

## **Mental Health and Cognitive Representations of People Experiencing Spirit Possession**

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Qualitative methods were used to explore the institution of local deity in the villages of Taurjazer Panchayat, Mandi District, Himachal Pradesh. The focus was on the phenomenon of possession and 30 people experiencing it were selected for quantitative study. A matched group of 30 normal people was taken for making comparisons on measures of mental health and exploration of cognitions. The possession group had lower general well-being than the normal group. Secondly, the possession group indicated a tendency towards neuroticism. Thirdly, continuous controlled association method was used to elicit the memories related to local deities a safe haven, a concept based on Bowlby attachment theory. The possession group recalled greater number of these associations than the comparison group.

**Keywords:** Possession; Safe haven; Attachment theory; Memory

In India, there is a big challenge for planners to make provision for the mammoth rural population living in far flung areas (Srinivas Murthy, 1998; 2004). The problem becomes even insuperable, because the country has handful of mental health professionals and mental health centers. One way of meeting this challenge is to utilize the traditional community mental health resources, the institutions of deities. The basic proposition of community mental health in India is that within the village, an individual belongs to his family, caste, community and his Gods (Balodhi, 1991). Thus we have to think of individual well-being or his mental problems in relation to the whole community. More than two decades ago, Kakar (1982) and Neki (1984) highlighted the distinctions of Indian psychotherapy but further initiatives did not follow. Recently, it has been proposed that the institution of deity may provide the basic principle as well as the necessary social and economic structure for community mental health (Pirta, 2005; 2006; Pirta & Ranta, 2007), and there is need to incorporate the modern

therapeutic techniques that are harmoniously assimilated in this healing system. From the theoretical viewpoint, the individual following an institution of deity personifies the two transitions (from biological to mental and from mental to divine), and requires explanation.

Among the various religious phenomena, which characterize these transitions (Pirta, 2004), the possession by spirits needs special attention as it finds frequent reference in the indigenous psychiatry (De Sousa & De Sousa, 1984; Spanos, 1994). In the state of possession some unique changes occur in the body and mind of the individual at least overtly. The ICD-10 and DSM-IV categories of dissociative (conversion) disorders are of limited utility in diagnosis and classification of the variety of this phenomenon (Alexander, Joseph & Das, 1997). According to Crook (1997, 1998) the dissociative possession has remained poorly understood. He has described the phenomenon of possession through his experience among Ladakhi people of the Himalaya and has gone into its historical antecedents. It is now being reiterated that

possession and the practice of exorcism were more than just an explanatory system based on superstition and belief (Brockman, 2000). Shirali (2001) considered possession, particularly among some hill women, as a form of spiritual emergence.

In many parts of India, health care delivery as well as social organization involves communal decision making process in which the local deity participates through his/her spokesperson, the latter experiences possession (by the deity) during the process. Although psychiatrists have shown concern about the role of cultural context in mental health (Kirmayer, 2001), mainstream psychologists have been evasive. In order to explore this issue, it may not be unreasonable to assume that the local deities acquire functional characteristics, which are similar to human caregivers in the daily life of the individual. Thus it is possible to apply Bowlby's attachment theory to understand the mental health of people in the rural areas. Moreover psychologists are already applying Bowlby's attachment theory to understand personality and psychopathology (Bartholomew, Cobb, & Poole, 1997; Davila, & Levy, 2006; Maunder, & Hunter, 2001). Bowlby conceptualized attachment essential for the survival of the infant, which has four major characteristics: *maintenance of proximity* to attachment object; *distress* upon separation from the attachment figure; *approach towards attachment figure* when there is external threat (*safe haven*); and, *exploration of external environment* when the attachment figure is available (*secure base*) (Ainsworth & Bowlby, 1991; Ainsworth, Blehar, Waters, & Wall, 1978; Tancredy & Fraley, 2006). These relationships can be generalized to adult social relationships (Hazan, & Shaver, 1987; Simpson, Winterheld, Orina, & Rholes, 2007). Some researchers have applied the attachment theory in an entirely new area, where the God is conceptualized as an attachment figure. Kirkpatrick (1998) has explored the attachment to God using the four

criteria of Bowlby which defines relationship between infants and its caregiver. This work has been carried further by Granqvist and Hagekull (1999, 2000), Beck and McDonald (2004) and Cicirelli (2004). Furthermore, the attachment relationships involve cognitive systems since during the course of development the child forms internal working models (IWMs) about the caregivers or attachment objects (Ainsworth et al., 1978; Workman & Reader, 2004), which become integral part of memory processes (Simpson et al., 2007). Therefore one way to understand the IWMs of an individual is through the exploration of his/her memories, particularly where the God or local deity becomes safe haven. People approach the deity or recall him when there is external threat.

In the present study we compared the general well-being, neuroticism, and cognitive representations between two groups of people, the one experiencing possession by local deities and the other was a comparison group having no such experience.

## Method

### Sample:

The area chosen for the study was Taurjazer Panchayat in Mandi District of Himachal Pradesh. The data collection was done by the first author (Seema Thakur). She knew the local dialect and was familiar with the area. Besides that a lexicology of local terms used by people, who were members of the institution of deity, was prepared. These terms pertained to ecology, social and mental aspects, and were comparative to used in similar studies in the region (Pirta, 2006). Myths related to Kamlahiya Baba (a male deity) and Banerdi Mata (a female deity) were collected. In addition three case studies of the mental problems associated with the institutions of these deities were also noted down as witnessed by the first author. On the basis of these experiences a behaviour checklist was prepared to identify the persons

experiencing possession by the local deity. On this basis 30 participants were selected, and an equal number of villagers were selected by matching to serve as a comparison group. There were equal number of males and females in each group. All the 60 participants were tested individually at their residences in the villages.

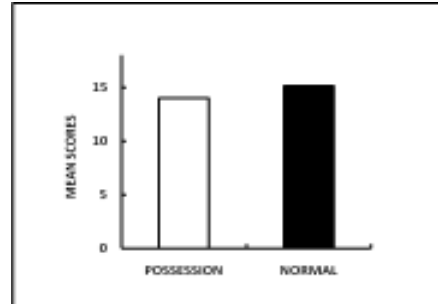
### Measures:

The PGI General Well-being Measure (Verma, & Verma, 1989) and the PGI Health Questionnaire N-1 (Verma, Wig, & Pershad, 1985), for the assessment of mental health. A *script* (stimulus material) was prepared to elicit memories or associations of God as a safe haven to explore the cognitive representations of participants. The *script* was presented to each participant in the possession and comparison groups according to continuous control association method (Woodworth, & Schlosberg, 1971). The responses generated four dependent variables (Davis, 1999): *latency*, *number of memories recalled*, *categories generated*, and *number of items in each category*.

### Results

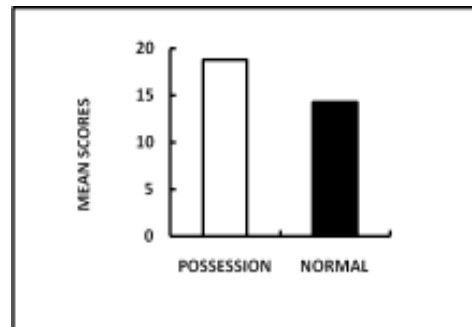
The scores of the possession group ( $14 \pm 5.37$ ) were significantly lower than the comparison group ( $15.17 \pm 4.86$ ) on general well-being ( $t = 0.88$ ;  $df = 58$ ;  $p < 0.5$ ), suggesting poorer general well-being of the participants experiencing spirit possession (Figure, 1). The total score on neuroticism were divided into Area A (physical aspects) and Area B (psychological aspects). The possession group ( $6.53 \pm 4.53$ ) had significantly higher scores than the comparison group ( $4.93 \pm 3.69$ ) on Area A ( $t = 1.49$ ;  $df = 58$ ;  $p < 0.5$ ). Furthermore, the possession group ( $12.27 \pm 6.57$ ) had significantly higher score from the comparison group ( $9.37 \pm 5.7$ ) on Area B ( $t = 1.82$ ;  $df = 58$ ;  $p < 0.1$ ). The total score of the possession group ( $18.8 \pm 10.39$ ) was significantly greater from the scores of comparison group ( $14.3 \pm 9.06$ ) on neuroticism

**Figure-1: Mean scores on general well-being.**



( $t = 1.79$ ;  $df = 58$ ;  $p < 0.1$ ). It suggested that the participants experiencing spirit possession were having greater neurotic symptoms than the normal participants (Figure- 2).

**Figure-2: Mean scores on mental health (Area A & Area B).**



There were four dependent measures of recall of cognitive representations: latency; number of items recalled; number of categories generated; and the items within each category. For the first three dependent measures the t-test was used to find out the significance of difference between the scores of the two groups. The latency of recall of the possession group ( $8.10 \pm 8.19$ ) was significantly greater ( $t = 1.71$ ;  $df = 58$ ;  $p < 0.1$ ) from the comparison group ( $4.9 \pm 6.19$ ), suggesting that the participants experiencing spirit possession took long time in recalling the first item (Figure, 3). The memories or associations recalled by the possession group ( $13.3 \pm 7.49$ ) were significantly greater ( $t = 2.13$ ;  $df = 58$ ;  $p < 0.05$ ) than the normal group ( $9.83 \pm 4.81$ ), suggesting that the participants

experiencing spirit possession recalled greater number of association related to God as safe haven (Figure, 4). On the third measure, the number of categories generated, the possession group was not significantly different from the normal group. The total items recalled by each participant were grouped 7 categories: characters; objects, situations, actions, emotions, locations, and others. It was found that the items within each category were greater for the possession group than that of

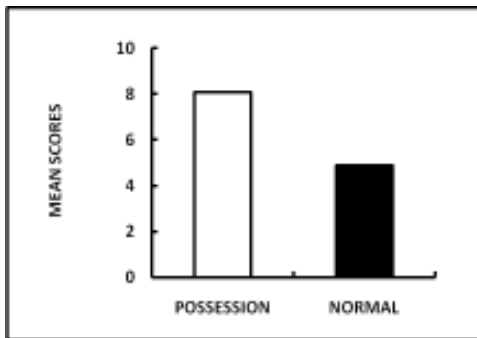
the normal group (Figure, 5).

**Discussion**

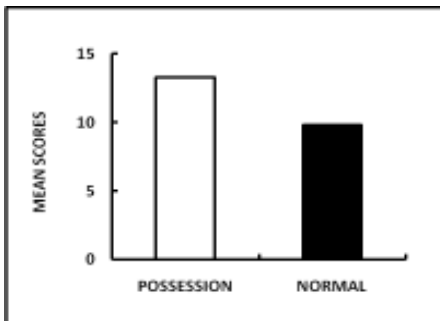
There is now considerable evidence to suggest that some of the psychological problems, which occur in specific regions, have a relationship with culture specific religious beliefs (Guarnaccia & Rogler, 1999). This has happened more due to ignorance than due to lack of theory. While indicating the limitations of the colonialist medical model, Kirmayer and Minas (2000) stressed that culture bound syndromes were used to demonstrate the universality of mental disorders. Bhugra & Mastrogianni (2004), after reviewing evidence on depression at global level, concluded that cultural, social and religious factors account for variations in the presentation of depression across cultures. For example, take the case of “purvaj syndrome” (Vagrecha & Asthana, 2002) occurring in Udaipur and a similar phenomenon observed in Shimla, the concept of ‘paap’ (Pirta & Ranta, 2007).

An important observation from our work in Himachal Pradesh is that possession or trance, in the therapist (the *mali* or *chela* or the spokesperson of the deity) as well as in the client (or the person afflicted by spirits), was a common feature in the community and had social sanction (Pirta, 2005; 2006; Pirta, & Ranta, 2007; Pirta, Ranta, and Vashisht, 2008). Therefore it is important to distinguish the mental health of persons experiencing these two kinds of possessions. The participants of the present study were not the spokespersons but people suffering from some mental problems. Therefore our first question was, whether there was any difference on the general well-being measure between the possession group and the comparison group? The second question was, whether there was any difference on the neurotic behaviour between the possession group and the comparison group? We found the the participants of the possession group

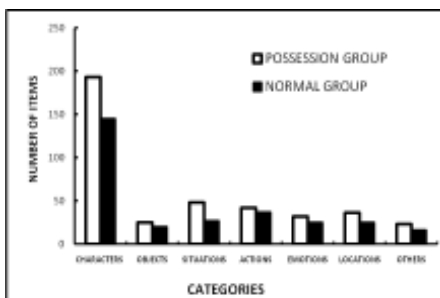
**Figure 3: Latency for the recall of first association.**



**Figure 4: Memories recalled.**



**Figure 5: Number of items recalled within each category.**



were poor on general well-being and they had neurotic tendency.

In psychiatry, possession was largely a dissociative disorder. These cases include the manifestation of possession like symptoms. Various ICD-10 and DSM-IV categories of dissociative (conversion) disorders are of limited utility in understanding the phenomenon of possession observed in the institutions of deities. Alexander, Joseph and Das (1997) have proposed a category of "brief dissociative stupor" for some cases of dissociative (conversion) disorders. The mental health surveys also are of limited value about the prevalence of possession. But a survey of mental health in Goa reveals, where general prevalence of mental disorders was 60.2 (out of 1000), possession by spirits was 1.5 in males and 0.9 in females (Sharma, & Singh, 2001). Studies in India during recent years may help us to draw some conclusions about the etiology and prevalence of possession. There was a correlation between dissociative phenomena and prevailing social confusion and unpredictability (Chakraborty, 1993). A relationship has been shown between religious ritual and dissociation among Indian and Australian subjects (Dorathy, Schumaker, Krishnamurthy, & Kumar, 1997). Religious ritual was a significant predictor of dissociation. The phenomenon of possession may have some common elements but they seem embedded in specific local institutions, varying from village to village, affected by the milieu in which people grow (Brockman, 2000; Rao, 1998; Shirali, 2001).

Thus it is important to understand the cognitive (mental) representations of people. The third question was, whether there was any difference on the recall of cognitive representations (associations or memories) of God as safe haven by the possession group and the comparison group? It would provide a deeper appreciation of the God (or local deity) as an attachment figure. The present study has explored one aspect of this

relationship, the God or deity as a safe haven. In other words when there is external threat people move closer to the attachment object for security, in the present study it was the elicitation of the associations of local deity or God in two groups of subjects. One group had experiences of spirit possession (possession group) whereas the other group had no such experience (comparison group). There were four dependent measures of recall of associations related to God as a safe haven: latency of recall of first item; the number of items recalled, the number of categories generated; and, the number of items within each category. Though the possession group was slower to give first item, the total number of memories or associations recalled was greater by this group. These findings support the view that the socio-cognitive explanations of dissociation have significance.

### References

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- Ainsworth, M.D. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist*, 46, 333-341.
- Alexander, P.J., Joseph. S., & Das, A. (1997). Limited utility of ICD-10 and DSM-IV classification of dissociative and conversion disorders in India. *Acta Psychiatrica Scandinavica*, 95, 177-182.
- Balodhi, J.P. (1991). Holistic approach in psychiatry: Indian view. *NIMHANS Journal*, 9, 101-104.
- Bartholomew, K., Cobb, R. J., & Poole, J. A. (1997). Adult attachment patterns and social support processes. In Pierce, G. R., Lakey, B., Sarason, I. G., & Sarason, B. R. (Eds), *Source book of social support and personality* pp.359-378. New York: Plenum Press.
- Beck, R., & McDonald, A. (2004). Attachment to God: The attachment to God inventory, test of working model correspondence, and an explanation of faith group differences. *Journal*



- of Psychology and Theology*, 32, 92-103.
- Bhugra, D., & Mastrogianni, A. (2004). Globalisation and mental disorders: overview with relation to depression. *British Journal of Psychiatry*, 184, 10-20.
- Brockman, R. (2000). Possession and medicine in south central India. *Journal of Applied Psychoanalytic Studies*, 2, 299-312.
- Chakraborty, A. (1993). Possessions and hysterias: What do they signify? *Transcultural Psychiatric Research Review*, 39, 393-399.
- Cicirelli, V. G. (2004). God as the ultimate attachment figure for older adults. *Attachment and Human Development*, 6, 371-388.
- Crook, J. H. (1997). The indigenous psychiatry of Ladakh, part I: practice theory approaches to trance possession in the Himalayas. *Anthropology & Medicine*, 4, 289-307.
- Crook, J. H. (1998). The indigenous psychiatry of Ladakh, part II: narrative and metanarrative in the cultural control of dissociative states in the Himalayas. *Anthropology & Medicine*, 5, 23-42.
- Davila, J., & Levy, K. N. (2006). Introduction to the special section on attachment theory and psychotherapy. *Journal of Counselling and Clinical Psychology*, 74, 989-993.
- Davis, P. J. (1999). Gender differences in autobiographical memory for childhood emotional experiences. *Journal of Personality and Social Psychology*, 76, 498-510.
- De Sousa, A., & De Sousa, D.A. (Eds.) (1984). *Psychiatry in India*. Bombay: Bhalani Book Depot.
- Dorathy, M. J., Schumaker, J. F., Krishnamurthy, B., & Kumar, P. (1997). Religious ritual and dissociation in India and Australia. *Journal of Psychology*, 131, 471-476.
- Granqvist, P., & Hagekull, B. (1999). Religiousness and perceived childhood attachment: Profiling socialized correspondence and emotional compensation. *Journal for the Scientific Study of Religion*, 38, 254-273.
- Granqvist, P., & Hagekull, B. (2000). Religiosity, adult attachment, and why "singles" are more religious. *International Journal for the Psychology of Religion*, 10, 111-123.
- Guarnaccia, P. J., & Rogler, L. H. (1999). Research on culture-bound syndromes: new directions. *American Journal of Psychiatry*, 156, 1322-1327.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52, 511-524.
- Kakar, S. (1982). *Shamans, mystics and doctors*. Delhi: Oxford University Press.
- Kirkpatrick, L. A. (1998). God as a substitute attachment figure: A longitudinal study of adult attachment style and religious change in College students. *Personality and Social Psychology Bulletin*, 24, 961-973.
- Kirmayer, L. J. (2001). Cultural variations in the clinical presentation of depression and anxiety: implications for diagnosis and treatment. *Journal of Clinical Psychiatry*, 62, 22-28.
- Kirmayer, L. J., & Minas, H. (2000). The future of cultural psychiatry: an international perspective. *Canadian Journal of Psychiatry*, 45, 438-446.
- Maunder, R. G., & Hunter, J. J. (2001). Attachment and psychosomatic medicine: Developmental contributes to stress and disease. *Psychosomatic Medicine*, 63, 556-567.
- Neki, J. S. (1984). Psychotherapy in India. Traditions and trends. In A., De Sousa, & D. A. De Sousa (Eds.) *Psychiatry in India*, pp. 333-352. Bombay: Bhalani Book Depot.
- Pirta, R. S. (2004). Environmental implications of biological, cultural and humanistic pathways in evolution. Part-I. Affectionate relationships in primates. *Psychological Studies*, 49, 220-226.
- Pirta, R. S. (2005). Community mental health approach in rural areas: Developing the traditional institution. *Journal of Personality and Clinical Studies*, 21, 91-108.
- Pirta, R. S. (2006). Community-based approach to mental health: The traditional healing. *Journal of Community Guidance and Research*, 23, 161-177.
- Pirta, R. S., & Ranta, R. S. (2007). Social conflicts and possession: The role of reconciliation processes mediated by local deities. *Journal of Indian Academy of Applied psychology*, 33, 201-212.
- Pirta, R.S. Ranta, R.S., & Vashisht, V. (2008). Folk psychology: The role of little tradition in mental

- health. *Journal of Psychological Researches*, 3, 47-70.
- Rao, G. (1998). "Siri" of Dakshina Kannada: A possession syndrome. *The Indian Journal of Social Work*, 59, 664-673.
- Sharma, S., & Singh, M. M. (2001). Prevalence of mental disorders: An epidemiological study in Goa. *Indian Journal of Psychiatry*, 43,
- Shirali, K.A. (2001). Hysteria or spiritual emergence: Women's well being. *Indian Journal of Psychological Issues*, 9, 20-26.
- Simpson, J. A., Winterheld, H. A., Orina, M. M., & Rholes, W. S. (2007). Working model of attachment and reactions to different forms of care giving from romantic partners. *Journal of Personality and Social Psychology*, 9, 466-477.
- Spanos, N. P. (1994). Multiple identity enactments and multiple personality disorder: A socio-cognitive perspective. *Psychological Bulletin*, 116, 143-165.
- Srinivasa Murthy, R. (1998). Rural psychiatry in developing countries. *Psychiatric Services*, 49, 967-969.
- Srinivasa Murthy, R. (2004). Mental health in the new millennium: Research strategies for India. *Indian Journal of Medical Research*, 120, 63-66.
- Tancredy, C. M., & Fraley, R. C. (2006). The nature of adult twin relationships: An attachment-theoretical perspective. *Journal of Personality and Social Psychology*, 90, 78-93.
- Vagrecha, Y. S., & Asthana, H. S. (2002). Purvaj syndrome: a culture bound reaction to stress and a psychotherapeutic device. *Psychological Studies*, 47, 91-99.
- Verma, S. K., & Verma, A. (1989). *Manual for PGI General Well-being Measure*. Lucknow: Ankur Psychological Agency.
- Verma, S. K., Wig, N. N., & Pershad, D. (1985). *Manual for PGI Health Questionnaire N-1*. Agra: National Psychological Corporation.
- Woodworth, R. S., & Schlosberg, H. (1971). *Experimental psychology*. New Delhi: Oxford & IBH.
- Workman, L., & Reader, W. (2004). *Evolutionary psychology: An introduction*. United Kingdom: Cambridge University Press.

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