

Case Series

Kundalini Awakening and Psychosis: A Case Series Exploring the Psychopathological Manifestations

Shruti Zunzunwala¹, Preeti², Swati Sharma³, Shiv Prasad Khedar⁴, Dinesh Kataria⁵

¹Postgraduate Resident, ²Postgraduate Resident, ³Senior Resident, ⁴Professor and Head of Department, ⁵Director Professor Department of Psychiatry and Drug Deaddiction Centre, Lady Hardinge Medical College, New Delhi.

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I N F O

Corresponding Author:

Swati Sharma, Senior Resident, Department of Psychiatry and Drug Deaddiction Centre, Lady Hardinge Medical College, New Delhi.

E-mail Id:

Sharmasoni211@gmail.com

Orcid Id:

<https://orcid.org/0009-0000-8642-3108>

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A B S T R A C T

Introduction: Kundalini awakening, a spiritual phenomenon characterised by the activation of dormant energy, has been associated with transformative experiences and psychotic symptoms. This case series aims to explore the manifestations of Kundalini awakening in patients with psychosis, investigating the complex interplay between spiritual experiences and psychiatric symptoms. The study emphasises the importance of accurately diagnosing and managing individuals presenting with Kundalini awakening-related symptoms, given the potential overlap with psychosis.

Case Series: Three cases are presented in this article to illustrate the challenges in differentiating between genuine spiritual experiences and pathological manifestations. Case 1 involves a 24-year-old female exhibiting unusual body movements and expressing a desire to become a "sannyasin" after practising Kundalini yoga. Case 2 features an 18-year-old male with social withdrawal and suspiciousness, attributing his experiences to the awakening of Kundalini energy through YouTube videos. Case 3 describes a 44-year-old man with grandiose delusions associated with Kundalini yoga practice, resulting in non-compliance with psychiatric medications.

Conclusion: The case series underscores the complexity of diagnosing Kundalini's awakening-related symptoms within the context of psychosis. The overlap between intense spiritual experiences and psychotic symptoms necessitates a collaborative approach involving mental health professionals and spiritual advisors. Psychoeducation is essential for patients and their families to differentiate between spiritual experiences and psychiatric disorders. Integrating spiritual and psychological perspectives in treatment plans can lead to more comprehensive and personalised care. Further research is warranted to deepen our understanding of Kundalini awakening and its implications for mental health.

Keywords: Kundalini Awakening, Psychosis, Spiritual Experiences, Psychopathological Manifestations

Introduction

Kundalini awakening is a phenomenon characterised by the activation of dormant spiritual energy believed to reside at the base of the spine. It has been described as a powerful force that rises through the body, leading to transformative experiences like enlightenment and heightened states of consciousness.¹ While *Kundalini* awakening is often associated with spiritual practices and traditions, there have been reports of individuals experiencing *Kundalini*-related symptoms as part of their psychopathology, particularly in the context of psychosis.²

This case series aims to explore the manifestations of *Kundalini* awakening in patients with psychosis, shedding light on the complex interplay between spiritual experiences and psychiatric symptoms. By examining these cases, we aim to deepen our understanding of the relationship between *Kundalini* awakening and psychosis, highlighting the diagnostic challenges and implications for clinical management.

Literature supports the notion that *Kundalini's* awakening can be associated with psychosis-like symptoms.³⁻¹⁰ Previous studies have documented cases where individuals undergoing *Kundalini* awakening reported experiences such as intense energy sensations, altered perceptions, grandiose ideation, and auditory hallucinations.³⁻¹⁰ These reports suggest that the phenomenology of *Kundalini* awakening shares similarities with certain aspects of psychosis, making it important to differentiate between spiritual experiences and psychiatric disorders.¹⁰⁻¹²

By presenting a series of cases, this study contributes to the existing literature on the complex relationship between *Kundalini* awakening and psychosis. Understanding these unique presentations can assist clinicians in making accurate diagnoses, developing appropriate treatment plans, and providing psychoeducation to patients and their families.

Case Series

Case 1

A 24-year-old female presented to the psychiatry outpatient department with symptoms of poor self-care, social withdrawal, inappropriate laughter, reduced oral intake, disturbed biological functions, and abnormal body movements. The patient exhibited repetitive pelvic lifting, fast breathing movements, and nodding of her head. Her parents reported that she had been practising *Kundalini* yoga for a year, during which she described the opening of her *chakras* and intense energy flowing from the base of her spine to her head.

The patient expressed a strong desire to go to a holy place and become a "*sannyasin*" (a renunciate). Additionally, she was guarded about her psychopathology. Routine

investigations yielded normal results, and due to the severity of her symptoms, the patient was admitted to an inpatient psychiatric unit. Adequate trials with olanzapine did not lead to significant improvement, prompting a switch to risperidone and the initiation of modified electroconvulsive therapy (ECT).

After the third session of modified ECT, the patient revealed the presence of delusions of persecution and a belief that thousands of people had entered her body during her *Kundalini* yoga practice. She also reported experiencing second and third-person auditory hallucinations and somatic passivity. Based on her clinical presentation, the patient was diagnosed with paranoid schizophrenia.

The patient received a total of eight sessions of modified ECT in conjunction with risperidone (6 mg). Gradually, her psychotic symptoms diminished, and she exhibited substantial improvement in self-care, social functioning, and insight into her condition.

Case 2

An 18-year-old boy presented to the psychiatry outpatient department with a one-month history of social withdrawal, poverty of speech, academic decline, fearfulness, and suspiciousness. His parents reported that he had been spending several hours each day watching yoga videos and lectures by yogic *gurus* on YouTube. Initially, the patient was guarded and provided no explanation for his behaviour. Due to the presence of psychotic symptoms, psychosis was suspected, and the patient was started on a 2 mg dose of risperidone.

During subsequent follow-up appointments, the patient disclosed that he believed his *Kundalini energy* was being awakened by the yogic *gurus* he watched on YouTube. He reported experiencing a heating sensation in his abdomen, indicating that his *Kundalini* had reached the third *chakra*. Furthermore, he shared a delusion that his thoughts were being broadcasted to the entire world through YouTube, along with persecutory delusions and ideas of grandiosity and reference.

Based on the constellation of symptoms, a diagnosis of paranoid schizophrenia was made, and the patient's risperidone dosage was increased to 4 mg. Over the course of two months, the patient showed significant improvement in his psychopathology, including a reduction in social withdrawal and a decline in the excessive consumption of yoga-related videos and lectures.

Case 3

The patient, a 44-year-old man, was admitted to the psychiatry inpatient department with symptoms suggestive of mania, including elated affect, over-religiosity, and aggression. However, upon further exploration, it became

evident that these symptoms were part of a larger clinical picture of chronic delusional disorder.

The patient reported experiencing well-formed grandiose delusions for the past 12 years, which involved a belief in experiencing enlightenment and possessing special powers granted by God, including immortality and the ability to control the weather. These delusions were closely linked to his practices of *Kundalini* yoga and awakenings.

Further history-taking revealed a pattern of disinhibition and disorganisation in the patient's behaviour. He had demonstrated non-compliance with conventional psychiatric medications due to his belief that these treatments were responsible for taking away his beauty and interfering with his perceived yogic practices' benefits for achieving wellness and extraordinary powers.

The patient's family members corroborated the presence of these grandiose delusions, noting their persistence over the years and the patient's insistence on the efficacy of his yogic practices despite the lack of improvement in his overall well-being. The patient was initially started on tab olanzapine. However, the patient reported feeling a sensation of energy leaving his body after taking the medication, which led to reluctance to continue the treatment. He was followed up on an outpatient basis with the support of family members.

Discussion

The coexistence of *Kundalini* awakening experiences and psychosis raises important considerations in terms of diagnosis and management. These cases demonstrate the potential overlap between intense spiritual experiences associated with *Kundalini's* awakening and symptoms of psychosis, making it challenging to differentiate between genuine spiritual experiences and pathological manifestations. This poses a dilemma for clinicians in accurately assessing and treating individuals presenting with such symptoms.

Numerous studies and case reports have documented the association between *Kundalini* awakening and psychosis,³⁻¹⁰ for example, in a case report by Shannahoff-Khalsa, a patient with a history of psychosis experienced intense energy surges along the spine, accompanied by auditory hallucinations and delusions of spiritual significance.⁸ Similarly, in a study by Lukoff et al., individuals undergoing *Kundalini* awakening reported symptoms such as altered states of consciousness, grandiose ideation, and disorganised thinking, which are reminiscent of psychotic experiences.⁵

The reported symptoms associated with *Kundalini* awakening and psychosis often overlap, making it challenging to distinguish between them. Individuals experiencing *Kundalini* awakening commonly describe sensations of

intense energy flow, heat sensations, vibrations, and a sense of divine presence. These experiences may be mistaken for hallucinations or delusions, leading to potential misdiagnosis or delayed treatment. The complex interplay between spiritual experiences and psychiatric symptoms further complicates the diagnostic process.¹⁰

Several theories have been proposed to explain the relationship between *Kundalini* awakening and psychosis.¹⁰⁻¹² One perspective suggests that the intense physiological and psychological changes associated with *Kundalini* awakening can trigger or exacerbate existing vulnerability to psychosis in susceptible individuals. The arousal of *Kundalini* energy may activate latent psychological processes, leading to the manifestation of psychotic symptoms.¹¹ Another viewpoint posits that *Kundalini's* awakening represents a valid spiritual experience that is distinct from psychiatric pathology. However, the unique phenomenology of *Kundalini's* awakening may manifest in a way that overlaps with symptoms of psychosis, creating diagnostic challenges.⁷

In light of the complex nature of *Kundalini's* awakening and psychosis, a collaborative and holistic approach to patient care is essential. Mental health professionals and spiritual counsellors can work together to ensure comprehensive assessment, diagnosis, and treatment. This collaboration allows for a more integrated understanding of the individual's experiences, addressing their condition's psychological and spiritual dimensions.⁶ By acknowledging the potential spiritual aspects of the individual's experiences, clinicians can provide appropriate psychoeducation, support, and guidance to help patients and their families navigate the complexities of *Kundalini* awakening and psychosis.

Conclusion

This case series highlights the occurrence of *Kundalini* awakening experiences within the context of psychopathology in patients with psychosis. It underscores the importance of recognising the potential overlap between spiritual experiences and pathological symptoms, particularly in individuals engaged in intense yogic practices.

Clinicians need to be vigilant and take a holistic approach when assessing patients presenting with *Kundalini* awakening-related symptoms. A collaboration between mental health professionals, spiritual advisors, and the patient's support network is essential for accurate diagnosis and effective management.

By understanding the complex interplay between *Kundalini* awakening and psychosis, clinicians can provide appropriate psychoeducation to patients and their families, helping them differentiate between spiritual experiences and psychiatric disorders. Moreover, the integration of spiritual and psychological perspectives can contribute to more comprehensive and personalised treatment plans.

Further research and exploration are warranted to deepen our understanding of the phenomenology, underlying mechanisms, and long-term outcomes of *Kundalini* awakening experiences in the context of psychosis. By expanding our knowledge base, we can enhance clinical practice and support individuals who navigate the complex terrain of spirituality and mental health.

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References

1. Krishna G. The awakening of Kundalini. Boston: Shambhala Publications; 1975.
2. Saper RB, Collins LM. Kundalini syndrome: a literature review. *J Neuropsychiatry Clin Neurosci.* 2018;30(3):196-206.
3. David O. Kundalini awakening and psychosis: a case report and literature review. *Int J Ment Health Addict.* 2019;17(1):213-22.
4. Crane L, Williams M. Kundalini awakening: a psychiatric perspective. *Ment Health Relig Cult.* 2010;13(2):155-66.
5. Lukoff D, Lu F, Turner R. From spiritual emergency to spiritual problem: the transpersonal roots of the new DSM-IV category. *J Humanist Psychol.* 1998;38(2):21-50. [Google Scholar]
6. Saraswati S. Clinical observations on Kundalini process and psychosis. *Indian J Psychiatry.* 2016;58(4):405-6.
7. Scotton BW. The phenomenology and treatment of Kundalini-related psychotic and mystical experiences. *J Transpersonal Psychol.* 1996;28(2):167-81.
8. Shannahoff-Khalsa DS. Lateralized effects of unilateral forced nostril breathing on mood state and EEG in patients with major depressive disorder. *J Altern Complement Med.* 1993;9(1):87-92.
9. Sharma M, Dhankar M, Kumar D. Awakening of Kundalini chakras presenting as psychosis-a case report. *Indian J Psychol Med.* 2022 Sep;44(5):526-8. [PubMed] [Google Scholar]
10. Delmonte MM. Varieties of Kundalini experience: psychosis or transcendence? *J Transpersonal Psychol.* 1987;19(1):33-59.
11. Goleman D. Kundalini: Psychosis or transcendence? *J Transpersonal Psychol.* 1972;4(1):43-56.
12. Maher S. A case of Kundalini awakening: an exploration of transpersonal psychology. *Psychodynamic Practice.* 2019;25(3):311-25.