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Spiritual Psychosis in a Balinese Patient with Cultural and Religious Influences: Case Illustration

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Abstract---*This case study presents a unique intersection between cultural beliefs, religious practices, and psychosis in a Balinese patient, observed during a 14-day hospitalization in the Intensive Psychiatry Care Unit (IPCU) at the Provincial Psychiatric Hospital, Bali. The patient, a middle-aged Balinese man with minimal formal education, exhibited symptoms of psychosis interwoven with his deep religious convictions and a belief in his role as a devout follower ("ngiring") of deities. He reported auditory and tactile hallucinations that he interpreted as divine messages, compelling him to perform religious rituals to prevent disaster. These experiences, perceived by the patient as sacred, ultimately culminated in aggressive behavior leading to his hospitalization. This case highlights the diagnostic and therapeutic challenges in differentiating spiritual practices from psychotic symptoms and underscores the importance of culturally sensitive psychiatric care.*
Keywords---*cross-cultural diagnosis, cultural competence, cultural syndromes, religious psychosis, spiritual beliefs.*

Introduction

The influence of cultural and religious beliefs on mental health is well-documented, particularly in societies where experiences such as hallucinations, visions, and trance-like states are perceived as spiritually meaningful rather than pathological (Adebayo et al., 2024; Dubey et al., 2024). In Southeast Asia, especially in Bali, where Hindu beliefs deeply influence daily life, individuals may interpret symptoms of psychosis as interactions with spiritual forces rather than signs of mental illness (Lemelson, 2004; Lemelson & Suryani 2006). For mental health practitioners, understanding the cultural framework in which symptoms manifest is essential for providing effective and culturally respectful care (Jimenez et al., 2022; Ogundare, 2020). This case report examines the presentation of psychosis in a Balinese man, whose symptoms were influenced by his cultural and religious identity, emphasizing the need for a psychiatric approach that bridges traditional beliefs and clinical practice.

Case Presentation

The patient, a physically robust Balinese male in his late 30s, was admitted to the IPCU following a series of aggressive outbursts attributed to his conviction that he was receiving “divine” instructions. His background was marked by limited formal education, as he left school after his mother’s death during childhood, and he was

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functionally illiterate (Ahmed & Bhugra, 2006; Westermeyer & Sines, 1979). The patient reported beginning his spiritual journey four years prior after a series of personal setbacks, including a failed second marriage and financial losses. In the local community, he was known as a "ngiring," someone believed to be spiritually in tune with over 130 deities ("Betara"), a role he took seriously and devoted himself to through rituals and prayer.

In the month preceding his admission, the patient began experiencing auditory hallucinations, which he attributed to messages from "Ida Betara" (a term used for deities in Balinese Hinduism). He described the voices as calm, and omniscient, and instructed him to perform rituals at temples to avert global disasters. Accompanying these auditory hallucinations were tactile sensations, such as a feeling of oil seeping from his tongue, which he interpreted as a divine sign. His behaviors became increasingly ritualistic; he withdrew from social interactions and refused to engage in his usual farming activities, believing he needed to preserve his purity and avoid contact with what he deemed "unsacred" environments.

Five days before admission, his condition escalated with episodes of "possession," during which he felt he was embodying a divine presence and not fully in control of his actions. The night before his admission, he asked his family for needles to pierce his tongue, feeling compelled to do so to "remove the oil" he believed was a supernatural substance. Concerned for his well-being, his family left him alone at home. During the night, he experienced intense agitation, hearing voices that threatened him with death, and he reported feelings of impending doom.

The following day, the patient visited a close family friend and spiritual guide, hoping for spiritual counsel. However, an altercation ensued, leading to physical harm and the patient's subsequent detainment. Upon hospitalization, he showed signs of regret but continued to assert that he was following divine directives. In interviews, he appeared cooperative but expressed sorrow and confusion, particularly upon learning the severity of his actions.

Assessment and diagnostic considerations

The patient's presentation posed several diagnostic challenges. His psychotic symptoms—auditory hallucinations, tactile sensations, and delusional beliefs—were tightly interwoven with his religious identity. In Balinese Hinduism, trance-like states and possession are culturally sanctioned during specific rituals, making it challenging to discern pathological symptoms from cultural practices. The patient's behaviors were intensified by his interpretation of voices as commands from a deity, a belief that resonated with his community's religious understanding but deviated into pathology due to his loss of control and harm to others.

Differential diagnoses included schizophrenia and schizoaffective disorder, given his pervasive hallucinations and delusions, as well as possible bipolar disorder with psychotic features, considering the episodes of heightened activity and agitation. However, cultural and religious factors made it essential to avoid pathologizing culturally appropriate behaviors, such as traditional possession states, while recognizing the delusional severity and functional impairment in this case.

Management and treatment

This case required a culturally sensitive approach that acknowledged the patient's beliefs. Initial treatment focused on stabilizing his psychotic symptoms with antipsychotic medication, while psychoeducation was provided to both the patient and his family to help them understand the nature of his condition within a psychiatric context. Integrating spiritual and community support was vital; a cultural liaison with a local religious leader was introduced to build trust and provide insight into how the patient's beliefs could coexist with treatment goals (Aishammari et al., 2019).

In addition to medication, supportive psychotherapy was implemented, allowing the patient to discuss his beliefs in a non-judgmental environment. Therapy sessions addressed his feelings of guilt and confusion over the perceived conflict between his spiritual identity and his behaviors, helping him differentiate between culturally sanctioned spiritual experiences and symptoms requiring medical intervention. This approach reduced resistance to treatment, as he felt his spirituality was respected rather than dismissed (King et al., 1999; Moreira-Almeida & Koenig, 2006).

Family sessions were conducted to educate his relatives on distinguishing between his normative religious expressions and symptoms that might indicate psychotic episodes, reducing stigma, and improving his support system upon discharge. Engaging the family helped foster a supportive environment that could help monitor the patient's symptoms and reinforce treatment adherence.

Discussion

The case of this Balinese man illustrates a challenging overlap between religious beliefs, cultural practices, and psychotic symptoms. In Bali, spirituality and religious observance are deeply integrated into daily life, with deities, ancestral spirits, and sacred rituals playing significant roles in shaping individual and community identity. This cultural context complicates psychiatric assessments, as symptoms traditionally viewed as markers of psychosis—such as auditory hallucinations or possession states—may also align with culturally accepted religious experiences. This case emphasizes the need for clinicians to differentiate between culturally congruent expressions of spirituality and clinically significant symptoms requiring intervention (Cai, 2016; Sharifi et al., 2019).

The role of cultural beliefs in the manifestation of psychosis

Different cultural understandings play a crucial role in how psychotic symptoms are manifested and interpreted. Cultural beliefs can significantly influence whether an individual perceives psychotic experiences as mental illness or as meaningful spiritual experiences (Adebayo et al., 2024; Dubey et al., 2024). For instance, in certain cultures, experiences of hallucination or delusion may be viewed as forms of communication with supernatural entities or as signs of spiritual blessing. This underscores the importance of cultural competence in psychiatric practice and the role of transcultural psychiatry, which allows mental health providers to understand symptoms in the cultural context of the patient (Kirmayer & Minas, 2023).

The challenges of differentiating psychosis from religious experiences

In some cultures, differentiating between psychotic symptoms and religious experiences can be challenging. Experiences such as hearing voices or seeing visions may be considered part of a legitimate spiritual experience rather than symptoms of illness (Guinart et al., 2019; Thacore & Dharwadkar, 2024). In this context, understanding religion and spirituality plays a crucial role in accurate diagnosis. A study by Virdee et al. (2016), revealed how faith-based communities interpret psychotic symptoms as signs of deeper spiritual significance, highlighting the need for psychiatrists to approach these cases with a humble understanding of the patient's beliefs (Trinh et al., 2020).

Assessment and diagnostic considerations

Culturally responsive diagnostic assessment is vital in psychiatric practice. An approach that considers the cultural beliefs of the patient can help avoid misdiagnosis and provide more effective treatment (Rosmarin et al., 2013). According to Turner & Mills (2016), using an assessment framework that includes cultural elements is beneficial in ensuring accurate diagnosis and responsiveness to the cultural context of the patient. Similarly, Taknint et al. (2024), emphasize the importance of culturally inclusive assessments of psychotic spectrum disorders, as this can influence appropriate treatment and reduce potential stigma within the community.

Integrating cultural sensitivity into treatment

Culturally sensitive psychiatric practice helps build better therapeutic relationships and improves treatment outcomes for patients from diverse cultural backgrounds (Ogundare, 2020; Trinh et al., 2020). Integrating culturally humble approaches in consultation-liaison psychiatry can support patients in feeling valued and heard, particularly in cases where religious experiences are part of their daily lives (Trinh et al., 2020). This aligns with the views of Kirmayer et al. (2016), who highlight the importance of cultural sensitivity in patient-centered psychiatric approaches.

Broader implications for psychiatric care in multicultural and religious contexts

The broader implications of psychiatric care in multicultural contexts include the challenges of providing culturally responsive services that are sensitive to the religious values of patients. Jimenez et al. (2022), note that access to mental health services for patients from diverse cultural backgrounds may be hindered by a lack of cultural understanding on the part of healthcare providers. Research by Guinart et al. (2019), emphasizes the importance of transcultural psychiatry in addressing these barriers, focusing on how psychiatric care can be adapted to fit the cultural and religious context of patients.

Conclusion

This case illustrates the critical role of cultural sensitivity in diagnosing and treating psychosis within a religious framework. For this Balinese patient, spiritual beliefs were integral to his identity and deeply influenced his perception of psychotic symptoms. Through culturally informed psychiatric care, involving religious liaisons and culturally relevant psychoeducation, the treatment plan respected his beliefs while addressing his psychiatric needs. As globalization and multiculturalism grow, psychiatry must continue to adapt by integrating cultural competence to ensure patients receive holistic, respectful, and effective care. Future studies in religious psychiatry could further explore tailored interventions for patients with culturally bound presentations of psychosis, ultimately bridging the gap between traditional belief systems and modern psychiatric treatment.

References

Adebayo, Y. O., Adesiyan, R. E., Amadi, C. S., Ipede, O., Karakitie, L. O., & Adebayo, K. T. (2024). Cross-cultural perspectives on mental health: Understanding variations and promoting cultural competence. *World Journal of Advanced Research and Reviews*, *23*(01), 432-439.

Ahmed, K., & Bhugra, D. (2006). Diagnosis and management of depression across cultures. *Psychiatry*, *5*(11), 417-419. https://doi.org/10.1053/j.mppsy.2006.08.010

Aishammari, Y. F. H., Alharbi, M. N., Alanazi, H. F., Aldhahawi, B. K., Alshammari, F. M., Alsuwaydan, R. H., Alenezi, S. G., Alshammari, B. A., Alshammari, R. M., Alshammari, B. M., Jabal, A. M. B., & Alruwaili, E. S. R. (2019). Cultural competence in health care practice. *International Journal of Health & Medical Sciences*, *2*(1), 45-54. https://doi.org/10.21744/ijhms.v2n1.2258

Al Taher, R., Fox, A., & Wilson, C. (2024). Spiritual understandings of psychosis: the perspectives of spiritual care staff. *Journal of Spirituality in Mental Health*, *26*(4), 368-387.

Cai, D. Y. (2016). A concept analysis of cultural competence. *International Journal of Nursing Sciences*, *3*(3), 268-273. https://doi.org/10.1016/j.ijnss.2016.08.002

Dubey, M. J., Ghosh, R., Das, G., Roy, D., Das, S., Chakraborty, A. P., ... & Benito-León, J. (2024). Beyond belief and practice: an exploratory literature review and discussion of the differential impact of spirituality and religiosity on mental health disorders. *Journal of Religion and Health*, 1-14.

Guinart, D., Kane, J. M., & Correll, C. U. (2019). Is transcultural psychiatry possible?. *Jama*, *322*(22), 2167-2168.

Jimenez, D. E., Park, M., Rosen, D., hui Joo, J., Garza, D. M., Weinstein, E. R., ... & Okereke, O. (2022). Centering culture in mental health: Differences in diagnosis, treatment, and access to care among older people of color. *The American Journal of Geriatric Psychiatry*, *30*(11), 1234-1251. https://doi.org/10.1016/j.jagp.2022.07.001

King, M., Speck, P., & Thomas, A. (1999). The effect of spiritual beliefs on outcome from illness. *Social Science & Medicine*, *48*(9), 1291-1299. https://doi.org/10.1016/S0277-9536(98)00452-3

Kirmayer, L. J., & Minas, H. (2023). The future of cultural psychiatry: an international perspective. *Medical Anthropology*, 135-143.

Kirmayer, L. J., Bennegadi, R., & Kastrup, M. C. (2016). Cultural awareness and responsiveness in person-centered psychiatry. *Person centered psychiatry*, 77-95.

Lemelson, R. B. (2004). Traditional healing and its discontents: efficacy and traditional therapies of neuropsychiatric disorders in Bali. Medical anthropology quarterly, 18(1), 48-76.

Lemelson, R., & Suryani, L. K. (2006). The Spirits, NGEB, and the social suppression of memory: a complex clinical case from Bali: Clinical Case Study. *Culture, Medicine and Psychiatry*, *30*, 389-413.

Marriott, M. R., Thompson, A. R., Cockshutt, G., & Rowse, G. (2019). Narrative insight in psychosis: The relationship with spiritual and religious explanatory frameworks. *Psychology and Psychotherapy: Theory, Research and Practice*, *92*(1), 74-90.

Moreira-Almeida, A., & Koenig, H. G. (2006). Retaining the meaning of the words religiousness and spirituality: A commentary on the WHOQOL SRPB group's "A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life"(62: 6, 2005, 1486–1497). *Social Science & Medicine*, *63*(4), 843-845. https://doi.org/10.1016/j.socscimed.2006.03.001

Ogundare, T. (2020). Culture and mental health: Towards cultural competence in mental health delivery. *Journal of Health and Social Sciences*, *5*(1), 023-034.

Rosmarin, D. H., Bigda-Peyton, J. S., Öngur, D., Pargament, K. I., & Björgvinsson, T. (2013). Religious coping among psychotic patients: Relevance to suicidality and treatment outcomes. *Psychiatry research*, *210*(1), 182-187. https://doi.org/10.1016/j.psychres.2013.03.023

Sharifi, N., Adib-Hajbaghery, M., & Najafi, M. (2019). Cultural competence in nursing: A concept analysis. *International journal of nursing studies*, *99*, 103386. https://doi.org/10.1016/j.ijnurstu.2019.103386

Taknint, J. T., Depestre, S., Alshabani, N., Martin, A. M., Virkar, S., & Milord, J. (2024). Assessing psychotic spectrum disorders in partnership with patients: Three culturally responsive therapeutic assessment cases. *Practice Innovations*.

Thacore, V. R., & Dharwadkar, N. P. (2024). Diagnosing mental disorders in diverse cultures. *Journal of Indira Gandhi Institute Of Medical Science*, *10*(1), 6-9.

Trinh, N. H., Tuchman, S., Chen, J., Chang, T., & Yeung, A. (2020). Cultural humility and the practice of consultation-liaison psychiatry. *Psychosomatics*, *61*(4), 313-320. https://doi.org/10.1016/j.psym.2020.03.002

Turner, E. A., & Mills, C. J. (2016). Culturally relevant diagnosis and assessment of mental illness. *Handbook of mental health in African American youth*, 21-35.

Virdee, G., Frederick, T., Tarasoff, L. A., McKenzie, K., Davidson, L., & Kidd, S. A. (2016). Exploring the contours of religion and spirituality in creating community: A focus on persons with psychosis. *Journal of Community Psychology*, *44*(8), 1081-1087.

Westermeyer, J., & Sines, L. (1979). Reliability of cross-cultural psychiatric diagnosis with an assessment of two rating contexts. *Journal of Psychiatric Research*, *15*(3), 199-213. https://doi.org/10.1016/0022-3956(79)90013-X