

SANCTITY AND SANITY

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ABSTRACT

It is to be presupposed that, the more remarkable psychological characteristics of a saint were, the more they could have contributed to his/her suggestive power. Some recent neurophysiological studies of the human-brain launched the hypothesis that the ecstatic experiences, reported by so many saints, are connected with an electric micro-activity in the temporal lobes, especially the right one. However, it was not always easy to discern a mental illness from the normal variations within the limits of human health.

The ancient question about the definition of insanity and its frontiers to the sanity never dies: can the insanity be only a difference from the customary behaviour, which we condemn by its isolation and therapeutical treatment? Probably the most delicate testing point for this question is holy men, persons strongly incorporated into so many religious systems. They have been emphasised as models, their images mix psychic (sometimes also physical) extraordinarily with miraculous powers: are these two major features of theirs in any connection?

It is to be presupposed that the more remarkable psychological characteristics of a saint were, the more they could have contributed to his/her suggestive power. Bizarreness in the behaviour of a saint (or a future saint) must have provoked the ideas about particularity of that chosen person, in-

creasing the confidence of the saint's surrounding.¹ St Radegund was pressing a glowing Christ relief against her body, strapping herself with iron chains, and torturing with starvation.² The teeth of Umiliana de Cerchi (Florence, 13th c.) "locked" for fifteen days and she could not chew any food,³ while the ideal of the "grace of tears" (*don des larmes; gratia lacrimarum*) made her put quick lime onto her eyes in order to weep.⁴ Margaret of Cortona (13th c.) was consciously insisting upon fasting and self-abnegation, wanting to become a saint ("there will come a time when you will call me saint, because saint I will be").⁵ She used to run around the streets of Cortona screaming and flagellated herself.⁶ Angela of Foligno passed through "the phase of screaming every time she hears the name of God, every time she saw any representation of Christ's passion she became

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1 Those "bizarrenesses" could have been, of course, conditioned by the given time period as well as by the tendencies from the saint's surrounding.

2 Vita S. Radegundis, 81.

3 Rudolph M. Bell, Holy Anorexia (Chicago/ London: The University of Chicago Press, 1985), 92.

4 Andre Vauchez, La saintete' en Occident aux derniers siecles du moyen age d ' apres les proces de canonisation et les documents hagiographiques (Roma: Ecole Francaise de Rome, 1988), 513.

5 Bell, Holy Anorexia, 95.

6 Ibid., 97-98.

feverish and fell ill."⁷ Francis of Assisi kisses lepers; Margaret Mary Alacoque, Francis Xaverus, St John of God clean with tongues wound and sores of their patients.⁸ Catherine of Siena first kissed the pus from the cancerous, sore,⁹ then "carefully gathered the pus into a ladle and drank it all."¹⁰ She was wearing a chain, tightly tied around her hips, so that skin inflamed, she used to flagellate herself three times a day with an iron chain.¹¹ Finally, the cause of her death was malnutrition¹² (she claimed that she would eat if she could¹³). Veronica Giuliani (17th c.) was eating spiders, worms, dead mice, and bugs.¹⁴ Francesca de' Ponziani (15th c.), in order "to guarantee that she would be chaste in spirit even while fulfilling her duty to allow her husband access to her body, she anticipated their sexual encounters by heating three-ounce portions of wax or pork-fat and excoriating her vulva with molten droppings."¹⁵

An impressive proof of being marked for a saint was certainly the stigma-

tization - the appearance of superficial bleedings, usually at the same sites where Christ's wounds were located (the palms and feet, through which Christ was nailed; the forehead, since Christ was crowned with thorns, etc.). From about 1220¹⁶ (Francis of Assisi) up to our days (Therese Neumann, for instance), around 350 cases of stigmatization were noted, mostly by women.¹⁷ Different explanations were offered in order to clarify this phenomenon. Bourneville's thesis on the rupturing of vessels under the skin as a consequence of "hysteria"¹⁸ as well as Grellety's naive ideas about *taches de purpura, dues aux jeunes et aux autres causes de debilitation*,¹⁹ were abandoned. Arnold already talks about skin bleeding provoked by suggestion,²⁰ and modern science definitely accepts the possibility of bleeding caused by the influence of the nervous system upon small blood vessels, the wall of which becomes permeable for erythrocytes (*migratio per diapedesin*).²¹ None-

7 Ibid.

8 William James, *Kaznolikosti relig. iskustva*, 193.

9 Siraisi, 46.

10 Bell, *Holy Anorexia*, 25.

11 Ibid., 43.

12 "Anorexia nervosa has the highest mortality rate of any psychiatric disorder". Bell, *Holy Anorexia*, 187.

13 Ibid., 23.

14 Ibid., 77.

15 Ibid., 137.

16 Vauchez, *La saintete' en Occident*, 514.

17. Sergej Saltykow, *Opaea patoloska morfologija (General Pathological Morphology)* (Zagreb: Nakladni zavod Hrvatske, 1948), 1:328.

18 Jan Goldstein, "The Hysteria Diagnosis and the Politics of Anticlericalism in Late Nineteenth-Century France," *The Journal of Modern History* 2(1982):236.

19 L. Grellety, *Du merveilleux des miracles et des pelegrinages au point de vue medical* (Paris: Librairie J-B. Billiere et fils, 1876), 77.

20 Arnold, *Die Kraft*, 103.

21 Saltykow, 328.

theless, the question how the human mind can direct this blood outflow exactly to the palms, and why the cases of stigmatization were not known before 1220, remain open.

Some recent neurophysiological studies²² of the human-brain launched the hypothesis that the ecstatic experiences, reported by so many saints, are connected with an electric micro-activity in the temporal lobes, especially the right one. The experiments revealed as well that those miniature discharges, occurring sometimes physiologically, can be also provoked by brain hypoxia, blood hypoglycemia, by an increasing of the blood concentration of the "stress-hormones" (like epinephrine), and by using of certain drugs-like LSD, mescaline, etc. - which have their receptors exactly in the right temporal lobe.²³ What is most interesting in this story, is that all those technics, provoking hypermorality, hyposexuality, aggressiveness, paranoia, orgasmic euphoria, visions, etc., were and are used by saints and shamans:²⁴ fasting (hypoglycemia), deprivation of drink, sudden exposing to large temperature

difference, deprivation of sleep,²⁵ meditations on hillsides (hypoxia), physical self-tortures,²⁶ intoxication with mushrooms, narcotics, or tobacco,²⁷ etc. Surmising the suggestive effects those trance-like states can provoke if combined with healing rituals, several questions emerge. Were those states, at least by some of their "users," reached with the aim of increasing of suggestibility or this was just a side-effect of a religious ritual? Were the ecstasy practitioners mentally disturbed individuals?

One of the interpretations of Siberian shamanism is the arctic "hysteria", having its origin in a nervous lability of the arctic populations, which is caused by excessive cold, long nights, desert loneliness, hypovitaminoses, etc. According to Ohlmarks, shaman ecstasy is spontaneous only in the arctic zones, while in other areas shamans have to induce it artificially, by narcotics and other technics.²⁸ It was established also for many tribes, from Samoa and Mindanao to Uganda and Chile, that they choose their shamans among epileptics, neurasthenics, extremely nervous, sickly, or taciturn persons,²⁹ and

22 Persinger. Quoted in Fabbro.

23 Franco Fabbro, *Destra e sinistra nella Bibbia: Uno studio neuropsicologico* (Rimini: Guaraldi, 1995), 57.

24 In this paper, the term "shaman" is not used in Eliade's sense (i.e., as an exclusive part of the "primitive" non-European, primarily Siberian, civilisation), but as a term for a cunning folk in general.

25 Vazeilles, 47-62. Cf. also Ronald E. Chavers, "Trance, Social Transformation and Ecstatic Practices," in M. Hoppal and O.J. von Sadovszky eds., *Shamanism: Past and Present* (Budapest/Los Angeles: Magyar Tudomány Akadémia et al., 1989), 2:363. (363-371)

26 *Like flagellation or standing up for a long time.* See Yolotl Gonzales Torres, "Altered States of Consciousness and Ancient Mexican Ritual Techniques," in M. Hoppal and O.J. von Sadovszky eds., *Shamanism: Past and Present* (Budapest/Los Angeles: Magyar Tudomány Akadémia et al., 1989), 2: 373. (373-376)

27 Mircea Eliade, *Samanizam*, 172.

28 Eliade, 43.

29 Eliade, 43-44.

emotionally labile individuals³⁰. It is not a rare case for shamans to be recruited among homosexuals³¹ or hermaphrodites.³² This choosing of mentally disturbed or just "different" has, beside the well-known God's-marking logic, other reasons as well: those persons are less critical towards their deed and behavior, their self-confidence can be even increased, their utterances are not restrained by moral or social regards. All this awakes awe, veneration, and respect (and suggestibility, of course) in their community.

Visions (which probably hide all kind of hallucinations, dreams, and conscious fabrications³³) could have served also as firm proofs for direct contacts with gods or ghosts. One should know, however, that the distinguishing among dreams, visions, and reality, were not so precise.³⁴ It is still claimed for the primitive that *der Gedanke [...] hat visionären, auditiven und darum auch Offenbarungscharakter*,³⁵ which introduces the possibility that not only hallucinations could explain medieval

visions, but ordinary thoughts as well. If someone believes in resurrection as in a normal possible event, than he can not discern a hallucinatory vision of a resurrection from a real resurrection. For an objective deserver, any other definition but the statistical one: they are what the majority do not perceive. From the perspective of a subject, they are reality which, like every reality, stands in a direct dependance on the subjects knowledge, ideas, and wishes. The conversion of St Martin was determined by the vision of Christ dressed in a half of Martin's mantle³⁶ St Francis' by an addressing by a seraph, St Bernardino's by a dream on a burning house,³⁷ St Capestrano's by a vision during his imprisonment,³⁸ etc. For the visions of St Anthony of Egypt and St Guthlac of Crowland it was suggested that they were "convulsive and hallucinatory episodes induced by the eating of bread made from grain infected with the fungus *Claviceps* (ergot)."³⁹ Even our-time healers by suggestion do not hide their visions, like Edgar Cayce or

30 Barasch, 58.

31 Eliade, 244.

32 Ibid., 257.

33 The hypothesis about *die telepathische Beeinflussung von Traumen*, of course, has to be kept in mind as well. However, its place is still among the "footnotes." To see more about: John Mischo, "Parapsychologie und Wunder: Teil II: 'Durchbrechung der Naturgesetze'- auBersinnliche Wahrnehmung in der spontanen Erfahrung und im Experiment, *Zeitschrift fur Parapsychologie und Grenzgebiete der Psychologie* 12, no.3 (1970): 143 and 158-159. (137-162)

34 Rendtel, 130

35 Carl Gustav Jung, *Psychologische Typen* (Zürich: Rascher-Verlag, 1942), 46.

36F. Alessio, *Storia di san Bernardino da Siena e del suo tempo* (Mondovì Italy: Tipografia vesc. edit. B. Graziano, 1899), 78.

37Sulpicius Severus, *Vie de Saint Martin*, ed. and trans. Jacques Fontaine, vol. 1, Sources Chrétiennes 133 (Paris: Les Éditions du Cerf, 1967), 258-259.

38Andriæ, 58.

39M. L. Cameron, "The Visions of Saints Anthony and Guthlac," in Campbell et al. eds., *Health, Disease and Healing in Medieval Culture* (), 152.

Bernie Siegel who "discovered through guided meditation that he had an inner guide named George."⁴⁰

Visions, hearing of voices (Magdalena Beutlerin of Kenzingen, 15th c.),⁴¹ as visual and auditive hallucinations; run-aways from home (Rochus, who left as a young man Montpellier after having given away his inheritance,⁴² Martin, who ran away from home at the age of ten and to the desert at his twelve;⁴³ again Magdalena of Kenzingen,⁴⁴ etc.) as "fugues;" isolation (hermits) as autism and meditation as stupor (spiritual and physical separating from the external world with preserved consciousness); self-accusing attacks (Angela of Foligno⁴⁵); paranoia (Margaret of Cortona, 13th c: "you must live in continous fear [...] never put down your weapons"⁴⁶); dissociative syndrome (Magdalena of Kenzingen: *il mio corpo 'e morto, ma il mio cuore 'e ancora vivo*⁴⁷); self-torturing with fasting and flagellating - is not this considerably close to the modern clinical image of schizophrenia? Roheim brings the example of a schizophrenic patient who claimed that he could cure everything with his "radium tube," that he could make a new liver, a new heart: he used to "put the soul onto the table," to "give pleasure to it by thinking," and then to "return it to its place."⁴⁸ Is not this

a screenplay similar to so many miraculous healings?

In order to point out that schizophrenia - or "hysteria"- reminding features are not a privilege of the West, let us remember many fascinating similarities between the recommended (or in sacred papers described) characteristics of a perfect Hinduist bhakta (i.e., the servant of God), for instance, and those which the today's psychiatry associates with the clinical picture of schizophrenia. The last and the highest phase of spiritual development of a bhakta, *sannyasa*, is marked by withdrawal into the absolute solitude, and even the separation from family, what can be compared to the autism as a sch-symptom, while the de-realisation corresponds to the denial of material world as temporary, i.e. unessential. The affect-disorders (from psychiatric perspective) also include the emotional stiffness resulting from the temporariness of material body - denial of death, and therefore, denial of fear of one's nearer and of oneself. Very interesting example of parathymia originates from the Buddhist tradition:

When Chaung-Tse's wife died, the Emper came to pay his respects. [...] He watched in front of him, thinking about all possible comforting expressions, but when he rose

40 "Siegel, Bernie S.", in Judith Graham ed., *Current Biography Yearbook 1993* (New York: The H.W. Wilson Company, 1993), 530.

41. Dinzelbacher, 69.

42. Cf. Francois Pitangue, *Nouvelle contribution a l'etude de la vie authentique de l'histoire et des legendes de Mgr Saint Roch* (Montpellier: n.P., 1984), 24.

43. Cf. Sulpicius Severus, *Vie de Saint Martin, ed. and trans.* Jacques Fontaine, vol. 1, Sources Chretiennes 133 (Paris : Lets Editions du Cerf, 1967), 254-255.

44 Dinzelbacher, 69.

45 Bell, 98.

46 Bell, 97.

47 Dinzelbacher, 69.

48 Geza Roheim, *Magija i shizofrenija* (Magic and Schizophrenia), transl D. Geriae (Zagreb: August Cesarec, 1990), 172.

his view and saw Chuang-Tse, it was not pleasant to the Emperor at all: Chuang-Tse was singing. He was sitting under a tree and with an instrument in his lap - he was singing at the top of his voice. He seemed to be very happy, and it didn't pass one entire day from the wife's death." [...] My wife is dead, but why should I cry now? If she is dead, than she is dead. I never expected my wife to live forever. You are crying because you expect. I never dreamed about such thing. I knew she must dye one day and this day came. The same thing could happen any other day and each day is good enough for death: why then my singing should be exaggerated? If I cannot sing nearby death, than I cannot do it during my life either, because life is nothing but death in continuity. Somewhere someone will dye this very moment. Life is incessant death. If I can sing in the moment of death, than I am not able to open my mouth either. Life and death are not two separate things.[...]"⁴⁹

Most complex are the described "disorders" of the psychomotorics. The schizophrenic stupor could be maybe compared to meditation, ergo, the spiritual and physical separating from external world with preserved consciousness. The *mantras* (syntagmas which, being pronounced all over again, supply the spiritual strength and prosperity) correspond approximately to the echolalia (the main, maha-mantra, should be pronounced 24 hours a day!), while from other stereotypias the

echopraxia (or is it, maybe, nearer to the manirring?) also has a pendant in ritual symbolic gestures called *mudras* (more characteristic for the tantric Buddhism). But the most interesting is the catalepsy:

*"The great sage concentrated his mind by using the yogic exercise of breathing and, controlling all the connection, he remained standing only on one foot for hundred years, eating nothing but air."*⁵⁰

The description of some forms of yoga (thinness, superficial breathing, bradycardia, flexibility and hypotonia of extremities) coincides with our conceiving of the catatonic syndrome. The instincts are in Hinduism (orthodox, not tantric) are beaten back already in principle. The sexual relation is allowed only once in a month (with own wife) and for the purpose of conception, never of pleasure. Even this applies only for the second and the third phase of spiritual development, because the first phase (*brahmacharya*) has an obligation of total retreat from the community (ergo, it considers the social and parental instincts as well). Food and drink should be reduced to a minimum for the survival (meat and alcohol are prohibited, but also eggs, garlic, onion) while Paramahansa Yogananda (the eminent of the impersonalistic variant of Hinduism and the populariser of the *kriya-yoga*) and others even mention few cases of living without consuming any material food, feeding with divine energy (cf. the Western parallel in Theresa Neumann from Bavaria). Some syndromes of schizophrenia are, as it is known, characterised precisely by the

49 Rajneesh O. Vrhovna alhemija, vol.2. Beograd: Esotheria, 1990 p.229.

50 Shrimad Bhagavatam, IV; 1.19. (translated from the Croatian version by A.M.)

weakening or by bizarrisation of the instincts. We have, however, to admit that both in formal and substantial analysis of thinking it is very hard to find disorders in the propagated spiritual characteristics of a *bhakta* (let us remember Bleuler's thesis, saying that there is no schizophrenia without disassociation of thinking). A real *bhakta* is sure that he acts properly and that the krishnaistic system is the only right system. If the ambition of moving to other planets and the privilege of a communication with God are added to this, the result could be found in the inception of megalomaniac ideas. However, this might be rather sharp and forced judgement, since the megalomania cannot deal with absolute subordination and weakness which *bhakta* feels in front of Krishna. The outfinding of paranoiac ideas is hard to maintain (*samsara* as a system of circulating pains, for example) when the calmness and equilibrium of a *bhakta* are well known. Formal thinking disorders are more probable: perseverance (*mantras*), "viscosity" (rejecting of all interests besides the adoration of the Almighty, conversation exclusively about the Almighty, etc.) On the other hand, the changes of personality are obvious. Among the schizophrenic patients we find the identification with animals or historic persons as such a depersonalisation would be accepted by Hinduists as a remembering of some earlier incarnation (or anticipation of a future one?). The weakening of will-power (which Bleuler includes in the primary symptoms) is obvious as long as it goes about affairs and questions concerning the everyday life (career, erudition, physical condition, relations with the environment become un-

important, all ambitions extinguish), but the will remains preserved and even strengthened when it goes about advancement in the consciousness of God. As by schizophrenia, attention, memory, intelligence and consciousness remain more or less unchanged (the admirers of Shiva and tantric Buddhists use narcotics by the initiation and rituals, while the orthodox Hinduists do not use them at all).

One could ask, and with reason: are we not committing a mistake by comparing cultural elements to human pathology? For conversion disorders ("hysteria"), for instance, it is said that

Conversion Disorder is not diagnosed if a symptom is fully explained as a culturally sanctioned behaviour or experience. For example, "visions" or "spells" that occur as part of religious rituals in which such behaviors are encouraged and expected would not justify a diagnosis of Conversion Disorder unless the symptom exceeded what is contextually expected and caused undue distress or impairment. In "epidemic hysteria," shared symptoms develop in a circumscribed group of people following "exposure" to a common precipitant. A diagnosis of Conversion Disorder should be made only if the individual experiences clinically significant distress or impairment.⁵¹

This definition obviously results from the ethical and not from the scientific evolution, trying to avoid misinterpretations and insultings of the non-Western cultures. What does it mean "exceeding of the expected"? Which shaman or saint or anybody from their amazed rural public knows where is the end of

51 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (Washington, DC: American Psychiatric Association, 1994), 454.

the ritual and where the "individual distress" begins? How can we know if a saint was "experiencing significant impairments" or he/she was just an imitator and simulator? Why should individual conversions be treated in a different way from the collective ones, if the mechanism are (possibly) the same? Foucault starts his discussion on "hysteria" by posing the question, how legitimate it is to treat it as mental disease, and concludes.

*As long as vapors were convulsions or strange sympathetic communications through the body, even when they led to fainting and loss of consciousness, they were not madness. But once the mind becomes blind through the very excess of sensibility - then madness appears.*⁵²

It is true that, already in the Middle Ages, *impostura, imbroglia, artificio umano fino all'inizio del secolo XVII, poi malattia ed infine e soprattutto eresia* was considered as "false" sanctity.⁵³ However, it was not always easy to discern a mental illness from the normal variations within the limits of human health (as it is still not easy in our days⁵⁴). Wilken and Radin supposed probably correctly that in the beginning,

medicine-men were really insane persons - epileptics, schizophrenics, hysterics-but after, imitation replaced the illness.⁵⁵ Nevertheless, the example of the holy men could make us reconsider the entire present concept of schizophrenia: would not be more reasonable to define schizophrenia as a different state of consciousness which should be regarded as an illness only in some cases (when a person either searches for help or jeopardizes his/ her surrounding). From the demonstrated cases of saints, shamans, and yogis, it should be concluded that schizophrenia is not (only) a psychopathological, but primarily a cultural notion depending on the time period and the civilization circle to which the judged person as well as the judging person belong. When Petrus Venerabilis writes to Bernard of Clairvaux: *Quid est aliud dicere, "omnia quae habes da pauperibus et veni sequere me," nisi esto monachus?*⁵⁶ then we can proclaim this for a "schizoid feature," the propagating of autism and isolation, for a "fugue." In medieval terms, however, this was an ideal of a perfect spirituality.

52 Michel Foucault, *Madness & Civilisation: A History of Insanity in the Age of Reason*, transl. R. Howard (London: Routledge, 1993), 158.

53 Gabriella Zarri, "Vera' santita, 'simulata' santita: Ipotesi e riscontri," in Gabriella Zarri ed, *Finzione e santita tra medioevo ed eta moderna* (Torino: Rosenberg & Sellier, 1991), 20.

54 About the speculations on Jesus' psychic health (paranoia, epilepsy, extasis, *Schwärmer*, and other "accusations"), see Jaeger, 16.

53 Eliade, 43-44.

56 Giovanni Miccoli, "I monaci," in Jacques Le Goff ed., *l'uomo medievale* (Bari: Gius. Laterza & Figli, 1995), 78. (39-80)

सारांश

पवित्रता एवं स्वस्थ-चित्तता

- आमिर मुजुर

मानव-मस्तिष्क के विषय में किये गये कतिपय आधुनिक स्नायवीय-शारीरिक अध्ययनों से यह परिकल्पना उपयुक्त प्रतीत होती है कि अनेक संतों द्वारा प्रतिवेदित समाधिग्न भावातिरेकी अनुभवों का सम्बन्ध शंख लोलकी विशेषता: दाहिनी ओर वाली में उपस्थित एक विद्युतीय सूक्ष्म सक्रियता से है । फिर भी एक मानसिक रोग का प्रसम अंतरों से मानव स्वास्थ्य की सीमाओं के भीतर विभेद करना सदा सरल नहीं था ।