

POSSESSION SYNDROME : AN EPIDEMIOLOGICAL STUDY IN WEST KARNATAKA¹

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SUMMARY

A house to house survey was conducted for a population of 1158 in west Karnataka to determine the prevalence of possession syndrome and to study people's attitude towards the same. One year period prevalence was found to be 3.7%. 90% of the respondents believed in possession. Women more than men shared this belief. Spirit possession was reported to be troublesome but God possession as helpful. Number of God possession cases exceeded that of spirit possession. Female sex, young age, low education appeared to predispose an individual to get possessed in such atmosphere.

The beliefs in god or spirit possession are as old as human existence. The ignorant primitive man believed that the evil spirits and angry gods were the cause for all his difficulties and misfortunes including ill health. With the march of civilization and advance in scientific knowledge, though there has been considerable decline in these beliefs, they still exist not only in underdeveloped countries but also in technologically advanced developed countries.

Osterreich (1966) defined possession as 'a state in which the organism appears to be invaded by a new personality and governed by a strange soul'. Though the phenomenon of an individual getting possessed by god or spirit is an age old one, it was introduced into modern scientific literature by P. M. Yap in 1960, and was called as "possession syndrome". From the available literature, it is evident that this phenomenon is world wide but its manifestations differ according to different cultures.

Possession can occur sporadically involving one individual or can occur simultaneously as an epidemic involving many people (Salisbury 1968, Teja *et al.* 1970, Varma *et al.* 1970, Narayanan and Mahal 1977). It can be voluntary and involuntary (Carstairs and Kapur, 1976). It occurs as an organised religious phenomena in many cultures, e.g. Voodoo services in Haiti (Keiv 1961, Wittkover 1970); The prophet healing in Liberia and the candle cult rituals in Brazil (Wittkover, 1970); The Zar ceremony in Egypt (Nelson, 1971). The Siricult in Karnataka, India (Claws, 1979). Possession can occur as a symptom of mental illness (Varma *et al.*, 1970).

Possession can be beneficial to the individual by giving him a special status in the society, through special powers like healing or predicting the future and this becomes a source of livelihood (Carstairs and Kapur 1976). Wittkover concludes that possession states have distress relieving, integrative,

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adaptive function. But often it is considered to be troublesome and harmful to the individual. Help is sought from many sources to get relieved from the same.

Psychiatrists and related workers have been trying to understand this phenomenon and still no consensus has been achieved. Kiev (1961) mentioned that it was a culturally sanctioned, heavily institutionalized and symbolically invested means of expression in action for various ego dystonic impulses and thoughts. Some term it as a culture bound syndrome (Teja *et al.*, 1970), (Sethi, 1978), for some it is a hysterical dissociation state or hysterical psychosis, (Teja *et al.*, 1970 & Varma *et al.*, 1970) Carstairs (1958), Wittkover (1970) consider it synonymous with Western trance state. According to Harper (1963) it is a particular type of role playing which he identifies as 'complete identification'. Claus (1979) concludes, 'spirit possession is not a natural cultural explanation of psychosis. The psychological and sociological pre-conditions sometimes identified as the causes of possession may only be secondary features. There is the strong suggestion that possession behaviour is expected behaviour... because it is expected, it may actually be performed, although never perhaps consciously or deceptively'. But Herskovits (1937) writes, 'is not abnormal but normal; it is set in its cultural mould as are all other phases of conventional things. Thus possession syndrome has remained as an enigma and needs further efforts to understand it.

In our country, possession syndrome is very common (Carstairs 1958, Harper 1957, Freed & Freed 1964) but majority seek traditional healers help and may as a last resort consult psychiatrists (Chandrashekar *et al.*, 1980). Many a time they are subjected to inhuman, painful rituals by the traditional healers. Our interest in the work was aroused because of a report that several students in a primary school of Thyavana village of Sringeri taluk, Karnataka, got attacks of altered state of

consciousness during which they would behave as though they were possessed by spirits and the sincere prolonged attempts of the parents, teachers, villagers, religious experts to stop this had failed. One of the authors (V. V.) who made a preliminary study of these cases felt that there had been in the local culture, a high degree of magico-religious belief especially in possession of spirits and 'ganas' (semi gods) and the attacks were found to be a reflexion of this belief. It was decided to conduct an epidemiological house to house survey of possession syndrome in this area to understand this phenomenon.

AIMS OF THE STUDY

- (1) To find out the prevalence of possession syndrome in the catchment area of school.
- (2) To find out the prevalence of belief in possession and study the attitude of people in the same area.
- (3) To study the psycho-socio-cultural factors in possession syndrome.
- (4) A long term follow up of these cases.

MATERIALS AND METHODS

Description of the area : Thirty villages around school were surveyed. The villages were very small consisting of a couple of houses situated in the midst of green forests. The density of the population was very low (63/km.). People have to walk 10-15 kms. to Sringeri a well known religious centre, to obtain medical help. The traditional healers who get possessed by gods or ganas (semi gods) are very popular and offer medical and other help e.g. forecasting the future, counselling for better crops, theft, failures, family quarrels, etc. The entire area is underdeveloped and agriculture is the main occupation of the people.

Subsection 10 of Indian Psychiatric Survey Schedule (Kapur & Kapur) was used to screen the population. A house to house survey was conducted by trained

field workers. The head of the family or available eldest member was asked to nominate persons who get possessed by a spirit or gana or god during the previous one year, either in his family or in his neighbourhood. The necessary socio-demographic data was collected. The identified cases were examined in detail by one of the authors and appropriate psychometric tests were done. Every 5th adult member was administered a specially prepared attitude questionnaire. Some of the results are presented here.

RESULTS

TABLE 1—Total no. of population surveyed

Male	565	} 1158
Female	593	

Living in 182 family units and distributed in 30 villages

No. of possession cases identified :	43
(period) Prevalence rate :	3.7%

TABLE 2—Sex Distribution

Sex	Total population	Non possession cases	Possession cases
Male	565	554 (50%)	11 (26.0%)
Female	593	561 (50%)	32 (74.0%)
	1158	1115	43

$X^2=9.6284$ d.f.=1 $p>0.01$

TABLE 3—Age Distribution

Age	Total population	Non-possession cases	Possession cases
< 15 yrs.	405	383 (34%)	22 (51%)
15—25 yrs.	313	301 (27%)	12 (28%)
25 yrs. +	440	431 (39%)	9 (21%)
	1158	1115	43

$X^2=6.7824$ d.f.=2 $p<0.05$

TABLE 4—Total number of families surveyed : 180

Religion			
$X^2=6.7824$ d.f.=2 $p<0.05$			
Religion	Total Fly.	No of families possession	No. of families with possession cases
Hindu	176	136	40
Muslim	5	5	—
Christian	1	1	—

Caste among Hindu families

	Total Fly.	No of families possession	No. of families with possession cases
Brahmin	56	49 (36%)	7 (17.5%)
Vokkaliga	67	41 (31%)	26 (65%)
SC/ST	47	40 (29%)	7 (17.5%)
Others	6	6 (4%)	—
	176	136	40

$X^2=16.6052$ d.f.=3 $p<.001$

TABLE 5—Type of Family

Family	Total No. of families	No. of families with no possession	No. of families with possession cases
Joint	49	38 (27%)	11 (28%)
Nuclear	127	98 (69%)	29 (72%)
Single	6	6 (4%)	—
	182	142	40

N.S.

TABLE 6—Economic Status :

Poor—Income not sufficient to maintain the family

Average—Income sufficient to maintain the family

Above average—Income more than sufficient to maintain the family

Economic	Total No. of families	No. of families with no possession	No. of families with possession cases
Poor	41	32 (23%)	9 (23%)
Average	130	101 (71%)	29 (73%)
Above average	11	9 (6%)	2 (5%)
	182	142	40

N.S.

TABLE 7—*Level of Education in persons of age 10 yrs, and above*

Education	Total population (age 10 yrs. +)	Non possession cases	Possession cases
Illiterates	267	259 (97%)	8 (3%)
1-4 yrs. Edn.	218	211 (97%)	7 (3%)
5-7 yrs. Edn.	208	188 (90%)	20 (10%)
8-10 yrs. Edn.	150	147 (98%)	3 (2%)
Above	48	48 (100%)	—
Total	891	853	38

X² 19.89 d.f.=3 p < .001

TABLE 8—*Type of Possession*

Possessing element	No. of cases
Spirit (Bhootha)	18 (42%)
Gana/God voluntary	2 (5%)
involuntary	23 (53%)
Total	43

Table 9—*Belief in Spirit/god Possession*

Type of belief	Male	Female	Total
Belief in both spirit & God possession	38 (59%)	64 (81%)	102 (71%)
Belief in spirit possession only	12 (18%)	8 (10%)	20 (14%)
Belief in God's possession only	7 (11%)	1 (1%)	8 (5%)
No belief in both	8 (12%)	6 (8%)	14 (10%)
No. of persons surveyed	65	79	144

10.95 d.f.=3 p < .02

TABLE 10—*Attitude towards spirit possession*

Attitude	No. of persons
1. Spirit possession is troublesome	111 (91%)
2. Beneficial	5 (4%)
3. Neither 1 Nor 2.	6 (5%)
Total No. of persons, who believed in sp. possession	122

TABLE 11—*Consulting agency preferred for Spirit Possession*

Agency	No. of persons
Mantravadi	81 (66%)
Religious (temple, Guru, Puja, Holy places)	24 (20%)
Both	9 (7%)
No where	8 (7%)
Total	122

50 people (41%) in response to another question said that psychiatric treatment could be of help in possession cases.

TABLE 12—*Attitude towards god possession*

Attitude	No. of persons	%
1. Helpful	95	86
2. Punishment	10	9
3. Both	2	2
4. Neither	3	3
Total No. of persons who believed in God possession	110	

TABLE 13—*Any difference between spirit and god possession?*

Difference present	78	60%
No difference; both are same	52	40%
Total	130	

DESIRE TO GET POSSESSED

Like to get possessed	3	2%
Dislike to get possessed	141	98%
Total	144	

DISCUSSION

A prevalence (one year period) rate of 3.7% was obtained which when compared to other similar studies is very high

(Table 14). If 22 school cases which occurred as an epidemic are excluded, the

TABLE 14—Comparison of 3 epidemiological studies

Item	Sri Lanka	Kota	Thyavana
Area surveyed	Semi Urban	Rural	Rural
Population studied	7653	1233	1158
Possession cases	40	34	43
Prevalence rate	0.52%	2.76%	3.7%
Religion (cases)		All Hindu	All Hindu
Main caste ,,		Fisherman	Farmer
Female sex ,,	73%	77%	74.4%
Education: Nil	14%	—	20%
1-10 yrs.	86%	—	80%
10 yrs.	—	—	—
Opn: Housewife	40%	—	35%
Student	10%	—	60%
Poor (Rs. 300/- PM)	80%	—	33%
Belief in possession	—	60% of pop.	90%

prevalence rate would be nearly 2% which is still a high figure. It is noteworthy that 90% of the population surveyed believed in possession and greater number of females shared this belief than males (Table-9). 86% of the believers in god possession were of the opinion that this was helpful (Table 12). This would explain the high prevalence rate among the population in general and among females in particular. In Kota study, similar findings have been reported among Moger women. Similarly number of god possession cases were high. As Kiev (1966), Claus (1979), Carstairs and Kapur have described, since a strong belief exists in the culture and possession being a part of daily life in this area, this phenomenon is being used for many purposes. Some use it to earn their livelihood. Eg. Traditional healers who get voluntary possession. Some use it to communicate their distress. Eg. Women who get involuntary possession. Some exhibit the phenomena as a learnt

or expected behaviour. Eg. Children in this area. Psychometry showed that all of them were of average or below average intelligence and were highly suggestible (details of these findings are reported elsewhere).

Among possessed, majority were young (mean age 19 years) women and less educated (Tables 2, 3 & 7). This is in agreement with the findings of other studies (Varma *et al.*, 1970, Teja *et al.*, 1970, Nelson 1971). Other workers did not find possession in persons of age below 10 years or above 46 years. But in this study cases were seen in these age groups too. (age range was 8-70 years). Thus age appears to be no bar, but education definitely appears to be an important factor in possession because in all the studies including the present one, no case has been found in persons with higher education (above matriculation).

All the cases were Hindus. Since the number of families of other religion were less, no comment is possible. But 63% of cases belonged to farming community. Type of the family and economic status had no significant relationship with possession. (Tables 5 & 6).

Majority of the respondents said that spirit possession was troublesome and preferred to consult mantravadis or religious agencies. It is interesting to note that in response to another question 41% of them said that psychiatrist might be of help in treating these cases and 98% of people did not like to get possessed, if it could be helped. This may indicate a trend of change in their attitude. (Table 10, 11 & 13).

CONCLUSION

High prevalence rate of possession syndrome obtained in the population studied can be explained by high prevalence of belief in existence of possession phenomena. More cases of possession by god are due to

the belief that it is helpful to all. Female sex, young age, low education, predispose an individual to get possessed in such atmosphere. It appears that possession syndrome is a socio-culturally induced phenomenon used by some to become healers and counsellors, by some to take up sick role and get help. Some fail to gain anything and suffer.

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