Qigong Phenomenon and Qigong Induced Disorder

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Epidemiology

Qigong as a kind of traditional Chinese Breathing exercise or meditation has been practised for thousands of years in China. Since early 1980’s, the amount of Chinese people practising Qigong has been growing up rapidly from millions increased to tens of millions so as to form a ‘Qigong Hot’ in whole China. It was estimated that the amount of Qigong practicers reached 100 millions population practising Qigong regularly.

Concomitantly, the prevalence of Qigong induced disorder(QID) grows up significantly. To take Beijing An Ding Hospital as an example. This municipal mental hospital, which was established in 1909, has never admitted a single psychiatric patient induced by practising Qigong till 1981. The first QID case was admitted in 1982. The hospitalized QID patients increased afterwards as following:

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>9</td>
</tr>
<tr>
<td>1989</td>
<td>5</td>
</tr>
<tr>
<td>1990</td>
<td>13</td>
</tr>
<tr>
<td>1991</td>
<td>18</td>
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<td>1992</td>
<td>19</td>
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<tr>
<td>1993</td>
<td>37</td>
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<tr>
<td>1994</td>
<td>51</td>
</tr>
<tr>
<td>1995</td>
<td>28</td>
</tr>
<tr>
<td>1996</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Total 214</td>
</tr>
</tbody>
</table>

This paper especially investigated above 214 cases and the result of following up ranging 2-7 years.

It must be pointed out that the above hospitalized QID patients only occupied very small amount of QID patients. For the symptoms of the most majority of QID patients were mild or moderate, not severe enough to be admitted. Even though some of them have severe symptoms, they still were likely to be treated at out-patient department because most of QID symptoms could alleviate or disappear soon after they stop practising Qigong.

Diagnostic Criteria

The diagnostic criteria of QID should be based on following six principles.

1) No previous episode of QID should be based on following six principles.
2) Obvious evidence of practising Qigong before the onset of mental illness.
3) The symptoms occur during the period of time while patient practising Qigong.
4) The main symptoms link with the contents of Qigong which the patient practising.
5) Symptoms can be varied by verbal suggestions.
6) Exclusion of all other specific psychiatric disorders.

Clinical Features

1. Onset

There is wide range of duration from staging Qigong practice to the onset of symptoms. The shortest only takes minutes to hours, while the longest takes years. For the 214 cases, 6(2.8%) manifested psychiatric symptoms at the very first day 25(11.7%) took more than one years the longest took 4.5 years.

The development of symptoms about 3/4 cases took acute form, while 1/4 subacute form.
2. Types of Clinical Pictures

1) Hysterical type
A large number of patients feel warm & swell on lower abdomen, where the ‘Qi’ produced & stored according to the theory of traditional Chinese medicine also. Patients feel there is a gust of ‘Qi’, the vital energy or life energy according to the theory of traditional Chinese medicine, goes up to the chest, then reaches the head, or feel the ‘Qi’ as a current circulating within their bodies of consciousness, including confusion & twilight state. This kind of symptoms occur quite often in new practicers, even practising Qigong at the first time. Patients with obviously conscious disorders were 12(5.6%) out of our observed 214 cases.

2) Neurotic type
Patients complain of a variety of physical symptoms e.g. headache, dizziness, feel a gap on the top of the head etc. complaints of anxiety and depression are also frequent, and often accompanied among the 214 investigated patients.

3) Schizophreniform type
The most common symptoms include visual hallucination, auditory hallucination, olfactory hallucination, tactile and somatic hallucinations. It is also common that patients complain of being controlled by another person-often by their own Qigong masters. Patients believe that all their activities are manipulated by their Qigong masters, believe that the Qigong masters put ‘soul’ into their bodies in order to control them. All of the delusion and hallucinations are associated with the Qigong Which they are practising. Among the 214 cases we observed, 128(59.8%) have the symptoms of delusions and/or hallucinations.

3. Course and prognosis
It is generally agreed that nearly all QID patients recover eventually. Following are the courses of 214 our observed QID patients.

<table>
<thead>
<tr>
<th>Course</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 month</td>
<td>72</td>
<td>34.3</td>
</tr>
<tr>
<td>1- 3 months</td>
<td>77</td>
<td>36.7</td>
</tr>
<tr>
<td>3-6 months</td>
<td>45</td>
<td>21.4</td>
</tr>
<tr>
<td>6-12 months</td>
<td>5</td>
<td>2.4</td>
</tr>
<tr>
<td>&gt;2 months</td>
<td>11</td>
<td>5.2</td>
</tr>
<tr>
<td>Total</td>
<td>210</td>
<td>100</td>
</tr>
</tbody>
</table>

Above showed that more than 90 per cent of QID patients recovered within half years.
There were 15 cases with a longer than one year course. Among the 15 cases, 11 kept the neurotic symptoms so as somatic symptoms, sleeping disturbance, anxiety, depression etc. 4 developed apathy, social withdrawal and residual psychotic symptoms without or less in connection with Qigong, this 4 cases, all were female, should be diagnosed as schizophrenia.

Predisposing Factirs

1. Sex
Women are more likely to suffer from QID. The sex distribution of our 214 cases is male 43(20.1%) female 171(79.9%).

2. Education
Among our 214 cases, more than 80 per cent(81.3%) were under colleague-level education. It seems that people with lower education have higher susceptibility to QID. But, our observation showed that there were 40(18.75%) QID patients reached colleague-level education. It means that even thought the individual has got quite good education, he or she still can be induced into these special states.

3. Life events
For 90.7 per cent(194/214) patients we observed the age ranged from 30 to 60 years old, it should assess the frequency and severity of potentially stressful events in patient’s life life events and to relate these to the onset of QID, examples of such events recent time in China are family conflicts, living conditions, loss of job, retirement etc. because Chinese people experience great changes during the last two decades.

4. The purpose of practising qigong
As Zen, Yoga, and self-adjustment or self-training(including biofeedback) traditionally Chinese Qigong should be practised in quiet circumstances, through the regulation of the body, breath training and control of the mind (meditation) to achieve the goal of relaxation both physically and mentally to the homeostasis. Chinese people did practise Qigong this way for thousands of years for body strengthening, sickness prevention and longevity extension.
But, since early 1980’s some of Chinese people have been practising Qigong in different ways. Their purpose of practising Qigong is no longer for relaxation but for reaching so called special Qigong states. They pursue an ‘automatic break out of Qigong’, pursue ‘Qigong filed felling’. They want to be able to control remote objects only using their own subjective intension. They want to build up the capacities of “rgan’s exceptional functions” e.g read Chinese writing characters by ears instead of by eyes, look through objects(including human body) with their naked staying at another room. Also, they believe that they can detect underground mineral resources and treasures with this skill, treat patients, especially incurable disease e.g cancers, only touching with their bare hand, even without touching accept informations from remote places even the ‘Universal informations’ from extraterrestrial men or saucermen. Among these practicers, some of them dream to become a supernatural being or superman.

According to our research, only 7(3.3%) out of 214 cases reported that the purpose of practising Qigong was for relaxation, the rest 207 cases(96.7%) practised Qigong for reaching above mentioned special Qigong states.

### Psychopathology from the Viewpoint of Psychoanalysis

#### 1. Omnipotence of thought

From the above mentioned purposes of practising Qigong, we found that some of Qigong practicers are tend to believe in omnipotence of thought, especially wishful fantasies. As we know,” omnipotence of thought” is a phrase which appears frequently in psychoanalytic literatures. In fact, it is kinds of magical workings and magical beliefs that one’s thoughts and words can influences, even control other persons and objects in one’s environment. Psychoanalysts have discovered long ago that the feature of childhood thinking plays an important part in magical beliefs. All children go through a phase during witch they firmly believe that what they wish were true is indeed true and they have the capacities of controlling their environment, only gradually till each child learn to distinguish external fact from wishful fantasy or to test reality. For the severe QID patients, their abilities of reality testing were damaged and living in a dreamlike state, that’s the reason why they could not distinguish real world from their own fantasies.

#### 2. Primary thinking process

As we mentioned above, all the objects of a child’s environment are at first assumed by the child to have thought, feelings, and wishes just as he himself dose. It means, during childhood all nature is animate until experience and his patients tell him. But as we all know, the trances of this belief persist in areas of adult life formulating the basis of animistic beliefs. To repeat, magical beliefs and practices depend on omnipotence of thought, especially of wishful fantasies, and on an animistic view of nature. According to this point of view, wishful thoughts or wishful daydreams not only belong to children but also to adults. If the harsh facts of the real world are at odds with their wishful daydreams, they will, now and then, more or less (rather more than less) prefer to ignore the unpleasant reality and insist that what they wish are true. Moreover, even when an individual’s ability to test reality is well developed, the tendency to think magically still persists in all of us. Because these ways of thinking are obviously related to one or another aspect of the instinctual wishes of childhood, although this relationship is characteristically an unconscious one. Therefore, we can say, omnipotence of thought belongs to primary thinking process.

#### 3. Regression and fixation

The Qigong people are accustomed to using primary thinking process in order to get rid of unpleasant events in their real life. Comparing with secondary thinking process, it is more likely the id function than ego one. It means that the ego function of Qigong people is relatively immature in the psychic apparatus. The theory of psychic energy affords us an explanation of what happens in the Qigong people-a regression of libido in which the psychic apparatus functioned. Here, regression means instinctual regression, specifically in connection with drives. In other words, libido in the course of psychosexual development flows backwards, cathects towards an earlier mode or object of gratification, even towards oral and anal phase, thus to avoid the anxiety or th result the intrinsic conflicts between the needs of the individual and the constraints of the world which must be resolved to find harmony of existence. As we all know, instinctual regression is closely related to fixation. In fact, although the libido which cathects the mode or object of gratification of the earlier phase gradually becomes detected from them and instead cathects a
mode or object of gratification of the next phase, no really strong libidinal cathects is ever completely abandoned. Therefore, when regression occurs, it usually go to a mode or object of gratification which the individual was already fixed. It means, if a new pleasure proves unsatisfactory and is given up, the individual tends to revert to one that is tried and true, as one would expect.

4. “Oral character”

The Qigong phenomenon puzzle us that why such a numerous Chinese people regressed and fixed in their psychosexual or instinctual development. There must have something connecting with the culture. We suppose, both traditional and current situations are playing the roles for the onset of this phenomenon, also QID.

Traditionally, Confucianism dominated China for more than two thousand years. During such a long period of time, the overwhelming paternalism is deeply rooted in the culture making Chinese people can hardly disobey their father’s will. If one disobeys one’s father, one expects to be punished. So call” strict father, lenient mother”, son has no other choice if his father wants him to die” formulate a strong castration anxiety. Therefore, libido in the psychic development fixed on oedipal phase even prephallic phallic-anal phases, especially oral phase. The characters of self-assurance, optimism, and generosity, as well as their opposites can be seen in lots of Chinese people, just as the term” oral character” described. From this, we understand why Chinese people control their feelings and behaviors so well in daily life, and make a compensation through their mouths-lots of Chines are good at cooking and Mandarin restaurants everywhere in the world. The fear of father also explain the phenomena of worship to authorities and personality cult in China, in former time and present. In my view, the tendency of fixation to oral modes or objects of gratification formulate the characteristics of a Chinese culture.

In addition to above mentioned traditional reason, the current reasons will connect with the stresses of environment. Personally, I suppose it should not be discussed in this paper.

The use of the word “fixation” is often assumed to indicate or to imply psychopathology. Because, in the psychoanalytic view, the unconscious contains repressed ideas and feelings which are also projected onto the conscious mind and cause cognitive distortion which results in suffering and transform into symptoms. Therefore, the persistence of early cathexis appears quite often not only in neurotic patients but also in some psychotics, so as to QID patients.

A Case Report

A 44 year-old female administrator of a famous university in Beijing came for treatment. She was intelligent, talent, and eager to do well in everything, but in poor interpersonal relationship, even with her husband. She complained of her sexual life my husband never satisfy me even 10 per cent’. She described herself as a person of quite often and fell in fantasy quite often for escape from the reality that she dissatisfied. She started practising Qigong 7 years ago(38 year-old).

Two years later, the psychiatric symptoms occurred first time. She thought that her Qigong teacher wanted to persecute her and her child. She behaved destructively and boisterously. She was recovered one month later.

She practise Qigong again the following year. In June, the similar psychiatric symptoms appeared, and her husband was involved in her symptoms this time. It took one month for her fully recovered the second time.

Symptoms occurred soon after her practising Qigong 2 months ago. She felt a number of Qignong masters got into her body with their’ splitting bodies’ to satisfy their sexual desire. She found Qigong masters also’ abstracted’ some persons’ bodies, put in into their own hearts, then got into her body and inserted into her heart to manipulate her feelings, let her falling love with them. She was recovered the third time two weeks later under treatment.