



ESSAY

# Psychosis or Spiritual Experience? Rethinking Mental States Through Cultural and Mystical Lenses

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## HIGHLIGHTS

A review explores how cultural beliefs and spiritual frameworks—like shamanism and mediumship—can shape the interpretation of psychotic experiences, suggesting that openness to these perspectives may offer meaningful support without dismissing medical causes.

## ABSTRACT

Psychotic processes remain poorly understood mental states. This review aims to examine the spiritual challenges and discrepancies surrounding psychosis, and the role cultural backgrounds and beliefs play in determining whether a psychotic episode is considered a pathological condition. The article explores mediumship, shamanism, and mystical experiences, examining their similarities and differences with psychosis. Symptoms of psychotic episodes are often viewed as pathological rather than simply different or less understood. The spiritual world remains a controversial topic in the scientific community. However, an openness in exploring this realm may help provide meaning and guidance to patients with psychosis. Mediumship, shamanism, and mystical experiences all involve altered states of consciousness and perceived interactions with spiritual realms; however, they differ in their conceptual foundations, cultural contexts, and functions. It is important to recognize that attributing spiritual meaning to a psychotic episode does not automatically rule out the possibility of an underlying pathology. Factors such as nutritional deficiencies or biochemical imbalances should be carefully considered before assigning spiritual significance to a symptom. This article aims to explore the complex interplay between these phenomena and psychosis, highlighting how their overlaps can complicate diagnosis and make treatment even more challenging. Further research on the subject could help to establish links between tangible and intangible aspects of life and bring to light new alternative approaches to address psychosis.

## KEYWORDS

Mental Health, Schizophrenia, Psychosis, Mediumship, Spirituality, Shamanism, Nutritional Psychiatry.

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## INTRODUCTION

Modern medicine has a tendency to categorize certain symptoms as diseases even when the underlying cause of the symptoms is not fully understood. This can lead to treatment options that may not be effective for the individual patient, as the symptoms of psychosis can vary widely from person to person. Currently, the only accepted pharmacological treatment for psychotic episodes is the use of atypical antipsychotic medications, which have low efficacy and often come with adverse side effects (Lambert, et al., 2003, p. 567). Nonpharmacological options are also available for patients with psychosis, including family support, cognitive behavioral therapy, electroconvulsive therapy, and psychotherapy (Dickerson & Lehman, 2011, p. 520; Rummel-Kluge & Kissling, 2008, p. 1067). These programs have been shown to reduce rehospitalization and improve social functioning in patients with schizophrenia (Crismon, et al., 2014, p. 1019; Petersen, et al., 2005, p. 602). Nonpharmacological interventions, such as meditation, have also been shown to alter brain biochemistry, which could be beneficial for some patients, while inducing psychosis in others (Harvard Health, 2011, para. 1). Despite these options, the need for therapy will often depend on the perception regarding the person experiencing symptoms of psychosis. In fact, the threshold between normality and pathology seems debatable concerning psychotic episodes, as explored in this review.

### Different Perceptions, Different Labels

The concept of abnormality and the nature of ordinary reality are at the heart of the debate over psychosis. Some scientists argue that there is a divide between those who have experienced altered states of consciousness and those who have not. According to Szasz, the medical model that relies on the Diagnostic and Statistical Manual of Mental Disorders (DSM) places too much emphasis on diagnosis and classification, despite the poor reliability of such diagnoses (Noll, 1983, p. 443). Szasz also argues that labeling someone as “ill” puts them in a dependent and, therefore, inferior role in society (Noll, 1983, p. 443; Szasz, 1961, p. xi). Many symptoms of schizophrenia, for example, are non-specific, making misdiagnosis and categorization problematic. A study conducted in specialized psychiatry centers in Ethiopia found that over a third (39.16%) of patients with severe psychiatric disorders were misdiagnosed (Ayano, et al., 2021, p. 10). The understanding of psychosis often depends on the type of support a person

seeks. While psychiatrists typically rely on the DSM for diagnosis, the same symptoms may be interpreted very differently within cultural or spiritual frameworks.

### Shamanism, Religion, and Psychosis

The concept of pathology and its relationship to cultural backgrounds and beliefs is raised by the different understandings of psychosis. While it is a term used in clinical practice, it has an ambiguous scientific definition (Kelemen & Kéri, 2014, p. 4). In some cultures, the onset of schizophrenia is seen as the “initial call” of the shaman (Eliade, 1964, p. ix; Landy, 1977, p. 12), a figure associated with the quest to resolve the problems of existence. Some theories suggest that religion and shamanism share similarities with psychosis, which raises questions about the influence of culture on the conceptualization of spirituality (Kelemen & Kéri, 2007, p. 333). These cultural perspectives suggest that pathology may not be a universal concept and that it may be shaped by various beliefs and backgrounds.

Some researchers argue that a patient’s spirituality and religious involvement can affect the clinical presentation and content of psychotic symptoms. For instance, some researchers estimate that 20% to 60% of patients report psychosis with religious delusions (Bhavsar & Bhugra, 2008, p. 165; Gearing et al., 2011, p. 150; Cook, 2015, p. 404). Limited research is available on this topic, but it is estimated that delusions of possession are present in 20% to 40% of patients with psychosis (Cook, 2015, p. 404). Three types of religious delusions or hallucinations have been identified: (1) delusions with religious subject matter, such as prayer, sins, or religious artifacts; (2) delusions featuring religious figures like God, Jesus, the devil, or a prophet; and (3) delusions relating to the supernatural, such as mysticism, spirits, demons, black magic, voodoo, sorcery, and enchantment (Gearing et al., 2011, p. 150). While some authors believe that the content of the delusions reflects a reconstruction of traumatic experiences (Corstens & Longden, 2013, p. 270; Hardy, 2017, p. 697; Moskowitz, 2019), the reason why many psychotic events are related to mystical or religious themes is unknown.

Psychosis themes related to religion and spirituality have caused some individuals to turn to shamanistic or spiritual healing practices. A shaman is a person who is believed to have mastered spirits and is able to incorporate them into themselves in order to assist others affected by spirits. The ability to enter a trancelike state is often considered a defining characteristic of shamanism. Shamans

communicate with supernatural beings through visual or auditory hallucinations. According to a study by Nishimura in 1978, 35% of patients with mental disorders who consulted with shamans received explanations for their mental and physical conditions (Nishimura, 1978; Nishimura, 1987, p. S59). These shamanistic treatments included chanting, prayer, and ritual offerings to spirits, in addition to medication. The study found that combining spiritual practices with modern medicine resulted in positive outcomes and that shamanic practices have been linked to improved mental health in some hospitals. It is worth considering whether the purpose of seeking help is to find meaning in what is happening to the person and whether meaning identified by a shaman can reduce or increase distress.

### Mediumship

Mediumship involves abnormal neurological patterns associated with trance and non-trance states, which can be seen as a form of dissociation. Mediums are believed to act as a “go-between” for communication between the living and deceased entities (the discarnate). This has been supported by research in the field (Hageman et al., 2010, p. 85; Kripal, 2014; Oohashi et al., 2002, p. 435; Peres et al., 2012, p. 1).

In many cultures, including Afro-Brazilian and Latin American cultures, mediumship is a widely accepted and practiced method of socio-spiritual interaction. Several studies have been conducted on mediumship, which have shown that mediums tend to score as “severely dissociative,” which in other cultures might be described as being highly imaginative. The ability to dissociate and alter one’s normal state of consciousness through hypnosis-like procedures seems to be necessary for mediumship, as well as for experiencing and comprehending anomalous experiences. Other studies have also demonstrated an increase in theta waves and a decrease in alpha waves in trance-like states (Hageman et al., 2010, p. 85). When mediumship is socially accepted, mediums have been found to have good mental health (Bastos, 2015, p. 129). This raises questions about whether a mental health diagnosis leads to a pathological acceptance and state that prevents mediums from exploring their skills in a supportive and secure environment.

Another common belief potentially linked to dissociative symptoms is the notion that communication with the deceased is possible. Individuals who claim to have such experiences are referred to as “mediums” (Steffen, 2004). A survey conducted among 18,607 participants from the

United States and thirteen European countries revealed that approximately 25% reported having contact with the dead (Steffen, 2004). Double-blind studies have shown that, in certain cases, the information provided by mediums can be verified as accurate (Fernández-Egea et al., 2014, and Cesare et al., 2015). While dissociation symptoms are often associated with dissociative identity disorder (DID), mediumship experiences should not be universally dismissed as pathological. The main difference between what is considered a pathological symptom could be the level of distress experienced during a dissociative episode.

Despite these findings, other studies suggest that mediums do not universally exhibit high levels of dissociation, with variations influenced by cultural, group, and individual factors. For example, research conducted by Maraldi, Ribeiro, and Krippner examined the role of cultural and group differences in shaping mediumistic experiences and their connection to dissociation. Their findings indicate that these experiences and beliefs vary significantly both between and within cultures, highlighting the importance of considering cultural context rather than applying a one-size-fits-all classification (Maraldi, 2019).

Some pathological behaviors have been observed in less experienced mediums, but they have also been found to have weaker social support networks (Negro, et al., 2002, p. 51; Seligman, 2005, p. 272). This raises the question: Is unsupported and unguided mediumship a form of psychosis? Moreira’s research suggests that proper integration of mediumship requires social support and an understanding of one’s spiritual purpose when experiencing paranormal phenomena, which can alleviate distress (Moreira, et al., 2008, p. 420). However, the current medical system often pathologizes such phenomena, which can lead to distress. People with verified mediumistic abilities and sensitivity to paranormal phenomena may experience emotional, mental, and psychospiritual stress. However, integrating these unusual experiences in a healthy and affirming manner can reduce distress and potentially prevent diagnoses of ego dystonic pathology. Health professionals have sometimes diagnosed mediums with mental disorders like schizophrenia and DID due to their ability to transmit information from another dimension through automatic writing and painting, meditation, and other forms of meditative and trance-like states. People with extra-sensory abilities may experience severe distress due to the overreliance on pathology to explain anomalous experiences (Seda, 2021).

## **Dissociation Variation In Mediumship, Shamanism, Mystical Experiences, and Psychosis**

Mental health professionals have historically viewed spiritual experiences, particularly those similar to psychotic and dissociative disorders, as signs of pathology (Moreira & Cardeña, 2011, p. S29). Disorders such as dissociative identity disorder (DID) and schizophrenia are often misdiagnosed, which is characterized by hallucinations, delusions, disorganized thoughts, and abnormal motor behavior (American Psychiatric Association, 2013).

There are several differences between the altered states of consciousness in mediumship, shamanism, spirituality, and psychosis. One difference is volition: a shaman voluntarily enters and leaves their altered state of consciousness, while a person with psychosis is a victim of these altered states. Another difference is in the form and content of thoughts: for example, 50% of people with schizophrenia have thoughts that are overtly hostile or linked to paranoia (American Psychiatric Association, 1980). People with psychosis are thought to confuse various worlds, such as the spirit or mystical world and the tangible human world, and some may fail to return from this voyage (Hultkrantz, 1973, p. 25). A third difference is in perception: some authors believe that religious hallucinations are predominantly visual, while people with psychosis often have auditory hallucinations. The fourth difference is in affect, sense of self, and relation to the external world. Schizophrenia or psychosis is characterized by a flattening, blunting, or contextually inappropriate expression of affect, and a disturbance in one's sense of self (individuation, uniqueness, and self-directedness), which is not the case for shamans (Noll, 1983, p. 443). These differences raise questions about whether volition, thoughts, and perception differences depend on practice or social acceptance of spiritual phenomena, and whether there are other factors to consider in patients experiencing hallucinations, such as nutrition.

### **Psychosis and Biochemical Particularity**

Psychosis is associated with several symptoms, including hallucinations, delusions, disorganized thoughts or behavior, and negative symptoms (National Center for Biotechnology Information, 2019). Hallucinations and delusions are symptoms that could be compared to other spiritual experiences. Scientific research suggests that schizophrenia and psychosis are likely caused by a combination of genetic and environmental factors (Beck et al., 2009, p. 30; Lavretsky, 2008, p. 3). However, there is still a lack of agreement on the exact diagnostic criteria, causes,

and underlying mechanisms of the disorder, due to its heterogeneity. Many theories on the pathophysiology of psychotic episodes posit that problems with neurotransmission play a role, such as imbalances in the levels of neurotransmitters like dopamine, serotonin, and glutamate, or neurochemical imbalances involving aspartate, glycine, and GABA (Lavretsky, 2008, p. 3).

DMT (Dimethyltryptamine), a molecule commonly used recreationally and referred to as the "Spirit Molecule," has been found in the urine of both patients with psychosis-related symptoms and individuals without such symptoms. In a study of admitted psychiatric patients and normal control subjects, DMT was present at higher concentrations in the urine samples of patients with schizophrenia, mania, and other psychosis-related symptoms (Murray et al., 1979, p. 644). Additionally, meditation has been linked to increased levels of DMT, which can produce psychotic-like effects and mimic the symptoms of schizophrenia (Sharma, et al., 2022, p. 391).

It is important to note that the biochemical changes observed in patients with psychosis are numerous and complex. Some of these changes (without drug consumption) or the effects of certain drugs may be similar to the experiences sought through spiritual practices.

### **Patient Choice Approach**

Although some spiritual experiences can have positive effects on mental health, others can worsen mental health conditions. According to a study conducted in India, 40% of schizophrenic patients' families encouraged them to participate in faith healing or magico-religious treatment rather than seeing a psychiatrist (Kulhara, et al., 2000, p. 62). These patients may choose magico-religious options because psychosis is more stigmatized than possession in certain cultural contexts (Ventriglio et al., 2018, p. S13) or because they have different interpretations of similar concepts. For example, hallucinations may be seen as a spiritual gift in one culture, but as a disease in another culture or medical system. As a result, psychotherapy and psychiatric treatment may be hindered or delayed (Pietkiewicz et al., 2021). Some authors argue that religious leaders can influence people to seek help for mental health issues by directing them to clinical consultations or by encouraging exorcisms and the belief in possession (Tajima-Pozo et al., 2011 a,b).

Collaboration between holistic and traditional healthcare providers, along with an open and accepting attitude towards a patient's cultural beliefs and origins, can be

very beneficial for the patient's mental health. Imposing one's beliefs on a patient will not lead to effective healing. Patients may feel more empowered and inclined to seek help if treatment options are more appealing and effective, and if their symptoms are not pathologized (Pietkiewicz et al., 2021 a,b). It is important to note that an inexperienced or unqualified spiritual guide or shaman can be just as detrimental to a patient's healing process as a discriminatory medical professional. Instead of trying to steer patients towards what is considered the "best" treatment, it is important to respect their choices and options and to support them on their journey towards well-being and peace.

## GAPS IN LITERATURE

Psychosis is still a relatively misunderstood condition. In the absence of knowledge, it is essential to be open to new ways of expanding that understanding, including hypotheses about mental states and treatments. As an unusual state of consciousness, other considerations should be explored prior to considering an experience as a pathological diagnosis. Lack of support, lack of acceptance, fear of the unknown, and many other factors can increase distress in such patients, which may help explain why the current medical system has pathologized psychotic experiences. It is important to question the pathological view of a mental state that is interpreted differently in other cultures. These questions would not be as pressing if mental illnesses were better understood and treatment guidelines were highly effective. The concept of mediumship, shamanism, and spirituality remains poorly understood and challenging to grasp due to its intangible nature.

New perceptions of illness and new understandings of spirituality should be explored and widely known. The current medical system emphasizes pathology and a reductionistic viewpoint. Well-being encompasses nutrition, spirituality, social support, and the environment. A single "one-size-fits-all" antipsychotic drug cannot provide long-term relief to a mental health patient. Exploring and understanding spirituality could bring more acceptance, less stigma, and more options to distressed patients. The spirit world is unknown and remains taboo in science. More studies on the subject, however, can help establish links between the tangible and intangible aspects of life. It is important to consider clearer definitions of mediumship, shamanism, religion, spirituality, and more to increase common knowledge of similar phenomena. Together, the hypotheses proposed in this article suggest that some

symptoms associated with psychosis can be compared to unguided mediumship, shamanism, or a mystical experience, and that the level of distress associated with such experiences can be a reflection of the acceptance, perception, and support from a direct social environment.

Spirituality or religion can have a positive or negative impact on physical, mental, and spiritual health and coping. However, it is important to note that spirituality and religion are distinct concepts. One can be religious and not spiritual, or spiritual and not religious. These distinctions are often not recognized in scientific reports.

The current healthcare system often resists alternative medicine, yet it's important to acknowledge that such approaches can be profoundly beneficial and even life-changing for many patients. Greater flexibility and openness to collaboration could yield significant advantages. The challenges in integrating alternative approaches stem from a lack of knowledge about these practices, insufficient structure, and the absence of robust models to evaluate their effectiveness, efficacy, and impact on patient outcomes. Addressing these gaps could pave the way for meaningful progress in patient care.

## DISCUSSION

As discussed in this article, there are several factors that may contribute to symptoms commonly associated with psychosis. These symptoms may be considered pathological depending on the patient's level of distress or the beliefs and education of caregivers. Social acceptance and support can also help patients experiencing psychosis to practice their skills, cope with their symptoms, and live a purposeful life. There have been differences observed in the biochemistry of patients with psychosis, but this topic falls outside the scope of this article. The purpose of this article is to highlight the potential similarities between psychosis and spiritual experiences, and to consider that any differences between the two could depend on various factors, including biochemical changes, environment, caregivers, social support, and more. Historically, these connections have not been thoroughly studied due to the pathologization of such symptoms by scientists who have not personally experienced paranormal or supernatural events. The hypotheses presented in this article do not diminish the distress that may accompany the discovery of psychic abilities, visions, hallucinations, or the ability to see spirits. However, it may be more helpful to support someone experiencing these symptoms by guiding them

and helping them establish boundaries rather than categorizing them as mentally ill.

While the discovery may be distressing, it is crucial to explore other factors that could contribute to such symptoms, including diet, medication, relationships, and other potential influences. A more in-depth assessment of the nature and types of extra-sensory perceptions could provide valuable insights into the relationship between psychosis and mediumship. Key questions to investigate include whether there are distinctions in the overall distress experienced by someone diagnosed with psychosis compared to someone identified as a medium, a shaman, or going through a mystical experience; and whether the types of hallucinations—such as auditory or visual—are similar or fundamentally different. It would be valuable to explore the perception of these various spiritual realms. For example, what is the perception of shamans of mediums, and vice versa? Understanding these nuances could shed light on psychosis, the underlying mechanisms, and potential approaches.

Another issue related to the hypotheses discussed in this article is the need for open-mindedness to counter the lack of knowledge in the medical field. Researchers like Alain Kardec (Kardec, 1857) have studied thousands of mediums and provided new insights and understandings of the spirit world, and their work and the work of others should be taken seriously so that the medical community can provide non-pharmacological care for people experiencing such symptoms. Acceptance and education from others who have had similar experiences should be included among the non-pharmacological options offered. In cases where a patient presents a danger to themselves or others, other measures may be necessary at the discretion of the healthcare provider.

Another factor that needs to be addressed is the understanding of spirituality. This term or concept is not understood in the same way by mental health professionals and patients. Rainbow THO et al. explored the differences in definitions of spirituality and found several differences in the understanding of spirituality and the role it played in illness recovery (Ho et al., 2016). Discrepancies in definitions can lead to misunderstandings, expectations, and labels rather than acceptance, understanding, and high-quality, holistic care.

People with schizophrenia, for example, may have psychotic symptoms like hallucinations and delusions, leading to experiences that others find strange and hard to comprehend. Spiritual experiences that are generally considered “special” and “uncommon” may be viewed as

symptoms of mental illness (Corrigan, et al., 2003, p. 487; Lukoff & Everest, 1985, p. 123; Lukoff, et al., 1998, p. 21; Siddle, et al., 2002, p. 130). Mohr and Huguelet conducted a review of the relationship between religion and schizophrenia and found that patients avoided discussing religion with their psychiatrists due to concerns about how their beliefs would be perceived (Mohr & Huguelet, 2004, p. 369).

While this paper primarily explores the complex and multifaceted spiritual dimensions associated with psychosis, it is important to recognize that attributing spiritual meaning to a symptom does not exclude the possibility of an underlying pathology. Numerous studies have examined the link between diet and schizophrenia (Löffler & Heinz, 2021, p. 8554424) or psychosis (Firth, et al., 2021, p. 8474162), highlighting the need to consider nutritional factors when evaluating symptoms. A symptom perceived as spiritually significant may, in reality, be a manifestation of a nutritional deficiency or biochemical imbalance. Therefore, maintaining a critical and comprehensive approach to psychotic symptomatology is essential. It is prudent to thoroughly assess the biochemical and nutritional status of a patient before attributing spiritual significance to their symptoms.

## CONCLUSION

The purpose of this review was to examine the current limitations in the treatment of psychotic episodes and to understand the gaps in current medical research on the treatment and diagnosis of mental illness. This review emphasizes the importance of an open mind toward other cultures and aspects of life when considering symptoms as a disease. It highlights the need to work with different holistic professionals and build a shared understanding of the concept of spirituality. It is essential to approach psychosis through a holistic lens, thoroughly exploring potential causes such as poor diet and nutritional deficiencies before attributing spiritual significance to a symptom. Establishing a testable, educational, and supportive framework for patients experiencing psychotic episodes could significantly enhance their care and outcomes while equipping healthcare providers with effective tools. The ultimate goal remains the same: the patient’s wellness. Recognizing the significant role that spirituality plays in the rehabilitation process between clients and mental health professionals is a crucial first step in supporting patients’ overall health.

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