

## Cultural psychiatry and the study of the bio-psycho-cultural roots of the supernatural: clinical application

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**Abstract.** *The author analyses the origin of the culturally based mechanism of detachment, considering its effects on consciousness and mental health. The cultural framework of this mechanism is connected to mystical roots and conceptions of spirituality and religion, and a narrative comparison is made from polytheistic to monotheistic religions. From a cultural psychiatric perspective, anthropological considerations are made for the shift from dissociative states, culture bound acute psychogenic reactions and chronic psychotic disorders as schizophrenia.*

**Keywords:** Religion, spirituality, consciousness, detachment, dissociation, schizophrenia, acute psychogenic reactions.

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**CONCEPTS OF CONSCIOUSNESS AND RELIGION** The chapter entitled *Religion and mental health*, written by Bartocci and Dein in the book *Culture and mental health* (Bhui & Bhugra, 2007), contains a short paragraph entitled: *Concepts of the self and religion*. Let me briefly examine more deeply the concept of interrelationship between the Self and Religion, in order to introduce the epistemological area examined by this paper.

Human sciences, anthropology, psychiatry, psychoanalysis and more recently, neuroscience, shifted the definition of the driving engine of the individual, from what was previously designated as *soul* or *spirit*, to a variety of more mundane interchangeable terms, such as: state of consciousness, I, Ego, Self, personhood, Identity, personality, cultural self, evolutionary self, ethnic self or, in neuroscientific terms, an assembly of *qualia*, a set of inputs. For once, Neuroscience and Psychiatry walk hand in hand in defining the concept of “state of consciousness”.

Consciousness is consensually defined as belonging to two main categories:

- *Primary consciousness*, attributed to animals: namely, the capacity to generate a mental scenario of sensory perceptions, enabling them to respond to the perceived stimulus in a present point in time;
- *Superior (higher order) consciousness*, characterized by “a sense of self and the capacity, whilst in a state of alertness, to explicitly build and connect past and future scenarios” (Edelman & Tononi, 2000).

This point of view assumes that the human species, rather than being equipped with a pre-existing sentient soul, is endowed with the capacity to potentially store in its mind a considerable number of sophisticated experiences and notions that come from the realities of everyday life. Such neural data

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acquisition enables people to process thoughts, images and settings, both of the past and the future, even without contingent sensory stimuli.

Thus Man, free from contingent constraints or a predetermined knowledge, is a machine capable of producing a large number of innovations, including the capacity to lie, and therefore, to invent completely false stories: “another strikingly human characteristic, one that is seldom mentioned, is our almost limitless capacity for *self-deception*” (Crick, 1995). In his study on the capacity for self-deception, Crick underlines that there is no need for many of the current beliefs in different cultures to be completely correct, people can still believe in them.

Also a psychopathologist such as C. Scharfetter (1976), who is unwillingly a pioneer in cultural psychiatry, links the definition of superior consciousness to culture: the state of consciousness of people of the same culture shares common images of the world. It is worth noticing that, beside the superior consciousness, there is another, widely acknowledged kind of consciousness, which Scharfetter calls “cosmic, divine supra-consciousness”, where “the spirit is utterly clear, active and concentrated”, often related to “deep meditation, religious ecstasy and transcendental experience”.

A. Kleinman goes well beyond a temporarily divine supra-consciousness when, in the paragraph titled *Psychophysiological experiences* in his seminal book *Rethinking psychiatry* (1988), he outlines a historical itinerary of the Self that, starting from the social traits of the so-called traditional peoples, has developed into the ‘Metaself’ of our Western societies. It might be said that technologized societies have embodied a permanent state of meta-consciousness.

### **Distinctive religious identifications parallel identities**

In the 21<sup>st</sup> Century, together with the structuring of the Metaself, or as indicated by T. Csordas (1994) a *Sacred Self*, the notion of *Identity* was also interbred with the post-secular world in which we live. Many authors define identity, not only in terms of an individual’s experience as related to the conception of his/her place in the world but, above all, to distinctive religious identifications (Mezzich *et al.*, 2009).

This statement was based on the fact that national values progressively fade away in the pluralism of a multicultural infinity of shared values and beliefs, whereas only the religious compass still offers the illusion of an unchangeable route untouched by wind variations (Bartocci, 2006). Lastly, the term ethnicity is used to define people who share a common historical path, are affiliated with each other through a common language, *religion*, racial background, or other characteristics that make them identifiable within their own group. (Tseng, 2001).

### **Concepts of religion and spirituality**

There is a wide range of historical and geographical variations and in-bodied conceptualizations of religion and spirituality. While religions are culture-bound systems, according to a wide-reaching literature which describes their liturgy and their formal characteristics which provides a definitive model for the faithful, spirituality is more elusive and varied in meaning, both historically and culturally.

Following an in-depth literature analysis, S. Dein (2005) suggests three main ways in which the term spirituality is used worldwide: a relationship with (and often a devotion to) a higher power; a search for meanings through this relatedness; an animating and vital principle in the person. A. Favazza (2009) regards spirituality as: an interpreted altered state of consciousness with a very wide range of intensity that may be experienced in both religious and secular contexts. In everyday language, spirituality is a subjective sensation of possessing a greater Self, namely, the capacity to experience a high goal in life and the acceptance of the sacredness of nature (Favazza, 2009).

The reference made by Favazza to the sacredness of nature, leads us to analyze the historical construction of the dimension of the sacred, which, although often overlapping to the term religiousness (Bartocci & Dein, 2005), has different epistemological consequences. As sacredness is characterized by the taboo on the accessibility of knowledge, it follows therefore that any area covered with the mantle of the sacred is out of the scientist’s scope.

## THE TRANSCENDENTAL PATH

### From the enchantment for specific forms of the divine to the all-pervading power of an invisible agency

To what extent did ancient Greeks recognize an order of reality corresponding to what we call image, imagination, imagery?

In the ancient Greece the classes of images considered as part of ordinary life, were four:

The actor's art in stimulating images (*Eidolon demiourgia* or *Phantasiai*);

the images in dreams (*Onar*);

the apparition of a god (*Phasma*),

the apparition of a dead person (*Psyche*).

J.P. Vernant, 1979 (**Note 1**)

From a physiological and psychopathological point of view, god's appearance (that here is our main concern) cannot be placed in opposition to imagination. On one hand, Vernant described the *Phantasia* as "a state of mind where there is a spontaneous assent to appearance", on the other the appearance of the *Phasma* is linked to a particularly complex mental operation: prefer appearance to being: "When the mind accepts the supremacy of the fictitious, a high price is to be paid, for as a consequence the image is expelled from the realm of reality...that image loses value in terms of knowledge" (**Note 1**).

Moreover, operating in a post-secular world, psychiatry should find the answer to a question that still remains unsolved: to what extent the set of beliefs connected to a consensually validated extra-mundane order of thoughts or images (that we label as pertaining to the "divine"), can be accepted as "normal"?

### The invention of the invisible God

The Midianites (...) had the idea that – perhaps – among the gods, there might have been an invisible one, one with no image. Moses, by virtue of his pureness and sanctity, was deeply shaken by the invisibility of Jehovah; he thought that no visible god could compete in sanctity with an invisible god and was amazed that the children of Midian hardly gave any weight to a divine gift, which he thought would have immense consequences...

T. Mann, 1944 (**Note 1**)

And indeed immense they were. The idea of a monotheistic god prevailed over all other conceptions, triggering colossal consequences: holy books, as the Bible and the Qur'an, that are based on the concept of the invisible god, are in the drawers of every hotel in the world.

While searching for the primary causes that led to the passage from a pagan "touchable" view of the supernatural realm (still bound to earthly things), to an "untouchable" monotheistic invisible God, E.R. Dodds (1990) finds a specific psychological point in time: "no matter how different the paint covering different theologies might be", religion always features "the same psychological experience (...) the emptying out of the Self for it to be filled up by God (p 85). In other words, the precondition for the irruption of the supernatural into the ordinary life stream is "the disappearance of the sense of personal identity".

V. Lanternari (1990) suggests that the surge of new religious movements is preceded by the destruction of the cultural traditions that are at the basis of identity (just like it happened for the Cargo Cult phenomenon).

E. De Martino (1978) defines as 'crisis of presence' the moment when the individual opens his mind to the fascination of the supernatural. The 'crisis of presence' is the historical and psychodynamic point in time where the expectation of the soul-saving advent of salvation is created, just like Bartocci & Dein has pointed out in the analysis of the dynamic of *detachment* as the gateway to spirituality (2005).

### **The tendency of psychiatry to maintain a cloud of mystery**

The solidity and the immutability of the label of schizophrenia is in contrast with evidence of the metamorphosis of psychiatric disorders that are deemed to be “mortal”, in the sense that their life, as catalogued in psychiatric treatises, rarely exceeds a century, even if similar symptoms reappear in subsequent centuries in a different form and under a different label.

Schizophrenia is destined to remain as it is until advancements in knowledge deprive it of its mystery.

J. Garrabè, 1992 (**Note 1**)

Now in order to remove some false mystery from ordinary life and in particular from not-ordinary experiences, such as religious ones, it is important to investigate an area that tends to be neglected in modern therapy: “Contemporary mental health practitioners widely recognize the importance of cultural issues in psychotherapy (...) imagine for example, doing psychotherapy with a Hispanic woman who presented problems of ‘losing her soul’ or a Native American woman who could not escape her ‘spirit song’, or an Irish patient who was concerned that he had done something not approved of by the Catholic church. Dealing with psychological matters that involve supernatural or religion is an area that tends to be neglected in modern therapy (Tseng & Streltzer, 2001).

While novelists, story tellers, lyric opera, librettists, hermits, inspired people, miracle workers, saints, shamans let people dream and eventually fly in beautiful and unattainable starry skies, historians and cultural psychiatrists have instead the unpleasant task of distinguishing between forms of religiosity that could lead to abnormal behavior or religious delusion.

### **Neuroscience, cultural psychiatry and the study of the soul**

The aim of science is to explain all aspects of the behavior of our brains, including those of musicians, mystics, and mathematicians (...) the idea that man has a disembodied soul is as unnecessary as the old idea that there was a Life Force.

F. Crick, 1995

Neuroscience (Crick, 1995; Edelman & Tononi, 2000; Solms & Turnbull, 2002; Richerson & Boyd, 2006), molecular biology (Dawkins, 2006), and astrophysics applied to the conception of the universe (Hawking & Mlodinof, 2010), inaugurated within Human Sciences a Copernican climate, that encouraged the study of the connections between the different worldviews proposed by religion and science.

It is worth noting that an important discovery of the neuroscientific study of religion in transcultural psychiatry was already underlined by W.S. Tseng long ago: “By the habitual act of thinking in a particular language, or believing in the forms of a particular religion, those thoughts assume a type of physical reality in the organization of neural networks in the brain” (2001).

Let us try to explain the evolutionistic path to the construction of God in the brain.

### **The intuition of duality enables the realization of a self beyond**

In the attempt to discover the elements that built an unchangeable idea of God, we find that Edelman (1993) suggested that the ‘Intuition of Duality’ was a function achieved during the evolution of the brain that, at a certain point, became capable of handling physiologically the concept of non-Self. It is not the case here to examine the problem of how and when in human evolution the consciousness of the existence of the “opposite of life”, of not-being, of emptiness and of the infinite and absolute appeared, for we would get lost in an endless span of cultural theories. Here I would like to focus on the studies that assert the fact that, as time passed, both the superior consciousness and the ‘Intuition of Duality’, paved the way for a sophisticated operation that is now considered a dynamic fulcrum of western civilization: the capacity to see beyond one’s own thoughts (**Note 2**).

The continuous exercise of seeing thought images “from the outside”, due to the “favorable observatory of the socially constructed self” (Edelman, 1993), created the conditions needed to establish the movement of two opposite spheres: the Self and the Non-Self (in psychological jargon), the mundane and the extra-mundane (in cultural jargon).

## SEARCHING FOR ORIENTATION

I often wonder whether this abandonment [of higher-order consciousness] is what some mystics seek.  
G. Edelman, 1993

Ages have passed trying to look beyond the Self, and as a consequence the wish to connect with what is beyond the self has grown, along with tendency to disregard the historical and material reality of the Self. At this point the dilemma surfaces: is it better to maintain the superior state of consciousness or to try to implement the divine consciousness?

Any Jewish or Islamic inspired individual or any Italian Christian saint learnt how to practice detachment (Bartocci, 2000; Bartocci & Dein, 2005; Bartocci, *in press*) and go beyond the edge of ordinary senso-perception to reach the oneness with the Absolute. Leaving aside the history of religions, to move into psychiatry, we cite Edelman’s serious warning (1993) that attracts the attention of the clinician: “Higher order consciousness cannot be abandoned without losing the descriptive power it makes possible” (**Note 3**).

I would like to underline the importance of orientation in the world, referring to the well-known thesis of G. Devereux (1939), who indicated disorientation as the primary cause for the increased rate of schizophrenia in the Western world. Devereux was among the first pioneers in cultural psychiatry when declaring that we propose to interpret the problem of schizophrenia in terms of cultural complexity. We have reasons to suspect that orientation in the cultural environment is much more difficult than orientation in the physical environment.

In modern times it became increasingly difficult to orient oneself between ‘two great systems for knowing the world’, i.e. the scientific and religious models. In particular it was after the Nicaea Council (Freeman, 2005) that the cultural climate led to a bio-psycho-cultural register to interpret the facts of the world from different points of view. This cultural world is, in this way, almost split in two, each register disclaiming the features of the other one. Being compelled to use this Double Register, “the Homo sapientissimus” has perfected a specific mental device capable of shifting the ‘Intuition of duality’ towards a permanent *dissociative* function.

### **The vicious circle: from the detachment to the cultural determination of chronic dissociation**

Every culture chooses symbolic representations of the essential fears of human beings: in some cases, in which psychic distress appears to be particularly terrible, these representations take the form of psychic disorders, in other cases, distress takes the form of devotion to the gods, which is the same thing.  
J. Garrabè, 1992 (**Note 1**)

In the previous paragraph I underlined how the continuous use of a double register in order to live in a shared social world leads to a constant use of a flip side of consciousness, which is far from reality (Littlewood & Dein, 2013). As the double register implies relating to the external world in a dual, binary code (attachment/ detachment), it is likely that this kind of neural stimulation turns out to be an exhausting mental exercise, that transforms the nimble intuition of duality into a permanent dissociative activity.

In order to gain a deeper understanding of the cultural related dissociative performances we must reconceptualize the notion of dissociation, no longer seen as a way to avoid experiencing trauma but rather as a means to generically detach oneself from events (Bartocci & Dein, 2005). In other words, we are not speaking of a physiological reaction to traumatic events but to a culturally-approved

attitude that enables an individual to achieve a state of consciousness that facilitates the Detachment of awareness, from the immediate passage of events (Littlewood, 2002; Bartocci & Dein, 2005).

Whether you prefer the terminology of psychoanalysis or of cognitive psychology, to explain the specific dynamics enabling the shift of consciousness imposed by the double register, we can choose to use terms such as annulment, denial, in a Freudian sense, or attachment and detachment, as more recently suggested by J. Bowlby (1969).

I would like to underline that the use of detachment dynamics has different implications: it enables the spiritual seeker to experience the joy of flying away from the material world, consolidating a suspended state of consciousness that is supported by the uncontrolled use of the detachment operation, called by D. Wulff the “transcendental contemplation of the mystic” (1991). Moreover detachment from ordinary reality clashes with those activities of the superior consciousness that enabled us to transplant a heart or land on the Moon.

In trying to find a framework for schizophrenia, the queen of mental disorders based on dissociative dynamics, I agree with Garrabè who underscored how, after the 1950 Paris World Congress Of Psychiatry, the study of general psychopathology, which were conducted prevalently by French and German schools up till then, suffered a considerable setback, as they were replaced by the epidemiological statistics of the North American schools of psychiatry. The latter, however, indeed succeeded in clarifying at least one very important point: they indicated a higher rate of chronic dissociative disorders in Western cultures compared to traditional ones.

### **A long time ago, before schizophrenia, there was another kind of madness: acute psychogenic reaction**

Unfortunately, hardly any data exist about the neural basis of psychiatric dissociative disorders, and the hypothesis that they may be due to an impairment of reentrant interactions still remains to be tested.

G. Edelman & G. Tononi, 2000

Transcultural psychiatry tells us that before the primacy of schizophrenia, the most common syndromes in pre-industrialized countries, were characterized by an outbursts of a confusional oneiroid state, along with loud but short-lived psycho-sensorial phenomena, followed by a complete *restitutio ad integrum* (total recovery). These boisterous expressions were frequently reported by T.A. Lambo (1965) among the non-literate (rural) tribal groups in Africa.

For some reason, despite the fact that Lambo himself highlighted that “This mental disorder genetically resembles a hypothetical mental disease lying midway between psychotic and psychoneurotic illnesses in Euro-American cultures” we still haven’t got any detailed studies on such evident epidemiological data. This leads to the question: why do American psychiatrists ignore this disorder and refuse to include this diagnostic category in their nosographic system? (Tseng, 2001). Lambo described this syndrome as follows: “The symptom-complex which has been observed by us consists of anxiety state (pseudo-running amok), neurotic depression, vague hypochondriacal symptoms, episodic twilight or confusional states, atypical depersonalization phenomenon, emotional liability and retrospective falsification of hallucinatory experiences” (Lambo, 1965).

Authors used many different labels to describe the same syndrome: *onirisme terrifiant* (Aubin, 1939a; 1939b; Collomb, 1965), *frenzied anxiety* (Wittkover & Rin, 1965), *agitated confusion* (Carothers, 1953), *pseudo-psychotic confusional states* (Lambo, 1965), *acute confusional states*. Murphy (1982) devoted an entire chapter to the *Acute Psychogenic Reactions* (APRs) that can be solved “without subsequent social disability”, comparing them with the symptoms described by French authors as *Bouffée délirante* (**Note 4**).

Lambo underscores two aspects that are worth further study in order to examine the “tenacity” of delusion in the western civilization: a) the psychodynamic function of mental confusion appears to be that of a defense mechanism, a mental mechanism manifestly brought into play to prevent a break

with reality; b) often delusions in the primitive group, within the framework of the supernatural, lack the tenacity and conviction that are often encountered in similar delusions in westernized groups.

### **The variety of cultural dogmas**

It is thanks to my mentor Prof. Raymond Prince, Director of the Division of Transcultural Studies at McGill University in Canada then, that I diverted most of my attention to the study of the relationship between religion and psychosis. In two papers called *Delusion, dogma and mental health* (1970) and *Religious experience and psychosis* (1979), he suggested that both religious experience and psychosis could be seen as culture-induced ways of adapting to stressful life events. Prince, seeking a softer definition for indisputable beliefs, replaced the expression ‘Delusional beliefs’ with the term ‘*Integrational beliefs*’, to underline their location midway “normality” and “pathology”. *Integrational beliefs*, despite their being unrealistic or at any rate unverifiable, are resistant to change. From this point of view, beliefs like “Jesus was born by a Virgin”, “If I confess my sins I will go to paradise when I die”, “If I sacrifice my life in honor of Mohamed, I shall be met by a host of virgins in paradise”, are puzzling phenomena that need attention because of their proximity to delusion. Prince does not hesitate to describe integrational beliefs among believers as quite similar to psychotic delusions, the difference between the two being that the former are dictated by the prevailing culture. Once they are validated by society, unrealistic expressions of the supernatural are no longer defined as pathological.

Indeed, phenomena like divine inspiration, possession trances, dependency on the widest variety of liturgies, praying to obtain benefits, and all classes of miracles, have become the object of devotion and not of scientific inquiry.

We could call Prince’s Integrational Beliefs ‘cultural delusions’, which is pleonastic because the term delusion already incorporates the concept of alienation from the cultural mainstream. In fact, the term delusion (derived from the Latin “de lira”, which literally means to exit the furrow) already implies a distance from shared ideas.

A. Tatossian (1979) showing people’s reliance on the supernatural for purposes other than devotional, stresses that wherever orientation in the world is constructed through a “delusional knowledge of the world”, we can expect it entails a high price to pay: in the order of transcendence we can no longer take the structures of everyday life seriously. Delusional knowledge does not leave room for other forms of interpreting the world (Tatossian, 1979, p 202).

## **CONCLUSION**

The soul exists, independent, as long as we accept that it is mortal.

D. Schiffer, 2008 (**Note 1**)

Considering that not everybody (patients and psychiatrists) is so talented as to use detachment mechanisms in order to walk like a rope-walker along a ledge separating ordinary and non-ordinary reality, we have to act as predicaments tellers.

If psychiatrists wished to avoid to be only drugs prescribers, it would be impossible for a psychotherapist not to have an orientation as far as handling patients’ beliefs and questions on ordinary and non-ordinary reality are concerned (Bartocci *et al*, 1998). It is up to the psychotherapist to negotiate between two difficult positions: he must consider the *emic* view of the religious seeker, in which healing is the miraculous work of the divine, while also attempting to treat the patient through a secular psychotherapy involving biomedical mechanisms and “brute” synaptic reorientation.

To make a long story short, it is appropriate to conclude this epistemological overview by quoting a statement made by H. Ey and colleagues many years ago (1960), which has served as my guideline ever since my early post-graduate years as a psychiatrist (**Note 1**):

In order to speak of the Self, a person must be:  
 The subject of his own knowledge,  
 The craftsman of his own world,  
 The author of his own identity,  
 The master of his own temperament.

## NOTES

1. Translated in English by the author (GB).
2. With the aid of this dissociative function, the creative person may partially *decathect* the external object (...) and *hypercathect* the symbol, as the representative of the completely absent (Arieti, 1976).
3. The pleasant game of entering and exiting the Self for religious achievements is not comparable to the polymorphous attempts to abandon contact with the external world, as in the childish game of Peek-a-boo which results in a joyful embrace with the reappearing mother. Often it is impossible to withdraw from heavenly experiences and to re-connect with ordinary experiences (Bartocci, 1990).
4. In my clinical practice in Rome, I have often observed these syndromes among adolescents and rural immigrants, but rarely among adults of the upper and middle-class.

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