REFLECTIONS OF *SHAKTIPAT:* PSYCHOSIS OR THE RISE OF KUNDALINI? A CASE STUDY

Jon Ossoff
Glen Oaks, New York

None of us had ever seen anything like it. It seemed to go on and on. Bouncing, hopping, springing off her feet, she seemed motivated by some external force, driven. The breath rapid, drawn in and out in quick machine-gun bursts, her fingers clicking, snapping in stereotypic movements over and over again. The eyes rolled back and in, the whites showing, then tbe hopping would take over again.

Later we all tried to shrug it off as just another strange psychotic reaction. After all, it was Friday and a long Labor Day weekend was beginning. But by Tuesday, after returning to the hospital, my suspicions had turned to certainty. This woman was not psychotic, and what we had witnessed on Friday was not a psychotic episode, but was in fact, a Kundalini Awakening.

just another strange psychotic reaction?

There was nothing extraordinary about her, nothing to suggest other than another patient brought to our admission unit due to an acute psychotic episode. They come in all the time: four, five, sometimes eight each week-their stories thematically similar- too much crack cocaine, refusing to take their anti-psychotic medication, picked up by the police on the streets, assaulted somebody. And so, initially, I assumed it was the same with her.

There were some differences. She (I will call her Rosita) was from Mexico, in her early thirties, pretty, slim, carelessly dressed, brought to the psychiatric center for "bizarre behavior." It was reported she was running about a hotel without clothing, after having attended a conference in New York three days before. The report also stated she said people from other planets were after her. Rosita had no previous hospitalizations (very rare for the patients

we see). It was also reported she had not slept in three days and was confused. "Selectively mute" was also noted and with good reason. Rosita did not speak even in response to simple questions posed in Spanish and not even to her boyfriend who visited her that first day. She continually looked at him and at me but appeared so withdrawn, so "lost" as to be nearly catatonic.

Her boyfriend was naturally concerned. He spoke English haltingly, but well enough to address most questions. He stated she had never had a psychiatric problem such as this. Yes, she had been depressed on and off beginning ten years ago when her father died, but she had never needed or seen a therapist, had never even taken any medication, and had certainly never been "so, so, well, look at her-she does not even know me!"

"Any drug, alcohol use?"

"No."

"Anything stressful, frightening, traumatic recently?"

it seemed she had undergone a brief reactive psychosis

Again he just shook his head and sighed. The psychiatrist told him we would try to stabilize her so that she could fly home to Mexico City as soon as possible, where she could then receive more psychiatric treatment if necessary---and at this time, it certainly appeared necessary. It seemed at the very least she had undergone a brief reactive psychosis in response to some stress or event or combination of events of which she (and apparently everyone else) was unaware.

Rosita seemed to look at me continually. Her mouth had a kind of rigidity to it, open yet frozen to one side, and on several occasions she made an effort to formulate words but could not.

Her psychiatrist had ordered anti-psychotic medication to help reduce the withdrawal, the possible hallucinations, and Rosita had received her first injection that morning. **In** fact, when her boyfriend had visited, he had expressed concern Rosita was becoming worse, stated she had been better the day before and wondered if she were overmedicated. He was reassured she had been exactly like this since admission, and, in any case, one dose would not cause such a change in behavior. At this point he thanked us, told Rosita he would call her later that day and departed.

Rosita looked at me, then went back into the larger patient area. She appeared no better and no worse than when she came into the unit some fifteen hours before. I left her, assumed other duties, then went to lunch.

When I came back onto the ward, I was greeted with loud noises, jostling, harried voices, nothing completely out of the ordinary for this unit, but worthy of investigation nonetheless. There in a hallway I observed Rosita hopping, bounding upright, springing into walls, with an attendant at her side, doing her best to intervene. Rosita did not appear to be trying to harm herself, but was seemingly unable to control her own trajectory. The movements appeared "other directed," as if they arose spontaneously and not of her own volition. My attention was drawn to her hands. They were at shoulder level, and her fingers were making quick thumb-forefinger and thumb-middle finger connections in rapid succession. Her eyes were rolled back in her head and looking either at the ceiling or the upper bridge of her nose. Her breathing was very fast, and short bursts could be heard emanating from her mouth.

This experience went on for twenty to twenty-five minutes. There were four or five of us with her, and we attempted to hold her, protect her from hitting into walls. At one point she held my hand for support, for reassurance, but the bounding and quick breathing continued, and, after a minute or so, she pushed my hand away so she could resume the repetitive finger movements using both hands.

The staff was understandably baffled (myself included) and discussion ran the gamut from psychomotor seizure to drug reaction. It was quickly determined that the small drug injection five hours before could not have induced these effects. Seizures, the doctor informed us, would not last this long. As for malingering, it seemed out of the question that a person would fake an episode such as this. The chief psychiatrist commented, during the episode white the hand movements were observed and Rosita's eyes were rolled up and in, "It seems she's performing some kind of ritual."

the staff was understandably bajJled

The chief psychiatrist decided to give Rosita an anti-anxiety agent to calm her. When the injection proved slow to act (Rosita continued to bounce, banging into walls), a physical restraint device (in which arms and Legs are immobilized in their natural positions while a patient lies on a bed) was ordered to prevent Rosita from inadvertently harming herself.

By this time her body had taken on a kind of thrashing motion and attempts to have her lie down on a mattress were met by a forceful spring-like action in which she arched her back, propelled herself onto her feet and in one motion began hopping, bouncing again. She was unbelievably strong for a woman 5' 2" and about 105 lbs.!

With the help of the injection, the physical restraint, which she appeared to accept almost gratefully (most patients who are in a

psychotic state will fight the restraint, at least, initially), and a very compassionate, Spanish-speaking laundry worker who soothed her continually, Rosita became calm.

Within ten minutes the physical restraint was removed and she drank five to six glasses of water, two glasses of juice, and two cans of a nutritional supplement (she had not eaten much since admission). Her body and dress were drenched in sweat, her breathing was restful, and finally, mercifully, she drifted off to sleep.

This was Friday afternoon at 3 p.m, At 4:30 p.m. she was sleeping soundly, and the clinical staff went home. As a psychologist in mental health for over fifteen years, one learns necessarily *to* leave the "job at the job." But this case, this woman, this experience, continued to inhabit my thoughts during the long weekend. The chief psychiatrist had also been concerned and had checked on Rosita over the weekend-to find her quiet and calm.

"Transformed was not too strong a word

On Tuesday, after going through the routine of morning, new admissions and meetings, I was somewhat surprised to find an attractive, well-dressed woman enter my office, smile, and ask if she could sit down. "Transformed" was not too strong a word.

"How are you?" I began.

"Fine."

"You certainly look like you're doing a lot better than last week."

"I feel better, thanks." Her voice was strong, and, although there was a clear Spanish accent, she was articulate and appeared to have at least a command of English, although somewhat limited.

She began again. "I feel good, I think, I-I-don't know, I-."

I waited. She obviously wanted to tell me something. She shook her head slightly and shrugged. "I think-sometime, maybe--Sh-Shaktipat."

"Excuse me?"

"Yes, you know it?" She smiled somewhat uneasily. My own surprise obviously was making her uncomfortable, and she did not know how this would be taken.

"Shaktipat?" Now it was in a form of a question she asked. A part of me felt astonishment at her use of this term, but the other part felt

like it was being filmed for a "Candid Camera" episode. One more time, I figured, I better be sure.

"Did you say S-H-A-K-T-I-P-A-T?"

"Si, I mean, yes." And she half laughed.

I smiled. "You know of Kundalini-Shaktipat?"

"Si, yes."

I felt my brain, my consciousness, literally shift gears; then in a split second, Friday became crystal clear---Rosita had undergone a Premature Kundalini Awakening (PKA).

Rosita had undergone a Premature Kundalini Awakening

Much has been written about *kundalini* and Kundalini Awakening, especially during the past ten to fifteen years, and yet there seems to be little consensus on its characteristics. Depending on which scientific researcher, guru, swami, practitioner is read or heard, we learn kundalini is positive, negative, in the brain, in the spine, energy, beyond energy, healthy, abnormal, terrifying, exhilarating, biological, spiritual, ascending, descending, *prana* (life-force), consciousness, pathological, curative. My own view is that it is all of these.

Kundalini is often translated in Sanskrit as "she who is coiled" and represents the psycho-biospiritual energy which, according to traditional Indian metaphysics, lies dormant in most human beings at the base of the spine. Carl Jung, in a talk given some fifty years ago, remarked it would take a millennium or more for analysis to awaken kundalini, if ever.

Indian philosophy symbolizes the cosmic energy or Creative Intelligence of the universe as hi-polar with the consciousness aspect (male) or Shiva residing in the head (brain) and the dynamic potential for manifestation (female) or Shakti lying at the base of the spine.

Between these two poles are a series of powerful energy points or wheels called *chakras* (five or seven depending on Buddhist or Hindu belief) and a central channel, *sushumna,* which connects them along a vertical axis. As kundalini is stimulated, it ascends the *sushumna,* opening these chakras, producing a myriad of supra-ordinary experiences. It is believed by many who engage in practices intended to awaken kundalini, that they will succeed in attaining this supra-ordinary state of functioning and eventually experience enlightenment. It is said that prior to enlightenment,

practitioners may have consciousness-expanding experiences including, but not limited to, increased intuition, clairvoyance, and a progressive expansiveness of compassion.

Currently, there are a number of spiritual teachers who offer and/or claim to open up a person's kundalini through the process of Shaktipat, or the awakening of Shakti Energy located at the base of the spine. This procedure is done by meditation, touch, or simply being in the same room as the teacher. Adherents believe this process rapidly advances personal growth and spiritual evolution.

Sannella (1976), a psychiatrist, attempted to dissolve some of the mystique and provide a scientific foundation for anecdotal accounts of kundalini awakening. After studying a number of personal reports, including some like Rosita's where the patient had been diagnosed psychotic, and after presenting cross-cultural evidence for the kundalini phenomenon, he observed,

> . . , a process of psychophysiologicaltransmutation most usefully viewed as "awakening of the kundalini" is indeed a reality.... This process is part of an evolutionarymechanism and that as such it must not be viewed as a pathological development . . . rather . . . the kundalini process is an aspect of human psychospiritualunfoldingthat is intrinsicallydesirable (Sannella, 1987,p. II).

an attempt to place one woman's experience within this paradigm

The present paper is not offered as a restatement of theories and research into the kundalini experience, but rather is an attempt to place one woman's experience within this paradigm.

IfSannella is correct, i.e., if the kundalini process is both desirable and evolutionary, then why does it appear that many undergoing this experience must struggle so desperately within it, and why do a few appear to be even psychotic?

Gopi Krishna (1971), whose autobiography, *Kundalini, the Evolutionary Energy in Man,* chronicled his own hellish kundalini awakening, explains:

> The awakening of kundalini, whether effected by yoga practices or spontaneously,is almost always attended by certain abnormal conditions of the body and the mind. It takes months and even years for the sadhaka [practitioners]to adjust themselves to the flow of the new prana [life force] energy in the body (White, 1990,p, 242).

He also declares, "It is easy to understand that a sudden change in the bioenergetic economy of the body can never be 'smooth' or occur without causing severe psychosomatic disturbances in the whole system" (Krishna, 1990, p. 243). These psychosomatic disturbances are as much a part of the kundalini energy being blocked in its path by physiological stress built up by overuse or misuse of

our own nervous system, as by OUf psychophysiological system attempting to incorporate the new energy.

Sannella's view is similar:

> The pathway of the kundalini can be blocked anywhere along its upward trajectory. We can look upon these blockages as stress points. Thus, in its ascent, the kundalini causes the central nervous system to throw off stress. This is usually associated with the experience of pain. When the kundalini encounters these blocks, it works away at them until they are dissolved. . . . It appears to act of its own volition, spreading through the entire psychophysiological system to effect its transformation (Sannella, 1976, p. 31).

The emphasis on stress release in Sannella's description is indeed revealing insofar as it brings to mind the focal point of the entire practice of Transcendental Meditation (TM), whose founder, Maharishi Mahesh Yogi, has repeatedly emphasized the purificatory, stress release function of TM.

a self regulating system

In other words, human physiology is a self-regulating system capable of purifying itself and dissolving stress when afforded the opportunity. However, this release of stress may, at times, be achieved only by the surrender of the physiology to the stress release process. This process can be quite powerful, even appear violent, hence the reports in the past of strange movements, assumed positions, cries and screams, breathing alternations, and psychic disturbances.

> When kundalini awakens, one invariably feels some involuntary movements of the body, which begin with trembling and shaking ... and the body gets uncontrollable... breath is forcibly exhaled out: .. the whole body becomes so active that you are unable to sit still, your hands and legs stretch out forcibly, the body squatted on the floor cross-legged begins to jump from place to place like a frog ... (Tirtha, 1990).

The above description certainly describes much of what occurred in Rosita's case of Premature Kundalini Awakening (premature because it triggered a host of symptoms she was unable to handle or assimilate smoothly at the time).

Applying, to some degree, Sannella's categories of experiences that derive from the kundalini experience and help differentiate it from the other psychological or emotional imbalances, I observed the following:

1. Motor signs and symptoms, including spontaneous stimulations of gross muscle movements and breathing alterations. In Rosita's case, I refer to the spontaneous hopping (like a frog), the springing

off her feet, and the exaggerated arching of her back during one particular series of movements. I propose that this intense arching was a non-volitional activity directly intended to facilitate stress release at the source ofk:undalini activity-at the base of the spine.

In Eastern terminology such spontaneous movements are called *kriyas* and are "physical purificatory movements initiated by the awakened kundalini, Kriyas purity the body and nervous system and help the person tolerate greater levels of energy" (Muktananda, 1979, p. 52).

Rosita was also initiating spontaneous gestures with her hands, primarily thumb and forefinger, thumb and middle finger. These gestures or "mudras" are specifically designed to help lock in greater energy and create more prana during meditation. Later, the following week, when I asked Rosita about the mudras, she revealed she did not remember learning them and could not reproduce them!

applying Sannella's categories of experience

2. Unusual breathing patterns. During the episode Rosita was doing a very fast breathing exercise, one of many known as *pranayama, prana* (breath or life force) *ayama* (extension). These rapid breathing episodes known as *Bhasrica* in kundalini-triggered experiences, occur frequently and spontaneously. Rosita did recall learning several *pranayama* techniques previously.

3. Other phenomena include sensory and subjective interpretive experiences, aspects of which Rosita also confirmed.

She complained of pain in her abdomen, following the completion of the motor stage, often holding her stomach, while resting on the mattress provided. In this regard, it is fascinating to note the !Kung bushmen of Africa describe an apparently similar energy as NIUM which residesin the pit of the stomach, and often causes pain when it "heats up."

Psychologically, there were features which could be explained using either the prevailing Western medical model or the current proposed paradigm. She was confused from the time of admission, her thinking was certainly slowed, and a profound detachment was noted. However, it is important to keep in mind that following the physiological expression of the kundalini process on that Friday afternoon, there was a significant improvement in all of these areas.

As I sat with her in my office, any doubts that still lingered evaporated rapidly. At the same time, I felt a frustration and personal disappointment, almost a kind of betrayal at my own blindness, my inability to go beyond, to "transcend" the psychiatric

explanation of her experience until she uttered the magic word, "Shaktipat," I also wondered to what degree we in the mental health field are so "hemmed in" by our training or cultural perspective, that we view events in an unvarying way. In other words, if this is a psychiatric center, then she must be psychotic! The opposite see" nario is also likely. I've been in meditation courses where individuals with serious emotional disorders pass for "evolved."

As my conversation with Rosita continued I asked her who was her guru. When she gave the name, more pieces of the picture fell nicely into place, Rosita's guru is a very powerful Siddha Yogi who gives Shaktipat to her disciples. She also is said to ask her followers to participate in meditations of long duration, which are not always initially beneficial for individuals with very sensitive nervous systems or psychological imbalances.

It was following this guru's conference, which Rosita had been attending, that she began acting "bizarre." Rosita could not tell me exactly when she became confused, nor could she remember what had taken place the previous Friday.

Because of numerous difficulties encountered by Westerners, a number of teachers have stopped giving Shaktipat, realizing inexperienced meditators or seekers simply could not handle it.

Shaktipat and Premature Kundalini Awakening

It is my contention that during the conference Rosita received Shaktipat and shortly thereafter had the beginnings of a Premature Kundalini Awakening, manifesting as excitability, hypermobility, inability to sit still, mental confusion, in short, bizarre behavior. When she was removed from the premises, the stimuli that had helped trigger the experience-the meditations, pranayama, the meetings, were of course, also no longer present. The kundalini energy thus subsided, but left in its place an exhausted, spent, frightened woman who, with a history of some degree of depressive illness, withdrew into a protective shell. It may also be that the body, sensing danger due to an exhausted nervous system, had the capacity to, in a word, shut itself down to revitalize and reenergize. The kundalini energy may be positive in the long term, but the body senses it cannot transform itself in a two" or three-day period, so it inhibits the process to gain rest and prevent collapse.

In Rosita's case, the physical continuation of the experience resumed after approximately four days of rest and then went on until the chemical restraint (injection) was given that Friday afternoon. It is not clear to what extent our interventions interrupted or inhibited the kundalini process; certainly enough of the self-purification did take place to enable us to witness the change in Rosita beginning that Tuesday.

Over the next four days I spent one to two hours a day with Rosita. Our relationship, from my perspective, alternated between psychologist-client and "guide-seeker." I told her quite frankly, I felt she had had a PKA. I also told her I did not believe she was psychotic, and 1 remember the relief in her face as I told her. Because her English was not perfect, I often repeated words and asked her to do likewise so we could be sure of our communication.

Our sessions ranged from metaphysical to traditional therapy. Even though she was clearly not psychotic, I felt her depression that had begun ten years before had not been resolved. She mentioned how it had lifted three years before when she began her practice of Siddha Meditation, but also agreed she did at times feel "down."

Rosita did have some prior Siddha Yoga training and also Reichian counseling at her home in Mexico. During our sessions she stated nothing like this had ever happened to her before, and that in previous meditation she had felt calmness, a pleasant alteration of mood, sometimes a spiritual sense of self, but nothing in the order of the physiological or mental reaction in response to her "Shaktipat."

advised to seek therapy at home

I advised her to seek therapy at home, since it was clear that any emotional imbalance would, of course, not only hinder her own personal growth, but would, I felt, cause another "rough ride" if the PKA resumed. And her constitution, being prone to depression-an emotional mood rather than thought disorder-s-would lead one to assume that a PKA would manifest as an emotional, acting-out, rather than a cerebral or cognitive experience."

She was curious, but frightened about "what she had done Friday." I assured her she did nothing wrong or bad, that the episode was cleansing, that many others had had similar experiences (I showed her a few books), and that it would lead to emotional-spiritual growth. I paraphrased a quote from Sannella (1987):

> Symptoms caused by the physio-kundalini will disappear spontaneously over time. Because we are dealing essentially with a purificatory or balancing process and since each person represents a finite system, the process is self-limiting (p. 111).

On a more practical level, there were two approaches I utilized.

First, I suggested she refrain from meditation for at least three months to allow the body and mind to assimilate the experiences, as well as the psycho-physiological changes she had gone through.

Second, I briefly mentioned Ayurveda, traditional Indian medicine, and explained as simply as I could the three principles governing

the body: *vata, pitta, kapha.* I told her that vata, or the principle of movement in the body, could become over-stimulated and lead to an assortment of ills similar to the PKA I therefore suggested a number of routines to help reduce vata, I gave her a list of foods, a diet. I suggested she follow it for three to six months. Simply stated, warm, heavy, non-dry foods, unctuous foods, non-leafy vegetables, rice, breads, pasta, citrus fruits, poultry, if she wished, etc. I also listed certain spices that she would benefit from. I could not recommend herbs because neither of us knew where to purchase them in Mexico. I taught her a simple, non-forced alternate nostril pranayama technique designed to balance the left and right channels of the body *(ida, pingala)* and pacify vata. Also, I suggested to Rosita that she do Abhyanga or a daily oil massage using sesame oil as an effective means to pacify vata. She was also instructed to exercise moderately, since exercise would "ground" her in her body and reduce the likelihood of dissociation, or spacmess.

Throughout all of this particular session, I played Gandharva Veda music softly in the background. Gandharva Veda is classical Indian music that is played at different times of the day, specifically in accordance with the biological rhythms of the human physiology. Rosita listened attentively through all this and, at the end of my presentation, said "I refuse to give up apples." (Apples are on the no-no list of foods!) We both laughed and compromised, allowing for three to four apples per week rather than her unusual two per day.

During our sessions, Rosita mentioned several interesting facts. She had participated in Reichian therapy at an ashram in Mexico and felt it was useful to her growth. This was quite revealing to me insofar as a clinic in Berkeley, California that treats PKA utilizes Reichian therapy quite extensively to help individuals experiencing PKA.

several interesting facts

Rosita also professed an interest in astrology and spoke about having the sensation, while at our hospital, of the specific planetary energies being in her fingers. When asked which planets corresponded to each successive finger she correctly identified the planet with the finder associated with it in astrology. I thought back to the hospital admission note which was written as "people from other planets were after her," an obvious misunderstanding on the part of that admitting physician who misread her statement of the planetary associations.

Rosita also stated she was told by an astrologer that her kundalini had opened at age five, so, out of curiosity I decided to do a Jyotish (Indian astrology) chart on her. It is a fascinating chart-a royal yoga (quite powerful) in the first house. In addition, her kundalini opening at age five, her onset of depression in 1981, and her current

PKA all occurred during Rahu (very intense influence) periods, and Rahu is in the sign of Scorpio, the sign which controls the lower sexual divisions, and where kundalini resides.

In summary, I should note that the other members of the clinical team listened with interest, curiosity, and not a little bemusement at my clinical feelings regarding Rosita. Rosita's psychiatrist (a spiritually knowledgeable Indian woman), after evaluating her, agreed with me and concluded that "the patient was confused, depressed, but clearly not psychotic" and stated this case certainly "fit the bill" as a PKA if there ever was one. Also, a social worker who shares a similar world view was quite receptive and helped me to generate new ideas through discussion.

misdiagnoses because of a kundalini awakening

How many people have been misdiagnosed as psychotic in the past because of a kundalini awakening? We can only speculate. I believe that the number is quite low, but, of course, even one is too many. Had I known Rosita was in the throes of a PKA at the time, could I have spared her the injection and restraint? I believe she desperately needed our help, and she certainly could have suffered injury by inadvertently crashing into a wall, or by driving herself into a collapsed state of exhaustion, as seemed possible at the time. Looking back on it, I believe she feels we did the best we could and treated her with respect and compassion. This case also illustrates the current limits of our knowledge and the need for greater diversity in both diagnosis and treatment.

One week after Rosita was brought to us, she went home with her family-tired, curious, mystified, a little confused, and having been through two weeks few of us will ever comprehend, much less experience. She thanked us for "everything" and left.

A month down the road, I sit writing this, while Tagore's *Gitanjali,* reverberates softly,

> At this time of my parting, wish me good luck, my friends! The sky is flushed with the dawn and my path *lies* beautiful. Ask not what I have with me to take there. I start on my journey with empty hands and expectant heart (Tagore, 1913).

And our own journey as helpers, healers, therapists, begins the same way.

POSTSCRIPT

Two months following the completion of this article, I received a long correspondence from Rosita at her home in Mexico. The four-page letter was in Spanish, quite detailed and quite coherent. She

thanked me (and the hospital staff) for helping her through her difficulties. She was quite introspective and reflective, commenting that what had happened to her seemed to have happened in another time and place (not in a dissociative manner but as one who has been through many emotional changes in a brief period of time). In fact, she mentioned that she felt she had been through five years of psychoanalysis all in the past several months, from convention to hospital to home. Rosita stated she was meditating again and was looking for a therapist as well. No occurrences of kundalini-induced physiological arousal or mental confusion had reappeared. Rosita was not taking any medication, but did ask what herbs might be suggested for her. The overall tone of the letter was hopeful, optimistic, and showed broad awareness, the awareness of one who is in the midst of emotional change, but who has a grasp of who she is and what steps she must take to continue her evolution and development.

letter was hopeful, optimistic and showed broad awareness

Last spring, following the completion of this article, I had the privilege of presenting this case to Vasant Lad, Director of the Ayurvedic Institute, New Mexico and former director of Ayurvedic Medicine in Poena, India. He listened as I described the episode, the patient's behavior and her subsequent recompensation, nodding knowingly, and even finishing several of my own descriptions before I had completed them. The information was absolutely familiar and natural to him, and it was then obvious to me, that if nothing else, this was a case ofPKA ifthe criteria of Ayurvedic and Vedic knowledge were applied.

NOTES

"Thefirst medicationat 8 a.m. the day ofthe episode (and the first medicationforthe patient) was Haldol5mgs 1M,five and a half hours before the episode ofkundalini. The physiciansall felt this dose was not sufficient to cause the reaction seen at 1:30 - 1:45 p.m. when the PKA began. During the episode described, the anti-anxiety agent given to help calm her was Haldol Smgs, Ativan 2mgs 1M. No diphenhydiamine(Benadryl)was given since the doctor did not view physiological reaction as phenothiazine-related in nature. The doctors ordered the Haldol since they assumedthe reactionwas psychotic in origin. The chief psychiatrist, who was there for the entire episode, stated the reaction was definitely not related to phenothiazine or seizure.

'It is unlikely her reaction was hysterical or less than authentic given her past history, since she had not had such hysterical reaction before. Rosita did not appear to be in a dissociative state and, in discussing events with her later, she appeared integratedandno evidenceofa dissociativedisorder,psychogenicfugue,or isolated depersonalizationdisorderwas discovered.

REFERENCES

KRISHNA, G. (1971). *Kundalini: Evolutionary energy in man.* Berkeley: Shambhala,

KRISHNA, G. (1990). The phenomenon of kundalini. In 1. White (Ed.), *Kundalint: Evolution and enlightenment.* New York: Paragon House.

MUKTANANDA. (1979). *Kundalini: "The secret o/life.* "Ganeshpuri, India: Gurudev Siddha Peeth.

SANNELLA, 1. (1976). Kundalini-Psychosis or transcendence? (self-published).

SANNELLA, 1. (1987). *Kundalini experience: Psychosis or transcendence?* Lower Lake, CA: Integral Publishing.

TAGORE, R. (19B). *Gitanjali.* New York: Macmillan.

TIRTHA, S. V. (1990). Signs of awakened kundalini. **In** 1. White (Ed.), *Kundalini: Evolution and enlightenment.* New York: Paragon House.

WHITE, J. (Ed.) (I990). *Kundalini: Evolution and enlightenment.* New York: Paragon House.

Requests for reprints to: Jon Ossoff 263·20 73rd Avenue, Glen Oaks. New York 11004.