

Research Paper

Hallucination Perspective of Psychiatry and Yoga-An Outlook in Indian context

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ABSTRACT

Hallucination is a word used to describe perceptual disorder. The term psychiatry was first coined by the German physician Johann Christian Reil in 1808 and literally means the 'medical treatment of the soul'. Psychiatry field of medicine describes hallucination in a different perspective when compared to yoga. According to yoga concepts, an individual is considered to possess, karana sarira, (casual body), karya sarira (gross body) sukshma sarira. This sukshma sarira is again assumed to have outer coverings on physical body (annamaya kosha) called pranamaya kosha, manonmaya kosha, vijnanamaya kosha & anandhamaya kosha. As mentioned here, third of the five koshas is manomaya kosha—the mind sheath. It acts as a messenger, from outer world as an intuition or thoughts. Hence this manonmaya kosha give clarity through dreams of mind, hallucinations occurring in meditation. But nowadays the theory & treatment revolving around yoga is less followed in Indian culture. This article describes, the identical views about hallucination & practical aspects of variance, for hallucination relating to Psychiatry & yoga.

Keywords: *Perceptual Disorder, German Physician, Psychiatry, Karana, Kariya & Sukshma Sarira, Manonmaya Kosha*

Mental health is the foundation for well-being and effective functioning of individuals. Mental health includes individual's ability to manage one's thoughts, emotions, behaviours and interactions with others. In this, cultural, economic, and environmental factors play vital role along with personality and genetic factors of the individual. Mental health problems in India have far-reaching social implications. Stigma and discrimination surrounding mental disorders persist in many communities. WHO estimates that burden of mental health problems in India is 2443 disability-adjusted life years (DALYs) per 10,000 populations. 50% of mental health conditions begin by age 14 and 75% of mental health conditions develop by age 24. **Treatment** of mental health disorders involves strategies for promotion, prevention, treatment through various methods. Mental illness is not the same in every individual suffering by it. Epidemiological studies report prevalence rates for mental illness from 9.5 to 370 per 1000 people. This prevalence encompasses a broad spectrum of mental health disorders, reflecting the diverse **challenges** individuals face in India. **Addressing mental health issues** is crucial for the well-being of

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Received: September 25, 2024; Revision Received: September 27, 2024; Accepted: September 30, 2024

an affected individual and also much essential for the **siblings/ parents** who is looking after the affected individual. Moreover, mental **asylums** are not a common place for treatment of affected individual in (south) Indian context. Without being separated from mentally affected person, the family experience a **reduced quality of life** impaired functioning in various domains of their personal life & an increased risk of suicide. Individuals struggling with mental health problems possess difficulties in initiating & sustaining relationships, pursuing education or employment opportunities. The National Mental Health Program (NMHP) is a mental healthcare service, aims to provide accessible and affordable mental healthcare emphasizes, integrating mental health into primary healthcare systems, since 1982. NMHP was re-strategized in 2003 to include two schemes, 1) Modernization of State Mental Hospitals and 2) Up-gradation of Psychiatric Wings of Medical Colleges/General Hospitals. Peer support can also provide individuals, chance to connect, share experiences with mutual support. **Hallucinations are common** in sleep disorders, named as **hypnopompic hallucinations**. Some people grieving the death of a loved one may momentarily hear loved one's voice. But they know that it is impossible. In general, so-called NORMAL people can also experience hallucination before falling asleep or waking up. The science proven fact is that, through burst of electrical activity, neurons communicate with each other. This electrical activity can be measured by EEG. Before sleep, being drowsy activates alpha wave pattern. Theta waves are slower brain waves that gradually replace alpha waves as sleep initiates. Hypnagogia occurs & it is characterized by phenomenological unpredictability, distorted perception of space and time, and **people experience hallucinations**, lucid dreaming like symptoms. When a person is having poor organization of timing of sleep (looking into terror movies, using gadgets) they have trouble sleeping. They will experience tiredness during the day even though they received seven hours of sleep the night before. Moreover, daytime activities of daily living itself will be affected for them. International Classification of Sleep Disorders (ICSD) has given these symptoms in sleep disorders. Stress is common in these people with sleep disorders. Some people use lamps (light) near their beds. For elderly to avoid falls in environment light is necessary. But young people can avoid them, to allow **Melatonin** secretion in darkness, it plays vital role in sleep. In unavoidable conditions, melatonin supplements can be used as prescribed medications. Sleep aids, including melatonin, like zolpidem, zaleplon, eszopiclone, ramelteon, suvorexant, lamborexant or doxepin are available for those suffering sleep disorders. The substance abuse people, become dependent on (like) **alcohol**, marijuana because of **auditory hallucinations** it produces temporarily. They may have fragments of conversation, which makes the person to project all his unconscious conflicts, hidden by him at mind. Indian culture of alcohol use, permitted by government, is a good stress buster for many.

Charles Bonnet syndrome is often linked to eye conditions such as cataract, age related macular degeneration in which hallucinations after losing sight is common. It's related to patterns such as shapes or lines that moves in color for a few minutes. Some neurological conditions like Parkinson's disease, Alzheimer's disease can induce hallucinations in its sufferer. Postpartum psychosis can affect females who recently gave birth. Indian, mothers suffer about 22% by postpartum psychosis (depression). Though having strong partner support lessened it, **hallucinations & delusions** are common in this condition. The family is at risk when the hallucination overtakes & **commands a person to harm** their child or themselves. The rate of harm to a child is about 4.5% and rate of dying by suicide is about 5%. A mood stabilizer, administered by psychiatrist properly clears the condition.

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But **abnormal hallucination** is the one where a false perception of objects or events involving the senses of sight, sound, smell, touch and taste occurs. In auditory (sound) type, people hear voices when no one has spoken. The voices may be positive, negative or neutral. They may command to do something that may cause harm to them or others. In Visual (sight) hallucinations, seeing things that aren't real happens. Touch hallucination involve feeling like bugs are crawling on skin or internal organs are moving around. Smell hallucinations involve experiencing odd smells that don't exist. Gustatory (taste) hallucinations often strange or unpleasant metallic taste are relatively common symptom as in epilepsy. People who have epilepsy involving temporal lobe can experience most commonly olfactory hallucinations.

Psychosis type of mental illness is different from the above said conditions. Common symptoms start with various type of **hallucination**, delusion, disorganized (irrelevant) speech and behavior, reduced emotional expression, and social withdrawal. They experience difficulties in cognitive functioning. **Schizophrenia** is a chronic type of psychosis that affects a person's perception of reality, thinking processes, emotions, behavior added with hallucinations. A condition called **mania** characterized by more talkative behaviour, having racing thoughts — lots of topics at the same time (“flight of ideas”) is also a type of psychosis, in which hallucination is common. DSM describes hallucinations are more predominantly to be auditory than the other subtypes. Typical (first-generation) and atypical (second-generation) **antipsychotic medications** may decrease severity of hallucinations in people with schizophrenia & bipolar disorder.

Ideas / views related to hallucination in Psychiatry

In 1788, King George III suffered mental illness for which he received attention from Francis Willis, a ‘mad-doctor’ renowned for his piercing stare. The term ‘psychiatry’ was first used in 1808 by Christian Reil, a professor of medicine in Germany, to describe the evolving discipline. According to Psychiatrist, Hallucinations are manageable with treatment and can become disturbing or dangerous if they're not treated. If hallucination is seen in a person, family is advised to react calmly with reassuring words and a comforting touch. If their behavior in response to their hallucination isn't dangerous, no interference is needed. Any professional, need to avoid negative questioning/ reasoning out the person experiencing hallucination. Don't argue about what they're experiencing. For example, if the person hallucinates to seeing a dog in the room, it may be more helpful to say, "I'll take the dog out," rather than arguing that there's no dog.

Hallucination can occur in stages

A person may experience anxiety, loneliness or guilt in reality (first stage) that makes them to focus obsessively on thoughts that will relieve those feelings. However, the sufferer can control them, that is, by **temporary refocus**, hallucination can be avoided. In the second stage, anxiety is felt to a greater degree & sufferer purposely listens to hallucination. They may start to experience extreme distress and fear that other people can hear the voices and avoid social situations. A decreased **attention span** and an increased blood pressure, heart rate and respiration rate are features of stage 2 hallucination. In stage 3, voices (auditory hallucination) make commands & threaten if commands are not followed. **Now**, this hallucination becomes **harmful** to the person experiencing it as well to those available with them. Diagnostic manual, DSM-V highlight hallucinations as a primary symptom in psychotic disorders. As a treatment, **Cognitive Behaviour Therapy** adapted for person experiencing hallucinations can change the way they think about and respond to those

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experiences. In **first stage** of experience, CBT administered by proper Occupational therapist/ Psychologist can make them focus reality.

In terms of modern psychology, it can be called the subconscious in a creature. All higher-order creatures have a subconscious state. Some people having the power to predict things, create amazing art, or discover the mysteries of nature, are gifted. Kundalini process became a means to achieve such powers. **Author Roger Penrose** explains about consciousness and the way we perceive reality in his books. To him, our cognitive processes experienced through five senses are not consciousness. He attempts to explain this through ILLUSIONS, experienced in conscious state. He says human brain as a complex machine that produces a million different processes to deal with reality.

Yoga – Hallucination

Kundalini Yoga describes hallucination as **build-up of energy**. On spiritual life track, people dislike material things (possessions don't serve any purpose). This view alters their personality, making them calmer, **less responsive to outer stimulus**. Next occurs, the transformation of energy to heat wave experience, which leads to **lucid dreams & hallucinations**. Lot many **pranayama's** are suggested **by the science of yoga**, which carries reason on its **effect for hallucination**.

Kundalini Yoga as explained by its experts

Kundalini is considered the "cradle of consciousness" and it corresponds to the pituitary gland and most other hormone-secreting glands. In saivism the concept of kundalini is symbolized by the Shiva lingam, the oval-shaped rock or pillar with a serpent coiled around it. Awakening of Kundalini may be associated with feelings of upward moving vibrations over the spine, shock like sensations, upward gaze and focusing of the eyes between the eye brows, suspension of the breath, seeing light and hearing of sounds (hallucination of waves in the ocean, thundering of clouds, ringing of bells, flutes, and finally the sound of the word 'OM'). There is another psychic center - Ajna Chakra, which is the seat of intuitive knowledge and it is (symbolized) assumed to lie between the eyebrows. To this place, awakened kundalini energy needs to come & accumulate. Sivananda says, that the awakening of Kundalini manifests itself through various physical, psychological signs and symptoms. While the process of rising prana or energy to the sahasrara chakra, vibrations of prana in different parts inside the body (electric-like currents flow up and down the nerves) experiencing bliss, having divine visions, and getting insight happens with individuals. When Kundalini is at one chakra, intense heat is felt there, and when it leaves that center for the next chakra, the former chakra becomes very cold and appears lifeless. But individual may throw symptoms of PSYCHOSIS with hallucination, if not correctly managed (not guided/ unsupervised by guru experiences). Hence, we can understand from the information's, Kundalini awakening **mimics hallucination** caused by Psychosis.

Tamil poet Avvaiyar (Vinayakar Akaval) explains, power of Kundalini has to rise & manifest itself, for **pure desire of compassion & love to be awakened within us**. The ego will just break open & **people can equally respect the atma within all species**, irrespective of the inequalities & barriers of life, like racialism, nationalism, communism, capitalism and all 'isms'. Divine Love will be the end result. Agastiyar kirigai nool also describes, eighteen psychiatry disorders where hallucination is mentioned with treatment.

Searches related to administering yoga therapy to mental illness, for those suffering hallucination gives the following methods of therapy. **Meditation** is a type of yoga, where

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focus on being aware of what is sensed and how it is felt in the moment, without any judgment. It appears to change brain structure, and some of these changes may help people with mental disorders. A **2021 study** published in *Frontiers in Psychiatry* found that people with schizophrenia who participated in a weekly yoga distracted them from disturbing symptoms such as hallucinations. Many antipsychotic medications prescribed to such individuals develop obesity, diabetes, and high cholesterol. But **yoga helps lower stress hormones** such as cortisol. Yoga if practiced regularly raises oxytocin levels, a hormone related to improve mood. Symptoms of certain personality disorders like **borderline personality disorder** may have a significant overlap with labile mood, impulsivity, delusions, and hallucinations. If mood fluctuations got maintained through YOGA, then hallucination may not be there.

CONCLUSION

In India, mental illness was viewed in ancient days as divine curse (Atharva Veda). Beliefs, values, standards of conduct, principles of karma, spirituality, nonviolence, praying, reincarnation, truth, and so on continue in Indian culture. Though in 1794, first mental health hospital was started (south India), mentally ill were **taken care by traditional medicines**, which addresses hallucination also. **Najabuddin unhammad**, a physician described seven types of mental disorders in Unani medicine with management of hallucination. In similar ways yoga also addresses hallucination. But if advanced yogic practices are not performed with precautions, it can result in harmful psychosis. There exists many contrary between the professions (Yoga & Psychiatry) If not understood clearly, the true follower is the sufferer. When we look into hallucination perspective, yoga describes it as part of practice to attain mukthi. (Bhakthi yoga, Pathanjali yoga, Raja yoga...) But psychiatry views hallucination as mental illness & definitely needs to be treated with proper medications.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Suganya, G. & Aishwarya, R. (2024). Hallucination Perspective of Psychiatry and Yoga-An Outlook in Indian context. *International Journal of Indian Psychology*, 12(3), 3139-3144. DIP:18.01.304.20241203, DOI:10.25215/1203.304