Spirit Possession in a Psychiatric Clinic

Simon Dein
Goldsmiths, University of London
(s.dein@gold.ac.uk)

This paper considers the relationship between one specific religious experience - spirit possession - and psychiatry. I begin with the case study of Ann, a forty year old female secretary with two children, who was referred to her local psychiatric services with a presumptive diagnosis of psychosis. She was interviewed initially alone then with her partner. For about one year she was concerned that a spirit had possessed her, she was low in mood, agitated and maintained that the spirit was controlling her thoughts and actions. She had consulted with a number of Catholic priests from local churches and had asked for an exorcism on several occasions. As is often the case in these instances individuals are first requested to seek out a psychiatric opinion to exclude mental illness before exorcism is considered.[1]

She recounted the following narrative. Born in Lodz, Poland, she had a traditional Catholic upbringing, regularly attending mass for many years. She described a stormy childhood, and while she did not disclose this directly, she intimated that she had been sexually abused by a close relative. This had occurred on several occasions. She had never discussed this with anyone else but felt it left her dirty and guilt ridden. At the age of eighteen years she decided to visit the UK, initially as a tourist but after a couple of months decided to live there permanently. She quickly found a job waitressing in a restaurant and after several months had formed some close friendships. She recounted how one of her male friends had introduced her to the occult, was using Tarot cards and Ouija boards and she vividly described a session whereby a spirit had entered the room and could move a glass on the board. Coming from a Catholic background she became increasing wary of the practices and finished the relationship. For the next decade she continued attending her local church on a regular basis but frequently wondered if there was any truth in these occult practices. While she held a strong belief in the existence of the Devil she was unsure whether other spirits were 'real.'

She spoke about her partner in a negative way, alleging that he was controlling and that she felt stifled in the relationship. This caused her much distress and she had

[1] The details of the patient have been extensively changed to maintain anonymity.

ISSN: 2057-2301

considered leaving him on several occasions but did not feel able to do this because of her two children. Her relationship elicited feelings of guilt and anger in her.

At the age of thirty eight she was walking close to the road and was suddenly hit by a car. Suffering a relatively mild head injury and bruising she was admitted to hospital overnight. A CT scan revealed no brain trauma. It was shortly afterwards that she became concerned that a spirit had overtaken her, had entered her body and was controlling her thoughts and actions. While the spirit was with her constantly, at times she reported that she had memory lapses and the spirit caused her to jerk uncontrollably. She could not identify this spirit and did not know if it was male or female. She could, however, always sense its presence through a rather pungent odour which she emphasised only she - and no one else - could smell. During these jerking episodes she stated that the spirit spoke through her, often in a male voice and she had absolutely no control over this. She became increasingly agitated with poor sleep, low mood and had lost her appetite. Much of the time she was irritable and this caused mounting tension with her partner since she continuously begged him to obtain an exorcism. Their relationship had become strained over this. Her life had become totally preoccupied with the spirit inside her to the expense of any other aspects of her life.

During her interview with the psychiatrist and a psychiatric nurse she presented in the following way. She was well kempt. Her speech was normal in rate and rhythm. In terms of her mood she was agitated and she repeatedly stated that she could not cope any longer and she needed to 'get the spirit out.' While not expressing any suicidal thoughts she admitted that she felt hopeless. She emphatically stated that the spirit was real and was ruining her life. She was extremely angry that she was seeing a psychiatrist and what she really required was exorcism.[2] She repeated several times 'I'm not mad, I'm possessed.' From her viewpoint our meeting had been a total waste of time. She declined any further assessment.

Her partner who had accompanied her stated that he could not stand this any longer. He confirmed her episodes where she appeared to be in a trance like state, shaking and salivating, during which she would speak in a deep, gruff, male voice. He did not understand what this voice was saying, but noted that it sounded angry. He could not identify any trigger for these 'attacks,' but himself wondered if her stress had brought them on. During these episodes she seemed to be unaware of her surroundings and of those around her. He did not know what to do next.

---

[2] Specifically in Catholicism, official doctrine agrees that demonic possession can occur and must be distinguished from mental illness. It however emphasizes that cases of mental illness should not be misdiagnosed as demonic influence. Catholic exorcisms can only be conducted under the authority of a bishop, and then, only in accordance with strict rules. Priests are instructed to ensure that affliction is not actually a psychological or physical illness before proceeding to an exorcism by an ordained priest in the name of Jesus Christ ("Sacramentals", Catechism of the Catholic Church).

ISSN: 2057-2301

How should mental health professionals understand possession experiences? I begin with a discussion of spirit possession in the anthropological literature. This is followed by an overview of psychiatric explanations with an emphasis on dissociation. Psychological and ethnographic theories are often seen as mutually exclusive. I argue that Western psychological notions of dissociation fail to take account of the social context of spirit possession and, building on the work of Seligman and Kirmayer (2008), that incorporating ethnographic theories can result in a more in depth understanding of this phenomenon with implications for its treatment.

Spirit possession

Psychiatrist and anthropologist Roland Littlewood (2004) views possession as the belief that an individual has been entered by an alien spirit or other parahuman force. This then takes over control of the person influencing both their agency and identity. Vagrecha (2016) summarizes the symptoms of possession as: Loss of control over one's actions; behaviour change or acting differently; loss of personal identity/altered state of consciousness; change in tone of voice as if a different person is speaking; loss of memory of trance session and rhythmical abnormal movements.

In many parts of the world possession states are commonplace and culturally accepted, often playing a central role in healing rituals. They are frequently induced voluntarily. Possession states vary across cultures in terms of the possessing spirits - be it Satan, an ancestor, God or an animal spirit. Evidence is emerging that religious training on managing possession states is associated with better control and integration of these experiences into the individual's life (Almeida, 2004; Negro, Palladino Negro and Louza 2002). Possession states are also common worldwide. Bourguignon (1973) found that altered states of consciousness associated with possession existed in 89% of 488 societies worldwide. As Rashed (2018) comments, ethnographic reports suggest that the prevalence of possession states does not appear to be waning worldwide (e.g. Boddy 1994; Cohen 2007; Rashed 2012).

In Western cultures possession states are commonplace in Evangelical Pentecostal and Charismatic Catholic churches, Afro-American religions, Spiritism, and Spiritualism (Harding, 2005). They appear to be rare in Western cultures outside of religious contexts, possibly because of the Western emphasis on individualism, self–control and the importance of the healthy unified self. Specifically, in Britain possession states are seen in church related contexts, Spiritualist home development circles (Hunter, 2020), and are also prevalent among South Asians (Littlewood & Dein 2013). Cultural factors play a significant role in determining how spirit possession is understood in different societies.

ISSN: 2057-2301

Anthropologists have taken a keen interest in these states often arguing that they are forms of communication, or expressions of protest in societies among marginalised or subordinate groups (e.g. Lewis, 1989; Boddy, 1989; Bourguignon, 1973). In many parts of the world it is women who more frequently become possessed than men. Anthropological theories highlight the social meaning and rhetorical and discursive functions of spirit possession, allowing for the creation of new relationships or identities not ordinarily available to individuals in their everyday lives (Lambek, 1981; Boddy, 1993). These approaches take note of local cosmology, the construction of self and personhood and the moral order. However, they often do not specifically consider the lived experiences of individual subjects and its emotional and psychological dimensions (Seligman & Kirmayer 2008).

I briefly summarise some of the better known anthropological views. Bourguignon (1973) sees possession as an instrument of social change. In *Ecstatic Religion: A Study of Shamanism and Spirit Possession*, anthropologist I. M. Lewis, from a functionalist perspective, discusses two types of possession: central and peripheral. The former supports prevailing political, moral and religious beliefs. Such states are common in religious ceremonies worldwide and are not considered pathological. In contrast, peripheral possession indicates an invasion of evil spirits and is viewed as undesirable, immoral and dangerous. While peripheral cult possession is typically open to all participants, in central religions such possession is reserved for the religious elite. Lewis' theory assumes that women experience feelings of social deprivation as a result of their marginalised or subordinate status but he does not provide any direct evidence that they actually feel this (see also Sered, 1994 for a critique of this perspective). It is not clear in the male dominated society that Lewis studied in Somalia that women actually feel downtrodden or neglected. For Boddy, the Sudanese Zar Cult allows women to reflect upon their worlds. Spirit possession is seen as a commentary upon their experience of the feminine and allows them to expand their culturally overdetermined sense of self, rather than as a form of protest.

Focusing on the cognitive mechanisms underlying possession states, Anthropologist Emma Cohen (2008) differentiates between pathogenic and Executive spirit possession. The former involves attributing abnormal behaviour to possession by the spirit. The individual maintains their own identity but accounts for specific misfortune though spirit intrusion. In executive possession the afflicted individual acts as though their identity has been displaced by that of the possessing spirit. The body becomes a vehicle through which the spirit speaks and acts.

ISSN: 2057-2301

Having briefly considered spirit possession in anthropology I now move on to psychiatry.[3]

Spirit possession, psychiatry and dissociation

The relationship between possession states and mental health remains ambiguous and more work is required to clarify the associations (Delmonte, Luchetti, Almeida Moreira & Farias, 2016). As Bhugra (1996) notes, similar mental and behavioural states may variously be defined as mental illness in one society and as a religious experience in another. Cardena and Spiegel (1996) and Lewis Fernandes (1998) both correctly point out that dissociative trance and possession disorder are a problematic category for psychiatry. Possessed individuals sometimes manifest symptoms which are phenomenologically similar to those found in mental illnesses like psychosis, hysteria, mania, Tourette syndrome, epilepsy, schizophrenia or dissociative identity disorder; this includes involuntary or uncensored behaviour.

Possession by spirits is one of the oldest ways of accounting for both physical and mental disorders and is today a prominent explanatory model in many parts of the non-Western world. While no longer common in Europe, demonic possession was a prevalent explanation of madness up until a couple of hundred years ago or so. Only in the late 19th and early 20th century did modern theories of psychopathology arise, replacing ideas of possession with materialistic psychodynamic, behavioural and biological theories all of which deny the reality of supernatural entities. However, among African and South Asian populations in the UK, supernatural explanations for schizophrenia are still commonplace (Romme & Escher 1993; McCabe & Priebe 2004). As Duijl et al (2010) note, spirit possession has received scant attention from mental health care systems.

Psychology and psychiatry generally invoke the notion of dissociation when discussing possession and other trance like states. Dissociation involves both behaviour and experience and includes a sense of disconnection from the self and the surrounding world. It is associated with loss of the normal integrative functions of the mind, affecting memory, consciousness, and identity. In itself dissociation is not abnormal or pathological and is a normal way of coping with stress. Dissociation is on a spectrum from everyday experiences of absorption, to more profound forms like amnesia and derealisation, to extreme forms such as Dissociative Identity Disorder (formerly multiple personality

[3] For a comprehensive critical discussion of theories of spirit possession in anthropology see Schmidt (2016).

ISSN: 2057-2301

disorder). Psychiatrists have predominantly focused upon clinically significant extreme dissociative states like identity disturbances, fugue states and amnesia.

There are several issues relating to the concept of dissociation. The psychiatric paradigm views dissociation in terms of psychological function and neurobiological mechanism. It is far from clear that dissociation is a universal psychological mechanism based upon a common underlying neurophysiological system (Seligman & Kirmayer, 2008). At present we have little understanding as to how dissociation is subject to cultural influence in terms of its triggers, manifestations and interpretations. But as Bourguignon (2004, p. 558) argues, dissociation is always 'culturally modulated', and it is always necessary to consider the social setting in which it is found (Schmidt, 2016).

Psychological theories involving dissociation are linked to specific Western ideas about the individualistic self, person and agency. As many authors have noted, conceptualizations of mind demonstrate marked cultural variability (Le Vine, 2010). The notion of a bounded unitary, coherent and autonomous self may be unique to the West. Agency - the experience of initiating and being in control of one's actions - similarly is subject to cultural influences (Murphy & Throop, 2010). Western psychology sees dissociation as an individual phenomenon with little attention given to the role of social and cultural context. Dissociation's social meaning and function is given little consideration in the psychiatric paradigm. Possession states in many parts of the world are seen as social rather than individual phenomena and some have indeed argued that possession/dissociative possession states must be understood in their own sociocultural contexts (e.g. Boddy, 1994).

The relationship between experiences diagnosed as dissociative trance/ possession and those states studied by anthropologists as 'spirit possession' remains unclear. While spirit possessions and dissociative/possession disorders are similar phenomenologically, they may be distinguished in terms of deliberateness, distress, impairment, help seeking behaviour and idiom (Bhasavar , Ventriglio & Bhugra, 2016).

Aiming to differentiate normative spirit possession from mental illness, Morton Klass (2003) integrates perspectives from anthropology and psychology. He distinguishes between three sets of Human Dissociative Phenomena: Dissociation Consciousness Phenomenon; Dissociative Identity Phenomenon and Imposed Dissociative Phenomena. For Klass spirit possession is included in the second category of Dissociative Identity Disorder. He makes a distinction between Dissociative Identity Disorder and Patterned Dissociative Identity (PDI). The latter is not an illness or disorder but derives from the society's belief system. Thus this 'patterned' behaviour is not a mental illness.

The American Diagnostic and Statistical Manual of Mental Disorders – a publication for the classification of mental disorders - sees spirit possession as a form of

  ISSN: 2057-2301

dissociative disorder. The latest edition – DSM V – lists possession under the section on DID (Dissociative Identity Disorder), referring to a discontinuity in one's sense of self accompanied by alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensorimotor functioning. The manual differentiates normal religious possession from pathological possession. The latter is:

> '[…] involuntary, distressing, uncontrollable, and often recurrent or persistent; involves conflict between the individual and his or her surrounding family, social or work milieu; and is manifested at times and in places that violate the norms of the culture or religion' (2013 p. 295).

Thus possession from this perspective should NOT be called a disorder if it is a normal aspect of a broadly accepted cultural or religious practice. Psychological research consistently demonstrates links between extreme psychological stress (e.g. sexual and physical abuse, rape, war experiences, natural disasters, assault and motor vehicle accidents) and dissociative symptomatology (Lewis Fernandes, 2007; van der Kolk & Van der Hart, 1989; Kirby et al., 1993; Spiegel, 1991). While the anthropological literature documenting the social function of spirit possession in different cultures is large, the relationship between spirit possession and potentially traumatizing events has received relatively little academic attention. However a handful of studies have examined this association (Duijl, 2010; Castillo, 1994; De Jong, 1987).

Clinical Implications

Following her psychiatric assessment and discussion with our psychologists we felt that this lady was not psychotic but was most likely in a dissociated state, especially when she had episodes of memory loss and involuntary movements. She refused any further assessment by psychiatric services but communicated solely by phone contact about her wellbeing. Given the opportunity it would have been appropriate to refer her for a psychotherapeutic assessment. She finally found a priest who conducted a ritual of exorcism. She did not provide any details about him for us. Ann stated that this had helped her considerably, she felt less agitated and more in control of her life. Although the spirit was affecting her less it had not completely departed.

It is not adequate for psychiatrists and psychologists to account for possession in terms of dissociation, it is also necessary to understand how this dissociation functions in a sociocultural context, provides meaning and is an indirect form of social protest. As Seligman and Kirmayer (2008) state by 'considering the social context and discursive

  ISSN: 2057-2301

functions of their patients' dissociative experiences, practitioners can decipher more nuanced meanings and implications of these experiences beyond their clinical significance as indicators of a psychiatric condition.' From a psychoanalytic perspective possession states can be seen as symbolic symptoms of the unconscious repression of traumatic or distasteful experiences (Budden, 2003).

At times Ann's identity was overtaken by that of the possessing spirit. This could have been caused by her earlier experiences of sexual abuse and her 'priming' with previous experiences with the occult. Furthermore, we saw her 'possession' as an idiom of her distress phrased in religious terms and as a way of asserting her autonomy in a controlling and at times stifling relationship. Through this she had regained a sense of agency. We also believed that her presenting symptoms accorded with a typical model of possession in Catholicism.

Unlike Western psychiatry, Catholicism does accept the possibility of spirit oppression or possession.[4] Many examples are found in the Synoptic Gospels of Jesus exorcising evil spirits (Porterfield, 2005; Betty, 2005). Christians have adopted these accounts for contemporary healing. Francis MacNutt, a former Catholic priest who has written extensively on evil spirits describes the typical presentations of possession by an evil spirit: 'bodily contortions, changes in the voice, and changes in facial expression' (MacNutt, 1995, p.77). For him, many people diagnosed with mental illness are actually oppressed by spirits ranging from satanic presences to the recently dead who are confused rather than evil.

Exorcism may be seen as a form of psychotherapy providing meaning-centered, spiritually sensitive care. Both attempt to cast out 'demons.' For psychotherapists these are metaphorical and relate to mental traumas and memories. For exorcists the demons are real entities. Psychotherapy and exorcism both speak about a 'higher power,' be it the psychological or medical belief system or Jesus Christ. Both are dependent upon a ritualized relationship between the therapist and client, or between the priest and the possessed individual. Finally, suggestion plays a significant role in both types of treatment. Jerome Frank (1991) argues that all forms of healing including psychotherapy and exorcism share three characteristics: a socially sanctioned practitioner; a sufferer who is convinced about the healing ability of this practitioner and a series of structured interactions between this healer and the sufferer with the aim of influencing the sufferer's attitudes, emotions and behaviour.

---

[4] Specifically in Catholicism, official doctrine agrees that demonic possession can occur and must be distinguished from mental illness. It however emphasizes that cases of mental illness should not be misdiagnosed as demonic influence. Catholic exorcisms can only be conducted under the authority of a bishop, and then, only in accordance with strict rules. Priests are instructed to ensure that affliction is not actually a psychological or physical illness before proceeding to an exorcism by an ordained priest in the name of *Jesus Christ ("Sacramentals"*, *Catechism of the Catholic Church*).

ISSN: 2057-2301

What do we learn from this case study? Mental health practitioners need to be aware of the role of culture and religion in the presentation of mental illness to avoid misdiagnosis. There is a need for dialogue between mental health professionals and religious professionals. Although uncommon among the general UK population spirit possession does occur in religious groups, but generally in the context of worship services. Possession outside these contexts is often abnormal and its effective management involves close collaboration between mental health and religious professionals.

References

Almeida, A.M. (2004). *Fenomenologia das experiências mediúnicas, perfil e psicopatologia dos médiuns espíritas* [Phenomenology of mediumistic experiences, profile, and psychopathology of Spiritist mediums] (Unpublished doctoral dissertation). Sao Paulo: Faculdade de Medicina da Universidade de São Paulo.

Bhavsar, V., Ventriglio, A. & Bhugra, D. (2016). 'Dissociative trance and spirit possession: Challenges for cultures in transition.' *Psychiatry Clin. Neurosci.*, Vol. 70, pp. 551-59.

Boddy, J. (1993). 'Subversive Kinship: The Role of Spirit Possession in Negotiation Social Place in Rural Northern Sudan.' *PoLAR: Political and Legal Anthropology Review,* Vol. 16, No. 2, pp. 29–38.

Boddy, J. (1994). 'Spirit Possession Revisited: Beyond Instrumentality." *Annual Review of Anthropology,* Vol. 23, pp. 407-434.

Bourguignon, E. (1973). R*eligion, altered states of consciousness and social change*. Columbus: The Ohio State University Press.

Bourguignon, E. (2004). 'Suffering and healing, subordination and power: Women and possession trance.' *Ethos,* Vol. 32, pp. 557-574.

Budden, A. (2003). 'Pathologizing Possession: An Essay on Mind, Self and Experience in Dissociation.' *Anthropology of Consciousness*, Vol. 14, No. 2, pp. 27-59.

  ISSN: 2057-2301

Cardeña E, & Spiegel D. (1996). 'Diagnostic issues, criteria, and comorbidity of dissociative disorders.' In: L.K. Michelson & W.J. Ray (eds) *Handbook of Dissociation.* New York: Springer, pp. 227–250.

Castillo, R.J. (1994). 'Spirit Possession in South Asia, Dissociation or Hysteria?' *Culture, Medicine, and Psychiatry,* No. 18, pp. 1–21.

Cohen, E. (2007). *The Mind Possessed: The Cognition of Spirit Possession in an Afro-Brazilian Religious Tradition*. Oxford: Oxford University Press.

Cohen, E. (2008). "What is Spirit Possession? Defining, Comparing and Explaining Two Possession Forms." *Ethnos,* Vol. 73, No. 1, pp. 101-126.

De Jong, J. T. (1987). *A Descent into African Psychiatry*. Amsterdam: Royal Tropical Institute.

Delmonte, R., Lucchetti, G., Moreira-Almeida, A. & Farias, M.I. (2016) 'Can the DSM-5 differentiate between nonpathological possession and dissociative identity disorder? A case study from an Afro-Brazilian religion.' *Journal of Trauma & Dissociation*, Vol. 17, No. 3, pp. 322-337, DOI:10.1080/15299732.2015.1103351

Frank, J.D., & Frank, J.B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Baltimore, MD: Johns Hopkins University Press

Harding, R.E. (2005). 'Afro-Brazilian religions.' In L. Jones (eds) *Encyclopedia of religion*. Farmington Hills, MI: Thomson Gale, pp. 119–125.

Hunter, J. (2020). *Manifesting Spirits: An Anthropological Study of Mediumship and the Paranormal*. London: Aeon Books.

Kirby J.S, *et al.* (1993). 'Correlates of Dissociative Symptomatology in Patients with Physical and Sexual Abuse Histories.' *Comprehensive Psychiatry,* 1Vol. 34, No. 4, pp. 258–263.

Kirmayer, L.J. & Young, A. (1999). 'Culture and context in the evolutionary concept of mental disorder.' *J. Abnorm. Psychol.,* Vol. 108, pp. 446–452.

  ISSN: 2057-2301

Klass, M. (2003). *Mind Over Mind: The Anthropology of Spirit possession*. London: Rowman and Littlefield.

Lambek, M. (1981). *Human Spirits: A Cultural Account of Trance in Mayotte*. Cambridge: Cambridge University Press.

Le Vine, R. (2010). *Psychological Anthropology: A Reader on Self in Culture.* Malden, MA: Wiley-Blackwell.

Lewis, I. M. (1989). E*cstatic Religion: A Study of Shamanism and Spirit Possession.* 2nd ed. London: Routledge

Lewis-Fernández, R., Martínez-Taboas, A., Sar, V., Patel, S. & Boatin, A. (2007) 'The Cross-Cultural Assessment of Dissociation.' In J. P. Wilson & C. Tang (eds.) *The Cross-Cultural Assessment of Psychological Trauma and PTSD.* New York: Springer, pp. 279–317.

Littlewood, R. (2004). 'Possession states.' *Psychiatry*, Vol. 3, No. 8, pp. 8–10.

MacNutt, F. (1995). *Deliverance from Evil Spirits*. Grand Rapids MI : Chosen Books

Mccabe, R., Priebe, S. (2004). 'Explanatory models of illness in schizophrenia: comparison of Four ethnic groups.' *The British Journal of Psychiatry*, Vol. 185, No. 1, doi 10.1192/bjp.185.1.25.

Murphy, K.M. & Throop, C.J. (2010). 'Willing contours: Locating volition in anthropological theory.' In K.M. Murphy & C.J. Throop (eds). *Toward an Anthropology of the Will.* Stanford: Stanford University Press, pp. 1–27.

Negro, J., Palladino-Negro, P., & Louzã, M.R. (2002). 'Do religious mediumship dissociative experiences conform to the sociocognitive theory of dissociation?' *Journal of Trauma & Dissociation*, Vol. 3, pp. 51–73. doi:10.1300/J229v03n01_05

Nye, C. (2012, November 19). 'Possession, Jinn and Britain's backstreet exorcists.' Retrieved bfrom the BBC News website: http://www.bbc.co.uk/news/uk-20357997

Porterfield, A (2005). *Healing in the History of Christianity*. Oxford Scholarship Online.

  ISSN: 2057-2301

Rashed, M.A. (2012). *Subjectivity, Society and the Experts: Discourses of Madness.* PhD Thesis: University College London.

Rashed, M.A. (2018). 'More Things in Heaven and Earth: Spirit Possession, Mental Disorder, and Intentionality.' *J Med Humanit.* https://doi.org/10.1007/s10912-018-9519-z
Romme, M. & Escher, S. (1993). *Accepting voices*. London: MIND Publications.

Schmidt, B. (2016). *Spirits and Trance in Brazil : An Anthropology of Religious Experience.* London: Bloomsbury

Seligman R. & Kirmayer, L.J. (2008) 'Dissociative Experience and cultural Neuroscience: Narrative, Metaphor, and Mechanism.' *Culture, Medicine, and Psychiatry,* Vol. 32, pp. 31–64.

Sered, S. (1994). *Priestess, Mother, Sacred Sister.* Oxford.

Spiegel D. (1991). 'Dissociation and Trauma.' In A. Tasman & S. Goldfinger (eds). *American Psychiatric Press Review of Psychiatry*. Washington, DC: American Psychiatric Association.

Vagrecha, Y.S. (2016). 'Possession Behaviour.' *Abnorm Behav Psychol,* Vol. 2, p. 119. doi: 10.4172/2472-0496.1000119

van der Kolk, B. & Van der Hart, O. (1989). 'Pierre Janet and the Breakdown of Adaptation in Psychological Trauma.' *American Journal of Psychiatry*. Vol. 146, pp. 1530–1540

van Duijl, M., Nijenhuis, E., Komproe, I.H. *et al.* (2010). 'Dissociative Symptoms and Reported Trauma Among Patients with Spirit Possession and Matched Healthy Controls in Uganda.' *Cult Med Psychiatry,* Vol. 34, p. 380 https://doi.org/10.1007/s11013-010-9171-1

  ISSN: 2057-2301