

A Sophisticated Version of Voodoo Death

Report of a Case

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A case is presented in which severe and eventually fatal asthma developed in a previously healthy adult male following his mother's prophecy of "dire results" if he went counter to her wishes. An indirect connection is suggested between the mother's death wish and the outcome. It is postulated that fatal psychosomatic conditions can be modifications of the more primitive and direct "voodoo death." A brief discussion is given of the psychogenic factors involved.

THE BELIEF that death could be produced by magical means was an unquestionable part of man's early culture.¹ Many such cases have been reported in primitive societies. Although modern man has coined the term "psychophysiological reactions" to cover these phenomena when they occur in his advanced society, actual deaths from such causes are infrequently reported. The case to be presented may represent a sophisticated version of "voodoo death."

Cannon stated that voodoo death resulted when all body forces were mobilized and maintained for an action which never came.² He felt that the death was primarily due to prolonged overstimulation of the adrenals by the sympathetic nervous system. Richter, however, felt that the demise was due to a complete "giving up," a feeling of utter

hopelessness and helplessness; in effect, a parasympathetic death.³ Zoological experts have observed this in the deaths of wild animals who find themselves suddenly caged in an apparently hopeless situation.⁴ The thin veneer of civilized intellect covering man's primitive emotions serves as an armor to prevent vulnerability to this type of influence. It is suggested that when this armor proves too thin, modern man may also succumb, albeit less directly and more slowly, than did his less sophisticated predecessors.

Case Report

Mr. X, age 53, was admitted on Jan. 7, 1960 with severe bronchial asthma. He was transferred from his hometown hospital where he had been admitted 2 days previously in a semicomatose condition. Routine measures had failed to abort the attack. After 2 weeks' hospitalization he was discharged symptom-free on bronchodilators and expectorants.

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He was next admitted on July 13, 1960, in a similar condition. In the interim he had been hospitalized in private institutions 6 times. Three attacks had resulted in loss of consciousness and epileptic-like convulsions for which he was given Dilantin. Non-specific t-wave changes on an EKG had led to digitalization, although no signs of cardiac failure were noted by examination or history. These medications were continued, and some small nasal polyps were removed under local anesthesia. He improved rapidly and following a thorough work-up, he was discharged with diagnoses of bronchial asthma and mild obstructive emphysema. He went directly from the hospital to his mother's home. In a few hours he was wheezing again, and in less than 48 hr. he was readmitted by ambulance in a near-terminal condition. Medical management aborted the attack, but the patient became extremely depressed and voiced feelings of utter futility and hopelessness. Psychiatric consultation advised transfer to its service on Aug. 4, 1960.

Medical management was continued with the addition of Tofranil, 100 mg. daily. The asthma remained under control and the depression rapidly improved. On Aug. 11, he was given a pass, but returned early from a visit to his mother's home where he noted rapidly increasing wheezing. Shortly after entering the ward, his breathing began to improve.

On Aug. 17, X was given another pass, with strict instructions for his activities. He was to visit his wife, but was to avoid all contact with his mother. He returned in excellent spirits after 24 hr. with no signs of asthma. He was now willing to discuss the possible relationship of his asthma to maternal influence. In addition to this type of psychotherapy, plans for a future entry into business were eagerly discussed. With one exception he remained in excellent spirits; the exception was that he retained grave doubts of escaping his physical disability permanently.

X was seen for a 30-min. interview at 5 P.M. on Aug. 23. Some dental work had been completed that day, and he was in excellent physical and mental condition. At 6:35 P.M. he was found gasping for breath cyanotic, and semicomatose. He was pronounced dead at 6:55 P.M. A complete au-

topsy reported the cause of death as acute right ventricular dilatation and bronchial asthma. The bronchial tubes were markedly constricted and filled with extremely tenacious mucus.

The history of X's illness is unusually reminiscent of descriptions of psychological (voodoo) death. He was the third child in a sibship of five. All except the youngest, who is mentally retarded, are successful, educated people. X did not complete the eighth grade, partially because he was given the responsibility for keeping the incompetent younger brother out of trouble, a role which he did not like, but which he filled well. He complained many times that his mother never showed him the gratitude and appreciation he deserved for his care of this brother. He described his mother as a wonderful lady who made all the family decisions correctly and who never met a situation she could not control.

The father, a traveling salesman rarely home, died when X was in his early teens. Since the older brother was in college, X became the man of the household. He lived with his mother and worked in local filling stations until 31 years of age. Two marriages during this period rapidly ended in divorce. Both failures were predicted by his mother.

At age 31, he bought a nightclub in a moderate-sized city. His mother helped him finance the business and continued to keep the accounts of what proved to be a very successful venture. During his one year of military service, she ran the club efficiently and profitably by herself.

At age 38 X married a well-educated school teacher 10 years his junior. He was now a respected and successful businessman, but he saw himself as an ignorant and inadequate man, extremely fortunate to marry an esteemed woman of whom his mother approved. His wife resented the dependency X felt toward his demanding and disdainful mother, but the marriage otherwise was described as ideal. A son was born, the business prospered, and life was uncomplicated until November 1959. At this time he received a profitable offer for his business. His mother became distraught when informed of the proposed transaction. When, with much indecision and misgiving, and with the support of his wife, he decided

to accept the offer, his mother said, "Do this and something dire will happen to you." Two days later he had his first mild spell of wheezing.

X had no previous history of respiratory difficulty of any kind. He and his wife agreed that he had not had a common cold in about 10 years. He consulted his physician and was given some capsules which decreased this wheezing and cough to an acceptable level for the next several weeks. Relations with his mother remained strained.

On Jan. 2, 1960, the sale of his business was completed. The next day his asthma was much worse. Two days later he was rushed to the hospital via ambulance, and on January 7 he was transferred to the V.A. hospital. Upon completion of the sale his mother had become very angry and had repeatedly reminded him of her prediction of dire results. She had used the words, "Something will strike you."

Numerous hospitalizations, asthmatic attacks 3-4 times per week, three convulsions, and the apparent inability of the medical profession to help him, dovetailed into X's growing idea that mother was right again. The depression for which psychiatric consultation was sought was marked by his frequent protestations of the hopelessness of his condition. A hopeful sign appeared when he was able consciously to see some connection between the asthmatic attacks and contact with his mother. However, he did not forget that mother had previously proven infallible; in fact, he reminded me of this on the afternoon of his death.

This last interview was primarily concerned with his plans to reinvest the capital from the sale of his business. The desirability of excluding his mother from the new venture and whether or not she would resent this were discussed. He expressed the belief that he was "allergic" to his mother, but could not understand how this had developed so late in life. No attempt was made, and this was also true of past interviews, to approach the problem on other than a very superficial level. The interview ended with X reaffirming his fear of his mother's prediction.

In reconstructing the events of his death, it was found that X had called his mother shortly after 5:30 P.M. His wife, present in the mother's home at the time, confirmed

the story. X had told his mother that he had concrete plans to reinvest his money in another business which would not require her intervention. He expressed optimism for his future health. His mother made no attempt to dissuade him, but ended the conversation with a statement to the effect that regardless of how he or the doctors felt, he should remember her warning and be prepared for her prediction of "dire results." Give or take a few minutes, X was dead within the hour.

Discussion

Psychophysiological conditions are known to be present in a large percentage of medical patients, but the possibility that emotional factors may contribute in a major way to an illness is not often considered. Psychological death, whether by the weird incantations of a primitive shaman or by the malevolent wish of a thwarted mother, is a difficult thing for a scientifically trained physician to accept. Whatever name is given, it seems evident that such things may occur in a more complex although less dramatic form in our modern civilization.

The influence of the mother's death wish in this case can be regarded at least as a triggering mechanism for the asthmatic attacks. X may have interpreted the prophecy as a sign that mother was lost and reconciliation impossible. This might explain the further aggravation and intensity of the attacks, and the fatal attack could be regarded as the final event in a chain of circumstances in which mother's prophecy played a major precipitating and sustaining role.

In a summary of the psychogenic factors in bronchial asthma, French and Alexander state: "Firstly, the asthmatic attack is a reaction to the danger of separation from the mother, and secondly, the attack is a sort of equivalent of an inhibited and repressed cry of anxiety and rage, and thirdly, the sources of danger of losing the mother are due to

some temptation to which the patient is exposed."⁶

In a study of a hospitalized medical population Schmale was impressed by the depression which followed a real or symbolic loss of or separation from an important person in individuals with lifelong unsupported dependency needs and rejection.⁶ The question arose as to why such patients developed physiological symptoms rather than pure psychological depression. X poses a similar problem. Also unanswered is whether the asthma developed as a "voodoo-like" response to the mother's threat and continued to be aggravated to the point of death, or whether it developed from other causes and was aided and nurtured by the perceived hopelessness of the situation.

Passive-dependent individuals such as Mr. X are not rare. They are highly suggestible people. When a situation arises which threatens a loss of dependency gratifications, real or symbolic, these people may develop physical illness and serious depression. In the case presented the mother's suggestion of "dire results" was direct and verbal. More often than one realizes it may be implied or even fantasied by the victim and it may be well to investigate the frequency with which this actually occurs.

If this case represents the sudden de-

velopment of a previously nonexistent and eventually fatal disease due to "voodoo-like" suggestion, then it may be that much of the voodoo death of folklore was also psychologically provoked through physiological mechanisms different from those described by Cannon and Richter; that is, through development of psychosomatic disease.

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