

Mysticism versus Pathology: A Qualitative Study on Trance and Possession Disorder in Rural India

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ABSTRACT

The trance and possession disorder, a subtype of Dissociative (Conversion) Disorder in the ICD-10 can be understood as involving a temporary disintegration of personal identity and the complete awareness of the surroundings. It is seen to entail various possession-forms such as a changed personality, voice, tone, or gestures, with an individual being possessed by spirits of ghosts, ancestors, gods, etc. who can capture control over mind, body, and behavior. The aim of this study is to understand the underlying processes shaping up the underpinnings of the manifestations of trance and possession disorder in the Rural Indian context. The study uses a qualitative paradigm with being exploratory in nature. A total of 8 participants were recruited for the purpose of the study between the ages 20-60 years, diagnosed with trance and possession disorder. The study can be seen as divided into two phases, the first phase entailing semi-structured interviews with them and the second phase consisting of analysis of the data using the Thematic analysis method. The results of the study interestingly uncovered various unique themes. There were five main themes that emerged in the study including: Phenomenon of cultural rooting and social sanction, A longing to be seen and heard, Intergenerational Transmission Through Learning, Pre-post aura experiences and, Possession a people pleaser. The current study explored various aspects of trance and possession disorder in the rural-Indian context, providing a rich account of the nuances of trance and possession disorder, offering a strong ground for further exploration and research. While the five themes formulated in the study encompass a wide range of manifestations of this disorder, there is still a major pool of mechanisms and aspects remaining to be shared and explored.

Keywords: *Trance and possession disorder, culture bound, illness gains, family history, learned behavior, dissociative (conversion) disorder*

One of the most intriguing evidence of mind-body relations lies in the explanations of the classical concept of “hysteria” proposed by Hippocrates translating into the concept of illness arising out of the wandering nature of uterus (Sigerest, 1951; Tasca et al., 2012), it is now however avoided and has been replaced by the Dissociative (Conversion) Disorder. Dissociative (Conversion) Disorder (DCD) which is also known as functional neurological disorder (FND). DCD can be understood as a loss of integration

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between the various aspects of an individual's memory, their identity, sensory-motor and voluntary functions (Subramanyam et al., 2020). The ICD-10 has taken a thorough approach to come up with the various types of DCD including the dissociative amnesia, fugue, stupor, trance and possession disorders, motor disorders, convulsions, anesthesia and sensory loss along with others (WHO, 1992). It has been seen to be commonly comorbid with depression, anxiety, and personality disorders (Blitzstein, 2008).

This study would rest its emphasis on the trance and possession disorder which as per the ICD-10 is described primarily as a state involving a temporary loss or a temporary disintegration of personal identity and the complete awareness of the surroundings. This disorder can have various possession-forms such as a changed personality, voice, tone, or gestures, the affected individual may even converse in a different language or a dialect in such episodes (Foote et al., 2008). The underlying belief to this disorder is that individuals may be possessed by spirits of ghosts, ancestors, gods, etc who can capture control over an individual's behavior, their mind, body, speech, controlling them overall (Pietkiewicz et al., 2020). This disorder has been researched to be understood as more of a culture bound phenomenon as the majority of prevalence is concentrated within the Asian and African regions (Kianpoor et al., 2008; Duijl et al., 2014). While it may have been listed as a pathology, sometimes the possession is viewed as non-malignant, i.e., seen as a medium through which an individual or their larger family group or community may receive help from their ancestors or other spirits, highlighting the positive impact in such a way that sometimes these episodes of trance and possession could be even ritualistically induced (Delmonte et al., 2015; Boddy, 1996), people in this case might be performing praying rituals to summon a spirit for help or guidance. One of the unique most characteristic of this disorder is then being socially acceptable in some cultures with individuals affected, not really viewing it as an illness of a pathology. As per the DSM-5, this may also mean an individual switching between different dissociative personality states associated with dissociative identity disorder (American Psychological Association, 2013).

Looking at the etiology of trance and possession dissociative disorder, it can be seen that it has strong predispositions lying in traumatic experiences in the past such as childhood trauma (Pietkiewicz et al., 2017; Sharma et al., 2021; Sar 2020; Wegener et al. 2023; Hussain et al., 2021). In a study carried out by Pathapatti et al., (2014), the prevalence of Trance and possession disorders in the south India region was found to be 0.048%. While the trance and possession disorder often is seen manifest culturally its presentations may be very nuance cross regions and cultures based on the socially acceptable models of possession and the belief systems. This state of being controlled by a spirit can be a result of emotional stress, repressed emotions, and any other interpersonal or intra-psychic distress that may intermingle with socio-cultural issues.

The aim of this study is to understand the mechanisms behind trance and possession disorder and the various gains, cultural significance, and etiological factors in the Indian context. Since T&P in India is a reflection of the delicate interaction between the cultural beliefs and one's mental and emotional world, the presentations of it are extremely unique and nuanced. There are well researched correlates between the experiences of emotionally distressing events and childhood trauma with other intra-psychic or psycho sexual conflicts and the increased risk for developing T&P (Spiegel et al., 2011; Ginting & Effindy, 2019). A manifestation of T&P is more than just an episode of possession, recurrent episodes of such nature could eventually result in impairing an individual's daily functioning giving way to significant dysfunction (Spiegel et al., 2011). The stigma pertaining to seeking mental health related help still holds

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strong in the Indian context becoming a big obstacle. The presentations of this disorder affect not just an individual but the ripples might reach the family members where they may display transient symptoms themselves such as hallucinations or other experiences associated with the patient's possession further complicating the household dynamic (Longkumer et al., 2023). We looked in the previous section how these possessions might be seen culturally as a medium for people and communities to receive guidance and help from spirits, deities, or their ancestors making it very acceptable (Delmonte et al., 2016) and reinforcing the same behavior of the concerned individual, this nature of it not being seen as a pathology makes it a culture bound syndrome where the traditional beliefs end up perpetuating the illness. Talking about DCD and T&P disorder, they are accompanied by various illness gains primarily divided into three types- primary, secondary and tertiary gains. The primary gains entail the channeling of emotional conflicts and distress into a physical symptom as a way of dealing with the heightened anxiety while the secondary gains refer to the external benefits such as increased attention from family members, more care and a better sense of power and control to name a few (Feinstein, 2011). The tertiary gains refer to gains that the people associated with the patient get in terms of monetary benefits, support from the public, any respite on socio-cultural grounds, to name a few. Another interesting aspect to T&P disorder is its diverse nature of predispositions. There have been various such factors revealed in studies such as genetic factors, social and cultural factors, economic factors (Ginting & Effinedy, 2019) psychosocial factors, cultural beliefs, and learned factors (During et al., 2011). The last focus this study has is on other comorbidities as DCD and T&P have been found to co-occur and be comorbid with other psychiatric conditions such as mood disorders, psychotic disorders, anxiety, etc (Salama et al., 2024; Longkumer et al., 2023; Feinstein, 2011; During et al., 2011). This study would thus also try to explore and identify the popular themes around the other psychiatric illnesses presenting with the DCD and T&P disorder.

Since the prevalence and the presence of T&P form a complex matrix, effective treatment plan shall be devised and emphasised with special focus on a comprehensive understanding of the cultural significance of it and viewing it with a sensitised lens. A big chunk of this disorder is formed by the psycho-social and psycho-sexual factors, thus, psychotherapy is the strongest way to break through and resolve the intrapsychic conflicts and the emotional states of pain. The pharmacological interventions shall be brought in to provide symptomatic relief and tackle any other comorbidities of psychiatric illnesses thereby strongly emphasizing a need for consultation liaising psychiatry (Longkumer et al., 2023). Thus, addressing trance and possession disorders in India requires a nuanced approach that acknowledges cultural contexts, mitigates family burdens, and promotes an in-depth understanding giving way to a sensitized intervention.

Aim: The aim of this study is to understand the underlying processes shaping up the underpinnings of the manifestations of trance and possession disorder in the Rural Indian context.

Objectives:

1. To explore the socio-cultural connotations of the trance and possession disorder in India.
2. To explore the trans-generational manifestations of trance and possession disorder in India.
3. To explore the role of predisposing tendencies in trance and possession disorder in India.
4. To explore the illness gain mechanisms perpetuating the trance and possession disorder in India.

METHODS

Research Design

The current research uses the Qualitative paradigm and is an exploratory research delving into a deeper understanding of the matrix underlying the Trance and Possession Disorder in the Indian context. Since the area of this study remains vastly unexplored, a qualitative paradigm would suit the process of a thorough exploration, incorporating the subjective experiences, the interpersonal patterns and the larger socio-cultural framework surrounding the manifestations.

Sample

For the purpose of this study, a total of 8 participants were recruited who were between the ages 20-60 years, diagnosed with Dissociative (Conversion) Disorder with the Trance and possession subtype (ICD-10). The purposive sampling technique was used for the recruitment of participants who met the study criteria adequately.

Procedure

The current study adopted a qualitative approach. Semi-structured interview schedules were used for the purpose of this study. The interview schedule taken in use was validated and comprehensively formulated to cover the areas essential for the above-mentioned objectives of the study. This study was carried out in two phases with the first one being data collection and the second phase being qualitative analysis of the obtained data.

Phase 1-

The first phase of the study as discussed above was the data collection phase wherein the participants reporting at the hospital OPD and IPD setup, with featuristic presentations were screened and selected. Post the selection, an informed consent was taken from the participants where they willingly agreed to become a part of this study. The semi-structured interviews were then conducted for each one of them separately. The data was carefully recorded, and suitable probing was taken in use in order to obtain an in-depth account of information. The time frame for data collection was taken as 1 year and the individuals reporting within this time frame were recruited and selected for the administration of the interview schedules.

Phase 2-

The second phase of the study primarily entailed analyzing the data. Since this study took a qualitative approach to understand trance and possession disorder, the data collected through the semi-structured interview in the first phase was carefully and step-by-step analysed using the thematic analysis method. In order for the data to undergo thematic analysis, the recorded data had to be thoroughly transcribed and stored. Post this transcription, the responses and transcripts were read and re-read over and over again for familiarisation with the data. Coding data for identifying the initial-themes and reviewing them was done. Finding the main themes entailed the initial themes being reviewed and described for the final step post which the results were written and reported.

Data Analysis

The technique used for interpreting the data was thematic analysis (TA). TA was proposed as a six-step model of interpreting qualitative data by coding it into code, initials and main themes. It was popularised for research in psychology by Braun and Clarke (2006). The six stages proposed by them are as follows:

1. Familiarising yourself with the data
2. Coding

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3. Generating initial themes
4. Reviewing themes
5. Defining and naming themes
6. Reporting and writing results

Checking credibility and accuracy

The participants were selected using a comprehensive inclusion and exclusion criteria. They were screened and recruited keeping in mind the purpose of the study. Each of the participants were informed about the study and consent was taken for the same. The participants presenting with informants were taken in order to tally and increase the reliability and the accuracy of the information provided during the semi-structured interviews. These interviews were audio recorded with consent and required probing was taken into use to elicit as much information as possible around the aim and objectives of the study along with them being encouraged to share examples of the manifestations explained by them to enhance the credibility and reliability. The unclear or ambiguous information was brought to clarity with required probing and questioning. The respondents' responses were tallied with the informants and thus the credibility and accuracy of the data was checked and enhanced.

RESULTS

On analysis, there were five main themes that emerged as shown in *Table 1*. It could be seen that the trance and possession disorder manifests as a culturally rooted and socially acceptable phenomenon, being a medium for an individual to express their longings to be seen and heard. An across generations and family members pattern was uncovered with significant emphasis on the learned component acting out. The episodes of trance and possession were additionally also seen to be preceded by an aura and after aura. The study uniquely uncovered the nature of possession and it could be seen that it was aimed at a pleasant orientation towards others thereby being of a pleasing nature.

Table: 1

S.No.	Themes	Sub-themes
1.	Phenomenon of cultural rooting and social sanction	Culture bound and normalised
		Accepted and encouraged religious experiences
		A prestige but pathology
2.	A longing to be seen and heard	Better treatment from others
		Concrete benefits
		Preceded by a purpose
3.	Intergenerational Transmission Through Learning	Presentations across generations
		Sequential onset in family
		Learned more than biologically predisposed
4.	Pre-post aura experiences	Pre possession aura experienced
		Exhaustion post endurance
5.	Possession a people pleaser	Possession having positive intentions
		Possession as a future teller

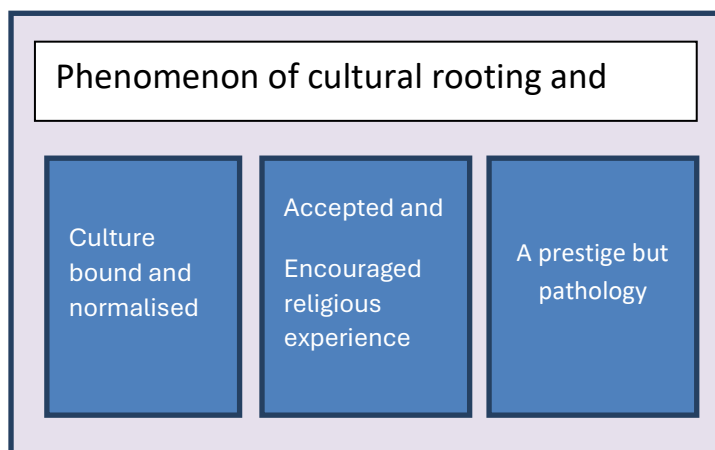
*The major themes and the sub themes established in the study

DISCUSSION

Stemming from the systematic analysis using the TA technique, there were a total of five themes that emerged in the study, these themes will be discussed further.

1. Phenomenon of cultural rooting and social sanction

Under the main theme, “Phenomenon of cultural rooting and social sanction”, there were three sub themes that emerged, including the first one being, “Culture bound and normalised”, second one being, “Accepted and encouraged religious experience” and the last one being, “A prestige but pathology”.



- **Sub-theme 1: Culture bound and normalized**

It could be seen how all the participants were seen to emphasize on how widely this phenomenon surrounded them, making it very normal and widely accepted in their cultures. This cultural acceptance and normalisation reflected in verbatim such as, “*ye to bahut aam hai ma’am*” (*it is very common maam*), “*Aajati hai, wo toh bahut saaro me aati hai*” (*it comes, comes in a lot of people*), and “*Ye to hamare gaon ki taraf normal hai*” (*this is normal in my village*), to name a few. A classical study done by Gomm (1975) highlights how trance and possession disorder could be seen as a socially approved and accepted phenomenon.

- **Sub-theme 2: Accepted and encouraged religious experience**

Participants’ interviews were collectively seen to signify on how widely this phenomenon was not just accepted but also encouraged, often seen to have a rich, religious value attached to it. This acceptance and encouragement as a religious experience could be seen highlighted in verbatim such as, “*sthaan pe jab mai jaati hu, to waha sab me hi aajati hai kaafi baar.*” (*when I go to that place, there a lot of times everyone gets it*), “*mujhe lagta hai ki ye reeti riwaj hai hamare.*” (*I think it is a part of rituals and tradition*), and “*ghar me koi khushi ki baat ho ya koi jalsa ho tab bhi aajati hai.*” (*if there is a celebration at home then it often happens*), and “*zyadatar to tab aata hai maam jab mai kisi bhajan kirtan me jaati hu, log chadhawa dete hain*”, (*mostly happnes when I go to a religious event, people then make offerings*), to name some.

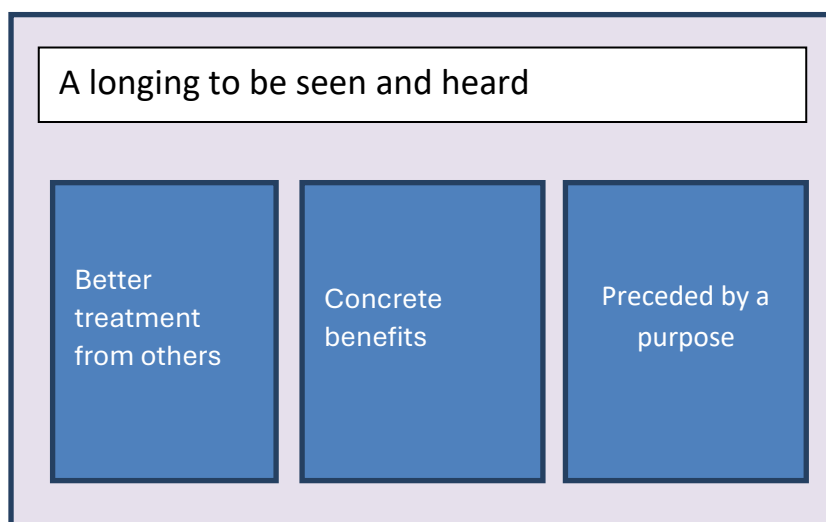
A study by Farooq et al., (2022) highlighted how such experiences were not only normalised but also encouraged the reliance on treatment methods such as faith healing. Other studies also highlighted the increased probability of incidence and trigger of such episodes at religious places, with indigenous healing methods seems as the best treatment (Varshney et al., 2022; Ranganathan, 2018). It has also been seen and found that often times the family’s and society’s cultural and traditional beliefs become an obstacle in affected individuals reaching out for and seeking help (Varshney, 2022).

- Sub-theme 3: A prestige but pathology

It could be seen how the codes highlighted on trance and possession episodes are seen as a matter of prestige and pleasure rather than as a pathology. This cultural pattern is reflected in verbatim such as, “*Mai isko koi bimari nahi maanti, ye to khushnaseebi ki baat hai ki hum ek zariya ban gaye hain.*” (I dont take it as an illness, it rather is a matter of luck that I got to become a channel), “*gaon me, bolte hain ki mai to baba ke aana ka zariya hu, ye kitni badi baat hai.*” (in my village they say that I am a medium through which the spirit shows up, it is such a big thing), and “*ye bimaari nahi hai, Pura kamra bhar jaata hai logo se, wo poojne aate hain. Mera ek sthaan hai, wahi baithti hu to aate hain*” (This is not an illness, the whole room gets full with people who come to worship me. The episode happens when I sit at my designated place of worship), to name a few. There have been studies that highlighted how affected individuals with trance and possession have been made temple-like places where they are revered by the other villagers to seek blessings, also promoted by their families (Snodgrass, 2004; Varshney et al., 2022). This finding thus correlates with the findings of the current study that highlight how trance and possession is seen more as a matter of prestige than an illness.

2. A longing to be seen and heard

Under the main theme, “A longing to be seen and heard”, there were three sub themes that emerged, including the first one being, “Better treatment from others”, second one being, “Concrete benefits” and the last one being, “Preceded by a purpose”.



- Sub-theme 1: Better treatment from others

The data on analysis revealed how the trance and possession episodes were accompanied by reports of how the behavior and attitudes of others changed towards the participant ever since the onset and with every episode. This has been well reflected in the initial codes and in the verbatim such as, “*chora hai jo dusre number ka wo dekhbhaal karta hai meri.*” (my son, the one on the second number takes care of me), “*sab mujhko zyada dhyaan dete hai aur mujhe poojte hain*” (everybody pays more attention on me and worships me), and “*han badal jaat hai, log meri izzat karne lagte hai, poojte hai mujhko aur samman dete hain.*” (yes it changes, people respect me more, they worship me and value me), to name a few. A study concluded how trance and possession could help an individual establish a status and respect by the means of this disorder as it is seen as accepted in Indian society (Gomm, 1975; Bhavsar et al., 2016). Studies have shown how possession episodes among Indians are often seen as blessings, with others treating the affected individual better and seeking blessings (Fluekiger, 2017).

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- Sub-theme 2: Concrete benefits

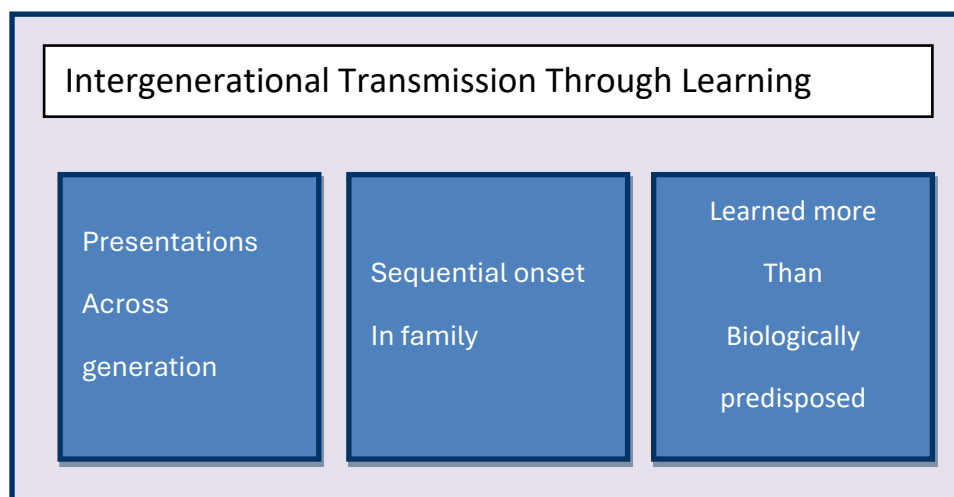
Participants' interviews were collectively seen to signify on how the trance and possession has brought in a significant improvement in the attitudes and treatment received from others, also indicating the gains as fulfilling the desire to be seen and heard, some of these gains have been found and explored in concrete benefits. This could be seen highlighted in the following verbatim, "Aise me jab wo hota hai, tab log chadhawa dete hain" (*when it happens, people give their offerings*), "izzat karte hain aur chadhava deke jaate hai, kabhi 100 kabhi 500 rupay deke jaate hain." (*they respect and make their offerings, sometimes 100 rupees or 500 rupees other times*), and "mere pati apna kaam chod ke ab ghar pe rehte hai" (*my husband has left his job and stays home for me*), to name some. These concrete benefits like overt, observable privileges and changes in workload are referred to as secondary gains, which have been long associated and seen as a part and parcel of the dissociative states as explored in the current study and also explained by existing literature (Feinstein, 2011, Ginting & Effendy, 2019).

- Sub-theme 3: Preceded by a purpose

It could be seen how the codes highlighted on trance and possession episodes are seen as often preceded by some hidden motives or purpose. This pattern is evident in verbatim like, "Ye mujhe tab aati hai jab koi mujhe gaali bakta hai yaa mujhse ladta hai." (*this possession occurs when someone is being verbally abusive to me or fights with me*), "Mera jo dusre number ka beta hai wo mujhko pasand hai kaafi khaas, to jab bhi koi usko kuch bole ulta seedha tab mere andar aave" (*my second son is special to me, when someone speaks to him badly, the possession happens*), and "kuch kuch karne ko kehti hai jaise koi punya dharam ka kaam aur, kis ke liye kya karna hai aur kaise daan punya karna hoga sab batati hai" (*possession keeps telling what charity and offerings to make, what to do for which member and the charity that needs to be done*), to mention a few. Some Of the classical studies have had there findings congruent to that of the current study as they state the principle of "instrumentality" in trance and possession disorder, this may entail individuals often times having these episodes to exert some strategic influence on their social group, or to get something done (Kiev, 1961; Hippler, 1973; Bhavsar et al., 2016).

3. Intergenerational Transmission Through Learning

For the main theme, "Intergenerational Transmission Through Learning", there were three sub themes that emerged, including the first one being, "Presentations across generations", second one being, "Sequential onset in family" and the last one being, "Learned more than biologically predisposed".



- Sub-theme 1: Presentations across generations

The data on analysis revealed a transgenerational pattern of presentations of trance and possession episodes. Different members in the larger family setups were seen to be affected by it. This can be observed in the verbatim such as, *“pehle meri beti me aana shuru hua.”* (it first started with my daughter), *“haan maine isko apne sasural ki side me dekha hai. meri dadi saas aur meri saas me”* (yes I have seen, I have seen it in my in-laws side, in my grandmother in law, and my mother in law), and *“Pehle mere pardada me aate they fir mere dada me aaye and then mere andar aate hain maam.”* (it started with my great grandfather, then my grandfather and then me), to name a few. The generational transmission of psychiatric illness has been well established, however it is true for dissociative disorders as much as for others (Ginting & Effendy, 2019; Sethi & Bhargava, 2009; Sule et al., 2024).

- Sub-theme 2: Sequential onset in family

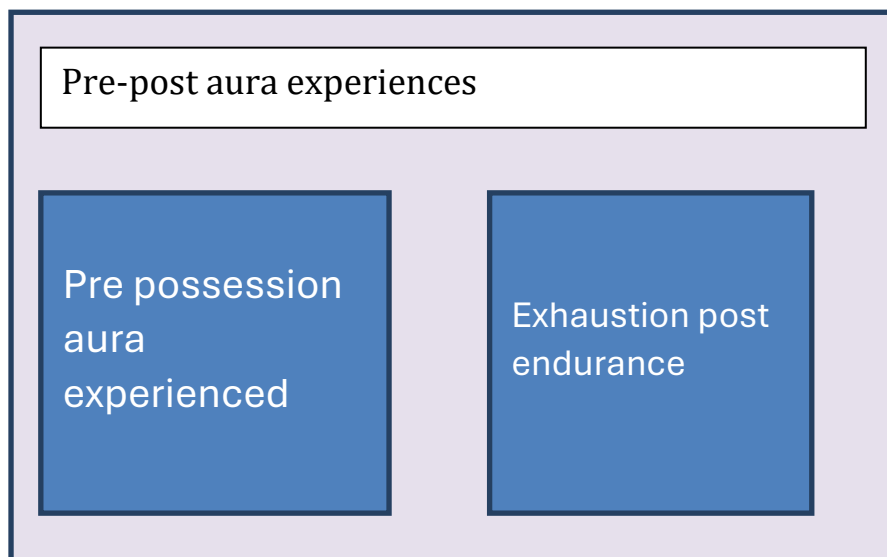
Participants' interviews were collectively seen to signify on how the transmission of the condition was sequential in nature, meaning, it led to the onset in one member after it stopped or ended in the previously affected member. This pattern of sequential onset could be seen highlighted in the following verbatim, *“pehle meri beti me aana shuru hua. Fir uski shaadi roki humne, jaise usme band hui phir thode time me mujhme aane laga”* (first it started happening in my daughter, then we took a pause on her marriage, the moment it stopped in her, it started happening in me), *“jab meri daadi saas chal basi, uske baad se mere andar aane lagi.”* (when my husband's grandmother passed away, I have been getting it ever since then), and *“Jab sasur ji ke aane ruk gaye tab se mujhme aane lage hain.”* (when it topped happening in my father in law, it started in me), to name a few. This is one theme that the current study uniquely explored. There haven't been many studies describing the pattern of onset across family members, however here it can clearly be seen as sequential, where it occurred in one as it stopped in the other.

- Sub-theme 3: Learned more than biologically predisposed

It could be seen and argued based on the codes that trance and possession episodes are more learned than biologically predisposed as in most of the cases, there was a family history of the disorder however on the side of the in-laws implying a strong component of there being a psycho-social predisposition instead of genetic or biological. *“Mere sasural me bhi aisa hojata hai logon ko.”* (in my in-laws side also this happens to relatives), *“haan maine isko apne sasural ki side me dekha hai. meri dadi saas aur meri saas me”* (yes I have seen, I have seen it in my in-laws side, in my grandmother in law, and my mother in law), and *“Mere sasur me aate they aur meri peehar me bhi ek mausi ko aate they. Mere dewar ko bhi aate they.”* (it used to happen in my father in law, my brother in law, and in my family in one of my maternal aunts), to name a few. Even though there have not been many studies highlighting the learning component as a predisposing factor to trance and possession, the current study however uncovered the strong influence of observing a family member have these episodes closely. These influences were seen to belong more on an individual's in-laws side rather than their immediate family.

4. Pre-post aura experiences

Under the main theme, “Pre-post aura”, there were two sub themes that emerged, including the first one being, “Pre possession aura experienced”, and, the second one being, “Exhaustion post endurance”.



- Sub-theme 1: Pre possession aura experienced

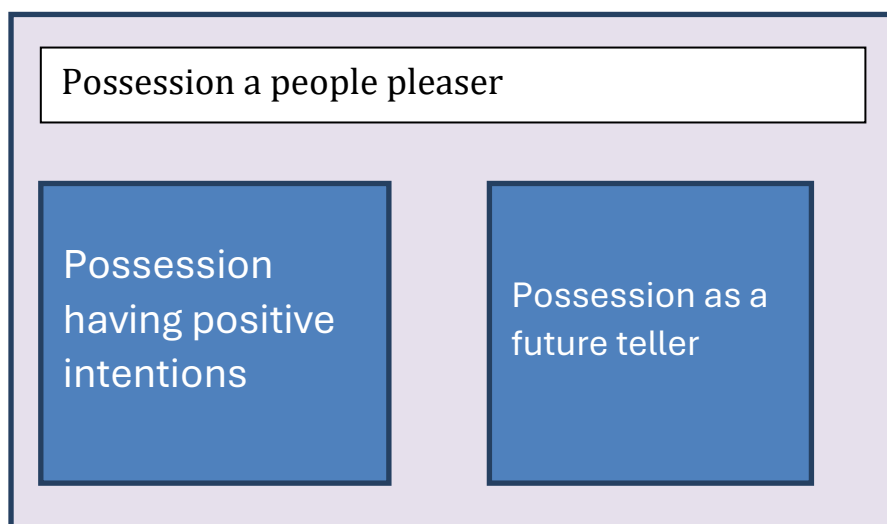
The data on analysis revealed how the trance and possession episodes were accompanied by some overtly noticeable changes in the participant's body and behavior adding up to the aura, making them sense the onset of an episode, followed by after effects of the episode too. This pre and post possession aura can be observed in the verbatim such as, “*kuch der pehle se mujhe ehसाas hone lagta hai. Mere baal khul jaate hain aur mera sar jhoolne lagta hai, pehle aahista fir tez tez*” (I start sensing the episode a little while before it starts. My hair open and my head starts swinging from slow to fast), “*Khoob ubaasi aati hai, aur fir jab bhi ye aata hai, body ka koi ek part shake karta hai.*” (there is a lot of yawning, and then when the episode starts, one part of the body starts to shake), and “*Pehle mujhe ubaas aani shuru hoti hai , fir kya hota hai yaad nahi rehta*” (First it begins with a lot of yawning, then I don't remember what happens), to name a few. There had been a study highlighting the presence of auras in psychogenic seizures which resembled epileptic auras, as also found in this study (Pooya & Bahrami, 2019).

- Sub-theme 2: Exhaustion post endurance

It could be seen how the codes highlighted indicate towards exhaustion post the endurance of episodes. This pattern is reflected in verbatim phrases such as, “*30 minute lagte hain mujhko hosh me aane me, puri takat nikal jaati hai aur bhayanak pyaas lagti hai.*” (it takes 30 minutes for me to gain my consciousness back, then all my energy is over and I feel extremely thirsty), and “*Mujhse wo jaata hai, jab to bilkul shareer thaka hua rehta hai. Bilkul takat nahi hoti.*” (when it goes from me, my body feels completely exhausted. There is no energy left.), to name a few. This study highlighted on a unique concept of there being an aura post an episode experienced by an individual often making them feel drained and exhausted.

5. Possession a people pleaser

Under the main theme, “Possession a people pleaser”, there were three sub themes that emerged, including the first one being, “Possession having positive intentions”, and the second one being, “Possession as a future teller”. There have been existing literature that highlight a low self esteem and a negative self image often being associated with dissociative disorders (Pietkiewicz et al., 2021; Ng et al., 2002) this current study thus, explored how the possession is often seen to be characteristically such that it draws others towards the affected individual. This could thus be a way through which an individual derives a higher meaning and a positive evaluation of themselves.



- Sub-theme 1: Possession having positive intentions

The data on analysis revealed how the possession were maintained by some common characteristics and features, such as having positive intentions and being supportive. This can be seen to reflect in the verbatim such as, *“haan ache kaam me aate hai aashirvaad dene.”* (Yes, it comes on special-happy occasions to bless), *“Mere parivar ka bhi bhala sochte hai”* (Thinks about the welfare of my family), and *“Hana iska uddehsya to acha hai, sabka bhala karna chahti hai”* (yes the intention seems to be good, it is focused around everyone’s well being), to name a few.

- Sub-theme 2: Possession as a future teller

It could be seen how the codes highlighted on trance and possession episodes are seen as a matter of prestige and pleasure rather than as a pathology. This cultural pattern is reflected in verbatim such as, *“Ye mujhme aake sabka bhala karte hian. Ye bhavishyawaani karte hai basically.”* (It comes in me to do good for others, it does tell the future), and, *“Mere papa ki aur gaon walon ki fasal aur kheti ke baare me bhavishya dekhte hai, desh ke baare me, duniya ke baare me bhi bhavishyawani karte hain.”* (he tells about the harvest and agriculture for my father and the villagers, sees future about the harvest, country and the world) to state a few. There has been an interesting study highlighting a sense of intentionality behind possession and how an individual’s over predictions which are otherwise, normatively overlooked or dismissed may manifest and attach themselves with the spirit they become possessed with, bringing in social acknowledgement (Rashed, 2018) as also seen to fit congruently with the current study.

CONCLUSION

The Dissociative (Conversion) disorder is seen to be one of the most prominent psychological disorders entailing the complex interplay of the mind and body forces, with the trance and possession disorder being one of the subtypes. The nature of the mechanism behind this disorder is especially intriguing as it brings in various possession related changes such as a changed personality, voice, tone, or gestures, with an individual being possessed by spirits of ghosts, ancestors, gods, etc who can capture control over mind, body, and behavior. The current study was an effort to explore this less studied area of concern, which affects rural India particularly more and has been found to be a culture bound phenomenon found in selective regions. The study established five main themes such as Phenomenon of cultural

rooting and social sanction, A longing to be seen and heard, Intergenerational Transmission Through Learning, Pre-post aura experiences and, Possession a people pleaser. While the results of the study are quite congruent and synchronous to some of the existing literature, it has richly added to the existing literature by uncovering some of the unique aspects of the manifestations of this condition. The unique aspects unraveled in this study includes the themes of “pre-post aura experiences” wherein changes in the consciousness, affect and behavior was reported by the participant as a signal for the onset of an episode, and post episode changes such as weakness and other aspects like increased thirst or fatigue. The second unique contribution of this study is the fifth theme, “Possession as a people pleaser” wherein the spirit or the possession is seen as having good intentions often attracting larger crowds and relatives towards the affected individuals with special and gifted abilities like future telling and as a blessing entity. This study thus proves to provide a rich account of contributions for the medical practitioners, the mental health experts and for future researchers. Identifying the various beliefs and interpretations associated with this phenomenon, culturally would be helpful in enhancing mental health awareness and promoting help seeking behaviors among the communities that remain the most affected, through various mental health camps, awareness campaigns and accessible and affordable consultations. It also contributes by helping the mental health professionals formulate more culturally sensitive, holistic therapeutic approaches and comprehensive psychoeducation modules to be taken into practice when dealing with this phenomenon, helping in amalgamating the socio-cultural matrix of beliefs with evidence based practices.

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Conflict of Interest

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