance of the word 'spirit' is deliberate, as it carries with it the assumption of a whole cosmology, whereas the intention here is to assume as little as possible and stick close to the data. It follows from this data that as human beings we are, at least in certain states, intrinsically porous.

This porous state is at the root of many of the deepest and most valued human experiences; spiritual experiences of unity with the whole; being in love; the poetic imagination with its reliance on association, which is an example of both/and logic. It is also the portal to the feared state of madness. Once we accept that we are porous and that this has dangers as well as potential, we can start to learn how to deal with it. This is the basis of the clinical approach that follows, developed within the context of third wave (with a mindfulness focus) Cognitive Behaviour Therapy (CBT) in

an acute National Health Service mental health service.

Understanding Porosity

The preceding section has argued that all human beings have the potential to be porous, when they are in a more open and vulnerable state. Such a state comes about when the two central meaning-making systems identified within ICS have become disjoint: the boundedness of us as individuals loosens, and we become more susceptible to anomalous experiences. Gordon Claridge and his co-researchers have investigated this phenomenon extensively as a dimension of variation within all people, under the designation of 'Schizotypy' (Claridge, 1997). According to this corpus of research, while high schizotypy implies greater vulnerability to psychotic breakdown, it is also associated with valued attributes such as high creativity (Brod, 1997) and spirituality (Jackson, 1997).

Many of the puzzling experiences related by people diagnosed with psychosis can be understood in terms of such openness and loosening of boundaries. The most obvious one is the boundary between inner and outer experience, which can lead to thoughts being experienced as voices. It is easy to see how such voices are routinely interpreted as an invading spirit in many cultures. Evidence often points to the role of intrusion of past trauma into present consciousness in explaining such experiences (Steele, Fowler and Holmes, 2005), but this cannot account for all such occurrences.

In his presentation at the conference, Rufus May (2004, 2011) concentrated mainly on internal relationships with parts of the self which had become split off and disowned – usually through trauma, apparently behaving as independent voices. He worked with these by taking their concerns seriously and helping to mediate a better relationship between the cut off part and the individual suffering the voices. However, he did not rule out external invasion as a factor. In such states, barriers break down, both within the person and between the person and others – whether other humans or other beings. Thus, ideas of spirit possession and being taken over by alien influences cannot, I suggest, be dismissed out of hand, and the idea that a part of our being is essentially relational gives at least a framework for understanding this disturbing notion.

A Therapeutic Approach That Can Accommodate Spirituality

Viewing psychosis in this way provides a number of useful openings for therapy, in the form of the normalization of the psychotic quality of experience, collaboratively exploring the two types of experience (shared and idiosyncratic); using mindfulness and other skills to navigate between them, and in understanding and working with emotion and the self in psychosis. It also facilitates motivational work where the attractions of the psychotic reality for the individual lead to risk and hospitalization.

A potent source of discord between the way that services conceptualize the experiences and the way in which service users conceptualize them is a frequent perception by the latter, based on the quality of their experiences, that these experiences can have a spiritual significance. This 'spiritual' sense could be a product of the removal of the usual filter to our perceptions that occurs when the two central meaning-making systems diverge (Clarke, I., 2008: 88) letting in a sort of supernatural glow, whether exhilarating or sinister in character. The ICS-based model of the human being presented here suggests that this sense is not just an artefact, but links with real connection between the individual and beyond the individual in such states. Being able to validate such spiritually framed experiences, at the same time as discussing their dangers, gets over the limitations of conventional therapeutic approaches to psychosis when confronted with the spiritual.

Whether spirituality is explicit in what is presented or not, negotiating a language that is acceptable to the individual, rather than imposing an external language, is crucial for the therapeutic alliance. The service user who is adamant that they do not 'have schizophrenia' can often identify times of 'confusion' or even 'weird thinking', to give clinical examples. In cases where the experience is framed by the individual in terms of spirit possession, there is no need to argue with this explanation, but open-minded enquiry can be modelled. An explanation based on reliving past trauma (a voice often turns out to be the voice of an abuser) or cut-off internal part of the self might emerge, but this needs to be a collaboratively arrived-at conclusion in order for it to be therapeutic. Less commonly, absorption of entirely external psychic contents cannot easily be ruled out.

Once the collaborative alliance has been forged around the goal of managing the threshold between a state of excessive openness where anomalous experiences are accessed, and the normal, shared world (often viewed as quite flat and boring in contrast), the individual needs to learn skills to navigate this threshold. Mindfulness is the key skill advocated by Third Wave CBT approaches. Mindfulness for psychotic symptoms is being pioneered by Chadwick (for details of the approach see Chadwick, 2006; and for research on this, see Chadwick, Newman-Taylor and Abba, 2005 and Dannahy et al., 2011). Simple

grounding mindfulness is taught as the skill that can anchor the person in the present, view internal experiences such as voices or convinced ideas dispassionately, and enable them to discern whether they are in the shared or the individual sphere of experience. Drawing out the characteristics of the non-shared reality, such as a sense of super-specialness of the self, or of the supernatural, is further useful in normalizing bizarre experiences and putting them into perspective. For a case illustrating this, see Clarke, I. (2002).

This approach can be delivered advantageously in group format, because of the added value of universality and mutual support that the other participants bring, and the programme that was developed in an acute mental health hospital to help people cope with the symptoms of psychosis was called the 'What is Real and What is Not' group (Clarke, I., 2010b).

The purpose of the group was threefold. Firstly, it helped people to recognize that there are two distinct ways of experiencing. There are advantages to knowing which you are in at any one time, as this can be the basis for developing the ability to move from one to another at will. The second aim was to introduce and discuss methods of managing the threshold between the two ways of experiencing: methods such as arousal management and mindfulness. The third aim was to establish the idea that these sorts of experience are normal and associate them with valued areas such as creativity. As the stigma associated with a diagnosis like schizophrenia can be considerably more disabling than the condition itself, this boost to morale is possibly the most important part of the programme. As in all groups, there is the added bonus of people being able to share experiences, note their similarity, and so recognize that they are not alone.

Concluding Remarks: Broader Perspective

This approach, which recognizes anomalous experiencing as a normal part of human variability and emphasizes the importance of finding ways to help people that respect their own construal of the situation, is represented in a growing research literature, for instance, Brett et al. (2009) and Heriot-Maitland et al. (2012). This literature helps to connect a modern, CBT and scientific approach with an earlier tradition that sees potential for transformation in these 'breakdown' experiences (cf. Grof, 1988; Grof and Grof, 1991; Hartley, 2010). In the case of spirit possession, this might represent the transformation of the troubling invading spirit into a benign spirit guide, more in the mould of the ancestors summoned to help this generation by the Spiritist mediums studied by Bettina Schmidt (Schmidt and Huskinson, 2010).

The clinical approach just described makes no claims to concentrate exclusively on the area of spirit possession. However, it is founded on a conceptualization of anomalous experiencing (of which spirit possession can be viewed as a sub-class) that can accommodate this phenomenon within the individual's own frame of reference. Where there is a dichotomy of conceptualization, there will always be room for confusion and argument, both unhelpful where people are suffering disturbing experiences and seeking help (Heriot-Maitland 2011). Where psychiatry sees the experience simply in the light of a diagnosis of schizophrenia or other psychosis, and the conventional CBT therapist insists that the experience must be purely internally generated, there is little room to accommodate conceptualizations that are accepted as the norm, particularly but not exclusively, by our ethnic minority communities. Unfortunately, this rift in conceptualization can leave members of ethnic minority communities, in particular, prey to unregulated and sometimes exploitative traditional therapists. This paper makes the argument for using the conclusions of cognitive science to loosen our certainties about the inviolability of the individual human mind, and to take seriously reported experiences in our clinical work. In this way, there can be some accommodation between the two world-views, and it is possible to conduct therapy in a way that is both true to scientific principles and, at the same time, values and does not seek to discredit the perspective of the individual seeking help.

It can be argued that this approach begs more questions than it answers, and in fact opens the way to disturbing new vistas in its conceptualization of the human being as less of a closed system, and the self as a more fluid entity, than hitherto assumed. However, as the examples of Copernicus and Galileo testify, disturbing new vistas should not be lightly dismissed. ❺

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