SPIRIT POSSESSION IN AN INDIAN FAMILY—A CASE REPORT

By C. L. Teoh and D. Dass

SYNOPSIS

Spirit possession in an Indian family is described. Its importance as a culture-bound phenomenon is stressed. Its nature as a hysteria, and as a culturally sanctioned and accepted means of expression of emotions and feelings, are discussed.

INTRODUCTION

Spirit possession has been known and described since biblical times, and occurred in most parts of the world, both in primitive and sophisticated societies. Much has been written on the subject by various people e.g. Osterreich (1930) in his book on "Possession"; A. Kiev (1961) who described spirit possession in Haiti; Jane Belo's (1960) study on "Trance in Bali" and R. Salisbury (1968) on "Possession in the New Guinea Highlands".

Spirit possession is a phenomenon that is culture-bound i.e. it is intimately related to the beliefs, customs and attitudes of the particular cultural group in which it is found. Unless one bears this in mind, one may diagnose spirit possession as schizophrenia or other forms of psychosis.

The case description which follows refers to spirit possession in an Indian family living in West Malaysia.

Case Description

An 18 year old Indian male, S. was admitted to the University Hospital on 15 February 1972 with the complaint of several episodes of bleeding from the mouth for the past six months. He also had episodes when he was possessed by spirits for the same period. At the start of each episode of possession, he would complain of pain in the chest, exclaim that he saw a black shadow coming towards him, and then he would enter a trance-like state. In this condition he would assume the mannerism, behaviour and speech of the particular spirit who was supposed to have entered him. During these spells he had asked for certain items of food (e.g. curry chicken) and had eaten them; at other times he would be aggressive and threw furniture about, in addition to physically assaulting his family. At the end of the spell he would fall to the ground, and would be "unconscious" for five to ten minutes; on regaining consciousness he claimed amnesia for the entire episode. Each spell of possession lasted twenty to thirty minutes, and the patient would get several spells a day. He was perfectly well in between the episodes, except for asthmatic attacks which occurred for the first time during the past six months. During these spells of possession there was no aura, no tonic or clonic movements of the limbs, no sphincteric disturbance or autonomic discharge suggestive of epilepsy.

Other members of his family had also gone into trance-like states during this period. The patient's eldest brother, his niece, U., his sisters just older and younger than him, had been involved in trances. Five years ago, his eldest sister, K, his niece, U, and his father had spells of spirit possession, and were "cured" by bomohs.

On examination, he was anxious and agitated. He was able to talk rationally about his spirit possession. There were no psychotic features or disorientation. Physically he had mild wheezes over both lungs, and an apthous ulcer on the lower lip. There were no other significant findings.

Investigations

Haemoglobin: 13·8 gm./100 ml.

Packed cell volume: 40%

Mean corpuscular haemoglobin concentration: 34·6%

Total white cell count: 11,200

Neutrophils: 58%, eosinophils: 2% lymphocytes: 39% monocytes: 1%

Erythocyte sedimentation rate: 6 mm./hour

Bleeding time: 1 min. 5 seconds

Clotting time: 4 min. 6 seconds

Prothrombin index: 51%

Platelet count: 287 × 10^3/c.m.m.

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Blood Kahn test: negative

Urine microscopy: nad; no sugar, acetone or protein.

Sputum for acid-fast bacilli: negative (3 times).

Chest X-ray: normal

Skull X-ray: opaque left frontal sinus; swelling of turbinates; no other abnormality.

Electrocardiogram: normal

Electroencephalogram (including tracing from bilateral sphenoidal leads): normal wave pattern.

Family structure and interaction

The patient came from a very conservative working class Indian family, which was closely knit. The patient's father, and his eldest brother, G were quiet and self-effacing, and did not have much to say in the running of the home. The patient's eldest sister, K was very much involved in the happenings, although she lived some distance away. The patient's mother looked after the running of the household, but the dominant figure was the patient's brother R, the laboratory assistant. R was the person who had the most control over the patient, and who tended to be most strict towards him. Although he was 18 years old, the patient had to ask permission from this brother or mother whenever he wanted to leave the house. He was not considered a man yet, and as such he was deemed incapable of making decisions for himself; everything was decided for him, and he was expected to be obedient. One of the areas of conflicts was that the patient was not allowed to choose his own friends; much as he wanted to, he was not permitted to mix with the neighbours. The patient appeared cowed by his brother R.

This was a family not given to much verbal communication or expression of anger or other unpleasant feelings. Each member's role was very strictly defined, and adhered to.

Progress

Patient had two episodes of trance-like states while in hospital. The first occurred a day after admission, and was preceded by the patient bringing up some drops of fresh blood from his mouth, following which he waved his arms about in an agitated manner, cried out that he was possessed, then fainted. He claimed amnesia for the episode after recovery five minutes later.

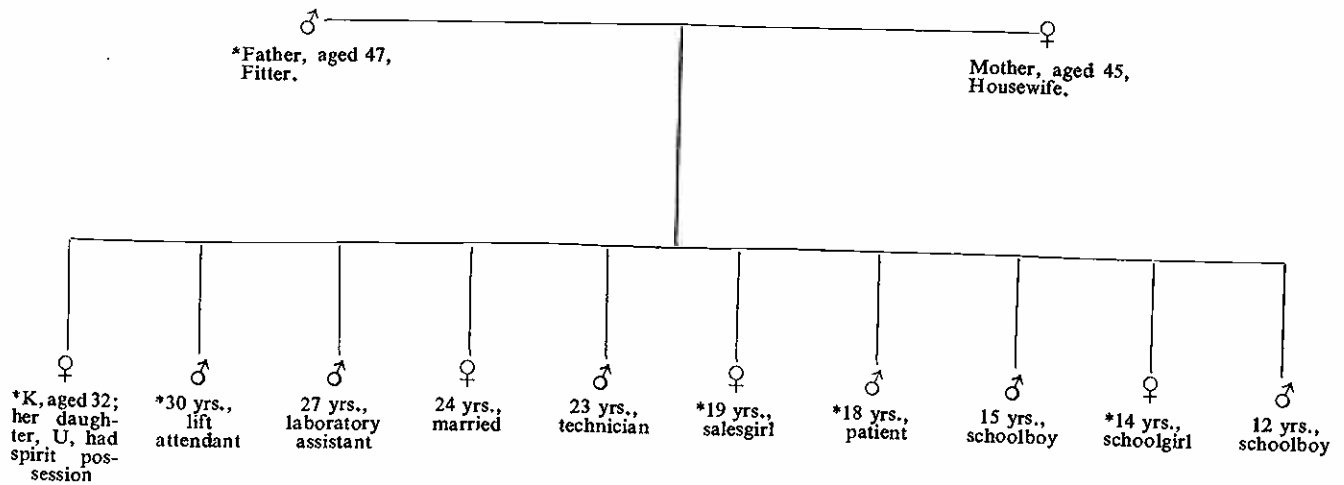
The second episode occurred two days later. The patient suddenly became disturbed, cried out that he saw the vision of a Malay man coming towards him, and then pressing on his chest. He brought up a few drops of fresh blood from his mouth, then lost consciousness for ten minutes. A diligent search for the source of the bleeding was unfruitful.

Following these two episodes, the patient became calmer and did not become possessed again.

His asthma was easily controlled with drugs. He had no asthmatic attacks after admission.

A family session was held and our explanation of the trance states was offered. It was totally rejected in a hostile manner by the entire family. It was made clear to us, especially by the patient's brother, R, that we should confine ourselves to his bleeding and asthma only.

The family consisted of the following members:—



*Involved in trance-like states.

The patient was discharged from hospital one week after admission. A follow-up visit to the patient's home three months later revealed that he had no more episodes of possession, and was studying hard for his school examination. His family now treated him with more consideration, had increased his pocket money and had allowed him more personal liberty, such as permitting him to choose his own friends.

DISCUSSION

Several features are of interest in this presentation.

The first is the sharp line of demarcation between what is expected of the Western trained doctor by the public, and what is not expected of him. It is expected by this Indian family that the doctor should investigate and treat the patient's bleeding and asthmatic episodes. It is not expected that the doctor should involve himself in matters which do not "concern" him, viz. the spirit possession. The family was convinced that the latter should be handled by a native healer (the bomoh). The family had, in fact, taken the patient to see several bomohs and they accepted without question the native healer's explanation that the possession was caused by charms wrought by neighbours who were envious of the family's prosperity.

It is the consensus of opinion that spirit possession is a form of hysteria. It is also a group phenomenon, and tends to involve several members of a particular group of people within a particular setting. Epidemics of hysteria in the school setting have been reported, notably by J. I. Teoh and E. S. Tan (1972). In the case presented, the hysteria is confined to several members within a family.

Ari Kiev (1961), writing of spirit possession in Haiti, discussed the concept of a culturally recognised and accepted way of "going crazy." He believed that the role of the possessed is one offering opportunity for the expression of much repressed and suppressed feeling and thought. Langness (1965) in his paper on "Hysterical Psychosis in the New Guinea Highlands", described the cultural factors that would generally create extreme tension for Benabena males aged 22-32; he saw possession as an escape mechanism for "those constitutionally less able to bear the cultural pressures before they finally make the necessary adjustment to adult life".

It can thus be seen that in this conservative family described, it would have been socially prohibitive for the patient to speak out or show aggression openly against the people bearing upon him. This was further aggravated by his timid and passive personality. Hence the possession state provides him with a socially sanctioned outlet for his own repressed and suppressed feelings; at the same time a change within the family system occurred, in the sense that he now has a bigger say in the family matters; the secondary gain is that he now has a higher status in the family.

The fact that other members of the family were also involved in trance-like states suggests that they too felt the family subculture to be overrestrictive and oppressive, but could find no direct solution that would reveal their true feelings in this matter.

The cause of the patient's bleeding episode remains unknown. It is interesting to note that the patient believed that the bleeding is positive evidence that the spirit had entered his body by force.

The recent onset of bronchial asthma in the patient is of interest, in view of the well attested role of emotional factors in that disorder. It is also interesting to note that the asthma subsided once the patient's conflict was resolved.

CONCLUSION

This case illustrates clearly the dynamics of spirit possession, which is a form of hysterical dissociative state that is culturally-bound. The influence of spirits or other supernatural beings as an explanation for emotional, social or interpersonal crisis is not uncommon in our culture. The "victim" is relieved of all blame and guilt, and gains the sympathy of his family. Such a mechanism allows room for restructuring or modifying the environment so that the "victim" achieves a degree of independence and even social status within the family or his subculture.

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