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TRANSCULTURAL RESEARCH AND CULTURE-BOUND PSYCHIATRY

We have recently completed the first two years of a five-year research project, supported by a grant from the National Institute of Mental Health. This project, entitled A Cross-Cultural Study of Dissociational States, constitutes a large scale, comparative analysis, based on ethnographic reports, of dissociational states—or trance states as they are more often called in the literature—which are culturally patterned and institutionalized among the societies of the world. To date, we have collected and analyzed materials on some 550 societies in all parts of the world. It appears to us that this comparative research is rich in implications for psychiatric nosology and therapy.

It is the aim of our study to identify and locate patterns of institutionalization of dissociational states, to learn their geographic and historical distribution and to develop a typology of such states. We need to distinguish here between the behavioral and dynamic aspects of dissociational states and the explanatory systems with which they are associated. Frequently, and in many places, but not always and everywhere, dissociational states, or trance, are interpreted as involving possession by spirits. On the other hand, possession by spirits may also be believed to occur in the absence of dissociational states. We have defined "trance" to include the following: dissociation proper, fugue, loss of consciousness and/or physiological collapse, obsessive ideas and/or compulsive actions and lastly hallucinations. Any one of these may be utilized ritually and may be explained in various ways, of which possession is only one.

Examples are to be found easily: the Pentecostalist who believes he is seized by the Holy Ghost during a religious service; the Episcopalian who engages

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in glossolalia and who believes, and whose fellows believe, that the words he speaks are due to the possession by the Holy Ghost, the Haitian peasant participant in the *vodu* cult who announces during a ritual or in a crisis situation, that he is the god *Ogù*, the woman of the 19th century East European Jewish stetl from whom a male voice speaks and whose community believe her to be possessed by a *dybbuk*, the spirit of a dead sinner, and who is believed to be in need of an exorcistic cure; the young married woman in a village in Northern India, who is suddenly ill and whose illness is due to possession by a spirit, which can be made to talk through her mouth to voice his complaints. This list could be added to *ad infinitum*. In each of these cases, as in that of the spiritualist, whether of the general Euro-American variety or the Chinese variety, both of which are found here in Honolulu, we may distinguish between the behavior of the subject and the cultural context within which this behavior takes place, or in the words of the Anthropologist A. I. Hallowell, "the culturally constituted universe" of our subject. If this universe, as perceived by the subject, includes spirits that may possess human beings under certain circumstances, the "knowledge" of this possibility informs the subject's behavior, although a certain latitude may be available to him in his manipulation of the background material. On the other hand, this knowledge and the attendant expectations are shared by a group, and the behavior of the subject will be recognized by the group as exemplifying the traditional "knowledge" concerning the "culturally constituted universe" which is available to the members of the group, as it is to the subject. Their reactions then, will provide support, awe, admiration, therapeutic measures, restitution, etc., whatever the cultural context provides for the behavior in question.

During a state of "trance," which is interpreted as due to possession, an individual acts out a personality other than his own. He appears to think, act, feel as if he were *Ogù*, the police chief, the dybbuk, Napoleon or Jesus Christ. In a clinical sense, we may consider this to be a delusion. It becomes "posses-
tion" only when his cultural milieu contains the concept of possession, when his friends and relatives, seeing him act in this way, "recognize" him to be possessed by the spirit or entity in question. The fact that he himself knows, and has previously known, that people may be so possessed is of importance in understanding how he has acquired his "delusion" and how this belief by him and by the members of his significant reference groups encourages him to engage in this behavior. Where this belief system is not shared, where there is no belief in possession, the delusional content will still be derived from cultural sources, but group support for the delusion is lacking, and we are dealing with personal pathology. This clearly was the case for the "Three Christos of Ypsilanti" of whom Rokeach (1964) tells us. Here the delusion of being someone else represents a personal pathological view of the self; in cultural groups where the theory of spirit possession is a shared ideology, the "delusion" is shared and we deal with culture, with religion and not with personal pathology. This, of course, raises the epistemological question of whether we may not speak of any culture as a shared delusional system which acquires reality value for its participants precisely by virtue of being shared.

It is not rare that delusional individuals of forceful personality may convince others and thus, as cultural innovators devise a cultural reality to suit their own needs. An example of this is found in Ann Lee, the 18th century religious leader and founder of the Shaker sect. She announced herself to incorporate the female aspect of the Christ spirit, having come to believe this as a result of a vision, which she had while in prison. In this vision she saw Jesus, who revealed to her the duality of God as both male and female. Jesus incorporated only the male principle of the deity, of the Christ Spirit, as a result of being anointed by John the Baptist, and he in turn, in this revelation, anointed Ann Lee to receive the female aspect of the Christ Spirit. The followers that she converted to her views believed her, and treated her accordingly. "Henceforth" say White
and Taylor, who were Shakers themselves, writing in 1904, "Ann Lee was recognized among the humble band of 'poor in spirit', 'pure in heart'...as the visible Head, the one in whom dwelt the Divine Mother." (pp. 21-2.) The personal delusion, drawing on a rich cultural heritage, as well as on private needs, became part of a cultural reality, of a shared ideology, of a culturally constituted universe for a group of people, at first in England, later in the United States. Ann Lee's opponents saw her as a sinner, a heretic, perhaps a witch, while we might be tempted to consider her case in the light of psychopathology. Eighteenth century English society had concepts of insanity, which were medical rather than religious concepts, and yet the case of Ann Lee, in terms of the behavioral world of her contemporaries, fell into the realm of religious reality. None appear to have doubted the supernatural character of her visions. Only their source and the truth of their revelations remained at issue.

If we compare the case of Ann Lee with contemporary clinical cases of Christ delusions, a number of differences are apparent, the most striking of these being the reciprocal effects between the delusional individual and his social environment, their snowballing consequences both for the individual and the group. Ann Lee became a highly revered founder of a religious movement, whose followers gave her respect, obedience, support, even love. She did not become a patient in a State Hospital, she was not made to give up her faith in the truth of her visions, instead, she converted others, she had them join her in her perception of the world. As one of us has suggested elsewhere (Bourguignon, 1965), under certain circumstances, dissociational, and here we add: delusional, acting out of another personality in a culturally sanctioned context, may serve the needs of the self and by enlarging its ability to affect the world of "reality", may be thought of "dissociation in the service of the self." The dissociated activities, because

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2Prince and Savage (1965) speak of mystic trance as "regression in the service of the ego," in Ernest Kris' famous phrase.
their delusional content is shared, have the power of modifying the world of interpersonal relations, of the socio-cultural reality in which the subject operates, in a manner of which his non-dissociated, non-delusional self would be entirely incapable. The case of Ann Lee is particularly instructive because it shows us that this observation is correct not only when we deal with delusions and dissociational behavior that fit into traditional patterns of a cultural group, but that, under certain circumstances, the delusional individual may become the founder of a new dispensation. And in the history of politics as well as religion, such cases are by no means rare!

In the behavior of the person, who believes himself to be possessed by another psychological entity, we may observe two interrelated processes. The subject acts out a role, as an actor might, and indeed the theatrical nature of possession behavior has been noted by several authors, e.g., Leiris (1958) in reference to the zar cult of Ethiopia and Métraux (1960) concerning the vodû cult of Haiti. Similarly, the theatrical, histrionic behavior of hysterical patients has frequently been commented on by clinical observers. In possession, this acting out of a role is based on the identification of the subject with the personality he represents; indeed, the identification may be so complete that the subject's own sense of identity disappears and is replaced by a sense of identity appropriate to the impersonated character. In Haiti, for example, we have frequently observed women take on masculine facial expressions, gestures and bearing, when possessed by male spirits. Thus identification appears to go far beyond that available to the actor, who plays a role in a theatrical setting, where applause is the actor's own reward.

The process of identification is of considerable interest to both psychiatry and anthropology. It is a process of progressive learning which underlies personality development, socialization and enculturation, and thus it is basic to an understanding of cultural transmission from generation to generation (Medawar, 1959). On the other hand, as we shall see in a moment, it also provides a basis
for innovation and consequently is essential to our understanding of cultural change. The need to transform oneself into a desired model seems to be universal; only the form appears to vary and to bear the stamp of a particular culture. The underlying need seems to be as human as the erect posture of the genus Homo.

As George Herbert Mead pointed out long ago, the child learns about his social world by successively trying out a series of roles, by being, in Mead's phrase, "the generalized other." These days, it is interesting to observe that in Western technological society, "the generalized other" may be a truck or an airplane or a rocket as often as daddy or the postman. The pre-school child may "be" anyone or anything he wishes at anytime. Where Freud called the child a "polymorphous pervert," we might call him a "polymorphous delusional." As the youngster enters school, the fantasy activities are increasingly restricted with reference to the times and places in which they are not prohibited. In the "normal" adult, Walter Mitty's dreams of glory are restricted to an entirely private sphere, now mostly to vicarious identification with heroes on the television screen. Few are exceptions to this. Even the actor may do no more than interpret a role, in an appropriate time and place. The child's acting out of identifications is replaced by the manipulations of symbols and by the partial and unconscious integration of the behavior of models into one's own personality patterns: the woman whose gestures reflect those of her mother, the student who has incorporated his teacher's ideas into his own thought patterns, the adolescent whose mannerisms reflect the latest vogue among his peers. This process of learning through imitation and identification may be arrested at any developmental stage, and in this respect--and in this respect only--the delusioned individual resembles the child. Nonetheless, we must not forget the important distinctions between the child and the psychotic. For example, the child's "I am a truck" or "I am daddy" is accepted as play by elders and peers. A similar behavior by the psychotic is not so accepted. It is not appropriate. Therefore, for the child, this is part
of the process of learning about himself and about the world and the experience enlarges his world. For the psychotic, it represents a retreat from himself, from the world in which he lives, a denial of self, and it restricts his ability to act and to come to terms with the world. If the delusions are temporary, they must be dissociated from the rest of his experience, because they are unacceptable both to him and to his associates. On the other hand, the individual who lives in a society in which there is a belief in possession by spirits and the acting out of such possession is desired, the behavior involved is clearly circumscribed as to the appropriate time and space and frequently, if not always, it is dissociated from the individual's other experiences by amnesia concerning the events of possession. When possession occurs in settings considered socially inappropriate, illness or deviancy is thought to be the case. Thus, identification which is of greatest importance in cultural learning, must be maintained within certain requisite bounds. When the process is insufficiently learned or appears to overwhelm the pupil, deviation occurs, which, depending on the cultural conceptual framework, will be called illness or deviancy, due to possession by evil spirits, witchcraft, lack of proper parental imago or whatever nosology happens to be in vogue.

At the same time as identification, we find at work in delusional behavior, the process of innovation. There may be improvisation, development of character—which may become a true second personality—on the basis of learned information, autobiographical materials, personal repressed and dissociated fantasies. For the psychotic, this remains a private attempt to cope with his problems. For the individual, who impersonates a supernatural personage in a culturally, ritually approved framework, possession may be an important vehicle for cultural and social change, as well as for the maintenance of cultural stability, a way to introduce new thoughts and activities, to modify interpersonal relationships, to gain acceptance for new practices. The case of Ann Lee, which we mentioned earlier, illustrates this well, for she founded a communal, celibate society, which has lasted for some 200 years.
As we have indicated before, some types of possession behavior are culturally rewarded, while others are seen as deviant patterns, in which it is necessary to remove the influence of the evil spirit, through compliance with his wishes, or through exorcism. Here, we wish to argue in more general terms, that the treatment of culturally dissonant emotional deviancy is primarily attempted for the sake of societal cohesion and operation and secondarily only for the comfort and well-being of the individual patient. While a growing body of ethno-psychiatric data has been accumulating, it is still difficult to say much about this in quantitative terms. Yet Opler (1959) tells us, for example, that among the Utes, the patients a shaman saw in his practice were precisely those whose difficulties would have constituted a handicap to the movements of this nomadic people. Therapy was directed toward making individuals fit to live the life of the society, to keep them from constituting a hazard to the survival of the group as a whole. M. J. Field (1960), in the information she collected on 146 cases seen in conjunction with shrine cults in rural Ghana, shows clearly that the majority of the disturbances involve the individual's difficulty in societal functioning. The frequent involutional depressions in women, for example, are clearly related to the high evaluation of reproduction as well as to a family system which includes polygyny. Depression is thought of in terms of inability to work: "I became useless," and successful cure is seen when the person returns to work. The self-accusations of witchcraft are not personal delusions but are culturally accepted and acceptable explanations of misfortunes and therefore do not constitute an additional pathological dimension of these cases. In still a different part of the world, among the Tungus of Siberia we find, in LaBarre's analysis of the data collected by Shirokogoroff, that again the crucial function of the shaman is to maintain the capacity of the group to withstand their hazardous seasonal movements required by their economy. It is the need to maintain and restore social cohesion, usefulness, group equilibrium and homeostasis which are clearly of primary importance.
This conclusion emerges also, though more tentatively, from other scattered data. It is striking, how closely this suggested function of ethno-psychotherapy parallels the more familiar function of mourning rites, which we may consider with Malinowski (1925) to be primarily directed at the reestablishment of the integrity of the social group once a loss has been sustained and to allow the bereaved to close ranks, much as Freud has taught us to think of mourning as a process of reestablishing the integrity of the individual after bereavement.

Seeing patients whose functioning is not impaired although they are unhappy and function only at cost to themselves, is a personal and social luxury, which is limited only to relatively small groups in technologically advanced societies. To get the help he seeks, the sufferer must phrase his call in a manner which can be understood, be it by being "possessed" by spirits, who speak through him and explain what they want, or who, as ego-alien forces must be exorcised, be it through functional physical disability or bizarre behavior. The language of illness may be expected to correspond to some more general understanding concerning the behavioral world, the culturally constituted universe, as we have indicated above. It is, therefore, of considerable importance for psychiatry to be aware of the many diverse culturally constituted universes and not to restrict its understandings merely to its own culture-bound world.

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