AN EPIDEMIC OF POSSESSION IN A SCHOOL OF SOUTH INDIA

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Possession by a spirit or demon or God is an age old phenomenon which is still being reported from many countries all over the world. Possession syndrome is defined as an episodic disruption of behavior during which it is presumed that the subject's personality has been replaced by that of a spirit or God (Wintrob, 1973; Wijesinghe et al., 1976). Its manifestations, purpose and consequences are different in different cultures. Possession involves one person or many persons in a group set up. It can be voluntary possession, when a gets possessed willingly, usually by God or a good and helping demon. Thus possessed person enjoys a high status in his society (Cars-tairs, 1958; Kiev, 1961). In involuntary possession, the person gets possessed unwillingly, usually by a troublesome spirit. This type of possession is considered to be an affliction and treatment is sought (Ward and Beaubraun, 1980; Chandrashekar et al., 1980; Venkataramaih et al., 1980).

Possession usually occurs sporadically both in individual set up and group set-up either religious or non-religious. Rarely it occurs as an epidemic involving many people in a non-group set up. Verma et al. (1970), Narayanan & Mahal (1971) from India and Salisbury (1968) from New Guinea have reported such epidemic possession.

This study reports an epidemic of possession which occurred in a primary school of a small village in South-West part of South India involving 25 children.

BACK GROUND

In July 1979, a letter written by the headmaster of Thyavana primary school of Sringeri taluk, in the west part of Karnataka, appeared in two state news dailies. The letter gave a description of the attacks of abnormal behavior exhibited by a few children in the school—the children would develop giddiness and fall unconscious usually during morning prayer. During this period, on questioning some used to beat their abdomen and ask for food. Later a few would declare that they were 'God of strength' (Shakti Devathe) by name 'Kanthibale', 'Balevathi'. A few would hold their throat and convey that they could not talk. After a while they would recover and claim total amnesia for the episode. Local people had concluded that these were cases of possession and had summoned many local exorcists, healers, priests to stop these attacks in vein. Enough money was spent for this purpose. The headmaster had requested interested people with scientific attitude to investigate this phenomenon and help the children who were suffering for more than one year.

On request by the state Health depart-
ment, one of the investigators (V. V.) made a preliminary study of this phenomenon. Some of the afflicted children were examined. On suggestion, attacks were precipitated and thus found to be functional in nature. On interviewing the parents and other elders of the villages, it was evident that there was a strong belief in these magico-religious phenomenon. The investigator felt that these attacks in children were mere reflection of these beliefs. In response to the headmaster's letter, there were 12 responses from people all over the state—ten from the healers and two from amateur hypnotists. In general, the healers had written in their letters, confirming that the attacks were due to evil spirits and had suggested that if they were paid and if their expenses were met with they would conduct certain holy rituals like homa, yajna, ashta dig bandhana, to drive away these spirits. Both the hypnotists had already visited this school, demonstrated to the villagers that they were psychological in nature. The villagers were not convinced as some children continued to get attacks.

It was decided to conduct a psychiatric study of these cases to understand this phenomenon and also to treat them. It was also decided to conduct an epidemiological study to find out the prevalence of possession in the catchment area of Thyavana school and attitude of people towards the same. The results of this study have been reported already (Venkataramaiah et al., 1980).

MATERIALS AND METHODS

Description of the place and school: The index school is situated in a small village by name Thyavana, 7 miles away from Sringeri. Sringeri is a small town with a popular religious shrine and a monastery established by Sri Shankaracharya (788-820 AD) one of the greatest hindu philosophers and monks. This place is located in western ghats and receives heaviest rain-fall in the state. This area is sparsely populated (63/km) The school caters to nearly 25 villages. Here the villages are very small consisting of only a couple of houses, located in the middle of ever-green forests. The transport and communication facilities are very poor. Modern medical facilities are available in Sringeri town in the form of a primary health unit, Sharada Dhanvantari Hospital run by the monastery and seven general practitioners who are consulted for physical ailments. But the traditional healers are more popular with the villagers. They are consulted for a number of life-problems including physical and mental health. Majority of the healers get voluntarily possessed by Gods and semi-gods (Ganas) who actually do the task of helping the needy. Healing sessions are usually conducted on new moon and full moon days.

Thyavana school is run by the department of education of the state and provides free education up to 7th standard. The school is located at the outskirts of the village and in the background of the forest. It consists of four rooms with tiled roof. Three teachers manage all the classes. There was a total of 134 students and they walk a mile or two to reach the school. They are provided with a few sports and recreational facilities. Inspite of the heavy burden, the teachers were found to be popular among the children and their relationships was satisfactory.

25 children who were said to be afflicted formed the subjects of the study. Three of them had left this school and were studying in high school and two children had discontinued their studies. They were contacted separately. The children and their parents were interviewed in an unstructured way. Necessary socio-demographic data was collected using a specially prepared proforma. Psychometry was done to assess the child's intelligence and suggestibility.
AN EPIDEMIC OF POSSESSION

OBSERVATIONS

Total number of children in the school .. 134
No. of children afflicted .. .. 25 (19%)
Sex : Male—10. Female—15.
Age : 8—10 years .. .. 7
11—15 years .. .. 15
16 years .. .. 3
Religion : All Hindus.
Caste : Vokkyliga (farmer) .. 16
Brahmin .. .. 5
Ediga (Toddy tapper) .. 4
Family : Nuclear .. .. 11
Extended .. .. 3
Joint .. .. 11
Economic status : Poor .. .. 5
Middle .. .. 18
High .. .. 2
Class in which they were studying at the time of onset of the attacks :
II standard .. .. .. 4
III .. .. .. .. 3
IV .. .. .. .. 4
V .. .. .. .. 8
VI .. .. .. .. 3
VII .. .. .. .. 3
no. of attacks :
Innumerable .. 7
2-6 attacks .. .. 10
Only one attack .. .. 8
Family history of possession in 12 cases (48%)
Attacks at home (only one/two) in 5 cases.

DESCRIPTION OF THE ONSET AND NATURE OF ATTACKS

One bright morning of September 1978 the children had assembled in the usual manner in front of the school and were singing stanzas from Bhagavadgita. Miss, S, a 7th standard student slowly slid down to the ground which drew the attention of others. She was immediately shifted to the shade and water was sprinkled over her face. She slowly opened her eyes but was unable to talk. She did take a hot cup of coffee. She recovered and reported that she felt giddy, her vision got blurred and later did not know what happened to her. She was sent home. Perhaps it was an episode of hypoglycemia.

Two days later Miss A and Miss R studying in 5th standard had similar attacks. Their parents and other villagers got worried and started wondering why the children had attacks only in the school. A few suspected that it could be due to some evil spirits. But the villagers had offered the usual prayers and sacrifices to village gods and "there was no reason for the outbreak of such mischief by the wicked spirits."

It was expected that these instances would diminish yet these children continued to experience the attacks daily. To explain the phenomenon an elderly man recollected that 15 years ago, two dead bodies were buried in the ground where school was presently built. He suggested that these spirits "were angry about their territory being occupied" and had decided to haunt the children. The villagers made arrangements to drive away these spirits from the school area. Mantravadis were brought and grand rituals were conducted. Popular and strong Gods and Ganas were consulted through the shamans who confirmed this belief. Special prayers and rituals were done in vain.

The villagers got frightened when not only these three children continued to get the attacks but also couple of other children started having the attacks. Now the nature of the attacks changed.

Miss A, S and R started talking and behaving in a strange manner during the attack. When people asked each who were they, they reported that they were 'God of strength'. Miss A said that she was 'Kanthibale' & Miss R that she was 'Balevathi'. All of them would beat their
stomach and demand food. Later nine
more children would talk during the attack.
Children from vegetarian family would ask
for coconut, fruits and milk. Children
from non vegetarian families would ask for
chicken and meat. When offered, they
grabed and ate hurriedly. The rest of the
children during the attack, would communi­
cate by sign language that they were unable
to speak and asked for water to drink.
After recovery, every one reported that they
felt giddy, vision got blurred and claimed
amnesia for the rest of the events as Miss
S had claimed. Twice Miss R and A
screamed, abused and attacked the lady
teacher.

Seven out of 25 afflicted children con­
tinued to get attacks even after the holy­
teacher of Sringeri monastery performed
special ‘yajna’. Three students were taken
out of this school and one was admitted to
different school. They stopped getting the
attacks.

On clinical examination and detailed
interviewing the children who had attacks
for one year, were found to be highly sugges­
tible and throw attacks readily on suggestion.
Under abreaction Miss S and Miss R
reported that they performed the act since
these were strongly suggested by the elders.
For fun sake they invented two names off­
hand and declared their identity (It is
learnt that there is no ‘God’ by those names,
in those areas). Later they stuck to the ritual
since it was rewarding in the form of eatables
that they got, they did not have to attend
school & were given a special status.

Among other affected children, some
said that they were amused by the talk and
behavior of these seven and desired to get
possessed as it was rewarding. Some said
that they were afraid to see them possessed
and feared that they would also become the
victims.

According to teachers, except two, all
were quite good in studies and extracurri­
cular activities. The relationship with the
teachers was cordial. There were no
problems for them in the school. On
psychometry, these children had average or
above average intelligence.

DISCUSSION AND CONCLUSION

Ari Kiev (1961) argues that spirit
possession is a culturally sanctioned, heavily
institutionalized phenomenon. He observed
that from an early age, the peasant child in
Haiti was exposed to ceremonial possessing.
The child would grow up with the hope
that some day he too would get possessed.
Carstairs (1958) also made similar obser­
vations in India’...everyone sees it happen
to others and expects without question that
in similar circumstances, it will happen
to oneself and it does’. Claus (1979) argues
that there is strong suggestion that possession
is expected behavior; because it is expected,
it may actually be performed although never
perhaps, consciously or deceptively. This
expectation theory of possession appears to
hold good here also and it explains the
attacks seen among the children.

There is a high prevalence of possession
(2%) in the surrounding area and majority
of people (90%) believed in possession
(Venkataramaiah et al., 1980). It is note­
worthy that in 48% of the affected children,
there was a family history of possession.

In every village, every year collective
prayer and offerings (both food and animal
sacrifices) are being offered to village Gods
and Ganias. It is a common scene, during
such procedure to find the respective God
or Gana “possessing a few people” and
make demands. The Shamans who get
possessed by these Gods and Ganias
command high respect and status
in the society. The children are exposed
to all these phenomena and are made to
believe in possession. They are made
to expect to happen to themselves in due
course. When Miss S had an attack of
unconsciousness, it was attributed to a
spirit by one and all. Miss A and Miss
R picked up this symptom to get some attention. Then people decided that they were attacks of possession and directly asked them to tell their names. It is important to note that children did not accept the spirit possession as suggested because it is taken as an affliction. Instead they said that they were God, that too God of strength. God possession is always welcome in all such cultures. These kids talked and behaved in the same way as they had seen their elders would behave when they possessed. They were rewarded for this behavior which made some other children simulate the behavior. Thus it became an epidemic, though of a very short duration appeared to be a culturally expected and learnt behavior. Four children did continue with these attacks & became ‘symptoms’ free in due course.

ACKNOWLEDGEMENT

This study was funded by Sri Abhinava Vidyatheertha Maha Swamigal Pectarohana, Silver Jubilee commemoration Medical Foundation Sringeri.

REFERENCE

CARSTAIRS, G. M. (1958). Some problems of psychiatry in patients from alien cultures. Lancet, 7 June, 1217.
CARSTAIRS, G. M., KAPUR, R. L. (1976). The great universe of Kota. Hogarth press, London.
CHANDRASEKHAR, C. R., CHANNABASAVALA, S. M., VENKATASWAMY REDDY, M. (1980). Hysterical possession syndrome. Indian J. of Psychol. Med., 3, 35.
CLAUD, P. J. (1979). Spirit possession and spirit mediumship from the prospective of Tulu oral traditions. Culture, Medicine and Psychiatry, 3, 29.
KIEV ARI. (1961). Spirit possession in Haiti. Amer. J. Psychiat., 118, 133.
NARAYANAN, H. S., MAHAL, A. S. (1977). A clinical report of epidemic hysteria in six members of a family. Indian J. of Psychiat., 19, 39.
SALISBURY, R. F. (1968). Possession in the New Guinea Highlands. The Int. J. Social Psychiat., 14, 85.
VARMA, L. P., SRIVASTAVA, D. K., SAWANT, R. N. (1970). Possession syndrome. Indian J. Psychiat., 12, 59.
VENKATARAMAH, V., MALLIKARJUNAH, M., CHANDRASEKHAR, C. R., VASUDEVA RAO, C. K., NARAYANA REDDY, G. N. (1980). Possession syndrome; An epidemiological study in west Karnataka. Paper read in 33rd Annual Conference of Indian Psychiatric Society. In press.
WARD, C. A. AND BEAUBRUN, M. H. (1980). The Psychodynamics of Demon possession. J. Scientific studies of religion. 19, 201.
WIJESINGHE, C. P. DBSANAYAKKE, S. A. W., Mendis, N. 9 (1976). Possession Trance in a semi-urban community in Sri Lanka. Aust & New Zealand J. Psychiat. 10, 135.
WINTHRO, R. M. (1973). The influence of others: Witch craft and root work as explanations of behaviour disturbances. J. Nervous & Mental dis., 156, 318.