

The art of hearing God: Absorption,
dissociation, and contemporary American
spirituality.

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The Art of Hearing God: Absorption, Dissociation, and Contemporary American Spirituality

T. M. Luhrmann

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In lieu of an abstract, here is a brief excerpt of the content:

**The Art of Hearing God:
Absorption, Dissociation, and Contemporary American
Spirituality**

T. M. Luhrmann (bio)

In an essay surveying the use of the term "spirituality," Sandra Schneiders writes that most scholars of religion these days use the term in an "anthropological sense," by which she means that "there is a growing consensus that Christian spirituality is a subset of a broader category that is neither confined to nor defined by Christianity nor even by religion."¹ I write here as an anthropologist (my primary fields are psychiatry and religion), conscious that as I enter a conversation with scholars of Christian spirituality, there are thickets of learning which separate us and which neither of us can entirely see. I come to the table with an intellectual style and method out of the social sciences; scholars of spirituality bring centuries of engagement in debates I do not know. Yet I would like to hold the conversation, because I believe that I am puzzling over one of those features of spirituality not confined to Christianity nor even to religion, and I think that this feature may shed light on the way that many American Christians experience God—and I would like to hear how scholars of spirituality respond to what I have to say.

The puzzle begins with the shifts in the way certain psychiatric disorders are recognized over time. A humanistic skeptic might say: "But of course, definitions of psychiatric disorder always *are* changing, such vague categories inevitably shift their forms with the changing discourse of their times." In fact, that skeptical view is already well-entrenched in this case. The disorders which concern me are the ones called dissociative disorders, and what I find puzzling is that they disappear in America in the early decades of the twentieth century and reappear in that century's last few decades. There are already articulate (and often humanist) critics who suggest that the disorders are imagined by highly suggestible individuals whose complaints reveal more about their society than about their bodies.² For them, the appearance and disappearance of the disorders is a cultural epiphenomenon which accompanies real social issues about the changing role of women in society. They write about the way that social metaphors and narratives become embodied

in an individual's experience of illness. Much of what they say has the ring of truth. **[End Page 133]**

The clinicians on the other side believe that dissociative disorders have the stark reality of cancer.³ They read what the critics have to say, and they have become more cautious about the specific claims that their patients make. But whereas many of the critics (and perhaps much of their intellectual readership) tend to dismiss the disorders entirely, these clinicians see the misery of their patients face-to-face, and they think that there is a real clinical phenomenon, that something is wrong with these bodies. Like the critics, the clinicians think about shifting social narratives—but for them, the issue becomes why certain symptoms were ignored or misinterpreted at certain times. They think that the gap in diagnosis arose because mid-century clinicians were blinded by the arrogance of psychoanalysts who interpreted incest as fantasy and by the new and capacious diagnosis of schizophrenia, introduced by Eugen Bleuler in 1908.⁴ They tend to think that the psychiatric symptoms generated out of childhood sexual abuse have always been the same.

In this essay I would like to offer another explanation, one that has not occurred (to my knowledge) to either side locked in the debate. I suggest that there is a psychological capacity called absorption, that this capacity is involved in psychiatric dissociative disorder but also in much spiritual experience, that it can be trained and elaborated, and that the cultural interest in the phenomena associated with the fruits of this capacity rises and falls over time. Social narratives, then, are central to my story, but they are central because they dictate when people become more or less interested in training this bodily capacity.

The Diagnoses

Let me begin with a richer description of these controversial diagnoses. In the last thirty to forty years, mental health professionals have identified patients with an array...

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T. M. LUHRMANN

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