

Short communication

Key words: Large group; enlightenment; syndrome; mania; rarity.

# A psychotic episode following Erhard Seminars Training

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**ABSTRACT** – A case of a psychotic episode following Erhard Seminars Training is reported. This is the first reported case of adverse psychological effects from this type of training in Great Britain but it closely resembles previous reports from the United States of America. The possibility of a distinct syndrome is tentatively raised. The apparent rarity of such episodes is noted.

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The past 10 years have seen a remarkable increase in the popularity of intensive large-group awareness training programmes, first in the U.S.A. and more recently in Europe. This new development has been a source of some concern to the psychiatric establishment (1). est (or Erhard Seminars Training (2)) is a commercial large-group training which sometimes involves as many as 250 people and has been the subject of several extensive investigations (3-12). The training takes place over two successive weekends (approx. 60 h) in a large hall, is usually conducted by a highly charismatic trainer, and there are rigid rules concerning breaks for eating, drinking or going to the bathroom. Supposedly the training is about transformation, that is, intensified, enhanced experience of moments in life as

a consequence of an alteration in how we perceive life and such moments (13), or in other words, to alter the way that people normally relate to their life circumstances. A recent review (14) indicates that objective and rigorous research reports fail to demonstrate that the positive testimony and evidence of psychological change among est graduates results from specific attributes of est training.

Psychiatric complications associated with est were reported in an American study of seven patients by Glass and his colleagues (15, 16). Five of the patients were diagnosed as schizophrenic (three with paranoid symptomatology), one as manic-depressive and one as suffering from a neurotic depression. No such cases have as yet been reported from Great Britain. The present case concerns a young

man who presented to a London psychiatric emergency service with similar psychotic symptoms temporally associated with his participation in an Erhard Seminars Standard Training.

## Case report

Mr. R., a 20-year-old, unmarried undergraduate was admitted under Section 25 of the 1959 Mental Health Act 5 days subsequent to his participation in the first weekend of Standard Training. He was the youngest of five sons of upper-middle class parents. Three of the brothers had failed to complete their university educations and were either involved with the "alternative culture" or were unemployed, but there was no family history of psychiatric disorder. Mr. R. had a good school record and was an above average university student. He had been an occasional cannabis user and on the one occasion, at the age of 15, when he had taken LSD he had a rather frightening experience of loss of control. At the age of 17 he had attended an introductory est Guest Seminar with a view to undertaking the Standard Training but found the similarities between this experience and his exposure to LSD too great and as a result abandoned his plans. At the time of his admission he was 3 weeks away from his final examinations but his tutors and friends reported no abnormality in his behaviour prior to his attendance at the seminar. He was described by his parents as an outgoing, cheerful man who was also serious and perceptive of relationships. In contrast, he was described by his university supervisors as a quiet and thoughtful person of above average ability but with a more than usual dependence on academic guidance. He had no history of previous mood swings, had no recent exposure to drugs and had a steady girl friend whom he was planning to marry.

His altered behaviour was first noticed on the second day of the training and over the

subsequent few days he became increasingly suspicious, frightened and restless. He displayed sexually disinhibited behaviour by the third day and suffered from initial insomnia and loss of appetite for 3 days prior to his admission.

He presented as an unshaven, tall young man who maintained close, penetrating eye-contact which alternated with reading from several sheets of notes written out in capital letters. He talked rapidly and under pressure and complained that his thoughts were moving too fast. He used phrases commonly found in est literature, although his sentences were disjointed and his monologue was interspersed with much delusional ideation (e.g. that his body was becoming thinner overnight, such that he would die; that he planned to travel to the moon with his brother; that his friends were being served up as food in the hospital, which resulted in him telling the staff that he was vegetarian). He was neither elated nor depressed but displayed marked anxiety. He was not hallucinated during his hospital stay but reported unusual perceptual experiences over the few days preceding his admission (e.g. hearing people knocking at the door of his house and bells ringing in the distance). He was greatly preoccupied with his est trainers and felt alternately persecuted and protected by them. His cognitive functions were intact. A urine drug screen was negative.

He was initially treated with chlorpromazine, 50 mg t.d.s. and 100 mg nocte, but by day 14 of his admission he was displaying further psychotic symptomatology which necessitated increases in his medication on several occasions. On day 39 he was started on lithium carbonate, 800 mg o.d. increasing to 1200 mg o.d. which put his serum lithium into the therapeutic range. His condition improved within 3 weeks.

He was discharged after 78 days of hospitalisation when he had been symptom-free for 3 weeks. The lithium was discontinued after 14 weeks, and 20 months after presentation he remains asymptomatic and has gained a very good academic degree (Upper Second Class).

## Discussion

The diagnosis appeared to lie between psychogenic psychosis and mania. The absence of family history, lack of previous cyclothymia and the understandable content of the psychosis might have been thought to support the former but the length of the episode and the selective response to lithium pointed towards the latter.

The most interesting aspect of this case is the apparent similarity between the picture presented by this patient and those reported by Glass and his colleagues. The psychotic symptoms mentioned included grandiosity, paranoia, uncontrollable mood swings and delusions which were observed in previously symptom-free participants of est seminars. Glass et al. identify specific psychodynamic mechanisms (in terms of a presumed "identification with the aggressor") to account for the pattern of symptoms but present little evidence to support their hypothesis. Nevertheless, the preponderance of transient manic symptoms without personal or family history of psychiatric disorder observed in these patients might be thought to imply that with a small group of vulnerable individuals est may have specific pathogenic effects.

The possible identification of a relatively characteristic syndrome led us to question the frequency with which such adverse psychiatric consequence might follow large-group experiences. We wrote to 171 psychiatrists working at the Bethlem Royal and Maudsley Hospitals and at the Institute of Psychiatry in an attempt to identify similar cases. Of 120 responses only 12 were positive. One patient had attempted suicide following a large-group experience. The remaining cases concerned a variety of psychotic symptoms which developed during religious experi-

ences, exposure to meditational training or Primal Scream Therapy. From this informal survey we conclude that in the area of London served by the Joint Hospitals relatively few cases present with psychiatric disturbances associated with large-group experiences in general or with est in particular.

Nevertheless, it is clearly of more than passing interest to determine what kind of personality is particularly at risk when undergoing a stressful and intensive experience such as est. The responsibility for developing screening techniques would clearly lie with those who advocate and promote such training programmes.

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## References

1. Clare A, Thompson S. "Let's talk about me": a critical examination of the new psychotherapies. London: BBC Publications, 1981.
2. Erhard W, Gioscia V. The est Standard Training. *Biosci Commun* 1977;3:104-122.
3. Tondow M, Teague R, Finney J, LeMaistre G. Abstract of the behaviordyne report on psychological changes measured after taking the Erhard Seminars Training. Palo Alto, CA.: Behaviordyne, 1973.
4. Hoepfner R. Castro Valley Unified School District Title III: Parents as partners summative evaluation report. Castro Valley, CA.: Castro Valley Unified School District, 1975.
5. Ornstein R, Swencionis C, Deikman A, Morris R. A self report survey: preliminary study of participants in Erhard Seminars Training. San Francisco, CA.: est Foundation, 1975.
6. Babbie E, Stone A. An evaluation of the est experience by a national sample of graduates. *Biosci Commun* 1977;3:123-140.
7. est. Herb Hamsher study of est mental health professionals. San Francisco, CA.: est Foundation, 1977.
8. est. The dialogue continues. *Grad Rev* 1980:3-11.
9. Simon J. An evaluation of est as an adjunct to group psychotherapy in the treatment of severe alcoholism. *Biosci Commun* 1977;3:141-148.
10. Simon J. Observations on 67 patients who took

- Erhard Seminars Training. *Am J Psychiatry* 1978; *135*:686-691.
11. Weiss J A. Reported changes in personality, self concept and personal problems following Erhard Seminars Training. Unpublished Ph.D. Thesis, California School of Professional Psychology, 1977.
  12. Hosford R E, Moss C S, Cavior H, Kerish B. Research on Erhard Seminars Training in a correctional institution. Lompoc, CA.: Federal Corrective Institution, 1980.
  13. Erhard W. Alternatives: A paradigm. In: Schwab J J, ed. *Psychiatry, psychopharmacology, and alternative therapies: Trends for the 80s*. New York: Marcel Dekker, Inc., 1981:183-194.
  14. Finkelstein P, Wenegrat B, Yalom I. Large-group awareness training. *Annu Rev Psychol* 1982;*33*: 515-539.
  15. Glass L L, Kirsch M A, Parris F N. Psych disturbances associated with Erhard Seminars Training: I. A report of cases. *Am J Psychiatry* 1977;*134*:245-247.
  16. Kirsch M A, Glass L L. Psychiatric disturbances associated with Erhard Seminars Training: Additional cases and theoretical considerations. *Am J Psychiatry* 1977;*134*:1254-1258.

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