BAOJ Psychology

Gannu Praveen Kumar, et al, BAOJ Psychol 2017, 2: 3
2: 028

Research

Global Scientific Mysteries of Transcendental Divine Voice

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Abstract

The study assesses spirituality via questionnaires, ranging from one-dimensional scales to highly multidimensional models. They present with high internal consistencies. A brief screening protocol was developed and the results were analyzed in identifying who may be experiencing spiritual experiences. Follow up spiritual assessments confirmed spiritual experiences in all and also identified additional cases of spiritual experiences not identified by the protocol. This study reports clinical experience with spiritual minded persons in transcendental state in which an unthinking observation was made to identify a divine voice and language which proved nearly unimaginable for the work. The work highlights and throws light on the fundamental, practical and empirical overview of the science of the transcendental experience during divine voice. The main focus was to know the science and formalize an understanding around the study of dimensions, determinants and health outcomes of transcendental state. This was accomplished by posing meticulously conceptual questions and then answering them as lucidly as possible using the help of existing scientific research in philosophy. The approach explicitly describes the role of transcendental or super conscious experience on health thereby emphasizing development of an epidemiology of the transcendental experience in such spiritual persons. This study also examines the process of unifying consciousness of the self with the divine. Thus, an attempt was made to highlight the insights gathered from both spiritual and psychological perspectives.

Keywords: Transcendental; Spirituality; Religion; Philosophy; Questionnaires

Introduction

The discovery of the transcendental is the most important point in the attainment of inner peace and harmony and is also the first spiritual experience which integrates the conscious with the super conscious. Spiritual experience not only brings to us knowledge of the transcendental, but also solves the problems of the conscious mind. In the course of interactions with philosophical persons, people were found spiritually hungry having spiritual nature. They were seeking a higher experience and higher existence. The psychologist Dr. Carl Jung [1] was one of the earliest to understand clinically the spiritual need of man. Religion is, as Swami Vivekananda says, 'the eternal relation between the eternal soul and the eternal God [2]. The soul is lost in the Supreme Soul and there remains the One without a second. Sri Ramakrishna illustrates this through a beautiful parable. Once, a salt doll went to measure the depth of the ocean. In the process of measuring, it itself got dissolved and became one with the ocean out of which it had originally come [3]. There is growing evidence at the present time, for example, of the extent to which psychiatric categories of disorder are both culture-specific and even gender specific, not withstanding their claims to being "theory-free" [4]. At one extreme there are those who admit no overlap [5] at the other extreme are those who recognize no distinction, collapsing all spiritual experience to psychopathology, or all psychopathology to spiritual experience. This is the implication of much anti-psychiatric literature [6]. These issues are relatively insensitive to questions of prevalence like crucial observations in scientific research, the conceptual significance of the real experiences of real people is a function of the extent to which, whether commonplace or rare, they challenge the coherence and comprehensiveness of the received framework of ideas within which experience is structured and understood [7,8]. The existence of non-pathological psychotic experiences of this kind belongs to psychotic phenomena" rather than "psychotic

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Sub Date: May 9, 2017, **Acc Date:** May 31, 2017, **Pub Date:** June 1, 2017.

Citation: Gannu Praveen Kumar, Gannu Venkateshwarlu and Gampa Vijaya Lakshmi (2017) Global Scientific Mysteries of Transcendental Divine Voice. BAOJ Psychol 2: 028.

phenomena" symptoms. Given how much turns on the distinction between spiritual experience and psychopathology, it is perhaps not surprising that scholarly discussion of the relationship between them has at times been polarized and polemical. At one extreme there are those who admit no overlap [9-12], at the other extreme are those who recognize no distinction, collapsing all spiritual experience to psychopathology or all psychopathology to spiritual experience. The aims of the present paper are to develop multi-dimensional questionnaires with different subjects of different age groups of males and females on spirituality using a different factor analytic method that are more suitable for describing spirituality. The critical and experientially difficult stages of a profound psychological transformation involve one's entire being. They take the form of non-ordinary states of consciousness and involve intense emotions, visions and other sensory changes, and unusual thoughts, as well as various physical manifestations. These episodes often revolve around spiritual themes. They include sequences of psychological death and rebirth, experiences that seem to be memories from previous life times, feelings of oneness with the universe, encounters with various mythological beings, and other similar motifs. But the symptoms will resolve spontaneously with appropriate support and can lead to improvements in well being, psychological health, and awareness of the spiritual dimension in life. There are scores of self-reports and case studies documenting such outcomes. This study explores some of the conceptual and practical implications of the finding that phenomena which in a medical context would probably be diagnosed as psychotic symptoms may occur in the context of non-pathological and indeed essentially benign, spiritual experiences. This finding is illustrated with detailed case histories by conducting interviews in the presence of physicians, psychiatrists and spiritual masters.

Method of Study

Selection Criteria of Subjects

The selection criteria of subjects was made on the basis of the report of a significant period of intense experience, explained in religious or paranormal terms by the respondent, and assessed as possibly involving delusions or hallucinations as defined in the Present State Examination. In order to obtain detailed information, 20 individuals selected in this way were contacted with a request for an interview and nine interviews were eventually conducted, of which three are reported here. A semi-structured interview was developed, covering the participant's background and history, the context, phenomenology and effects of their spiritual experiences and the interpretations which they and others placed on them. Tape recorded interviews were conducted in the participants' homes and subsequently transcribed. These lasted between two and four hours. The purpose of the study was explained at the start of the interview. It was made clear that the interviewer, being a representative of a research organization concerned with spiritual experience, was sympathetic to the spiritual significance for the interviewees of their experiences. The subject inclusion criteria were that of the non-pathological spiritual experiences and exclusion criteria was that of pathological spiritual experiences what would be mental disorders of religious content. The inclusion and exclusion criteria were taken with the help of literature which are common to the majority of investigations.

Evaluation of Questionnaires from Different Subjects

Various questionnaires exist to assess mindfulness. There is ample evidence that mindfulness is linked with physical as well as mental health. It is believed that the spirituality questionnaires represent a valid instrument to assess various dimensions of spirituality. All graphs present good reliability of the results. The questionnaires are easy to apply, and respondents usually have no problems filling it out. Items are clearly worded and the answering categories seem adequate. The spirituality questionnaires will encourage others to do research in a field which is important for many subjects but has been almost overlooked in medical research. The first part of the study consists of filling and evaluation of questionnaires by subjects (50 subjects of each category) of different age groups (Youngsters, Adults, Middle aged and old aged) containing about spirituality and religion. They were registered participants joined willingly at their consent. The spirituality questionnaires were designed with the help of experts in spirituality and medicine. They were informed that the present questionnaires served research purposes and that the authors were interested in mental health in combination with various life circumstances. During data collection, information was shared transparently to enable participants to verify the scientific background of the study. Participants sincerely involved for filling out the questionnaires. Even if the questionnaire was long, some individual feedback was rather positive it was told that it was interesting to fill out the questionnaires. Particularly the questions about spirituality and about childhood received positive evaluation.

Screening for Spiritual Experiences

The second study involved interviews with the same to assess different psychological experiences. This approach was not designed to explore in a general way the relationship between spiritual experience and psychotic illness. It was intended, rather, to focus specifically on issues arising in the area of overlap between them, a key purpose of the study being to decide whether, in fact, psychotic phenomena can occur in the context of benign spiritual experiences, and if so, to explain the significance of this occurrence. The selection criteria for the undiagnosed cases describe a significant period of intense experience, explained in

religious or paranormal terms by the respondent, and assessed as possibly involving delusions or hallucinations to the Present State Examination. In order to obtain detailed information, subjects selected in this way were contacted with a request for an interview, and the three interviews eventually conducted are reported here.

The screening protocol of the pilot study had three phases, with different health care colleagues administering the protocol in each phase. In Phase I, five Patient Care Technicians performed the screening with casual interaction. Problems with PCT turnover and inconsistency in administering the protocol led to Phase II in which medical residents administered the protocol who could not differentiate psychic and spiritual experiences. The problems with inconsistency in administering the protocol were worse with the residents than with the PCTs. This led to Phase III in which spiritual Masters, Clinical Physicians and Psychologists agreed to administer the protocol as part of their assessment. The three phases of the study had different durations, from two to four months. During Phase I, the PCTs interacted with the subjects required. And with a regular follow up. In Phase II, the interaction with the subjects was added to the medical residents. During Phase III, the psychologists, clinical physicians and spiritual masters kept a centralized log of the results of the screening. Where the results of the screening indicated possible spiritual struggle were made a follow-up visit, usually by the following day, to conduct an in-depth spiritual assessment. This interaction was designed to determine if the subjects were having spiritual experiences and, if indicated, to provide follow-up spiritual care that. The professional judgment determined the presence of spiritual spiritual experiences with god. Indicators that informed his judgment included the subject's expression of feeling of god's presence. The world views explain about levels of faith (fig 1). in relation to common understandings and points of disagreement. In addition, the presence of the frames helps clarify the existence of the familiar communities in assessing the spiritual experiences with god. Out of 50 subjects, 3 of the subjects experiences are expressed.

Results

Although the different measures and samples used do not permit direct comparison, the surveys reveal consistent patterns that help explain the demographics of selected aspects of spirituality and religiosity that have been measured among the world's youth using nationally representative surveys. It should be noted, however, that these survey items do not adequately capture the diversity of how young people experience and shape their spiritual identities across different cultures, contexts, and religious traditions. The demographic studies are represented in Fig 2.0 in a sample of 20,000 with 18-24 year olds from 41 countries representing different regions of the world. The data shows three general patterns of spirituality and religiosity that reflect the influence of different religious, economic, and cultural heritages in these countries which is self explanatory.

As far as the subject analysis is concerned, Veena the first subject is a 40 year old Academician from a middle class background. She had a strong foundation in education and was highly qualified. Apart from a brief period of involvement with yogis, she is a great atheist for most of her life until the onset of her spiritual experiences. The second subject Prithvi (aged 57) is a house wife from a middle-class, Hindu family. She had trained as a counsellor and worked for the moral support of the people. In her early thirties, she went through a period of untreated depression after discovering that she was in terrible hardships. This abated when she received accelerated acceptance of people in the counselling and a new change in life

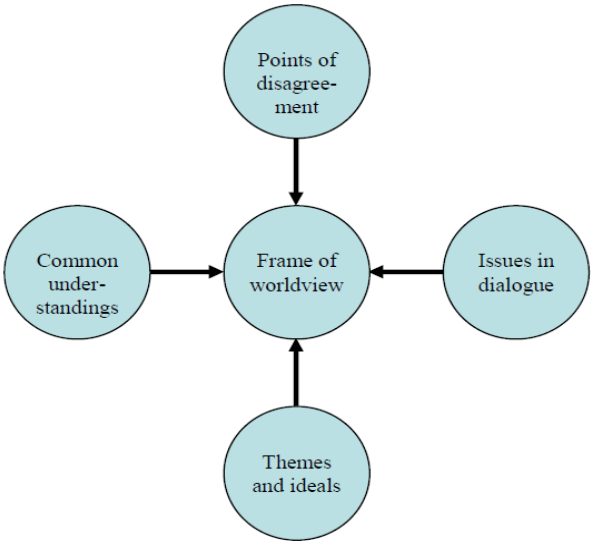

Fig 1. Facets of faith

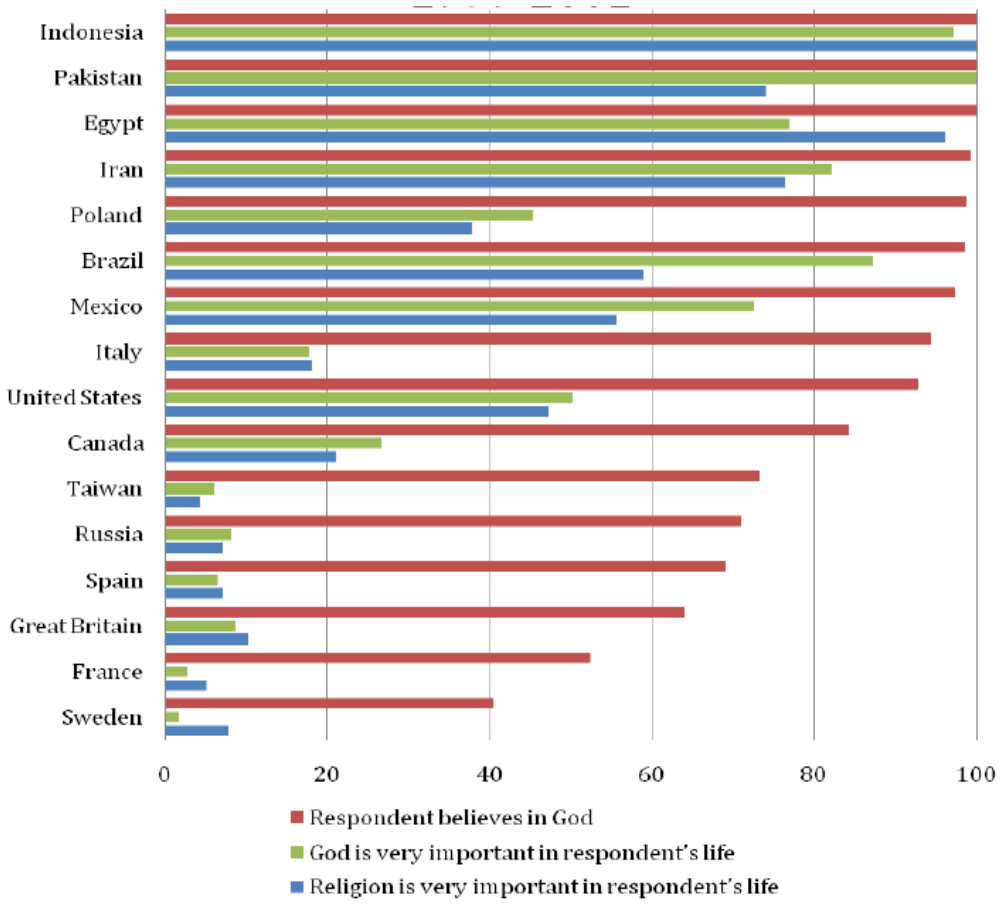

Fig 2. Demographic studies of spirituality and Religiosity in selected countries

with a divine touch. The third subject Aakash (65) is a senior Indian doctor from a middle class Hindu family. Before the main period of his spiritual experiences, he reported sporadic, relatively unremarkable, psychic experiences. These had led him to seek the guidance of a professional "seer," with whom he occasionally consulted on major life events and decisions. With these subjects, a semi-structured interview was developed, covering the participant's background and history, the context, phenomenology and effects of their spiritual experiences, and the interpretations which they and others placed on them. Tape-recorded interviews were conducted in the participant's homes and subsequently transcribed. These lasted between two and four hours. The purpose of the study was explained at the start of the interview. It was made clear that the interviewer, being a representative of a research organization and clinician concerned with spiritual experience, was sympathetic to the spiritual significance for the interviewees of their experiences. Different item scales were designed to measure individual faith and spiritual journey which aims to avoid questions associated with any specific religious tradition. Participants answer either yes or no and the percentages of yes are observed in all the questionnaires. An expanded analysis of the questionnaires yielded distinct dimensions. The item groupings with positive were identified as the Spiritual Support and the Spiritual Openness subscales. The analysis provided preliminary evidence for the internal consistency and construct validity. The possibilities of using scale scores on both dimensions to categorize individuals into the spiritual types were also explored. Questions in the survey also address the practice of prayer and spiritual beliefs related to healing.

Evaluation of Questionnaires

The spiritual index percentage in fig 3 in Young age (YA), Adults (A), Medium Age (MA) and old age (OA) determines differences in quality of life, life satisfaction, and spirituality across different groups and factors that may relate to these three outcomes across rehabilitation. All subjects completed questionnaires once. Differences in scores and correlations were computed, and regression models were specified. Group differences were found across the quality of life measures used in the study. There were also differences in life satisfaction and spiritual well-being. Spirituality was found to be associated with both quality of life

and life satisfaction, although it was not a significant predictor in a multivariate context. In general, subjects reported higher scores across all measures. Spirituality showed a strong association with both life satisfaction and quality of life, and it was a significant predictor of life satisfaction among rehabilitation subjects. Factors such as age, marital status, and work status, in addition to specific dimensions of quality of life, such as social functioning and functional well-being, were found to be associated with total quality of life in all the age groups. In Fig 4, a self-report measure designed to assess ordinary experiences of connection with the transcendent in daily life. It includes constructs such as awe, gratitude, mercy, and awareness of transcendental state and a sense of deep inner peace. It contains explicit items on giving and receiving compassionate love. It works for those from various religions as well as for those not comfortable with religion. Despite spirituality's growing popularity within psychology, measurement of the construct remains challenging. The difficulty largely arises from disagreement regarding the nature of spirituality per se and its relationship to religiousness.

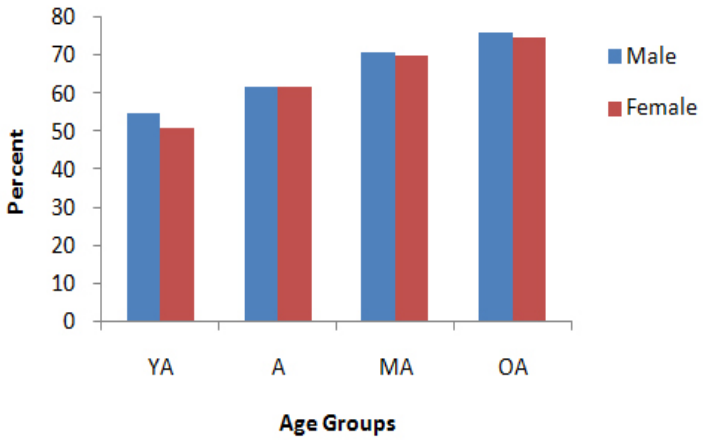

Fig 3. Spiritual Experience Index of different age groups in males and females

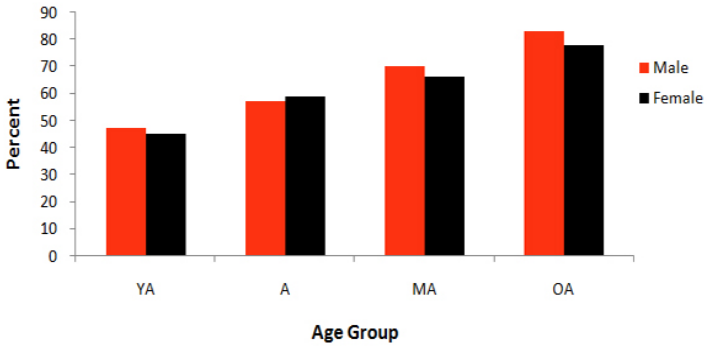

Fig 4. Daily Spiritual Experiences of different age groups in males and females

The development of equanimity overcomes emotional reactivity, friendliness, tolerance, gentleness, placidity and acceptance. Mindfulness also includes conscious and attentive contact with others. It was observed that in Fig 5 small but consistent age-effects and the older the subject was, the higher they reported spirituality. Effects were relatively strong for the feeling of security, but considerably smaller for most other dimensions. These results are consistent with earlier studies [5]. They point to the likelihood that spirituality tends to increase during later adulthood. Gender effects were also small, and furthermore inconsistent. The latter was surprising because previous studies have suggested that, regardless of a person's religious identification, women tend to be more religious and spiritual than men. However, our findings appear to provide a challenge to this often accepted notion of gender differences, as others recently have.

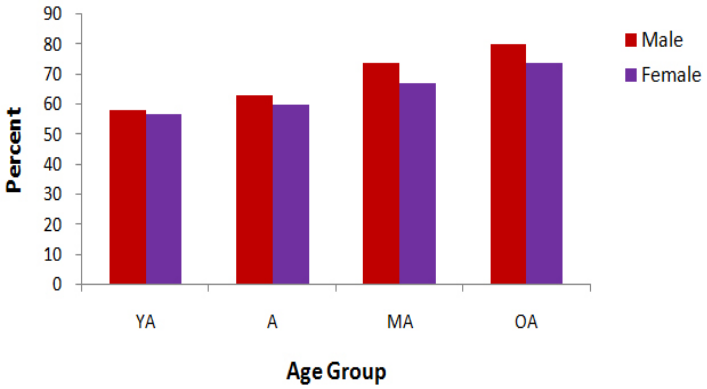

Fig 5. Core Dimensions of Spirituality in different age groups

In Fig 6, computing a regression analysis, for the subscale "belief in God", an age effect was found ($p < .001$), indicating that older persons have a stronger belief in God than younger ones. For the subscale "search for meaning", an age effect was also found ($p = .006$). Though small, it also indicates higher values on this scale for older persons. Additionally, a sample effect was found ($p = .001$), demonstrating higher values on this scale in the first sample. Age also affected the values of the subscale "mindfulness" significantly ($p = .001$), again older persons exhibited higher values. For the subscale "feeling of security", two factors have significant influence: age ($p < .001$), indicating higher values for older persons.

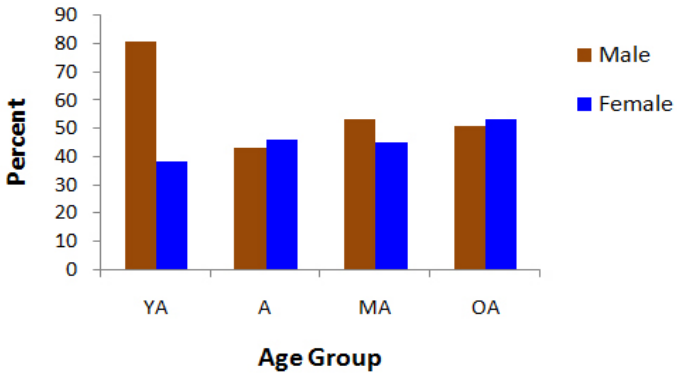

Fig 6. Religion and Spirituality in different age groups in males and females

In the second study, as mentioned 50 cases were interviewed personally about their experiences of spirituality and psychic. The more recent emergence of spirituality as an accepted construct in research has seen the development of a growing number of instruments to measure aspects of spirituality. The experiences of psychosis and spirituality in all the cases in the form of psychometrics were recorded. In all the cases, they expressed about their interaction with the higher self. Three anonymized case materials out of fifty are presented. In particular, the symptomatology of reported experiences is assessed by reference to the diagnostic criteria defined in traditional descriptive psychopathology, drawing especially on one of the most widely used standardized diagnostic tools, the PSE [12]. The study included a comparison of subjects selected as above (the "undiagnosed group") with others who had recovered from major psychoses but nonetheless interpreted their experiences in strongly spiritual terms (the "diagnosed group") explains differences described by the diagnosed and undiagnosed subjects. Most strikingly, the diagnosed subjects had been totally overwhelmed by their psychoses, and had effectively lost contact with consensual reality for extended periods of time, during which they acted out their delusions in bizarre behavior. Whilst that these compensated for their more negative experiences. In summary, then, the experiences described involved broadly similar phenomena, but these tended to be more negative and overwhelming in the diagnosed subjects. None of the differences were decisive, though, and the question remains whether in an individual case the distinction between spiritual experience and psychopathology can be made solely in terms of traditional diagnostic methods as set out in standard psychiatric texts.

Screening for Transcendental State in the Subjects

Experiences of the First Subject

The first subject Veena was in a financial crisis due to unemployment and sharply suspected that she had spastic dysphonia. She was worried sick about this as she walked along the woods in the fields when she heard voices of some words not of her choice but like another voice within her saying her name Veena, none of this matters, you will always have what you need. The voice then instructed her about the ephermal nature of mundane reality and the need for an attitude of acceptance rather than resistance towards events. When she reached the road, her own thoughts started to come back and all the worry lifted. This and other voices continued to speak to Veena at length "almost daily" for about one year and then less frequently, on topics related to the nature of the cosmic order and the practical consequences of this for her. She was clear that it was an internal voice, "like coming through a headset." But she was equally certain that it was not her own voice: "it was not her voice, not her sound of voice. Everything was so simply said and yet directly to the point. The meaning was there with few words and not clever words but a phraseology that she wouldn't normally use." She gave a number of examples of what she had heard, for example: "This is the beginning of things. Have no worries because you are living in a timed existence now. That will pass, and this is the beginning of eternity. All part of one another and the higher intelligence is all linked. She believed her communicants were from a "higher" level of the cosmic hierarchy. She referred to them as the Divine cosmic. She believed that they knew a lot about subjects she had no opinions on and could answer questions that she put to them. This included confirming that she did indeed have spastic dysphonia, while reassuring her that she would still be able to function sufficiently well for her needs. As far as she was concerned, her experiences were completely separate from her cultural background. Although they involved universal religious themes, the only religion she had encountered previously was relatively fundamentalist Hinduism, which she regarded as irrelevant to her experiences. She had never discussed her experience with anyone before the interview except, briefly, with her husband. He thought she was joking and he didn't raise the subject again. Veena was emphatic that her experiences had a profound and entirely positive effect in her life. When they started, she was in a state of hopeless despair, and the voice marked a turning point for her. "It turned me upside down in many ways. It altered my views completely and live life now as far as I can by what I'm learning." She felt that it had helped her to cope with her difficulties, including spastic dysphonia, in an effective but effortless and relaxed way. "I think I have support and guidance, so nothing in this world can worry me." At the time of the interview, she no longer heard the voices in the same concrete way, although she still felt that she was "guided."

Experiences of the Second Subject

Prithvi's initial experience occurred at a time when she was beginning to question her level of commitment to her career. She was waiting at a traffic light on her way to work, when "he heard a voice say 'Prithvi, this is OM. When are you coming to work and listen for me?' And his first reaction was, he honestly thought it was

his brother talking from the other room. He thought he was having me on. He turned round to look and there was nobody there. He turned back and thought he's put a tape because it was so real and there was nothing there. Then he heard it again he knew beyond any shadow of a doubt who was it and he also thought to himself "You must be joking. I'm not giving up my strong will power." In the PSE this would be classified as a psychotic or True Hallucination because the voice is experienced as coming from outside the mind (PSE symptom 65). Moreover, consistently with a diagnosis of schizophrenia, it is not affectively bound (i.e., the content is not a direct reflection of the subject's mood) and it is in the first person (i.e., it is addressing the subject). For Prithvi, this occurrence marked the beginning of a sequence of frequent experiences of "God's voice," giving her detailed instructions and information. For example, in a temple she heard "I am the almighty who have come to talk to you." She had compiled these experiences with her father. since 4 years between the onset of her experiences and the interview, the "voice" became increasingly internal and more prominent: "In the first three months it was ultra clear because he couldn't hear anything else, but God doesn't take your free will away. It was just that he'd turned his own volume up, if you like. When you equalize the volumes he can listen to Him or he can do her own thing. Most of the time her clear but not always." At the time of the interview, she still heard "that little voice" but had learned to distinguish it reliably from "outside voices": "There is total inner stillness, inner peace and silence and it's as if there's something inside me, but that's where it communicates and moves. he can feel it. he can't explain it but he can feel it." Prithvi believed that through God's intervention she had acquired various paranormal capabilities. The dominant paranormal element in her subsequent experiences is synchronicity: "the co-ordinating at the right time in life, the right books, the right references and the right people and the right courses." She also described numerous experiences involving telepathy, precognition, healing and communication with the dead, together with corroborating evidence. These often involved visual imagery which she described as "picture language inside me." She interpreted her experiences as a divine calling: "For some reason I have been asked to be a specialist in this and he know an awful lot more than many people and priests come and talk to me about it and other people in that field." According to the PSE, these beliefs involve Delusions of Grandiose Ability (symptom 76, "subject thinks he is chosen by some power for a special mission or purpose, because of her unusual talents past life deeds. He thinks he is able to read people's thoughts"): and Religious Delusions (symptom 78, as described for Aakash). They were expressed with full conviction (she "knew" rather than believed), and she claimed to be unconcerned about skeptical interpretations: "You can't convince people unless they want to look. I don't care if they are skeptical." The onset of these experiences precipitated a period of intense conflict for Prithvi, during which she was "terrified of going mad," and eventually sought the counsel of her father. "He thought he was having a religious wobbler at first and said 'Don't give up your strong determination.' But he gradually realized that it wasn't, it was something solid, not a schizophrenic breakdown." He gave her a number of well-grounded reasons why he decided that her experiences are authentic: "he was behaving rationally, coping with his life, making decisions, talking to her husband about the fact that he needed to leave work making sensible arrangements about changing my life and because he wasn't showing any phobias, paranoia's or whatever." From her perspective, and apparently that of her priest, Prithvi's experiences were firmly embedded in mainstream Hindu doctrine. It is interesting to speculate how Prithvi's experiences would have developed had she met with a more validating response from her priest. At the time of the interview, Prithvi was living a fulfilling and altruistic life. This involved working as a counselor and as a spiritual director to priests. She was also running a prayer group. Her experiences, if delusional and hallucinatory, are overwhelmingly positive in their content and fruits: "It has always enhanced his life; it's brought a great deal to other people and it is benign; it is co-operative; it is loving; it helps his see the beauty of nature; hear the beauty of music; understand himself and others; reach out to others; begin to grasp something about ultimate reality and the way the universe is. It never torments his or taunts his; it teases me lovingly sometimes if he is mad, so be it, but this is the most real thing he has ever known."

Experiences of the Third Subject

Aakash hitherto successful career was threatened by legal action from his enemies. Although he claimed to be innocent, mounting a defense would be expensive and hazardous. He responded to this crisis by praying at a small altar which he set up in his prayer room. After an emotional evening's "outpouring," he discovered that the candle wax had left a "seal" on several consecutive pages of his Bhagawadgita, covering certain letters and words. He described his experiences thus. "He got up and he saw the seal that was in my Bhagawadgita and he said, 'You know, something remarkable is going on over here.' He thinks the beauty of it was the specificity by which the sun burned through. It was in my mind, a clever play on words." Although the marked words and letters had no explicit meaning, he interpreted this event as a direct communication from God, which signified that he had a special purpose or mission. This belief meets the PSE definition of a Primary Delusion, in that it was "based on sensory experiences," and involved him "suddenly becoming convinced that a particular set of events had a special meaning" (PSE symptom 82). From this time on, he received a complex series of "revelations" largely conveyed through the images left in his mind. He carried photos of these, which left most observers unimpressed, but were, for him, clearly representations

of divine. His interpretations of them, moreover, would be consistent with Delusions of Grandiose Ability (PSE symptom 76) which signify that "I am the living son of Ram saying O my God, why did you choose me, and there's no answer to that." His special status had the effect of "Increasing his own inward sense, wisdom, understanding, and endurance" which would "allow him to do whatever is required in terms of bringing whatever message it is that God wants him to bring."The PSE (symptom 78) defines Religious Delusions as "both a religious identification on the part of a subject and an explanation in religious terms of other paranormal experiences." This clearly applies to Aakash's central beliefs, which he expressed with full conviction "The truths that are up in that room are the truths that have been spoken of for 4,000 years." When confronted with skepticism, he commented: "I don't get upset, because I know within myself, what I know." His central belief was highly systematized, in that he interpreted much of his ongoing experience in terms of it. His colleagues were agents of Satan, trying to thwart him, and his health successes were evidence of God's special favor. Relatively trivial obstacles which he encountered in daily life such as having constipation at the time of the interview were satanically motivated trials of purpose. He also described experiences of Inserted Thoughts (PSE symptom 55), using the following evocative simile: "If you're sitting and watching television, and then somebody is seen on the wall." In the course of these experiences he had both heard God's voice and seen "prophetic" visions. Aakash had no insight, in the sense that he considered his mental processes to be completely normal. He had told various friends about them, and believed that "No one really thought I was crazy because they've known me all my life and I think God would not permit it, to be honest with you." However, he was careful to conceal what was happening from his friends, as he recognized that they would perceive it as suspect. While his beliefs were clearly sub-culturally influenced, they were "further elaborated so that other members of the sub-group might well recognize them as paranormal". Indeed, Aakash was puzzled by the way in which certain of the friends he had consulted drew attention to their messianic overtones. He had "stopped talking to some" and he commented that "people want to take it away from me, and say 'I'm glad that you don't see it as something especially for you.' They'll try and dismiss me out of the equation, which I find fascinating." However, as far as Aakash is concerned, his revelations are been entirely beneficial in his life. He claimed that they gave him the conviction to contest and win the lawsuit against him, and more generally to succeed as a high-achieving person. He has high self-esteem, firm moral convictions and a strong sense of purpose in life. His beliefs then, whilst unusual in content, and psychotic in form, are essentially affirming, and if anything increased rather that detracted from his ability to function effectively. Two years after the interview he made contact again. Thus from the above observations, questions explore belief in miracles, that God acts through religious healers, the importance of God's will in healing, and that God acts through devotees and spiritual persons. Questions also ask whether people discuss spiritual concerns with their physician and whether they would want to if seriously ill. A composite index has been created to compare religious faith in healing across race, gender, education, income denomination, and health status. Logistic regression predicts types of subjects who believe God acts through physicians and those inclined to discuss spiritual concerns when ill. The most important findings are that: 80% of subjects believe God acts through physicians to cure illness, 40% believe God's will is the most important factor in recovery, and spiritual faith in healing is stronger among women, Although 69% say they would want to speak to someone about spiritual concerns if seriously ill, only 3% would choose to speak to a physician. We conclude that religious faith in healing is prevalent and strong and that most people believe that god speaks through inner voice. Knowledge of the phenomena and variation across the population can guide inquiry into the spiritual concerns of subjects.

Fig 7. Divine Talks in Superconscious State A) Woman in sitting posture with Divine Talk B) Chakra travel path of soul

The third subject finally narrated that it is easy to talk to the Divine in the transcendental or superconscious state because you have a direct line to it. Fig 7.0 A represents the prayer of the woman in sitting posture in transcendental state and talk with the divine powers and Fig 7.0 B the chakras in the form of circles where the soul travels to talk with the divine powers. Prayer is the way for talking to the Divine powers like Lords (Venkateshwara, Satyanarayana, Shiva, Brahma, Anantha Padmanabham, Rama, Narsimha, Veerabhadra, Saibaba, Ayyappa, Surya, Nagendra, Vinayaka & Allah) and Goddesses (Kalika, Lakshmi, Parvathi, Saraswathi, Bhadrakali, Godavari, Sammakka & Saarakka). Rather than pleading to God to deliver what *you* want, you ask the Divine to reveal what *it* wants. You surrender your will to the Divine's because you recognize that what seems like your will actually belongs to the false self, the ego, and can't be trusted and isn't a worthy guide. When you pray for that, Essence responds and becomes more obviously present and active in your life. Acknowledging that you want to be aligned

with Essence instead of the ego is a very important step in bringing this about. This prayer, alone, has the power to bring you into alignment, where all the answers you need will be revealed. The Divine power speaks through the intuition which comes through the body and the mind. When the divine power enters, something is just known. You don't know how you know it, you just know it. This kind of knowing is usually accompanied by an energetic experience. It is as if information was downloaded into your brain and you just know. The divine power stands on its own apart from the mind. Whether divine power comes through the body or the mind, there is a rightness, clarity, excited, happy, relieved and at peace. The Divine, through Essence, fortunately has many other voices besides the voice of intuition. One of those is the voice of others. Essence within you collaborates with Essence within others to help bring about your plan and everyone else's. Essence within you inspires Essence within others to give you the messages, help, information, advice, support, comfort, love, and encouragement you need to unfold your plan. If you aren't accepting the guidance Essence offers you intuitively, it will have others voice it. Getting advice and information from others is generally more acceptable, credible, and trustworthy to the mind. When you are not in touch with your intuition or not listening to it for whatever reason (usually your mind or someone else is telling you not to), Essence tries to get your attention by using other people to voice its guidance. It inspires others to say what you need to hear. You have had this happen countless times, and you have been a mouthpiece for Essence countless times. It happens more than you probably imagine. You pass on and receive not only life-altering information, but also information that can make life better in small ways. The Divine also speaks through events. Putting yourself in a receptive mode rather than feeling like a victim will shift your consciousness and allow you to receive the insight you need to move things in a different direction. Life often has to make you aware of and get you thinking about some possibility before you will trust your intuition enough to act on it. Intuitions concerning major life changes nearly always go hand in hand with events and opportunities that also point to it.

Qualitative Analysis

Collectively, these cases involve a number of spiritual and transcendental phenomena, including a primary delusion (Aakash), religious delusions (Aakash and Prithvi), delusions of grandiose ability (Aakash and Prithvi), thought insertion (Aakash and Veena), auditory pseudohallucination (Veena), and auditory hallucinations (Prithvi and Veena). These phenomena, however, occurred in the context of experiences which, prima facie, were not pathological. On the contrary, the experiences were of a kind which appeared to the subjects themselves and to others to be spiritual in nature and benign in their effects. Several authors have studied the relationship between spiritual experiences and pathological manifestations of the mind. Mystics, clairvoyants and spiritual medium professionals have made necessary an adequate differentiation between that which would be a healthy spiritual experience and what would be a psychotic or dissociative disorder with religious content. In the beginning of the 20th century, William James, while investigating the experiences of mystical ecstasy, verified that these experiences, when healthy, had a short duration and brought beneficial effects to those who had experienced them [13].

PubMed Database

PubMed was the database used in this study and the descriptors investigated were spiritual, transcendental, superconscious, paranormal. The studies present extensive research and differential criteria between what could be considered a spiritual experience and what could be considered a pathological experience were prioritized.

Discussion

The principal differentiating criteria between a spiritual experience and a mental disturbance is discussed with detailed mechanisms for the above findings. The order of presentation of these criteria should not be considered in isolation, but as a whole. It is worthy of note that there is a scarcity of empirical studies that prospectively test the differentiating criteria of what would be a spiritual experience and what would be a mental disorder. The following are the symptoms observed in the above findings in relation to spiritual experiences and our reports are best correlated with the following literature support.

Lack of Suffering [14]

Suffering is related to illness. Therefore, the initial stages of a religious or spiritual experience can be accompanied by great personal suffering that can be overcome as the individual progresses in the comprehension and control of his experience. It is affirmed in Near-Death Experiences, that the individuals, after the experience, feel anger and depression, experience shock in their religious beliefs, come to doubt their mental sanity, feel misunderstood by their families and health professionals, 75% end their marriages and their professional careers can be severely damaged. So, it is affirmed that adequate psychotherapeutic and psychopharmacological attention, brought about a better comprehension of their experience, allowing these persons to regain control and in many cases restructure their lives in a more significant way.

Lack of Functional Impairment [15]

Psychological health implies a structured ego, adequately generating social, family, and affective relationships and occupational activities. It is commented that individuals who have undergone a mystical experience can temporarily feel unadjusted in relation to their everyday lives, until they are able to comprehend the

experience and return to their normal lives.

The experience has a Short Duration and Occurs Sporadically [16]

The non-pathological Spiritual experience is an addition to the possibilities of life for the individual, not interposing itself with the remainder of the everyday experiences of the consciousness. It is expected for the healthy person to go through an uncommon experience and soon return to their habitual state of consciousness and everyday activities. However, there are cases of trained mediums who sustain spiritual experiences for a longer period of time without compromising their mental health.

A critical attitude exists regarding the objective reality of the experience [17]

A healthy consciousness surprised by the spiritual or religious experience will reflect on the feeling for one's own self and life. As long as the individual does not develop a new comprehension of the experience that he is going through, he will need to consider this new experience suspect, until it can be comprehended. Meanwhile, he may not be able to adequately evaluate what happened to him, as for example, in the mystical experiences.

Control over the Experience [18]

The control of one's everyday experience is up to a vigilant ego which guarantees good personal and social performance. It is also the responsibility of the ego to control religious and spiritual experiences, so as not to impair one's everyday life. Oriental methods of meditation, for example, might tend to attract individuals with borderline personality and narcissistic disorders who have a fragile psychological integration, thus allowing the creation of false experiences of illumination full of terrifying visions in such individuals.

The Experience Promotes Personal Growth Over Time [19]

The spiritual experience promotes enriching significance to the personal, social and professional life of an individual. However, the pathological experience, poorly structured from the outset, amplifies the disequilibrium of the individual over time, resulting in a general deterioration of the quality of life.

The Experience is Directed Towards Others [20]

The experience, directed towards others, maintains a feeling and a social objective, indicative of a socially well adjusted individual. This is contrary to the ego centered experience, which tends to be isolating and can easily bring the individual to be entangled in a web of delirious thought, without that person being able to handle the extent of his deviation from normality.

Psychopathology

Traditional psychopathology, defines the symptoms of mental illness in terms of their form and content [21,22]. Broadly speaking, form is more significant diagnostically than content. A delusion of guilt, may point to a diagnosis of depression. But the symptom is marked out as a symptom by its form. Some formal features are general to all pathology: duration and intensity, for example, are features as much of physical symptoms, such as pain, as of mental [23,24]. Other features are more specific. Thus, delusion is generally defined as a belief which is incorrigible and not sanctioned culturally; most definitions add that it is a false [25], or at any rate unfounded [26] belief. Hallucinations, similarly, are perceptions occurring in the absence of a stimulus and thought insertion is the experience of some other agency's thoughts being inserted into one's own mind. For experiences of these kinds to be genuinely psychotic symptoms, moreover, traditional psychopathology requires that the patient shows a "lack of insight" into their psychological origin with genuinely psychotic delusions of guilt, like the problem from the patient's perspective is not that there is something psychologically wrong with him (usually that he is depressed), but that, straightforwardly, he has done something wrong; with auditory hallucinations, similarly, it is not that she is "hearing voices," but that, again straightforwardly, that someone is speaking to (or about) her.

Thus, the experiences reported by the subjects in the above study are consistent with these broad brush features of the form of divine experiences. In the first place, the phenomena were certainly intense and enduring. In each case, the experiences occurred over an extended period, although there were indications in some cases that they could become less intense with time (Prithvi and Veena). The beliefs of all the subjects were incorrigible expressed as certain knowledge, rather than as beliefs open to doubt. Prithvi and Veena had some initial doubts about the authenticity of their experiences but soon came to believe in them implicitly.

None of the interviewees, furthermore, could be said to have retained insight, in the sense of accepting the possibility that there might have been an internal psychological, rather than external spiritual, cause of their experiences. Prithvi and Veena had been through an initial period of worrying that they were going mad at the onset of their major periods of spiritual experience. But at the time of interview, however, they firmly rejected this possibility and believed with full conviction that the sources of their experiences were internal, rather than in any sense psychological. Overall, then, the psychotic phenomena reported by our subjects were closely similar in their general formal characteristics to psychotic symptoms as defined by traditional psychopathology. Psychopathology, though, is concerned also with particular symptoms by which schizophrenia, for example, is defined. Here, content as well as form may be important. We have already seen that the content of different delusional beliefs

may point empirically to particular diagnoses. Occurring in clear consciousness, these are pathognomonic of schizophrenia, if the content of what is said is mood incongruent, i.e., not driven by the patient's predominant mood (patients with depression may hear voices criticizing them, for instance), experience by reference either to traditional psychopathology or to modern classifications of mental disorders, might be taken as support for one or other side in the polarized debate noted in the introduction. These difficulties, either side might plausibly argue, show the distinction itself to be a distinction without a difference. The authors could argue that all psychotic experiences are ultimately pathological. Anti-psychiatrists, on the other hand, could argue that all psychotic experiences are ultimately spiritual, with inner divine voice. The "anti-psychiatry" side in the debate about mental illness represents a broader range of views. Some of these are directly contradicted by the present study: labeling theory, for instance, claims that mental illness is nothing more than an effect of stigmatization [27]. In the cases reported here, all the experiences were largely endorsed that they were spiritual [28]. Our cases thus challenge the views about the concept of mental illness, whether pro- or anti-psychiatric. An adequate theory, at least of psychotic mental illness, must explain the differences between psychotic and normal experiences across a range of phenomena involving perception, belief and ownership of our thoughts. But it must also explain, for the same range of phenomena, the differences between both these and the spiritual experiences reported here.

Conclusion

Although the differentiating criteria presented here suggest a way to differentiate a spiritual divine experience from a mental disorder, it is necessary to perform controlled studies that test these suggested criteria. Two broad conclusions have emerged from this work, both of which are relevant to the present study. The first is that as against the objective models adopted by both sides in the debate about mental illness, the medical concepts in general, whether in physical or psychological medicine, and whether of disease, illness, sickness, trauma, disability or whatever, are essentially evaluative in nature [29,30]. It is no surprise, therefore, to find that in the present study our subjects' overall evaluations of their experiences were uniformly positive. As has already been noted, good may come out of bad experiences, even from experiences of disease. In our three cases, their experiences, in and of themselves, were good and in and of themselves, to be spiritual and divine in nature with enabling consequences. To this extent, therefore, their experiences are clearly differentiated from disease. Philosophers of medicine, concentrating on the differences between health and ill-health, have been tempted to adopt a modified medical model in which, while it is acknowledged that the medical concepts are essentially evaluative in nature, it is nonetheless assumed that the relevant value judgments are sufficiently defined by a determinate set of descriptions, usually of bodily and/or mental functioning. These future studies should be undertaken with care in order to retain greater validity. Tart [31], has already indicated the inadequacy of the traditional scientific approach to deal with "Altered States of Consciousness", which he understands as qualitative alterations in the global standards of mental functioning that the individual feels to be radically different from his normal mode of functioning, recommending the extensive use of empirical observations that can be replicated by other researchers. This conclusion is directly endorsed by the cases in this study. So long as psychotic phenomena were thought to be associated uniquely with psychotic disorder, it was possible to argue that these phenomena were nonpathological in and of themselves. As we have seen, good may still come of them, as good may come of any evil, but the phenomena themselves were good. As to the distinction itself, between spiritually and nonpathological varieties of psychotic phenomena, the study endorses neither side in the traditional polarized debate. It is clear that if the analysis offered here is right, psychotic experiences may sometimes figure as symptoms of illness, sometimes not. We would add, finally, that it is also essential to an understanding of psychiatry itself as a human science. We have not attempted in this paper to offer a full or final answer to how spiritual and pathological forms of psychotic experience are to be distinguished. Some of the relevant considerations are summarized above. In a sense the thrust of this paper is negative on this point: it is to the effect that this distinction cannot be made in all cases or decisively, solely on the basis of traditional psychopathology and psychiatric diagnostic categories. The positive thesis is important though, namely that if the arguments presented here are correct, then any proposed basis for the distinction between spiritual and pathological psychotic phenomena must recognize the crucial diagnostic relevance of the values and beliefs of the individual concerned. For, to repeat what was said earlier, these phenomena cannot be distinguished by form and content alone, at least as these have traditionally been understood. The distinction, rather, actually turns on the way in which the experience in question is embedded in the individual's values and beliefs.

Implications for Future Clinical Research

That psychotic phenomena may be spiritual as well as pathological has implications both for clinical work in psychiatry and for research. A common theme is that psychotic phenomena such as those described here can be understood adequately only as they are embedded in the structure of values and beliefs by which the actions of each individual are defined.

Clinical Psychiatry

Considering clinical work first, then, the recognition that psy-

chotic experiences are not necessarily pathological is important in relation to both diagnosis and treatment. As to diagnosis, the first point to make is that spiritual experiences, as such, are not only sometimes paranormal, or non-pathological, they have also commonplace. We have focused in this study on experiences which are closely similar in their phenomenological features to some of the psychotic symptoms defined by traditional psychopathology. Just how common or uncommon spiritual experiences of this particular kind may be remains to be seen. This is one area where new work is urgently needed. As to spiritual experiences generally, however, surveys have already shown that these occur commonly in the general population: for example, between 30-60% of the population reports moments of awareness of a spiritual presence or force [32,33].

Spiritual Divine Research

Both nature and value embeddedness of psychotic phenomena is important in a number of ways for clinical research. In the first place, there is the general point that a failure to recognize the frequency with which spiritual experiences occur has led to major biases in research. Not only are such cases difficult to assess because of their historical and cultural remoteness [34] but they represent, in some respects, the "cream" of spiritual experiences rather than more everyday phenomena. Research in this area has thus been based on a restricted and possibly atypical sample. Such phenomena are important, however, not just to psychopathology taken as it were in isolation, but to its links with such areas of "hard" science as dynamic brain imaging and neuropsychological research. Traditional psychopathology has recently been challenged from both these disciplines. A number of authors, have noted the need for more sophisticated models of psychopathology if we are to make sense of the results of new, real time, methods for exploring brain functioning [35,36]. And a widely based challenge to traditional "syndromal" disease categories in psychiatry is currently underway from cognitive neuroscience [37-44].

Acknowledgement

This research was initiated by the deep seeded thoughts of Sri Rama Krishna Paramhamsa, Swami Vivekananda and Sri Sivananda murthy. I honor ISOL Global Foundation for giving me an opportunity for oral presentation at 5th International Conference on Integrating Spirituality and Organizational Leadership (ISOL 2015) which was held during September 10-15, 2015 at Fullerton Hall, The Art Institute of Chicago with the title "Global Mysteries of Transcendental Divine Voice" under Track 10 on "Transitions in Spirituality and the future" with the focus on Global Peace for the Survival of Humanity in 21st Century. We appreciate colleagues from Vivekananda Vedanta Society of Chicago and Sri Ramakrishna mission Institute of Culture which inspired and provided insight and expertise that greatly assisted the research. We are grateful to the entire Bioaccent Group for their valuable comments that greatly improved the manuscript. We thank the anonymous reviewers for their comments and insights. We would like to show our gratitude to the Lord for sharing their pearls of wisdom with us during the course of this research and are deeply indebted to the almighty who has given the power of voice and thought.

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