

Review Article

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Son's Anxiety and Depression Linked to Mother's Abortion

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ABSTRACT

Anxiety and depression frequently co-occur and are associated with substantial functional impairment and reduced quality of life. Conventional interventions, including pharmacotherapy and psychotherapy, can improve symptoms, yet many individuals continue to experience persistent or chronic illness. This suggests that the underlying causes of these diseases remain incompletely understood. In the framework of Guan Yin Citta Dharma Door, mental disorders may be influenced by spiritual and karmic factors that are not addressed by conventional approaches. The case presented in this study involved a young man who developed severe anxiety with comorbid depression, resulting in social withdrawal, functional decline, and prolonged disability. According to the mother's spiritual experiences and Buddhist interpretation, the condition was associated with the spirit of an aborted fetus, representing an unresolved karmic debt. Through sustained Dharma practice, the mother resolved the perceived spiritual cause of her son's illness. The son experienced a gradual and substantial recovery, ultimately regaining social functioning and independence. This case is presented as evidence supporting the hypothesis that spiritual and karmic factors may contribute to certain presentations of anxiety and depression and that addressing these factors through Buddhist practice may facilitate recovery. Further investigation is warranted to explore these proposed mechanisms and their relationship to mental health outcomes.

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Introduction

Anxiety and depression are among the most common mental health disorders worldwide. Their co-occurrence—often referred to as comorbid anxiety and depression or anxious depression—constitutes a major clinical and public health concern. These disorders substantially affect individuals' quality of life and place considerable strain on healthcare systems globally [1].

Although anxiety and depression have distinct diagnostic criteria, their symptoms and neurobiological mechanisms frequently overlap. Individuals with comorbid presentations typically experience persistent worry, heightened physiological arousal, depressed mood, loss of interest in activities, and cognitive impairments. The interaction between anxiety and depression often intensifies symptom severity, complicates diagnostic processes, alters brain structures, and diminishes treatment responsiveness compared to either disorder alone [2,3].

Current treatment for anxious depression disorders primarily focuses on symptom management. One study showed that the cumulative remission rate was 67%, achieved after multiple treatment steps [4]. In a separate study, a comprehensive, person-centered approach integrating pharmacological, psychological, physical, and social interventions significantly improved outcomes among individuals with mild or anxious depression [5]. Another report found that patient responses measured by the Patient Health Questionnaire (PHQ-9) ranged from 52.38% to 56.82%, with remission rates between 33.33% and 38.64% [6].

These findings suggest that current approaches to managing anxious depression disorders are only partially effective. This situation indicates that our understanding of depressive and anxiety disorders remains incomplete, particularly regarding their underlying causes. Consequently, existing management methods may focus more on alleviating symptoms than addressing root mechanisms. Drawing on our previous research on Major Depressive Disorder (MDD), we propose that using the Dharma approach, which targets spiritual and karmic factors, can lead to complete remission when these root causes are removed [7,8].

In the present study, we describe the case of a young man with anxiety and comorbid MDD whose symptoms are fully resolved in association with his mother's practice of Guan Yin Citta Dharma Door.

Methods

From a medical perspective, the etiology of anxiety disorders is multifactorial and complex. Contributing factors include genetic predisposition, dysregulation of neurotransmitter systems, neurobiological abnormalities, and environmental stressors [9,10]. Family history, medication effects, substance use, adverse childhood experiences, and comorbid psychiatric or medical conditions may also increase the risk of developing anxiety disorders [11,12].

Similarly, the pathogenesis of MDD is considered multifaceted. Biological factors include disturbances in neurotransmitter systems, particularly those involving serotonin, norepinephrine, and dopamine [13]. Genetic factors are also important [14]. In addition, environmental stressors and psychological factors have

been implicated in the onset and progression of MDD [15,16].

Despite substantial advances in identifying these contributing factors, an important question remains: Which factors play the primary role in disease development, and how do they interact? Researchers often emphasize factors within their respective fields of study. Geneticists may regard genetic predisposition as fundamental, whereas investigators focusing on environmental influences may consider psychosocial stressors to be the critical determinants. Although these lines of inquiry have yielded valuable insights, they have not yet produced a unified framework capable of fully explaining or consistently resolving these disorders. This limitation raises the possibility that current research may primarily address manifestations or contributing factors rather than the ultimate causes of the diseases. Consequently, a more holistic approach to understanding and treating anxious MDD is required.

In contrast to the predominantly materialistic framework adopted in contemporary biomedical research, Dharma Master Jun Hong Lu proposed a spiritual perspective on these disorders. According to Master Lu, the factors identified by science may influence the severity and manifestation of anxiety and depression, but they do not constitute the ultimate causes of these conditions. Rather, Master Lu suggested that spirit attachment to the body is the fundamental cause underlying these disorders [7].

Within this framework, a spirit is defined as the soul of a deceased human or animal. Although the concept of spirit is not recognized within conventional medical science, it is regarded in this spiritual worldview as an objectively existing entity that can significantly influence human health [17]. According to Master Lu's teachings, anxiety and depression may result from a spirit attachment. Once the spirit is removed through appropriate spiritual practices, recovery may occur. Consistent with this perspective, we previously reported a case in which a patient with severe anxious MDD experienced recovery following spiritual intervention through Guan Yin Citta Dharma Door [8].

To deepen our understanding of the pathological mechanisms underlying anxiety and depression from this spiritual perspective, the following section presents a question-and-answer (Q&A) dialogue in which Master Lu explains the causes of anxiety and depression and discusses the pathway to recovery.

Q&A 1: An Unexpected Consequence of Abortion: A Young Woman Developed Severe Anxiety and Depression Due to the Aborted Child's Spirit Harboring Deep Resentment (Excerpt) [18]

Inquirer: Hello! Master Lu. I was born in 1972, the Year of the Rat. Could you please take a look at my totem? I have been suffering from anxiety for more than ten years.

Master: Oh, it is not just anxiety. Do you know that? What you have is a combination of depression and anxiety.

Inquirer: Yes, yes.

Master: The rat keeps its head down and avoids looking at people. In other words, you are afraid of meeting people and afraid of speaking. Do you understand?

Inquirer: Yes.

Master: People like you often have trouble going through customs. Others may suspect you are hiding something in your bag. Do you understand? Let me tell you something. You are actually a very honest person. But from what I see in your totem, you experienced one or two emotional shocks when you were young.

Inquirer: Yes.

Master: They were related to relationships.

Inquirer: My problems started after I had an abortion...

Master: That is when it began. Do you understand?

Inquirer: Yes.

Master: Be careful. There is a child's spirit attached to you.

Inquirer: Oh.

Master: And that is not your only problem. You are also going to develop gynecological issues.

Inquirer: Gynecological issues?

Master: Fibroids. You definitely developed them.

Inquirer: Oh, I see.

Master: Go and get checked by a doctor. Right now, I can see two small ones. Have them examined. They will definitely find them. Do you understand?

Inquirer: Yes, I understand.

Master: It is nothing too serious. Your condition is not severe. I can already see some spiritual light around you, which means you must have started reciting Buddhist scriptures.

Inquirer: Yes, I have. It has been less than a month.

Master: Very good. That is not easy. Less than a month, yet your light is already so bright! That is wonderful.

Inquirer: I have recited more than ten Little Houses (a combination of Buddhist scriptures [7]).

Master: Do you know that there was someone who used to bully you constantly?

Inquirer: No, I did not realize that.

Master: Your anxiety is acting up again! (*jokingly*) I mean someone often puts pressure on you and mistreats you. This happened both at work and at home. Do you understand?

Inquirer: Oh. Then what should I recite now?

Master: For your daily practice, recite the *Great Compassion Mantra* 21 times, the *Heart Sutra* 49 times, the *Eighty-Eight Buddhas Great Repentance* 3 times, and the *Amitabha Pure Land Rebirth Mantra* 49 times.

Inquirer: What about Little Houses?

Master: Recite 87 Little Houses as your first batch. You will start feeling better. Remember, your memory is very poor right now. Also, you tend to repeat the same actions over and over again.

Inquirer: My mind feels very chaotic.

Master: You repeatedly perform the same actions. Do you understand? You do something, then immediately do it again because you forget. You close a door, then wonder whether you actually closed it, so you go back and check it again. Do you understand?

Inquirer: Yes, I do.

Master: Those are all symptoms of your condition. And your eyesight is not very good, either.
(*The remainder has been omitted.*)

This dialogue provides three key pieces of information regarding the inquirer's health. First, Master Lu states that she suffers from both depression and anxiety rather than anxiety alone. According to Master Lu's interpretation, these conditions manifest as fear of making eye contact, meeting people, and speaking with others.

Second, Master Lu identifies the underlying trigger for her condition as emotional trauma related to a past relationship, specifically an abortion. He explains that the spirit of the aborted child remains attached to her and contributes to her psychological distress.

Third, Master Lu warns that this spirit attachment also leads to gynecological problems. He specifically mentions the presence of two small fibroids and advises her to seek a medical examination

for confirmation. He notes that she is experiencing poor memory, repetitive or compulsive behaviors, mental confusion, and declining eyesight.

From the perspective of conventional medicine, physicians cannot diagnose spirit attachment and generally do not regard the spirit of a deceased child as a cause of physical or psychological illness, as such concepts fall outside established medical frameworks. However, Master Lu possesses the spiritual ability to perceive such attachments directly. According to Master Lu's teachings, any attached spirits must be ascended as soon as possible. In fact, the spirit of the aborted child is a major contributing factor to the inquirer's persistent anxiety and depression. It also contributes to the development of additional physical ailments, such as gynecological problems.

To help elevate spiritual beings and eliminate karmic obstacles, Guan Yin Citta Dharma Door employs Five Golden Buddhist practices: (1) making vows, (2) reciting Buddhist scriptures (sutras and mantras), (3) performing life liberation, (4) studying *Buddhism in Plain Terms*, and (5) repenting for past wrongdoings and refraining from doing them. These practices have been reported to be effective in alleviating a range of conditions, including genetic disorders, cancers, skin diseases, neurological disorders, and mental illnesses [7,17]. In this study, we will investigate whether this approach is also effective in treating severe anxious MDD.

Results

The following is a presentation by a practitioner of the Guan Yin Citta Dharma Door.

Case 1: 1,800 Little Houses Gave My Son a New Lease on Life After Facing Anxiety Comorbid with MDD

Five years ago, my son suddenly developed severe anxiety. From that moment on, our family seemed to live in darkness. More than a year later, I began learning Buddhism. Three years later, thanks to my Dharma Master and the Guan Yin Citta Dharma Door, my son gradually became a normal person again. I am deeply grateful to the great Guan Yin Bodhisattva and to my Master, who has selflessly dedicated Himself to everything for the benefit of sentient beings.

I hope that fellow Buddhist practitioners with children facing similar challenges will understand that every effect has its cause, and every debt has its creditor. All misfortunes are of our own making. No matter how difficult things become, one must persevere. One day, the suffering will come to an end.

My son has always been a stubborn and overly thoughtful child. Unlike most children, he was not easy to comfort. Looking back, this may have been part of the personality foundation that later contributed to his illness. I must also admit that I often complained in front of him about my husband's laziness and lack of ambition. In hindsight, these factors may have laid the groundwork for the misfortune that followed.

Five years ago, just before his high school entrance examination, he frequently complained of headaches, dizziness, and general discomfort. He often asked for leave from school, yet medical examinations showed nothing abnormal. At the same time, his temper became increasingly volatile, and he often expressed dislike for us. On one occasion, he nearly came to blows with his father over a trivial remark.

We assumed it was simply adolescent rebellion combined with

the stress and fatigue of exam preparation, so we encouraged him to rest more. We thought little of other possibilities.

After the entrance examination, he was admitted to a prestigious high school. However, during his very first semester, a series of minor health problems emerged: Recurrent styes in his eyes, a sprained ankle, hand injuries, and persistent headaches.

Then, shortly before the Qingming Festival (*a festival for Chinese families to visit the tombs of their ancestors*) in 2011, he caught a cold. The next morning, he woke up feeling as though the world was spinning around him. From that day onward, he suffered constant dizziness.

Strangely, he absolutely refused to go to the hospital, insisting that doctors would not be able to help him. Looking back now through the lens of my Buddhist perspective, I regard this as a sign of spiritual interference.

After two weeks, we finally persuaded him to visit a hospital, where he underwent advanced examinations in the Otolaryngology department. The diagnosis was peripheral vertigo, though the exact cause remains unknown. We were left with a large collection of both Chinese and Western medications.

About a month later, the dizziness gradually lessened, but he became excessively sleepy. He spent more than half of every twenty-four-hour period asleep, often sleeping during the day and staying awake at night. He also lost his sense of balance, his legs became weak and shaky, and he needed a walking stick even at home. Nausea and vomiting were frequent.

Watching our energetic seventeen-year-old son transform into this state was heartbreaking. My husband and I were devastated. Every day I searched online for treatments, consulted countless experts, and even purchased expensive cordyceps supplements. I prepared them for him daily, but nothing seemed to help. We could only watch him suffer, crying silently in our hearts while trying not to show our pain in front of him.

Because he had missed so much school and because I worried about his safety, I arranged for him to take a year-long leave of absence. Yet, one year later, shortly after returning to school, his headaches and nausea resumed. However, an MRI scan of his brain showed nothing abnormal.

Eventually, one doctor listened carefully to his history and proposed a possibility that had never crossed my mind: a psychological disorder.

Though skeptical, we immediately took him to a psychological counseling center. The doctor there quickly concluded that he was suffering from anxiety accompanied by depression. He no longer wanted to meet people and had lost all motivation in life. The doctors explained that one of the most damaging effects of such illnesses is the loss of social functioning.

The doctor prescribed two sedative medications that had to be taken daily.

At that moment, it felt as though the sky had fallen. I could have accepted a child who lacked achievement or suffered from physical illness, but I found it almost impossible to accept that he had a psychiatric condition. To me, it felt even more frightening than cancer.

From then on, we began taking him to weekly psychotherapy sessions.

Initially, he shared some of his thoughts with the therapist. But after only a few sessions, he refused to go back. Effective psychotherapy requires a deep level of trust, and because he strongly resisted treatment, it became clear that it was unlikely to help.

At that time, my husband and I had become emotionally numb. We felt that we had no choice but to accept our fate.

What worried me most was that my son had always been ambitious. Meanwhile, his classmates were moving toward successful futures, while he felt trapped in suffering. The medications caused significant weight gain, making his situation even harder for him to accept. One day, he even said that he wanted to die.

Yet both my husband and I had to continue working to support the family; we simply could not afford to give up our jobs to stay home with him. This meant he had to be left alone throughout the day. Every morning, I would prepare snacks for him before leaving for work, and we could not fully relax until my husband returned home around four o'clock.

Whenever I came home, I felt overwhelmed by pain and despair. Yet I forced myself to smile so that my sadness would not burden my son.

To cope with my suffering, I frequently visited temples to offer incense and pay respects to the Buddhas. I began reciting Buddha's holy names and copying Buddhist scriptures. Only in front of the solemn image of Buddha could I find moments of peace and serenity.

During this period, the kindness that had long been buried within me began to awaken. I came to understand the suffering and impermanence of life. I started participating in charitable activities online, including releasing captive animals, supporting impoverished elderly people, helping seriously ill patients, and donating clothing and school supplies to minority schools.

I thought to myself: If my son may never return to school, then perhaps other children who cannot afford an education should at least have the chance to study. I wanted those struggling at the edge of poverty to live a little better and suffer a little less.

Little did I know that this small spark of compassion moved Guan Yin Bodhisattva. It eventually changed my destiny.

In October 2012, a colleague introduced me to the Guan Yin Citta Dharma Door.

Perhaps the hope of rebirth and the positive roots accumulated from previous lives were activated at that moment. I immediately began my daily Buddhist practice and scripture recitation.

At first, I recited one Little House per day. Later, I recited six or seven. For more than three years, I scarcely missed a single day. During this time, I also carried out several large-scale life-release ceremonies on my son's behalf.

Gradually, as time passed and the number of Little Houses repaid to his karmic creditors increased, my son began to change.

Previously, he could go days without washing or even getting out of bed. Later, he began ordering model ships and cars online and assembling them. After that, he started baking pastries and cakes using recipes he found online. His creations were so good that even my colleagues praised them. Eventually, his nausea diminished. He developed an interest in a certain foreign language, bought textbooks and learning materials, and after studying for some time, he could surprisingly understand portions of foreign films through a combination of listening and inference.

It wasn't until July 2014 that I finally learned the exact reason behind his illness.

Nine years earlier, I had undergone an abortion when I was nearly two months pregnant.

One morning, I vividly dreamt that a little boy was standing behind my husband on the balcony of our former home. He said to me, "Tell my elder brother that I have been accompanying him all these years."

I burst into tears and hugged him in the dream, saying, "We did not know." Through my ignorance and cruelty, I deprived a life of his chance to enter this world, causing him unimaginable suffering. Years later, that suffering returned to haunt my son and paid us back with a lifetime of heartache.

I have vowed to recite another 100 Little Houses for that poor child.

The next morning, I dreamed of a child waving goodbye to me from a three-wheeled vehicle as he departed. After consulting the Oriental Radio Buddhist Secretariat in Australia, I was told that the spirit of the aborted child had successfully ascended to a better realm.

Upon hearing this explanation, I wept uncontrollably. I repented of my actions and felt profound sorrow for the unborn child. At the same time, I felt grateful that through Buddhism, I could help him attain a better destination.

After completing the one hundred Little Houses, I dreamt that my husband and I were traveling by airplane. A young couple was holding a baby while a grandmother smiled happily nearby. I felt deeply grateful that the child had found a good place to be reborn.

After that, my son's resentment and dissatisfaction toward us gradually faded.

Because he had been away from school for so long, however, he eventually had to withdraw permanently. By then, my heart had become much calmer. Through studying the Guan Yin Citta Dharma Door, I came to believe that many realities exist beyond what our physical eyes can perceive. Master Lu's totem reading programs taught me what karmic cause and effect means.

If so many fellow Buddhist practitioners have helped their children recover from severe illnesses and change their destinies, why could I not do the same?

I will never forget one sentence from my master:

"As long as you persist, one day the water will boil."

Those words inspired me to continue reciting Buddhist scriptures even during periods when I felt physically exhausted and burdened by karmic obstacles. Day by day, my son became healthier and more cheerful.

In 2015, after my husband stopped opposing the practice, we established a Buddhist altar in our home.

The effectiveness of my recitations seemed to increase noticeably, and my son's recovery accelerated. He began attending family gatherings, going to football matches, and laughing and chatting with us. Previously, crowded and noisy places made him extremely uncomfortable.

At the same time, under the blessings of the Bodhisattvas, my work became easier, giving me more time to devote to spiritual practice.

I never called Master Lu's hotline for a totem reading because I knew it was extremely difficult to get through. Besides, even if one receives guidance, one must still personally recite Buddhist scriptures and repay karmic debts.

To date, I have recited more than 5,000 Little Houses for ascending my deceased parents, my own karmic creditors, and others.

For my son alone, I have recited nearly 1,800 Little Houses and released more than 10,000 fish. He has now recovered almost completely and can socialize normally again.

Two months ago, he registered for a self-study undergraduate examination and also enrolled in driving lessons. In fact, he now drives better than his father.

Everything we have today is more than enough for me.

Had I never encountered the Guan Yin Citta Dharma Door, and had it not been for the compassion of the Bodhisattvas and my Master, I believe our family would still be living in a kind of earthly hell. My son might have remained disabled by his condition for the rest of his life.

More importantly, he has changed from someone who strongly disliked discussions of Buddhism to someone who helps me offer incense, discusses karma and cause-and-effect, and calmly reflects on that difficult chapter of his life.

My husband, too, has changed from disbelief to deep faith in karmic principles.

As for me, I have transformed from a person filled with resentment into someone who can face life with peace and equanimity.

My master once enlightened us that people often turn to Buddhism only when they are in extreme suffering.

I have vowed to follow Guan Yin Bodhisattva throughout my life, to cultivate my mind diligently, to remain steadfast in this path, and never to retreat. I have entrusted both the remainder of my life and my son's future to Guan Yin Bodhisattva, firmly believing that the best possible outcome will be arranged.

This is a true story from my own life—a story of returning from hell to the human world.

Over the past three years, I have witnessed the workings of karmic retribution, the compassion of the Bodhisattvas, and the extraordinary power of Little Houses in helping spirits and repaying karmic debts. I have learned that repaying karmic burdens accumulated over many lifetimes requires not only time but also unwavering perseverance.

I am grateful to my son. Through his suffering, he guided me, a once arrogant and self-righteous person, toward the Buddhist path.

I am grateful to my Master, whose blessings appeared in my dreams during the most difficult periods of my practice.

At the same time, Buddhism has taught me a profound respect for the Law of Cause and Effect.

"Commit no evil; practice all good" is not merely a saying. It must be put into action every day. A single kind thought may change one's destiny, while a malicious thought can plunge a person into misery. Life must always be treated with the utmost care and respect. To deprive another being of its opportunity to live will definitely bring consequences beyond imagination.

I want to tell everyone that when facing suffering, if one sincerely strives to save oneself through the teachings of Buddhism, miracles can happen.

The Guan Yin Citta Dharma Door is truly a precious Dharma Treasure that benefits both the living and the deceased.

Shared by: Z208

Comments

- The statement, "*Five years ago, just before his high school entrance examination, he frequently complained of headaches, dizziness, and general discomfort. He often asked for leave from school, yet medical examinations showed nothing abnormal,*" may be interpreted differently from medical and Dharma perspectives. From a medical standpoint, these symptoms could represent the early manifestations of anxiety and MDD. From a Dharma perspective, however, this period marks the eruption of karmic obstacles. Although medical examinations revealed no abnormalities, Dharma teachings suggest that a spiritual cause may have been present. According to Master Lu's teachings, an aborted-child spirit may have become attached to the patient, particularly affecting the brain and contributing to the observed symptoms.
- The statement, "*At the same time, his temper became increasingly volatile, and he often expressed dislike toward us,*" is interpreted within the Dharma framework as a manifestation of karmic debt collection. Specifically, the aborted-child spirit is believed to seek repayment of the karmic debts owed by the parents through its influence on their living son. According to this interpretation, the parents owe the spirit a life, and the resulting family conflict represents an expression of this unresolved karmic relationship.
- The patient's vertigo is also interpreted as being associated with the presence of an unborn sibling's spirit. This explanation is consistent with a previously reported case in which a woman's chronic vertigo was attributed to the spirits of multiple miscarried children [7]. From the Dharma perspective, such spiritually induced conditions are often

resistant to conventional medical interventions, including both Western and traditional Chinese medicine, because the underlying cause is spiritual rather than physiological. Certainly, other spirit attachment is also a possible cause during the Qingming Festival.

- The statement, “*MRI scan of his brain showed nothing abnormal,*” highlights a fundamental distinction between spiritual and medical frameworks. If Master Lu reads his totem, the attached spirit may be discovered. However, current medical technologies, including MRI, are designed to detect physical abnormalities and are not capable of detecting spiritual entities. Nevertheless, according to Master Lu’s teachings, scientific advancements may eventually lead to the development of instruments capable of detecting phenomena associated with the spiritual world.
- The statement, “*One day, he even said that he wanted to die,*” reflects a symptom commonly observed among individuals suffering from depression. From the Dharma perspective, suicide thoughts may arise when a person’s consciousness is influenced or controlled by a spirit entity [8]. Thus, these thoughts are viewed not merely as psychological symptoms but also as manifestations of spiritual interference.
- The mother’s dreams provide important insights from the Dharma perspective. On the first morning, she dreamt of a little boy standing behind her husband. According to this interpretation, the child spirit was conveying the reason her son had suffered from illness in the past: the spirit remained attached to him. The dream also served as an expression of appreciation for the mother’s efforts in offering Little House to repay her son’s karmic creditor, with the child spirit being the recipient.

On the second morning, she dreamed of a child waving goodbye. This dream was interpreted as a sign that the child spirit had ascended and departed. Notably, this occurred before she had completed her vow to recite 100 Little Houses. According to Dharma teachings, the vow itself plays a crucial role. By making a sincere vow, she established a commitment that earned the trust of both the Bodhisattva and the spirit, enabling the spirit to leave before all of the Little Houses had been completed. This case illustrates the significance of making sincere vows, which, according to Dharma teachings, may help resolve karmic conflicts in advance.

However, the spirit’s departure from her son did not necessarily indicate that it had successfully attained rebirth. According to the Dharma interpretation, rebirth became possible only after the mother later dreamed of a young couple holding a baby. By that time, she had completed the full recitation of one hundred Little Houses, suggesting that the necessary merits and virtues had finally been accumulated to facilitate the spirit’s rebirth.

- The statement, “*After that, my son’s resentment and dissatisfaction toward us gradually faded,*” is consistent with the Dharma interpretation that the spirit had departed from the son’s body. Once the spirit was no longer occupying or influencing him, the karmic conflict diminished, and the relationship between the son and his parents gradually returned to normal.

In summary, this case provides a vivid and detailed portrayal of events occurring in the spiritual realm, making it a textbook example of mental illness from a Dharma perspective. Although not every person suffering from a mental disorder will experience circumstances identical to those described in this case, the underlying principle remains the same. By persistently offering Little Houses to repay one’s karmic creditors, as demonstrated throughout this case presentation, the karmic debt will eventually be settled. Just as water inevitably boils when heated long enough, perseverance is the key. As long as one continues to practice with sincerity and determination, the day will come when the debt is fully repaid.

Discussion

In recent decades, substantial research efforts have been devoted to elucidating the pathophysiological mechanisms underlying mental disorders such as anxiety and MDD. Neuroimaging studies have identified specific functional alterations in brain regions that may serve as potential neurobiological markers of anxious MDD and help explain its distinct clinical characteristics [19]. Other studies have reported that treatment-naïve patients experiencing a first episode of MDD exhibit a significant nonlinear association between thyroid-stimulating hormone levels and anxiety symptoms [20]. In parallel, a variety of supportive interventions have been investigated to enhance psychological stability and reduce the risk of relapse. For example, humor has been evaluated as an adaptive emotion-regulation strategy with potential protective effects against depressive recurrence [21].

Despite these advances, the etiologies of anxiety and MDD remain incompletely understood, and no universally effective therapeutic breakthrough has yet emerged. Consequently, there remains a need to explore alternative explanation frameworks that may provide additional insights into the underlying causes of these disorders.

Previous research proposed the hypothesis that certain manifestations of mental disorders may be associated with spiritual attachment or possession [7]. This framework was subsequently supported by a clinical series comprising three anxiety cases and seven MDD cases that achieved stable, long-term remission following engagement in the spiritual practices of the Guan Yin Citta Dharma Door [8,22]. The present case provides additional evidence consistent with this model, describing a clinical course in which the patient’s severe anxiety and MDD were attributed, within the Dharma framework, to the attachment of a deceased spirit—specifically, the mother’s aborted male fetus (Case 1).

Notably, one previously reported case similarly suggested a connection between a prior miscarriage and the subsequent development of maternal anxiety symptoms [22], while two other cases suggested associations between previous induced abortions and later depressive symptoms affecting either the mother or family members [8]. Collectively, these observations are consistent with the hypothesis that spiritual attachments may play a contributory role in at least a subset of chronic anxiety and MDD cases. Further investigation is warranted to evaluate this proposed relationship and to clarify its potential implications for understanding the etiology and treatment of these disorders.

It could be argued that the clinical improvement observed in this case merely reflects the natural course of the disorder, as both anxiety and depression can undergo spontaneous remission. Indeed, spontaneous recovery is a well-documented phenomenon. For example, approximately 54% of young people with symptoms of anxiety and/or depression recover within one year without

receiving specific mental health treatment [23]. Conversely, longitudinal studies have shown that between 31% and 51% of individuals with a current depressive and/or anxiety disorder fail to achieve remission over a nine-year period [24].

Nevertheless, given the severity, chronicity, and clinical presentation of the condition described in this case, spontaneous long-term remission would appear less likely. Within the metaphysical framework proposed by the Guan Yin Citta Dharma Door, the patient's symptoms were attributed to the continued attachment of his deceased unborn younger brother. Notably, the patient's clinical improvement closely paralleled his mother's efforts to repay the associated karmic debts through prescribed spiritual practices. This temporal correspondence is consistent with the proposed spiritual etiology and intervention model.

According to the Dharma teachings transmitted by Master Lu, the spirits of aborted fetuses exist in a particularly vulnerable state because the premature termination of their physical bodies prevents them from following their intended life course [25]. Within this framework, because their lives end before their natural lifespan is fulfilled, they are not immediately received into the underworld and may instead wander between the human realm and the underworld. As a result, such spirits are believed to frequently attach themselves either to the mother or to her living children.

In the present case, the spirit was understood to have attached itself to the elder brother. According to the Dharma interpretation of the mother's verified dream, the spirit explicitly communicated its continued unseen presence and attachment to him. This dream experience was therefore regarded as direct evidence supporting the proposed spiritual explanation for the patient's condition.

From this paradigm, if a fetal spirit continuously occupies a sibling's body without intervention, the affected individual is highly unlikely to experience spontaneous clinical remission. This offers an alternative explanation for why many severe anxious MDD patients suffer from intractable, lifelong depressive episodes: the animating spiritual attachment simply never departs. Conversely, temporary or short-term remissions in anxiety or in mild-to-moderate depression may represent periods where an attached entity temporarily vacates the host body. However, because the underlying karmic debt remains unliquidated, these entities inevitably return to claim what is owed. Even during prolonged clinical remissions, a sudden relapse often signifies that the core karmic debt was merely dormant rather than dissolved; entities may defer full retribution until later stages of a host's life, ultimately dragging the individual's soul into the lower realms upon physical demise.

Thus, the core etiopathogenic mechanism of anxious MDD and the determination of its definitive cure revolves around the existence and systematic clearance of unresolved karmic debts. In this case, the debt was incurred through a terminated pregnancy. Once the mother successfully liquidated this spiritual liability, the entity acquired the necessary energy to be reborn into a new family. Without the specific energetic intervention of Little Houses, such a transition would be impossible, as aborted fetal spirits typically lack the spiritual merits and blessings required to qualify for independent reincarnation [25].

These dynamics highlight a profound ethical reality: human life cannot be arbitrarily terminated. A developing fetus in the womb possesses the fundamental spiritual status of a human being.

Consequently, maternal autonomy does not naturally extend to stripping a developing soul of its right to incarnate. Just as living individuals possess an inherent right to existence within human society, the unborn share an equivalent spiritual right.

The profound psychological suffering experienced by the parents of this patient reflects a deeper, balanced cosmic retribution. One must consider the unseen torment endured by the terminated fetus: a ruthless termination of life inevitably generates a ruthless retributive response. The intense suffering that leaves these parents feeling as though they are caught between life and death directly mirrors the original trauma inflicted upon the unborn child. This clinical case serves as a clear, empirical manifestation of the immutable Law of Cause and Effect.

Ultimately, the spiritual process demonstrated by the mother—whereby the fetal spirit was elevated from the Realm of the Hungry Ghosts into the Human Realm through repayment of Little House—exemplifies the metaphysical mechanism of spiritual “ascension.”

Anxiety is caused by spirits [25], and MDD is likewise caused by spirits [8]. In the present study, anxiety was comorbid with MDD, suggesting that these conditions share a common underlying mechanism. Both disorders are attributed to the influence of spirits. After the spirits were successfully ascended, the patient recovered. In fact, it is not uncommon for spirits to contribute to multiple diseases simultaneously.

Previously, we reported a case involving an individual who suffered from femoral head necrosis, Parkinson's disease, rheumatoid arthritis, depression, severe migraines, chronic pharyngitis, hepatitis C virus infection, and a markedly thinner left leg compared with the right. Through the ascension of spirits and the elimination of the underlying karma, she ultimately overcame all of these conditions [26].

In addition to abortion, which has been reported to cause anxiety, MDD, and various other diseases, the killing of animals has also been associated with anxiety and depression [7,8,22,25]. Indeed, killing, including abortion, is proposed to account for a substantial proportion of the chronic diseases observed today [7,17].

Therefore, when a child suffers from anxiety, depression, or other serious illnesses, one possible area of inquiry is whether the child's mother or grandmother underwent an abortion and whether the family carries ancestral killing-related karma.

Conclusion

This case report documents the complete recovery of a young man from severe anxiety with comorbid MDD through his mother's dedicated practice of the Guan Yin Citta Dharma Door. While contemporary biomedical approaches frequently focus on clinical symptom management, this study underscores the necessity of investigating the root etiological mechanisms driving intractable, recurrent psychiatric presentations. The clinical resolution achieved here supports an alternative metaphysical framework: a subset of severe, chronic cases of anxious MDD may be fundamentally driven by spiritual attachments. Specifically, the unascended spirits of aborted fetuses may attach themselves to living family members.

The systematic application of the Five Golden Buddhist Practices, particularly the dedication of approximately 1,800 Little Houses,

successfully liquidated the family's unresolved karmic debt. This spiritual intervention provided the fetal entity with the necessary energy to ascend from the lower realms and be reborn into a new family, directly resulting in the alleviation of the patient's severe clinical symptoms and the restoration of his social functioning. Ultimately, these findings serve as empirical validation for the immutable Law of Cause and Effect, highlighting that the arbitrary termination of a developing fetus, which possesses the fundamental spiritual status and equivalent right to life as a human being, carries significant retributive consequences. When conventional psychiatric treatments deliver incomplete outcomes, the Guan Yin Citta Dharma Door offers a valuable, holistic, and target-oriented path to address spiritual and karmic etiologies. This paradigm not only delivers spiritual ascension for deceased entities but also provides complete, sustainable recovery for suffering patients and their families.

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On Master Jun Hong Lu's blog, numerous healing experiences are documented. For the Chinese website, please refer to (<http://www.lujunhong2or.com>). For the English website, please refer to (<https://guanyincitta.com>). Without exception, these cases bear witness to the truth of the Dharma.

Conflict of Interest

None.

Financial Support

None.

Ethical Statement

The author did not participate in the study design, treatment procedures, or analysis of the reported outcomes. All the experimental procedures and practices by the presenters were done by themselves independently.

Statements

The Q&A and case presentation in the text were translated from Chinese to English based on their intended meaning rather than a word-for-word approach. The remaining portions of the paper were written based on my limited understanding of Guan Yin Citta Dharma Door. If there are any inaccuracies or deviations from the true meaning of the Chinese version, or if the content does not accurately reflect Master Lu's teachings, I sincerely seek forgiveness from the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva, all Buddhas and Bodhisattvas, Dharma Protectors, and Master Jun Hong Lu.

The author recognizes that, in some countries, abortion is not merely a medical or biological issue but also the subject of significant political and social debate. The findings, interpretations, and discussions presented in this paper are not intended to participate in, support, or oppose any political position regarding abortion. Rather, the sole purpose of this paper is to explore a spiritual perspective that may offer relief to individuals suffering from mental and emotional distress.

Readers are free to accept or reject the viewpoints presented herein according to their own judgment and beliefs. However, the author respectfully requests that the content of this paper not be used by any individual, organization, or political group to advance political agendas. Such use would be inconsistent with the compassionate

intentions underlying this work, which are directed solely toward alleviating suffering and promoting well-being.

Artificial intelligence (AI) tools, including ChatGPT, Gemini, Grok, and Perplexity, were used to assist with translation from Chinese to English, reference duplication checking, and grammatical refinement of the manuscript. The author reviewed and verified all AI-assisted outputs and take full responsibility for the final content. The assistance provided by these tools is gratefully acknowledged.

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The contents of the presentation, comments, and discussion, including text, images, and other information obtained from Dharma practitioners, are provided strictly for reference purposes. Due to the unique nature of individual karma, results similar to those experienced by the practitioner may not be replicated. The experiences and advice shared should not be construed as medical advice or a diagnosis.

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References

1. Berkol TD, Ozonder Unal I (2023) Exploring the clinical characteristics and etiological factors of comorbid major depressive disorder and social anxiety disorder. *Biomolecules* 23: 1136-1145.
2. Meng Y, Li Z, Hou L, Ji Y (2025) The Underlying Mechanisms of Comorbid Anxiety and Depression Among Young Women: Evidence From Brain Structure and Hormone. *Depress Anxiety* <https://pmc.ncbi.nlm.nih.gov/articles/PMC12436020/>.
3. DeMarco EC, Zocher S, Miyamoto B, Hinyard L, Subramaniam DS (2025) Increased Depressive and Anxiety Symptoms Predict Increased Severity of Functional Impairment After Five Years: A Nationally Representative Retrospective Cohort Study. *Journal of Patient-Centered Research and Reviews* 12: 21-31.
4. Rush AJ, Trivedi MH, Wisniewski SR, Nierenberg AA, Jonathan W Stewart, et al. (2006) Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: A STAR*D report. *American Journal of Psychiatry* 163: 1905-1917.
5. Svensén S, Bolstad I, Ødbehr LS, Larsson G (2024) Beyond medications: a multifaceted approach to alleviating comorbid anxiety and depression in clinical settings. *Front Psychol* 15: 1456282.
6. Caussat T, Blair B, Oberman LM (2025) Effect of TMS laterality on clinical outcomes in treatment resistant depression patients with comorbid anxiety - a retrospective study. *Front. Psychiatry* 16: 1494811.
7. Yang X (2024) Treating Rare and Intractable Diseases via Guan Yin Citta Dharma Door. *Health Sci J* 18: 5-1137.
8. Yang X (2024) Severe Depression: Etiology, Recovery, and Prevention. *Haya Saudi J Life Sci*. 9: 427-446.
9. Mishra AK, Varma AR (2023) A Comprehensive Review of the Generalized Anxiety Disorder. *Cureus* 15: e46115.
10. Chand SP, Marwaha R (2026) Anxiety In: StatPearls [Internet]. StatPearls Publishing <https://www.ncbi.nlm.nih>.

- gov/books/NBK470361/.
11. Munir S, Takov V (2026) Generalized Anxiety Disorder. PubMed <https://www.ncbi.nlm.nih.gov/books/NBK441870/>.
12. Gosselin P, Laberge B (2003) Etiological factors of generalized anxiety disorder: current state of knowledge regarding psychosocial factors. PubMed 29: 351-361.
13. Cui L, Li S, Wang S, Xiafang Wu, Yingyu Liu, et al. (2024) Major depressive disorder: hypothesis, mechanism, prevention and treatment. *Sig Transduct Target Ther* 9: 30.
14. Kobayashi N, Shimada K, Ishii A, Osaka R, Nishiyama T, et al. (2024) Identification of a strong genetic risk factor for major depressive disorder in the human virome. *iScience* 27:109203.
15. Remes O, Mendes JF, Templeton P (2021) Biological, Psychological, and Social Determinants of Depression: A Review of Recent Literature. *Brain Sciences* 11:1633.
16. Li Z, Ruan M, Chen J, Yiru Fang (2021) Major Depressive Disorder: Advances in Neuroscience Research and Translational Applications. *Neurosci Bull* 37: 863-880.
17. Yang X (2026) Life is Composed of Soul and Body. *Haya Saudi J Life Sci* 11: 59-87.
18. Lu Junhong (2012) Little did she know that a miscarriage would mark the beginning of a nightmare; a young woman developed severe anxiety and depression caused by a vengeful infant spirit. Video from the Singapore Dharma Convention.
19. Huang H, Guo Z, Yang X, Qin L (2026) Functional brain alterations in anxious depression: Insights from whole-brain fMRI and meta-analysis. *Dialogues Clin Neurosci* 28: 32-45.
20. Qiu X, Wen L, Mao H, Lang XE, Liu J, et al. (2026) An increase-decrease-increase pattern: TSH levels and anxiety symptoms in treatment-naïve first-episode patients with major depressive disorder. *J Affect Disord* 407: 121778.
21. Anna Branicka, Małgorzata Hanć, Iwona Wołkiewicz, Agnieszka Chrzczonowicz-Stępień, Agnieszka Mikołajonek, et al. (2019) Is it worth turning a trigger into a joke? Humor as an emotion regulation strategy in remitted depression. *Brain Behav* 9: e01213.
22. Yang X (2026) Anxiety Disorder: Root Cause and Solutions. *SAR J Psychiatry Neurosci* 7: 38-47.
23. Roach A, Stanislaus Sureshkumar D, Elliot K, Hidalgo-Padilla L, van Loggerenberg F, et al. (2023) One-year recovery rates for young people with depression and/or anxiety not receiving treatment: a systematic review and meta-analysis. *BMJ Open* 13: e072093.
24. Ten Have M, Tuithof M, Velek P, Van Dorsselaer S, Korteling S, et al. (2026) The Onset, Course and Co-Occurrence of Depressive and Anxiety Disorders Over a 9-Year Period in the General Population. *Int J Methods Psychiatr Res* 35: e70054.
25. Yang X (2025) Abortion: Unimaginable Consequences and Regret Medicine. *Invest Gynecol Res Women's Health* 5: 490-511.
26. Yang X (2024) Healing Chronic Urticaria Through the Guan Yin Citta Dharma Door. *Saudi J Nurs Health Care* 7: 369-374.

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