

Features associated with speaking in tongues (Glossolalia).

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Reports of the frequency, context, associated behaviours, feelings and meaning associated with glossolalia were collected from three groups of informants: speakers (n=14, who practised glossolalia), witnesses (n=15, who had witnessed but had never practised glossolalia), controls (n=16, who had neither witnessed nor practised glossolalia). All informants were practising Christians. Speakers reported glossolalia as a regular, daily, private activity, usually accompanying mundane activities, as a special form of prayer associated with calm, pleasant emotions.

By contrast, witnesses and controls were more likely to describe glossolalia as an exceptional activity, usually occurring in the religious group, and associated with excitement. The views of witnesses were closer to those of speakers than were the views of controls. It is suggested that there may be two types of glossolalia, of which one is more likely to be associated with psychopathology.

Features associated with speaking in tongues (Glossolalia).

Glossolalia, speaking in tongues, is a religiously-endorsed activity in Pentecostal and charismatic Christian groups. Speaking in tongues is seen as a gift of the Spirit (Meadow & Kahoe, 1984).

Speech is rhythmic, usually contains few or no recognisable words or semantic content, apart from biblical words and phrases. Its phonemic properties have been said to resemble those of the language(s) of the speaker. Glossolalia may occur in non-Christian religions (May, 1956).

Might glossolalia be psychopathological? The early twentieth-century literature on glossolalia carried the implication that it was a form of mass hysteria or psychosis. This view was successfully challenged by Boisen (1939), Alland (1962) and others. Modern consensus appears to be that glossolalia is a legitimate and legitimated religious activity, possibly adaptive, and not psychopathological (Meadow & Kahoe, 1984; Littlewood & Lipsedge, 1989; Loewenthal, 1995a).

Is psychopathology relieved by glossolalia, as is claimed by some of its practitioners? A major study of religious glossolalia by Kildahl (1972) showed no evidence of psychopathology among those practising glossolalia compared with matched controls, though there was evidence of higher stress in the period prior to beginning glossolalia. Members of religious groups which practice glossolalia are reported as well-adjusted (Hine, 1969). Examining claims that glossolalia has psychotherapeutic benefits, an extensive review by Malony & Lovekin (1985) concluded that evidence was hard to interpret, with no consistent evidence of either beneficial or harmful effects. Kildahl (1972) thought that it was the less emotionally-stable speakers who made exaggerated claims for the benefits of glossolalia, and that "well-integrated tongue-speakers made no such claims for its powers, and used it

(glossolalia) in a way that was not sensational". This literature suggests that normatively, glossolalia is not associated with maladjustment, and is perceived to have beneficial effects.

Although glossolalia is widely agreed not to be psychopathological, speech behaviour with some of its features - has been reported in individual cases of psychopathology: among psychotics (Meadow & Kahoe, 1984), and in possession disorders (Loewenthal, 1995b; Witztum, Grisaru & Budowski, 1996). DSM-IV does not however list glossolalia as a symptom of psychosis (American Psychiatric Association, 1994). Glossolalic jargon has also been reported in a case of Wernicke's aphasia (Cappa, Miozzo & Frugoni, 1994). Are there differences between "true" glossolalia and these unusual forms of speech in psychopathology? Leff (1993) has clearly distinguished glossolalia from "schizophrenese", in which all words and most phrases are intelligible. Littlewood & Lipsedge (1989) thought that they had recognised glossolalia in a case of very agitated psychiatric breakdown, but the patient's co-religionists were clear that the speech (which was unintelligible, but with a coherent rhythm) was not speaking in tongues. These observations suggest that "true" glossolalia may differ in some respects from unintelligible forms of speech associated with psychopathology.

Much psychological and psychiatric attention has focused on the properties of the speech itself. Although it has been possible for observers to be present when glossolalia occurs in church settings, audio or audio-visual recording has been difficult for ethical reasons. Those involved feel strongly threatened by any suggestion that glossolalia should be recorded. Information on the situational and emotional accompaniments of glossolalia is however more readily gathered.

In this study therefore we examined the feelings, meanings, circumstances and other features associated with glossolalia. We compared reports from those who had experienced speaking in

tongues, with those from people who had witnessed it, and with those from people who had never witnessed it. The material gathered has a bearing on the question whether and how we might distinguish between different forms of glossolalia. Further, it was anticipated that the descriptions of those who practiced glossolalia would indicate some features helpful in identifying whether glossolalia in cases involving psychopathology is "true" glossolalia.

Informants

Preliminary interviews were conducted with four adult practising Christians in the UK, who all engaged in speaking in tongues. From these interviews, a set of six open-ended questions were developed for the main study. For the main study, informants were 45 adult UK residents, all self-defined as practising, committed Christians, 20 men and 25 women, mean age 24.9 years. Of these 45, 14 were "speakers" (8 men, 6 women, mean age 29.1 years), who reported that they engaged in speaking in tongues. These were all from charismatic/Pentecostal churches). 15 "witnesses" (5 men, 10 women, mean age 23.5 years), all practising Christians who either belonged to or had attended charismatic/Pentecostal churches, and who reported having directly witnessed speaking in tongues. 16 controls (7 men, 9 women, mean age 22.4 years) constituted a control group who were neither speakers nor witnesses, whose beliefs were examined as a way of ascertaining possible "misconceptions" about glossolalia. Practising Christians from an enthusiastic campus group were recruited, in the expectation that this might eliminate pejorative views of glossolalia. The main study thus involved quota sampling: selecting adult, practising Christians in the UK, to fill three quota groups on the basis of their experience of glossolalia: speakers, witnesses and controls.

Informants were members of Christian groups (two charismatic churches, and a campus Christian group) with which the first investigator (BG) had contacts. Invitations to participate were

issued face-to-face, and participation was voluntary. The main data were written in any setting chosen by the informant.

We did not collect information on psychiatric status or history, since considerable tact and sensitivity were required in collecting data. Questions about psychiatric history would have been construed as threatening and could have destroyed cooperation. There was no evidence of any obvious psychiatric disturbance among those who participated. For ethical reasons, questions about ethnicity were also not asked, but all the Christian groups and churches participating in the study had predominantly white membership.

Method

Preliminary interviews were used to guide the construction of a set of six open-ended questions in which informants were asked to report what normally happened in glossolalia (if they were speakers), or what they believed to happen normally in glossolalia (if they were witnesses or controls). Information was given voluntarily and anonymously, and informants were told that they were free to withdraw at any point. All informants were asked to give written answers to the six questions about speaking in tongues, regarding its normal

1. frequency
2. context
3. associated behaviours
4. associated emotions
5. associated meanings
6. any other associated features not covered in 1-5.

Results

Informants' answers are summarised in table 1.

Table 1

Since the data suggest trends in views of glossolalia according to directness of experience (speakers-witnesses-controls), Kendall's tau (Siegel & Castellan, 1988; West, 1991) was computed, showing these trends to be statistically significant. Those who had witnessed glossolalia had beliefs about glossolalia that resembled the speakers' reports more closely than did the beliefs of the control group.

Discussion and conclusions

Glossolalia was reported by those who practised it to be a frequent, usually daily occurrence, more likely to happen out of religious settings than in them. It was reported to be more likely while driving, relaxing or engaged in domestic activities (thus in relatively private settings), than in explicitly religious contexts or activities. Typically the emotions reported are positive, calm ones, or sometimes "no particular" emotions. Glossolalia was described as a spiritually helpful part of daily life, and as a (powerful) form of prayer. This "profile" of glossolalia is surprising, challenging the general view of glossolalia which is well encapsulated by the control group. There is no reason to suppose that the informants were atypical of white, British, Pentecostal Christians, but clearly information from a larger number of informants from a wider range of charismatic and Pentecostal groups would be important.

Those had not practised glossolalia saw it differently. These differences were more pronounced among those who had not even witnessed glossolalia (the controls). The non-glossolalics believed that glossolalia occurs less than daily, and that it normally occurs in religious settings and while engaged in religious activities, that it is accompanied by high-arousal, usually positive emotions (ecstasy and the like), and that its salient social meanings and functions are in promoting unity among church members.

Even those who have witnessed glossolalia tended to describe it differently from those who practised it. They had witnessed glossolalia in public settings, and their views of glossolalia were intermediate between those of controls and those of speakers.

How can we explain the differences observed? The most marked differences lie in the probability that glossolalia is often practised in private, at least by the informants in this study. This is largely overlooked by the witnesses, the controls, and the scientific literature. Even with publicly-practised glossolalia, the private, experiential aspects of glossolalia are more salient to those who practice it than are the public aspects. Private experience is not readily accessible to those who have not experienced. It is possible that solitary glossolalia differs from glossolalia practised when others are present. We did not ask participants whether they thought this was a possibility. A further possibility is that the controls may have based their assumptions about glossolalia on reports of forms of glossolalia which differed from those practised by our participants. Finally, the practitioners of glossolalia may have differed in their choice of descriptive words so as to give an acceptable, not "over-the-top" view of glossolalia: thus, for example, "peace, joy, comfort" rather than "ecstasy, euphoria, excitement".

A possible implication is that there are two forms of glossolalia, the public and the private. Private glossolalia may be practised by adept "speakers" - so there is hypothetical developmental sequence, in which "speaking" in public is mastered first. It is features of public glossolalia which are observable to others, and it is features of private glossolalia which may appear in forms of psychopathology.

The public, socially-carried view of glossolalia, based on publicly-practised glossolalia, has different features from

private glossolalia. Public glossolalia is confined to special, religious occasions: infrequent, ecstatic, and specific to "religious" settings. The public view of glossolalia may serve to lead psychiatric professionals into labelling as "glossolalic" various forms of unintelligible speech, particularly when the patient is agitated or excited, and where there is clear religious identity and enthusiasm.

Those who practise glossolalia described its normal form as a daily or near-daily, normally private experience, promoting closeness to G-d and associated with mundane activities and with calm, pleasant feelings. It appears to be a habitual, sought form of behaviour, and viewed as helpful (even though Malony & Lovekin (1985) have concluded that as yet there is no sufficiently clear evidence showing evidence of measurable benefits).

An interesting feature of private glossolalia is that it is carried out simultaneously with other (mundane) activities, such as cooking and driving - one participant reported that he was engaged in "speaking" (glossolalia) while writing answers to our questions. Goodman (1972) has suggested that glossolalia involves dissociation, but these reports imply a type of glossolalia which does not involve dissociation or other altered states of consciousness. Informants say that they are able to attend to other claims on their attention.

The suggestion that there are two forms of glossolalia, public and private, has important parallels. Vygotsky (1934) first put most cogently the argument that speech is first acquired in social settings, and then dichotomizes into public and private speech, each with different features and functions. Brown (1994) discusses extensively the features of private, as opposed to public prayer.

Table 2 indicates the main contrasts between two forms of glossolalia.

Table 2

This set of contrasts may be helpful in psychiatric contexts. It is suggested that reported use of type A is unlikely to be associated with psychopathology. It is suggested that even though a regular practitioner of glossolalia would engage in a more public and ecstatic form of glossolalia (type B), s/he is likely to practise in private as well. It is suggested that glossolalia with some features of type B only might be more likely to co-occur with psychopathology, but this is obviously a matter for further investigation. The pragmatic implication is that where glossolalic behaviour appears in psychiatric breakdown, enquires about the private practice of glossolalia, self-awareness and awareness of others during "speaking", and other features of "type A" glossolalia, may prove helpful.

The material and conclusions raise many questions. Can this distinction between two types of glossolalia be maintained by further evidence? Is type B more likely and type A is less likely in psychiatric disturbance? To what extent are the two types of glossolalia controlled by their practitioners? To what extent are they used in coping, and might their perceived and actual effects differ?

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Table 1. Features associated with glossolalia, as reported by speakers, by witnesses and by controls.

	Speakers (n=14)	Witnesses (n=15)	Controls (n=16)
FREQUENCY tau=.59, p<.001			
Daily	9	6	1
Every 2-3 days	5	4	2
About weekly	0	5	13
PLACE tau=.52, p<.001			
Church, religious meeting	3	10	14
Other (car, home, work)	11	5	2
ASSOCIATED BEHAVIOURS tau=.73, p<.001			
Religious (prayer, singing, church)	1	11	16
Other (housework, driving, relaxing)	13	4	0
ASSOCIATED EMOTIONS (Intensity of arousal) tau=.46, p<.01			
No particular emotions	4	0	0
Positive, calm (happiness, joy, peace, comfort, love)	10	15	10
Positive, aroused (ecstasy, euphoria, excitement)	1	5	6
ASSOCIATED MEANINGS tau=.34, p<.01			
Individual (powerful prayer, closeness to G-d, G-d takes control)	14	11	10
Social (builds the church, increases unity among members)	0	4	6

OTHER FACTORS tau=.37, p<.01			
Non-exceptional: part of daily life	6	3	0
Exceptional: special spiritual activity (special form of prayer, when words fail, spiritually helpful)	8	8	10

Table 2Two forms of glossolalia

<u>Type A</u>	<u>Type B</u>
Calm	Excited
Frequent (daily or several times weekly)	Occasional (weekly or less)
Usually/often in private	Usually/only in public
Mundane settings	Religious settings
Self-aware while "speaking"	Not self-aware/dissociation/altered state of consciousness
Can attend to other claims on attention	Cannot attend to other claims on attention
