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

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

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

WHERE TIME AND SPACE ARE BROKEN

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

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

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

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

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

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

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

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

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

WOUNDED BODY, WOUNDED MIND: TRAUMA AND DISSOCIATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ALL IN HER HEAD? TEMPORAL LOBE EPILEPSY AND DIVINE UNION

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

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

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

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

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

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

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

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

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

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

INTERLUDE

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

