The authors of this paper note that although all nosological categories of psychiatric disorders can be detected in a given culture, culture-specific psychogenic disorders are known to exist. They do not appear to consider this a contradiction. Among the culture-specific disorders the authors list not only amok, whitico psychosis and several others, but also "voodoo." This appears to involve a misconception, since voodoo (more properly vodu) is the folk religion of Haiti, and not a psychiatric disorder. The fact that spirit possession is central to the ritual and belief system of this religion, does not alter this fact. The authors cite approvingly Kiev's (1961) description of spirit possession, offered in the context of his discussion of Haitian vodu: Spirit possession is a culturally sanctioned, heavily institutionalised and symbolically invested means of expression in action of various ego-dystonic impulses and thoughts. Although this description may fit the Indian context as well as the Haitian, it should be noted that in and of itself it makes no reference to pathology or psychogenic disorders.

Since no study of spirit possession appears to have previously been undertaken by any psychiatrist in India, the authors of the present article propose to fill this gap. Their aims were: (1) to study the phenomenological aspects of states of spirit possession in psychiatric patients, and (2) to compare the resulting findings with those of other workers in India and in other countries. The other workers in India referred to specifically are several anthropologists, all American, who have had occasion to observe spirit possession among villagers in India (Harper,
1963; Opler, 1958; Freed and Freed, 1964), and whose concern has been
the study of the sociological factors involved, although it should be
added that the Freed, specifically, offer a very detailed case history
and a specific diagnosis of the case they studied.

Materials and Methods

Fifteen patients exhibiting symptoms of possession were studied in
the patient population of the psychiatry departments of two institutions,
the All India Institute of Medical Sciences in New Delhi and the Post-
graduate Institute of Medical Education and Research, in Chandigarh. It
is not indicated whether these fifteen were all or only some of the
patients with "possession symptoms" seen during a given period of time.
Six of the fifteen cases are described in some detail. Of the fifteen,
13 were female and two male. They ranged in age from 14 to 53. They
were diagnosed by the authors as follows: 7 cases of hysteria (6 female,
1 male), 6 cases of schizophrenia (5 female, 1 male) and two cases of
Mania (both female). Typically, the patient is a woman in the third
decade of life, of low education and low income. She suddenly presents
altered states of consciousness in which she behaves as if possessed by a
spirit of a dead neighbor or relative or more rarely a god. This illness
is generally found to have been set off by a difficult affect-laden life
problem, often the death of a relative. The possessing spirit through
the patient makes demands on relatives. The patient is brought to the
hospital when a "faith healer" (i.e. a traditional healer) has been unsuc-
cessful in treating the patient. In most instances, hospital treatment
consisted in the use of tranquilizers to reduce excitement. Psychotherapy
in most instances seems to have been unacceptable to the families. As the
authors note in the case of a 14 year old girl, possessed by the spirit
of her dead brother: The parents believed that marriage, and magic by
a more experienced healer would be of greater help to the patient.

The authors stress that the symptoms of possession form only a minor
part in the total clinical picture in schizophrenia and mania. In
hysterical patients they usually form the only manifestation of the
illness. Yet they note that two cases with schizoid and one case with
obsessional personality also manifested the full blown picture of hysteri-
cal possession. The authors conclude that because of the peculiarity
of the symptoms: "Hysterical Possession States" should be grouped as one
of the Hysterical Psychoses, under the broad group of psychogenic psychoses,
in the International Classification of Diseases. For the non psychiatrist,
this discussion raises a difficult question: Is this not a situation
where the psychiatrist defines possession as such as hysterical behavior
and when there are no symptoms other than possession, hysteria is the
appropriate category for classifying such behavior?

Somehow, diagnostic procedures and tests are treated as absolute,
without apparently, norms being set up for the particular society in which
the procedures are used. For example, of the 14 year old girl discussed
above, the authors say: her Rorschach test results presented features of
inadequacy. She was basically introtensive and self-preoccupied. She
lacked emotional potential and never got involved in emotional situations.
Intellectually she was average, but her aspiration level was higher than
her potentials permitted. Now, one would like to know, how does this
patient compare to "normal" girls of her age and milieu?

Spain (1972) has noted some of the difficulties anthropologists have
encountered in the cross-cultural use of projective tests. Have psychia-
trists and clinical psychologists in India and elsewhere given concern to
these questions?
The authors also note the similarity of their findings to those of Yap (1960) working in Hong Kong. One should like to see a comparison of the personal problems of Hong Kong and Indian patients, which lead to the use of the possession mechanism. Clearly, there is much work to be done here as yet.

E. Bourguignon


Summary: Teja, Khanna and Subrahmanyam report on "possession states" in 15 Indian psychiatric hospital patients, and stress the hysterical character of this disorder.