POSSESSION SYNDROME: AN EPIDEMIOLOGICAL STUDY IN WEST KARNATAKA

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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.

Osterreieh (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 organized religious phenomena in many cultures, e.g. Voodoo services in Haiti (Keiv 1961, Wittkover 1970); The prophet healing in Liberia and the candomble cult rituals in Brazil (Wittkover, 1970); The Zark 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 consid­
ered 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 pheno­
menon and still no consensus has been achiev­
ed. Kiev (1961) mentioned that it was a cul­
turally sanctioned, heavily institutionalized
and symbolically invested means of expres­
ion 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,
(Varma 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 posse­sion 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 de­
ceptively’. 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 syn­
drome 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 sub­
jected 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
Thysavana village of Sringeri taluk, Kar­
nataka, 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 prelimi­
inary study of these cases felt that there
had been in the local culture, a high degree
of magico-religious belief especially in posses­
sion 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 under­
stand this phenomenon.

AIMS OF THE STUDY

(1) To find out the prevalence of posses­
sion 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 tra­
ditional healers who get possessed by gods
or ganas (semi gods) are very popular and
offer medical and other help e.g. fore­
casting 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 | Female | Total |
|--------|------|--------|-------|
| Male   | 565  | 593    | 1158  |

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

|        | Total population | Non-possession cases | Possession cases |
|--------|------------------|----------------------|------------------|
| Male   | 565              | 554 (50%)            | 11 (26.0%)       |
| Female | 593              | 561 (50%)            | 32 (54.0%)       |

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%)          |

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

TABLE 4—Total number of families surveyed : 180

| Religion | Total No. | No. of families with possession cases |
|----------|-----------|--------------------------------------|
| Hindu    | 176       | 136                                  |
| Muslim   | 3         | 5                                    |
| Christian| 1         | 1                                    |

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

TABLE 5—Type of Family

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

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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 Status | Total No. of families | No. of families with no possession cases | No. of families with possession cases |
|-----------------|-----------------------|----------------------------------------|--------------------------------------|
| Poor           | 41                    | 32 (23%)                               | 9 (23%)                              |
| Average        | 130                   | 101 (76%)                              | 29 (23%)                             |
| Above average  | 11                    | 9 (5%)                                 | 2 (5%)                               |

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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 (30%) | 8 (21%) |
| 1-4 yrs. Edn. | 218 | 211 (25%) | 7 (18%) |
| 5-7 yrs. Edn. | 208 | 188 (22%) | 20 (53%) |
| 8-10 yrs. Edn. | 150 | 147 (17%) | 3 (8%) |
| Above | 48 | 48 (6%) | — |
| **Total** | **891** | **853** | **38** |

\[ X^2 = 19.89 \quad \text{d.f.} = 3 \quad p < .001 \]

TABLE 8—Type of Possession

| Possessing element | No. of cases |
|--------------------|--------------|
| Spirit (Bhootha)   | 18 (42%)     |
| Gana/God voluntary | 2 (5%)       |
| involuntarily      | 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** |

\[ 10.95 \quad \text{d.f.} = 3 \quad p < .02 \]

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 spirit 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 | 0 (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 | 58% |
| **Total** | **144** |

DISCUSSION

A prevalence (one year period) rate of 3.7% was obtained which when compared to other similar studies is very high
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(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%  | 74.5%    |
| Education: Nil      | 14%       | —    | 20%      |
| 1-10 yrs.           | 86%       | —    | 80%      |
| 10 yrs.             | —         | —    | —        |
| Occupations: Housewife | 40%     | —    | 35%      |
| Student             | 10%       | —    | 60%      |
| Poverty (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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