

Case Report

Psychosis Induced by Spiritual Practice and Resolution of Pre-Morbid Inner Conflicts

Makoto Nakaya^{1,2}, Kenich Ohmori^{3,4}

¹Department of Psychiatry, Musashino Red-Cross Hospital, Tokyo, Japan

²Faculty of Medicine, Tokyo Medical and Dental University School of Medicine, Tokyo, Japan

³Takizawa Hospital, Utsunomia, Japan

⁴Dokkyo University School of Medicine, Mibu, Japan

Corresponding author: Makoto Nakaya, Department of Psychiatry, Musashino Red-Cross Hospital, 1-26-1, Kyounan, Musashino, Tokyo 180-8610, Japan, 5396xdvj@jcom.home.ne.jp

Abstract

The present case report examines psychopathological features of psychosis induced by spiritual practice, which led to resolution of pre-morbid inner conflicts. The psychotic episode experienced by this case, induced by chanting the sutras, had the following similarities to acute experiences of religious conversion: auditory hallucinations that involve healing of the soul and body and delusional experiences of an inflow of transcendental power. After the psychotic episode, the patient did not experience a religious conversion, but his pre-morbid judgment of values became more adaptive. The present findings, which suggest that a psychotic episode with similarities to religious conversion can lead to resolution of pre-morbid conflicts, should be further investigated through the study of psychotic episodes induced by spiritual practice in which psychological problems are and are not resolved (German J Psychiatry 2010; 13 (3): 161–163).

Keywords: Brief psychotic disorder, reactive psychosis, acute and transient psychotic disorder, trance, culture-specific disorder

Received: 22.5.2010

Revised version: 30.6.2010

Published: 15.8.2010

Introduction

In 1915, Morita (1915) described psychosis induced by spiritual practice for the first time. In this condition, auditory hallucinations, excitement, confusion, or self-hypnotic mannerisms arose during relatively short periods, for example, a few days, and disappeared without any residual symptoms. According to Morita, this type of psychosis tends to occur in superstitious people with low educational levels and is considered a culture-specific disorder (Andoh et al., 1994; Miyamoto et al., 1965; Morita et al., 1915; Nakayama K, 2008; Nawata et al., 2005; Nozaki et al., 1992; Sakurai, 1938; Yasuda M et al., 2008).

This paper reports a case of psychosis induced by spiritual practice, which led to resolution of pre-morbid conflicts, and suggests the potential rationale for the self-healing effects of this psychosis. We present this case report with the consent of the patient. Details that might disclose the identity of the patient have been omitted.

Case Report

Mr. A., a 30-year-old married man and father of three daughters visited the Department of Psychiatry, Dokkyo University School of Medicine because of loss of appetite, headache, and psychotic experiences. He was the youngest of three

siblings and had a normal developmental background. According to his wife, he was very sensitive to his reputation and took great pride in himself. He began to work at a company as a car dealer after graduation from a senior high school. Eleven years later, he was promoted to a chief but did not demonstrate the necessary leadership qualities for the new job. As a result, he lost the status of chief. He felt very ashamed at this loss and left the company. He sought another job, but was unsuccessful because his demand for status within a job was too high. His wife urged him to get a job with a lower status than a former chief dealer, but he would not agree to her request. His overdeveloped sense of pride led to both financial difficulty and discordance with his wife. At the same time, his sense of self-worth diminished because he did not have a job. During this period of inner conflict, he experienced insomnia and loss of appetite and began to rely on Buddhism, chanting the sutras for a few hours every day because Buddhism had been familiar to him since his childhood.

One day he chanted the sutras in front of a Buddhist altar for 2 hours and suddenly saw 5 small men with ancient clothes walk out of the Buddhist altar and another great man sit down there. These visions lasted several seconds, and he considered them visual hallucinations suggesting the greatness of Buddhism. Three days later, when he looked at his wife during his chant, her face swelled and many worms came out of her face. The worms were shiny and disappeared after few seconds, at which point her face returned to normal. He did not consider these visions either visual hallucinations or real scenes. His confusion led him to visit me at the Department of Psychiatry.

He described both his inner conflict about a job as well as his visual hallucinations during his chants. He also mentioned his loss of appetite and that he was experiencing headaches. Results of neurological and physical examinations were normal. No psychotropic drugs had been administered. Bromazepam treatment was initiated at 4 mg/day. Loss of appetite and headaches were reduced, but headaches did not disappear completely. He tried to work at a vegetable store but was not satisfied with the job and left it. He sought other jobs with a status similar to that of a former chief dealer, but was not successful. He became more absorbed in chanting the sutra, but any abnormal change had not been found in his behaviors. At this time, he reported that he felt a lack of emotional exchange between himself and his wife since his job loss.

Two weeks after leaving the job at the vegetable store, he visited the grave of his family with his mother. He chanted the sutra in front of the grave and noticed a circle figure in the surface of grave. This led him to believe that his ancestors were imprisoned in the grave and that if he gave his power to the circle figure, through his chant, the life power in the cosmos would be released. Continuing the chant, he felt himself incorporated into the stream of life in the cosmos, which went around in his abdomen. At the same time, he heard voices saying that they were healing his soul and body. He considered himself the center of the world. He felt that everything moved according to his will but that as a result, the world might be ruined. When he became afraid of ruining of the world, he came to himself, and stood up be-

side his mother. According to his mother, 1 hour had passed since he began to chant the sutras in front of the grave. She noted that any abnormality in his behaviors had not been found just before the beginning of his chant and that throughout the chant, he sometimes interrupted it suddenly and started it again. He also had recognized his real situation well before the beginning of his chant.

After this episode, he got a job growing mushrooms; this job had a much lower status and he earned much less money than the chief dealer, but he continued to work. According to him, just after the episode, his judgment of values had changed. Before the episode, he had considered that the value of a man was determined by his job. Therefore, he worked hard, ignoring his family. The loss of status as chief dealer led him to experience a loss of self-value. To recover this loss, he thought that he ought to get a job with a similar status to that of chief dealer. However, after the episode, he no longer believed that a man's job determined his value. He stated that jobs were mere means of life, and that life itself was important. At the same time, he began to experience emotional exchanges between his wife and himself.

Loss of appetite and headache also disappeared completely. Bromazepam treatment was fixed at 4 mg/day and stopped after the last psychotic episode. After that, he visited me once every 3 months. He has continued to work growing mushrooms over 3 years without any problems and chants the sutra everyday for only a few minutes.

Discussion

The present case was diagnosed as brief psychotic disorder according to DSM-IV-TR (2000) or as acute polymorphic psychotic disorder with symptoms of schizophrenia according to ICD-10 (1992). The absorption of Mr. A. in chanting the sutras directly led to these brief psychotic episodes. Moreover, either his mother or wife did not notice any abnormality in his behaviors before the beginning of the chant and the patient also recognized his real situation well before his chant in the three psychotic episodes, respectively. Therefore, the possibility that chanting the sutras was a prodrome or an early sign of psychotic episode can be excluded and the present case can also be diagnosed as psychosis induced by spiritual practice. This absorption was provoked by his unemployed status, which made him feel worthless. On the other hand, he could not be satisfied with a job without comparable status to chief dealer, which he had lost due to his lack of leadership. His insistence involving job status made it difficult to get another job and led to both financial difficulties for his family and discordance with his wife. His pre-morbid conflicts consisted of the discrepancy between his demand for a job with high status and real unemployment.

The three psychotic episodes one of which he himself considered a visual hallucination, arose while chanting the sutras. His first visual hallucination should likely be considered a pseudo-hallucination (Jaspers, 1948). However, he did not consider the remaining two experiences hallucinations. In

accordance with meditation-induced psychosis, the trance provoked by the chant may be an important factor in these psychotic episodes (Epstein et al., 1981; Kuijpers et al., 2007; Sethi et al., 2003; Walsh et al., 1979; Xu, 1994; Yorston, 2001). Interestingly, after the last psychotic episode, his inner conflicts were resolved, and he could begin and continue to work in a job with lower status than before. After this last episode, his judgment of values changed and he realized that jobs were not as important to him as life itself was. The last psychotic episode may have had self-healing effects on his mal-adaptive judgment of values.

Characteristics of the psychopathological experiences in the last psychotic episode may be similar to those of relatively acute experiences of religious conversion. According to James (1920), the following experiences have occurred during religious conversion: auditory hallucinations with contents of religious conversion; visual hallucinations, especially hallucinations of light; delusional experiences of inflow and possession of transcendental power; and feelings of fundamental change of self. Mr. A. believed that his ancestors were imprisoned in a circle figure of the grave and tried to release the life power in the cosmos through his chant. He had delusional experiences of the inflow of life in the cosmos into himself and had auditory hallucinations that involved healing his soul and body. After this episode, he did not experience a religious conversion, but rather his pre-morbid judgment of values became more adaptive. Moreover, emotional exchanges with his wife were restored.

There were some differences between this psychotic episode and religious conversion. When he felt himself incorporated into life in the cosmos, he had delusions that everything moved according to his will and that, as a result, the world might be ruined. Schizophrenia patients sometimes have these kind of delusions involving self-omnipotence, which have been described elsewhere (Nakaya, 1993).

The present case may suggest the similarity of psychopathological experiences to religious conversion, especially the incorporation of transcendental power and auditory hallucinations of self-healing, both of which may be important factors for changing judgment of values or resolving pre-morbid conflicts. However, the present findings based on a case report are hypothetical. Future research should compare the experience of psychoses induced by spiritual practice with and without resolution of pre-morbid conflicts.

References

- American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. American Psychiatric Association, Washington DC/London, 2000
- Andoh O, Tomizuka O, Sekiguchi H, Iimori M: A consideration on the meaning of invocation psychosis in today. *Seishinka Chiryougaku* 1994;9:313-320 (in Japanese)
- Epstein MD, Lieff JD: Psychiatric complications of meditation practice. *J Transpers Psychol* 1981;13:137-147
- James W: The varieties of religious experiences- a study in human nature. Being The Gifford Lectures on natural religion delivered at Edinburgh in 1901-1902. Thirty-second impression, Longmans, Green, and Co., New York, 1920
- Jaspers K: *Allgemeine Psychopathologie*. 5 Aufl., Springer, Berlin, 1948
- Kuijpers HJH, van der Heijden FMMA, Tuinier S, Verhoeven WMA: Meditation-induced psychosis. *Psychopathology* 2007;40:461-464
- Miyamoto T, Oda S.: Religious psychopathology. In Imura et al. (eds) *Lectures of abnormal psychology*. Tokyo: Misuzu Press; 1965:133-218 (in Japanese)
- Morita S: So called psychosis induced by invocation. *Psychiat Neurol Jap* 1915; 14:286-287 (in Japanese)
- Nakaya M: On the delusional experience of controlling other persons in acute schizophrenics. *Psychopathology* 1993;26:279-285
- Nakayama K: Significance of "psychosis induced by invocation" study to precede conclusion of Morita therapy. *Japanese Journal of Morita Therapy* 2008;19:157-168 (in Japanese)
- Nawata H, Nishimura R: A case of invocations psychosis induced by baptism in a religious organization. *Seishinka* 2005;7:362-368 (in Japanese)
- Nozaki Y, Okada Y, Arai M, Nagata T: A case of brief reactive psychosis induced by self-improvement seminar: an aspect of invocations psychosis in Japan. *Japanese Journal of Clinical Psychiatry* 1992;21:1691-1696 (in Japanese)
- Sakurai T: Four cases of invocation psychosis. *Rinshoujikken* 1938;16:932-939 (in Japanese)
- Sethi S, Bhargava SC: Relationship of medication and psychoses: case studies. *Aust NZ J Psychiatry* 2003;37:382
- Walsh R, Roche L: Precipitation of acute psychotic episodes by intensive meditation in individuals with a history of schizophrenia. *Am J Psychiatry* 1979;136:1085-1086
- World Health Organization: *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines*. World Health Organization, 1992
- Xu S: Psychophysiological reactions associated with Qigong therapy. *Chin Med J* 1994;107:230-233
- Yasuda M, Ohsawa T, Kobayashi S, Katoh S: A 30-aged woman of invocations psychosis with childcare stress. *Tochigi Seishinagaku* 2008;28:11-17 (in Japanese)
- Yorston GA: Mania precipitated by medication: a case report and literature review. *Ment Health Relig Cult* 2001;4:209-213