SPirit possession:
A case study from sri lanka

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Discussion and conclusion

The focus in this case study is Sita, a 19-year-old young adult, who is possessed by a spirit. Sita identified the spirit as "Mahaschona," the demon that frequents graveyards and cemeteries. The cure was an elaborate 32-hour exorcism ceremony that included drumming, chanting, and dancing.

A brief family and school background

Sita's illness commenced six years ago with stomach cramps which were too severe to be ignored or treated by simple cures. Sita is the youngest child and the only girl in a family of four adult children. Her home was located in a small village. The predominant occupation in the village, including that of her father, was farming rice. Her involvements in school in addition to academic courses included participation in athletic events. Her academic performance showed graduation from high school and a continuation of school work towards higher education.

A traumatic experience

After two years of study, she took the national university entrance examination. She obtained simple passes which qualified her to enter the university where only the top twelve percent of those who qualify can really gain admission to the university. While attending school in preparation for this examination, Sita was taken ill several times with severe stomach cramps and chest pains for which she got Western medical treatment through the hospital. In a culture that values education students who take the national examination but fail to enter find it such a traumatic experience that some have even committed suicide. University education has the promise of mobility, self-
respect, a job with a reasonable earning capacity, and the connotation of an ultimate good life. Sita lost all these prospects when she could not enter the university.

A Point of Decision-Making

The alternative was to continue in school and try to enter the university once again as she had one more chance to gain admission. This was not possible due to the economic position of her family. She felt that they had sacrificed too much already to send her through twelve years of education. Her grades in school had been good, and therefore her family had encouraged her to continue her schooling. She suffered loss of self-esteem and self-worth—and a sense of shame that some of her friends did enter the university while she failed to do so.

The paralysis of her legs from the knees downward was a psychophysiological response (Schwab and Schwab, 1978:254). She literally asked for forgiveness on her knees from her family who had collectively contributed to buying books, clothes, and paid her school fees. She had strong expectations of high performance but was deeply disappointed at obtaining only passing grades. She was the first in her family to study up to the entrance to the university, and her family was very proud of her.

This was a point where she either had to resort to some kind of manual labor as employment or undergo training to obtain other skills. The daily respite with her school friends was now over, and she would be confined to the house like every young female adult, until she found gainful employment or got married. Marriage was furthest from her mind as she wanted to find an educated and handsome young man, someone who could offer her a better standard of living.

In addition to coping with new problems that were bound to appear, she now had to deal with conflict, fear, and feelings of worthlessness. She also had to find new friends in the village and new sources of support for security. At this point, all these feelings brought intolerable tensions and an overall sense of unresolved problems. This was indeed a crisis point for her.

Analysis

Traditionally, psychologists have tended to view a client's current life situations through past experiences with an
emphasis on early childhood development. However, we can look upon individual and family problems not only in a maturational perspective but in terms of developmental stages. These are transitional stages which confront all people during the human life cycle.

It has been found that there are tasks in a person's developmental process and also in the social and physical environment at each stage of the life cycle. Erikson (1959:116-121) names these "intergenerational cogwheeling." People in the course of their lives have to learn roles that are unfamiliar and for which they are unprepared. In a village culture that is undergoing social and economic change, a young person may be the first to face a particular situation. In Sita's case, she is the youngest in the family and the only female. Two of her brothers are employed, and her sister-in-law works in a shirt factory. She is a young adult in a developmental phase with a maturational crisis. The passing grades she obtained in the University Qualifying Examination determines her ability to obtain entrance to the university system which qualifies only the top twelve percent of the student population that appears for this examination. For her "passes" she will receive a certificate but that does not qualify her to enter the university. Therefore, her only avenue of obtaining a bachelor's degree is closed to her.

With many students having these certificates and with no special vocational skills, Sita is now at a decision point. Is she to sit for the examination again? Is she to quit school and seek a job? Do her parents have the money to see her through another year of school and pay the fees to sit for the examination again? What is to happen to her in the future? Would she be forced to get married to someone from her village?

Some of her friends have qualified to enter the university; therefore, she has experienced a "loss of face" which she referred to in my interview with her. She has had to deal with some family problems such as her brother's unemployment amidst a soaring standard of living and inflation of thirty-two percent. Therefore, the reality of the failure at the examination did place additional strain on her.

She was on the threshold of assuming a new role which was that of staying at home and hunting for a job in the city, which was doubtful with high unemployment at that time. Later, she had registered herself in the Bureau for
Employment and stood in line many times hoping they had found a job for her. At this point, her capacity to assume an appropriate role may be very small. She decided to seek training as a typist but found that the funds her family had were inadequate for this. At this time, where she had to stay at home and periodically seek some sort of employment, Sita was facing a psychosocial crisis and a 'turning point' (Erikson, 1968:96).

Robert Weiss (1976:213-232) refers to this as a "transition state." He says, "Should the crisis end instead of change . . . the individual's emotional organization and his or her other relational arrangements must also undergo change. In addition to having to cope now with new problems, the individual must find different ways of dealing with disappointment, tension, or fatigue and find new sources of support for security, for feelings of worth and for other components of well-being."

Sita has shown the psychophysiologic response of being unable to walk due to the stressful situation that she had to face at this crisis point. Her culture does not take kindly to people who are mentally ill. That would have been a negative affliction and would bring shame on a young girl who is 19 years old. Even her chances for marriage would be affected but this culture does not look down on being possessed by a spirit. For in this case the young woman is not to blame; the blame is on the spirit who has possessed her. Sita could show her hostility and even demonic aggressiveness as a symptom of the spirit possession without any overtones of mental affliction.

Based on Adolf Meyers' teaching that illness is associated with life events, successes, or failures in school or at work, etc., Holmes and Rahe (1975, 6:133-146) in 1967 developed the Social Readjustment Rating Scale (SRRS) to quantify stressful life events requiring some degree of adjustment. A clustering of events such as major life changes such as death, divorce, change of job, and so on that adds up to a score of 150 has the likelihood of illness to increase; 150-199, mild life crisis; and 200-299, predicts associated health changes.

Recently, Kohn (1976, 133:177-180) has emphasized the role of stress in etiology of schizophrenia. He cites a study conducted in San Juan which showed that schizophrenics who were in the low SES brackets and underwent deprivation, had experienced many more stresses than had the control group. He says that lower social class persons are genetically vulnerable, encounter numerous stressful events and circumstances, and have fewer inner and outer resources to cope with these tensions. Sita's family
liyed at subsistence level. Her choices of acceptable adaptive responses were few. Her physiological response for the release of tension manifested itself as a temporary paralysis of her legs until a simple exorcism ceremony was performed for her. This was performed a month ago, and her paralysis was cured, but she still suffered from severe stomach cramps. The family wanted a complete cure and held an advanced all-night exorcism ceremony to rid her of the spirit that was making her ill. The exorcism ceremony was an acceptable therapeutic practice in the culture.

Culture's Therapeutic Influences

Scientific attempts to understand relationships between culture and mental illness can be traced to the early decades of the 19th century when both psychiatry and anthropology emerged as disciplines. At the beginning of the 20th century, advances in psychiatry and significant achievements in anthropology led to a convergence of interests in ethnic psychosis and relationships among culture, personality, and mental illness.

Schwab and Schwab (1978, pp. 254-255) say that culture exerts preventive and therapeutic influences. Cathartic strategies such as festivals, holidays, vacations, and particularly in the United States, sports, are examples. Harvey Cox (1969) deplores the progressive decline of festival and fantasy in the modern world. He believes that the diminishing importance of festivals is leading cultures to a "cultural aridity" that may be linked with obsessionalism.

Scheff (1973, p. 88) refers to several examples of procedures that have led to the emotional release in social settings such as Greek tragedy during the classical era of democracy in Athens (Luca, 1968, p. 273). Performances were occasions for the expression of crying and wailing and therefore catharsis. He also refers to the Quakers, who considered shaking as a form that discharges fear, more recently seen in black churches in the United States.

The Chinese Communists used the theatre depicting the oppression of the old society that caused the audience to explore woe and weeping. An instance of a social form that meets individual needs in a social setting was the "speak bitterness" meetings where prostitutes in China were encouraged to rid themselves of shame and hostility by recounting their pasts and oppressions which resulted in catharsis.
(Wallace, 1961, pp. 182-184). The process of becoming cured can be compared to Wallace's concept of "mazeway resynthesis;" that is, a reorganizing of one's way of structuring the world due to intolerable anxiety and crisis. The culture can be either a hindrance or a support to mazeway resynthesis depending on whether the culture views the experience as undesirable and negative with shame, anxiety, and a feeling of alienation, or as positive and appropriate providing a culturally sanctioned channel for emotional release. In this case, the culture has indeed accepted the ceremony as a manner of healing (Ames, 1978, pp. 42-48).

Obeysekera (Scheff, 1975, pp. 135-151) reports an exorcism of a spirit in Sri Lanka where a woman, who was delusional, mute, and withdrawn, was cured through an exorcism ceremony. The exorcist questioned her adroitly and brought her conflicts into the open, resulting in an emotional release.

Trance State, Problem Resolution, and Catharsis

Although personal life crises may be painful, the effects of them need not be pathological. The resolution of crisis experiences (Forer, 1963, 13:275-281) can lead to a creative effort. It can lead to new inner convictions and insights and thoroughly benefit the individual.

During the trance state, whether the individual remained conscious or experienced amnesia, the person has had an opportunity to "act out" some of the frustration and conflict while some inner resolution takes place. For some individuals undergoing trance, there is memory upon awakening and for others, amnesia. Hilgard (1978) confirms that possession-trance and amnesia are not necessarily connected. His "neo-dissociation" theory says that possession represents a special type of dissociation where "amnesia is not essential." He also emphasizes that repression and dissociation are not inter-changeable terms. Yap (1960, pp. 114-137) indicated possession by a mythical personality may be psychotherapeutic in that it "can help the individual grasp a profoundly complex life situation as a first step towards further action and self-development."

Conclusion

A culturally-accepted therapeutic strategy known as the "thovile" exists in Sri Lanka and it is a combination of almost thirty years of dancing, drumming, and chanting and provides
elaborate ritual, festivity, fantasy, therapy and entertainment. The Thovile, or exorcism ceremony, also displays deep concern of the immediate family, friends, and community who attend in order to witness the cure.

In the exorcism ceremony, three stages are identifiable. The first stage of the exorcism is that of initial spirit-communication, where the exorcist opens himself to attack at the cemetery. There is a second state of trance-suggestion-cure where there is a lengthy and elaborate ritual of chanting, drumming, and dancing. There is a third stage of recovery-resolution, and a sense of togetherness in entertainment where masked dancers in colorful costumes evoke laughter, mirth, and enjoyment. Sita made a personal effort, with a healing effort by the two exorcists and a supportive effort by the community, resulting in a synthesis of conflict resolution by Sita. After recovering from the trance, and having gone through the entertainment stage of the ceremony, Sita seemed to have gained composure. She looked extremely exhausted but not in pain. She could now see that her family, friends, relatives and neighbors accepted her, in spite of her failures.

I interviewed her a week later and inquired about her health. She said that she had not experienced the former symptoms of her illness. She also said that the exorcists brought her some medicine to be taken internally. This was a herbal medicine to be taken for a week at regular intervals. She discussed her future plans, her decision to seek work, her decision not to go back to school and her plans to seek training in pursuit of batik-making, which is a cottage industry. She had risen above her feelings of weakness and hopelessness and had resolved to look for the future possibilities for success and personal growth.
FOOTNOTES

1. For years, the term "psychosomatic" designated bodily conditions thought to be caused mainly by psychological forces and conflicts. But in the 1950s, the use of the term was limited to a few specific diseases such as asthma and peptic ulcer—"psychophysiological reaction" encompassed a large variety of somatic complaints where emotional and social factors were etiologically prominent. Currently, the terms are used interchangeably.

2. Since pity, especially in tragedy, is often pity for the dead or bereaved, it is also akin to the shared or public lamentation which is part of life in small and closely knit communities. There is a suggestion that the audience luxuriated in community sorrow, "surrendering itself" to lamentation and taking part in mourning along with actors and chorus.
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