Frequency of anxiety and depression in dissociative trance (possession) disorder

Azmat Ahad Beig1, Ammara Butt2, Junaid ul Islam3, Fatima Saleem4

1Post Graduate Trainee, Department of Psychiatry, Fatima Jinnah Medical University, 2Assistant Professor Department of Psychiatry, Fatima Jinnah Medical University / Sir Ganga Ram hospital Lahore, 3Post Graduate Trainee, Department of Psychiatry and Behavioural Sciences, Pakistan Institute of Medical Sciences, Islamabad, 4Senior Registrar, Department of Psychiatry, Jinnah Hospital Lahore

Correspondence to: Dr. Ammara Butt, Email: aamirammar@yahoo.com

ABSTRACT

Background: The possession of a person by God or spirit is an age-old one. The ICD-10 has recorded the presence of a possession and trance disorder before formal featuring it in the 10th edition as a category of dissociative (conversion) disorders. The current study sought to determine the frequency of anxiety and depression among the patients presented in tertiary care hospitals with dissociative trance (possession) disorder, along with gender differences.

Patients and methods: This cross-sectional study was conducted at I Department of Psychiatry, Sir Ganga Ram Hospital Lahore over one year: December 2019 till December 2020. A sample of 350 patients, who met the ICD-10 criteria of dissociative trance (Possession) disorder, was recruited in the study through purposive sampling technique. Demographic information sheet and Urdu version of the Hospital Anxiety and Depression (HAD) rating scale were used as assessment measures. The data were stored and analyzed in SPSS version 20. Descriptive analysis i.e., means, standard deviations, percentages, and frequencies, and inferential statistics i.e., independent sample t-test, were performed to explore objectives.

Results: The results indicate that 13.2% of patients with dissociative trance disorder scored in the normal range of depression, 20.7% fall in borderline depression while abnormal, and 66.1% in abnormal cases of depression was found in 66.1% of patients. For anxiety, results demonstrate that 28.2% of patients fall in the category of normal anxiety, 31.5% in borderline anxiety, and 40.3% fall in the case of abnormal anxiety. Differences for the gender of patients in depression and anxiety scores were evaluated by independent sample t-test and significant differences were found in depression and anxiety scores of male and female patients with dissociative trance disorder (p-value<0.05). Female patients scored high on depression (19.84±6.68) and anxiety (16.02±5.54) scale than male patients’ scores for depression (27.47±5.06) and anxiety (19.35±4.95).

Conclusion: There is a definite frequency of depression and anxiety among patients with dissociative trance disorder while females are high in the scores. This can help to decrease the comorbidity associated with dissociative trance disorder, reduce the disease burden and ensure a better outcome of treatment.

Keywords: Dissociative trance disorder; Possession; Depression; Anxiety.

INTRODUCTION

The phenomenon of possession of an individual by God or spirit is an age-old one. Yung in 1967 introduced the concept of God or spirit possession into the modern scientific literature and called it possession syndrome.1 Osterreicht defined it as a state in which the organism is governed by a strange soul and appears to be invaded by a new personality.2 The ICD-10 has recorded the being of a possession and trance disorder before formally featuring it in the 10th edition under the category of dissociative (conversion) disorders.3 Five years later, the DSM-IV listed a similar dissociative disorder with the same 2 subtypes—trance and possession.4 Wintrob defined the possession syndrome as a short and episodic disruption of behavior during which it is presumed that the subject’s personality has been replaced by that of spirit, ghost, demon, or a God whose characteristics are well known within the subject’s culture.5 The onset and termination are quick, and it is followed by partial or complete amnesia for the new identity and the events that occur during such episode.6 The belief in possession is as old as human existence. Abnormal behaviors and mental illnesses are being attributed to be the result of spirit possession in many cultures even today. Possession appears to be a common phenomenon and is reported from many countries of different continents.7 The possession syndrome differs from one culture to another. Possession is highly prevalent in some countries and exists as an endemic entity and sometimes appears as an epidemic with a prevalence of

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up to 31%. Some consider it to be a culture-bound syndrome whereas others do not consider it to be a culture-bound syndrome but a variant of psychiatric illnesses. During the last 20 years, the symptom profile of dissociative disorders has been investigated in several empirical studies, major depression was found to be the most frequent comorbid disorder, with prevalence rates ranging from 88% to 97%. Results for anxiety disorders also show high prevalence; in a study, 90% of all patients were suffering from at least 1 form of anxiety disorder, this prevalence was further confirmed by various other clinical studies. Patients with dissociative disorders averagely suffered from 4 comorbid disorders, including posttraumatic stress disorder (PTSD), depressive disorders, anxiety disorders, and somatic symptoms, and related disorders.4

Between 63.3% and 97.2% of patients with Dissociative Identity Disorder fit the diagnostic criteria for Major Depressive Disorder and between 46.7% and 0.9% for dysthymic disorder. Among patients with DID, 83.3% to 89.7% had an anxiety disorder when PTSD was excluded. Another study showed that among Dissociative Disorder 73% had Depression and 43% had clinical anxiety. This available literature gives an understanding of overall dissociative disorders and its comorbidities, but the phenomenon of possession was not studied separately with depression and anxiety.

Possession syndrome occurs as an individual or a mass phenomenon. Individual spirit possession is always involuntary, unwanted and must be treated as an affliction. Both individual and mass possession is seen in Pakistan where young women of low income and education are usual victims. Several international studies have been carried out on neurotic pathology associated with dissociation, however, there is a need for empirical research for possession in Pakistan to determine its comorbid conditions which can worsen the disorder, so that appropriate intervention can be given to the patients at an appropriate time. The study aims to explore the frequency of depression and anxiety among the patients presented in public hospitals with dissociative trance (possession) disorder, along with gender differences.

**PATIENTS AND METHODS**

A cross-sectional design was used to study the prevalence of depression and anxiety among the patients. The Ethics Approval was granted by the Institutional Review Board Sheikh Zaid Medical Complex Lahore with 1d SZMC/IRB/Internal /M D/145/19. Through purposive sampling technique, a sample of 360 patients (age ranging 20-45 years) who met the ICD-10 criteria of dissociative trance (possession) disorder, was taken from Sir Ganga Ram Hospital Lahore, for one year: December 2019 to December 2020. Patients with intellectual disability, degenerative diseases (i.e., dementia), neurological disorders (i.e., epilepsy), psychotic symptoms, or taking any illicit drugs, were excluded from the study. Participants were assessed through a demographic information sheet and Hospital Anxiety and Depression (HAD) rating scale (Urdu version). HAD is commonly used by doctors in the hospital setting, to determine the levels of anxiety and depression among patients. The scale has fourteen items that generate scores: seven of the items relate to anxiety and seven relate to depression. Each item is scored from 0-3 and this means that a person can score between 0 and 21 for either anxiety or depression. The scores can be interpreted into 3 categories: 0-7 = Normal 8-10 = Borderline abnormal (borderline case) 11-21 = Abnormal (case). This scale was preferred because it specifically focuses on the main symptoms of anxiety and depression and avoids reliance on common somatic symptoms of illness, for example, fatigue and insomnia or hypersonnia.

The participants were invited to participate in this study based on their sufficient verbal responses. The information sheet, assessment scale, and written consent form were presented (either in writing or by reading it out) to participants and they were assured about the confidentiality of their personal details. The required psychological support was available to the particular participant by the researcher. The collected data were stored and analyzed in IBM SPSS version 20, however, a p-value of ≤0.05 was considered statistically significant. The measuring tool was analyzed according to the procedure mentioned in its manual. Descriptive analysis i.e., means, standard deviations, percentages, and frequencies, and inferential statistics i.e., independent sample t-test, were performed to explore objectives.

The qualitative characteristics of participants (Table 3) such as gender and marital status were presented as frequencies and percentages. While quantitative characteristics of participants (Table 4) such as age and education were presented as mean and deviations.
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**Table 1.** Frequency of depression in dissociative trance (possession) disorder

| Depression ranges | Frequency n (%) |
|-------------------|-----------------|
| Normal            | 46 (13.2)       |
| Borderline        | 73 (20.7)       |
| Abnormal          | 231 (66.1)      |

**Table 2.** Frequency of anxiety in dissociative trance (possession) disorder

| Depression ranges | Frequency n (%) |
|-------------------|-----------------|
| Normal            | 98 (28.2)       |
| Borderline        | 110 (31.5)      |
| Abnormal          | 144 (40.3)      |

**Table 3. Qualitative characteristics of patients**

| Characteristics  | Frequency n (%) |
|------------------|-----------------|
| Gender           |                 |
| Male             | 61 (17.42)      |
| Female           | 289 (82.57)     |
| Birth Order      |                 |
| 1st born         | 47 (13.42)      |
| Middle born      | 56 (16)         |
| Last born        | 196 (56)        |
| Only child       | 51 (14.57)      |
| Marital Status   |                 |
| Married          | 107 (30.6)      |
| Unmarried        | 216 (61.7)      |
| Divorced         | 16 (4.6)        |
| Widow            | 11 (3.1)        |
| Residence        |                 |
| Rural            | 269 (76.9)      |
| Urban            | 81 (23.1)       |
| Religion         |                 |
| Muslim           | 280 (80)        |
| Christian        | 70 (20)         |

**Table 4. Quantitative characteristics of patients**

| Characteristics  | Mean±SD         |
|------------------|-----------------|
| Age (years)      | 24.37±6.4       |
| Education (years)| 7.03±4.6        |
| Father’s education (years) | 3.6±5.3    |
| Mother’s education (years) | 2.4±3.3    |
| Family monthly income (rupees) | 20083±14283.2 |
| The total duration of illness (months) | 18.5±9.9 |

**RESULTS**

The results of the descriptive analysis revealed that about 66% of patients fall in the category of the abnormal case of depression, as shown in Table 1 while 40% fall in the category of the abnormal case of anxiety, as shown in Table 2.

Differences for the gender of patients in depression and anxiety scores were also evaluated by independent sample t-test and results showed a significant difference in depression and anxiety of male and female patients with dissociative trance disorder (p-value < 0.05), female patients scored high on depression (19.8±6.68) and anxiety (16.0±5.54) scale than male patient’s scores for depression (27.47±5.06) and anxiety (19.35±4.95).

**DISCUSSION**

The present study explored anxiety and depression in dissociative trance (possession) disorder in our population along with its predisposing factors. Results demonstrated that the prevalence of depression and anxiety was high among patients of dissociative trance (possession) disorder. Results are parallel with the previous literature. Siddique and colleagues proposed that depression and anxiety disorders are very common co-morbid illnesses associated with dissociative disorders.19 Şar and coauthors reported in their study that between 63.3% and 97.2% of patients with DID fulfill the diagnostic criteria for major depressive disorder patients with depression, 83.3% to 89.7% had also an anxiety disorder.19 Another study also showed that among patients with dissociative disorders 73% had depression while 43% had clinical anxiety.16 These findings are comparable with the findings of this study. There are multiple factors involved in the course of dissociative trance, as researches have established that majority of the patients are females, less educated (up to middle) and educated, and belong to rural areas, and lower-income class people living in the periphery are not educated about dissociative symptoms and mostly interpret it in the form of evil spirit or ghost (possession), in such cultures particular attention is given to the patient which further encourages his illness to be prolonged.20 However, the role of birth order and family dynamics are also important in the development of dissociative trance, literature consistently demonstrates that younger child is most prone to exhibit dissociative traits with the earlier age of onset.21,22 The findings of this current study also show the same results. Significant gender differences were found in depression and anxiety while females were high in scores. Piccinelli and group describe that female preponderance in depressive disorders are due to sociocultural roles, adverse experiences in childhood, and psychological attributes related to vulnerability to life events and coping skills are likely to be involved, however, biological factors have only a few effects on the emergence of gender differences.23 Furthermore, illness burden is associated with a greater level of anxiety in women than in men.24 Findings of this study suggest that every patient with the diagnosis of dissociative trance disorder must be screened for anxiety and depression. It needs to be conveyed to mental health professionals and physicians should be sensitized...
about early diagnosis, management, and referral to reduce the stigma and burden of the disease.

**CONCLUSION**

There is a definite frequency of depression and anxiety with dissociative trance disorder while females are high in the scores. This can help to decrease the comorbidity associated with dissociative trance disorder, reduce the disease burden and ensure a better outcome of treatment.

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