

# THE POSSESSION SYNDROME: A COMPARISON OF HONG KONG AND FRENCH FINDINGS

By

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THE phenomena of "spirit-communication" in mediumistic trance, of "spirit-possession" and of "demonopathy" are closely related, and known to both East and West. Clinical psychiatrists, however, have taken little interest in them, with the exception of some French and a few Spanish authors. These conditions nevertheless do present themselves to the psychiatrist in many countries and it is misconceived to think that they are to be found only in outlandish cultures, the preserve of the field worker in ethnology. It is true that M. J. Herskovits (1951, 1958) has argued that certain kinds of behaviour categorized in terms of culture-bound concepts cannot be applied to other societies, so that African and Afro-American spirit possession, for example, cannot be compared with apparently similar "psychopathological seizures" in the West. No doubt such behaviour receives different cultural definitions according to their respective backgrounds, but this does not exclude the possibility of a specific psychological mechanism being common to them all.

This paper examines the possession syndrome as it is manifested in patients coming to the Mental Hospital in Hong Kong and compares the findings with those described in the literature for French Catholic patients. It attempts also to show how the condition can be better understood by reference to the cultural and socio-economic background, and by the application of certain psychological concepts commonly associated with the names of G. H. Mead and H. S. Sullivan.

## REVIEW OF LITERATURE

The psychiatric literature on demonopathy is almost entirely confined to the French and behind French contributions there is a long tradition. Discussion of "Cotard's syndrome" has from the beginning linked it with possession (cf. H. Ey, 1950). Leroy and C. Portier (1930) discussed spirit possession following the practice of spiritualism and gave a striking quotation from Lévy-Valensi: "*Le salon spirite est, pour certains, l'antichambre de l'asile*". They accepted the classification of Cl. Vurpas who divided cases into the acute and curable, and the chronic and incurable. J. Vinchon (1931) distinguished three types of possession: those arising from Ségla's contrast obsessions and Clérambault's dissociative process; anxiety nightmares leading to a psychotic picture, due to sexual conflict; and hysteria conditioned by excessive imagination and contact with the old demonology and theosophy. P. Schiff and R. Simon (1933) described

the case of a young post-encephalitic woman with pseudocycosis who, after the expected labour had failed to take place, became deluded that she was possessed by an animal spirit. J. Delay (1945) published the case of a man suffering from agitated melancholia and showing contrast obsessions; he pointed out that in this case the fear of possession led to his being possessed, the intellectual possibility leading to affective certainty. He also mentioned the finding of G. Gayral that seven out of ten cases of possession were melancholic. L. Mars (1946) studied cases in Haiti and implicated "*un processus schizonoïde d'apparence mystique*"; possession he regarded as associated with the gregarious and Dionysian aspects of religion and he thought it provided a cathartic mechanism for maintaining mental health. L. Michaux, H. M. Gallot and J. C. Dubois (1947) described the condition in an alcoholic male and pointed to the operation of several factors: the absence of oneirism and mental confusion, which factors normally favour the development of coherent delusions; the intensity of psychomotor and coenaesthetic hallucinations, which, like all alcoholic hallucinations, have an imperious quality about them; and the utilization of a complex springing from unconscious remorse. M. P. Giscard (1948) attempted a comparison between the stages of possession and of *grande hystérie* and claimed that somatic phenomena like subcutaneous haemorrhage and oedema were to be seen in both. H. Aubin (1952) distinguished states of "pseudo-possession" in which there is no true doubling of the personality but only a morbid transformation; and pointed out that even in cases of true doubling with ideas of diabolical persecution still there may not be delusions of being possessed. M. Despinoy, R. Millon and Y. Tuelié (1953) described a case which exhibited delusions of possession alternating with exacerbations of phthisis. C. Pidoux (1955) reported on states of ritual possession in Africans, emphasizing their normality within their own cultural context.

The work of J. Lhermitte (1944, 1946, 1955, 1956) reveals him as an outstanding authority on the subject, with considerable experience of such cases. The position he takes is that of an orthodox Catholic psychiatrist who accepts the co-operation of the exorcist. "*Le médecin qui veut rester un homme complet*", he writes, "*ne peut . . . exclure, a priori, la possibilité d'une étiologie transcendente dans la production de certains psycho-névroses, dont la source naturelle ne se découvre pas au savant*" (1956). He therefore distinguished (1955) "true possession" from "false possession", i.e., demonopathy; the former being probable where psychiatric explanation in a given case does not appear to be adequate or plausible. This point of view, it appears, is not widely held by French psychiatrists. Lhermitte's positive contributions to the study of this subject are important.

He believes (1944) that possession is a complex state, neither a nosographic entity nor a legitimate syndrome but only a picturesque coloration given to psychoneuroses like "*hystérie*", "*pithiatisme*" and "*mythomanie*", or "true psychoses" like "*psychoses hallucinatoires chroniques*" and "*automatisme mental*". He also distinguished in 1946 two types of demonopathy: one coming in attack form with clouding of consciousness, as in hysteria or epilepsy; and the other an insidious form with an understandable evolution, the patient being lucid and able to give an account of the psychological and physical aspects of the state of being possessed. The latter form he regarded as incurable. Later, in 1955, he differentiated cases of "internal demonopathy" in which the demon enters into the patient's mind and body, from "external demonopathy" in which the patient has delusions of persecution by the demon from without. He pointed out that not all cases in his experience were believers in the Catholic

doctrine and that sometimes organic causes were responsible. The importance of guilt he emphasized, especially guilt arising from unconscious homosexual trends.

The occurrence of possession (and zoanthropy) in Japanese has been noted by K. Miyake (1925), and among them the condition is usually given the name of "invocation psychosis", after the German term. T. Y. Lin (1953) briefly touched on this topic in his survey of mental illness in Chinese and mentioned the name *hsieh ping*, which however is not used in Hong Kong. E. K. Yeh (1958) described a Chinese case in whom possession alternated with urticaria. The broad historical and ethnological survey of T. K. Österreich (1930) is well-documented, but does not seriously take up the psychological approach. However, R. Linton's (1956) discussion of possession, especially those forms occurring in North America (Holy Rollers and Jumpers) and in Madagascar, is valuable for its psychopathological insight. Gordon's study of so-called "maggidic hallucinations" (1949) is interesting not only because it shows how the phenomena we are studying can be specially moulded by cultural and personality factors, but also because it contains speculations regarding nosography by a number of contemporary psychiatrists. The attempt of C. H. Thigpen and H. M. Cleckley (1957) to apply contemporary psychiatric theory in elucidating a recent American case of multiple personality should also be noted.

#### CLINICAL MATERIAL

Between 1954 and 1956 (inclusive) there were admitted into the Hong Kong Mental Hospital 66 men and women, all first admissions, who exhibited the possession syndrome either in pure form or else some elements of it within the content of an hysterical delirium or of some other mental illness. This number was 2.4 per cent. of all first admissions for that period, but if only the case showing the pure syndrome (see definition below) were counted the figure was 0.3 per cent.

Certain features of interest emerge when these cases are analysed and examined against the base demographic and socio-economic data for Hong Kong collected by the Hambro Sample Survey in mid-1954 (Hambro, 1955).

#### SEX DISTRIBUTION

In the sample, 50 cases were female and 16 male, and the disproportion in the sexes is even more marked if only the hysterical and depressed cases are considered. There is no need for statistical analysis to demonstrate that the difference in the numbers of the two sexes is significant. This finding of a great preponderance of females appears to be in contrast to what obtains among French cases, as far as can be gathered from a survey of the recent literature. The possible meaning of this will be discussed later.

#### AGE

Table I shows the age distribution of our sample for each sex. Analysis reveals that there is no significant difference between this and the distribution of various age groups for each sex in the general population. It is evident therefore that age does not play a part in determining the referral of cases to the psychiatrist or admission to hospital. The youngest cases were aged 16 for each sex and the oldest aged 47 for men and 60 for women.

TABLE I  
*Age Distribution*

Age (Years)	Percentage in Population		No. of Cases	
	Male	Female	Male	Female
11-35	65.7	60.2	9	28
36-55	28.8	31.5	7	18
56-	5.5	8.3	—	4
	100.0	100.0	16	50
For males	$\chi^2=1.9$	Df.=2	P>0.5	
For females	$\chi^2=0.3$	Df.=2	P>0.8	

TABLE II  
*Age of Onset*

Age (Years)	Male	Female
16-25	3	15
26-35	7	17
36-45	5	14
46-55	1	3
56-	—	1
	16	50

$\chi^2=0.8$  Df.=4 P>0.9

On admission only 2 men in our sample but as many as 15 women had had previous episodes of possession. Moreover, even taking into account age differences women tended to have more previous "attacks" than men, the maximum being 7 for the former and 2 for the latter. Table II shows the distribution of age of onset for each sex and analysis reveals that there is no significant difference between the two. Since this is so, and age has no selective effect on the admission of each sex, the fact that men have fewer previous attacks must mean that they are less prone to attacks. It is of interest to note from Table II that, while female sex predisposes to possession, it affects all ages equally.

#### MARITAL STATUS

Table III compares the distribution of marital status among our sample cases with that in the general population. It is found that taking both sexes together there is a significant difference between the two. Widows and widowers along with the divorced, and also concubines, were over-represented in our series, and the married and single were under-represented.

TABLE III  
*Marital Status*

Status	Percentage in Population	Male	Female	Total
Married	60.5	5	28	33
Single	29.2	9	6	15
Widowed and divorced	9.8	2	11	13
Concubines	0.5	—	5	5
	100.0	16	50	66

Both sexes:  $\chi^2=10.1$  Df.=3 P<0.02

That the widowed and divorced are a peculiarly vulnerable group is well-known from studies in social psychiatry; to this must be added, as far as our study goes, the group of concubines. These persons still exist as such in oversea Chinese communities in South-East Asia, but not in mainland China nor in Taiwan. I have previously shown (Yap, 1958) that concubines have an unusually high suicide rate, and evidence that they also have a high mental hospital admission rate awaits publication.

#### EDUCATION

Data on the distribution of educational levels in the general population do not exist, but a good idea of the specific influence of education on the predisposition towards possession can be obtained by comparing our series with the total Chinese mental hospital population as regards educational attainment (all our cases were Chinese). Data on this obtained in January, 1958, are given in Table IV. The difference between the two distributions in the table is significant, and it may be concluded that our sample includes an unduly large

TABLE IV

				<i>Educational Attainment</i>			
Education				Percentage Among In-patients	Male	Female	Total
Illiterate	..	..	..	21.5	2	25	27
Primary	..	..	..	50.3	9	21	30
Middle	..	..	..	22.0	5	4	9
College	..	..	..	6.2	—	—	—
				100.0	16	50	66
				—	—	—	—
Both sexes: $\chi^2=18.1$				Df. = 3	P > 0.001		

proportion of illiterates and an unduly small proportion of the well-educated. There is no reason to suppose that the composition of our patients in hospital could have changed much between the period during which the cases were admitted and January, 1958. As for the obvious criticism that the control hospital patients would include a disproportionate number of chronic psychotic who were likely to be drawn from lower economic levels and therefore be uneducated, even if this were true it would not be a serious objection. If the mental hospital population used for comparison is biased in the direction of having among them too many illiterates compared with the general population this fact would make our finding even more significant, and strengthen rather than weaken our conclusion that lack of education predisposes towards the syndrome.

#### OCCUPATION AND SOCIAL CLASS

Table V gives the various occupations listed in the Hambro Survey arranged into four social classes according to the criteria of education, income and prestige. The criteria are admittedly subjective, and the abnormally rapid socio-economic changes in Hong Kong make them even more questionable, but there can be no doubt that the classification does give a fair picture of class stratification in Hong Kong. The population data in the Hambro Survey, used for control, include all those aged 16 and over, but exclude the unemployed, housewives, and a small miscellaneous group labelled "others".

TABLE V  
*Occupation and Social Class*

Social Class	Occupations Included	Percentage in Population	All Cases*		Total* Excluding Housewives and Concubines
			Male	Female	
I	Professionals .. .. .	6.6	—	—	—
II	Managers and business employers ..	4.4	—	2	1
III	Primary school teachers, clerks, students, mechanics, salesmen, taxi-drivers, policemen, telephone operators, individual merchants .. .. .	12.7	3	11	4
IV	Independent and cottage craftsmen, hawkers, shop assistants, factory workers, industrial labourers, butchers, cooks, fishermen, boatmen, coolies, domestic servants .. .. .	76.3	13	35	38
		100.0	16	48	43

Total, excluding housewives and concubines:  $\chi^2=8.0$  Df.=3 P<0.05

\* 2 unemployed women excluded.

In our material 2 unemployed women were not taken into consideration. Housewives (and also concubines) might be classed as usual according to the occupation of their husbands, but this is unreliable in our case since the principle of assortative mating, based as it is on the free choice by individuals of marriage partners, cannot be held to apply fully in Hong Kong. If we exclude housewives and concubines from our series, analysis shows that occupations of low status are significantly over-represented in our sample when comparison is made with their numbers in the general population.

#### RELIGION

Table VI gives the religious affiliations of our cases, but it should be clearly understood that the data are not very meaningful inasmuch as the factor of firmness of belief has not been taken into account. Moreover, most Chinese adopt a syncretic rather than a doctrinaire attitude towards religion, a common saying being that "all sects have their truth and all truth its sects". Normative data on the distribution of religious affiliation in the general population are

TABLE VI  
*Religious Affiliation*

Religion	Male	Female	Total
Taoist-Buddhist-Confucian .. .. .	10	43	53
Protestant .. .. .	—	3	3
Catholic .. .. .	1	2	3
None professed .. .. .	5	2	7
	16	50	66

lacking, but it would appear that, if the figures mean anything, there is an unusually great number of Christians in our sample, for the proportion of Christians in the general Chinese population is certainly much less than 1 out of 11 (6 out of 66). It is possible that persons taking to organized Christianity represent a selected group with strong emotional needs; or the religion from our present point of view may have a characteristic psychological effect on poorly

educated persons to whom it is new. M. J. Field (1958) has reported that certain African Christian Sects, claiming to worship after the manner of the earliest Christians, become "Pentacostally affected" *en masse*.

#### DIAGNOSIS

Table VII shows that the syndrome of possession, manifesting itself in varying degrees of completeness, is not a unitary one but is distributed among different psychiatric reactions. When it occurs in pure culture on the basis of an hysterical delirium it is to be found in more than half of the female cases, but in males it is seen in less than a third. The chief differential diagnosis to be considered from hysteria are schizophrenia and depression.

TABLE VII

#### Diagnosis

Diagnosis	Male	Female	Total
Hysteria .. .. .	5	27	32
Schizophrenia .. .. .	4	12	16
Depression (with hysterical features) .. .. .	4	4	8
Mania .. .. .	2	2	4
General paresis .. .. .	1	1	2
Senile confusion .. .. .	—	1	1
Lactational confusion .. .. .	—	1	1
Febrile delirium .. .. .	—	1	1
Post-epileptic confusion .. .. .	—	1	1
	16	50	66

#### CLINICAL PICTURE

The state of possession was manifested in varying degree and the distribution of cases in terms of degree of completeness is shown in Table VIII. Degree 1 is characterized by clouding of consciousness, skin anaesthesia to pain, a changed demeanour and tone of voice, the impossibility of recalling the patient to reality, and subsequent amnesia. Degree 2 is characterized by mild clouding, partial anaesthesia, no change in voice and demeanour, the possibility of recall to reality, and partial amnesia subsequently. Degree 3 is marked by the absence of clouding, of anaesthesia, and of change in voice and demeanour, the possibility of immediate recall to reality and the gaining of attention, together with (in females) mannerisms like giggling, belching and other attention-seeking devices.

TABLE VIII

#### Degree of Possession

Degree	Male	Female	Total
I Complete .. .. .	—	7	7
II Partial .. .. .	6	25	31
III Histrionic .. .. .	10	18	28
	16	50	66

Comparing the sexes:  $\chi^2=56.7$  Df.=2  $P>0.001$

The distribution of degrees of completeness in the syndrome is significantly different between the two sexes. Females tend to manifest the syndrome in its

pure form and in fact there was not a single male case in Degree 1. Of the female Degree 1 cases, 6 belonged to the lowest of our four social classes, i.e. class 4, and only 1 to class 2; the latter was a phthisical, illiterate woman married to the part-owner of a restaurant who had lost his first wife. Only 7 out of the 66 cases showed the classical or complete syndrome, and these were all women; the diagnoses in these cases were: hysteria (3 cases), schizophrenia (2), reactive depression with hysterical features (1), and febrile delirium (1). A point of interest is that one of the schizophrenic cases became possessed only when coming out of insulin coma.

The general demeanour of the incomplete cases was variable. It included gagging, torticollic movements, chanting (often in a village *patois*), shutting of the eyes, lying stuporose on the ground, rolling about, climbing up windows, panting, somersaulting, attacking people around, scratching the tongue with the fingers, walking on the knees, imaginary throwing of rice grains about (this being a ritual of the professional mediums), etc. The more severe cases acted in a manner suggested by the nature of the possessing "spirit" or "personality". Thus there were two cases of theiromania based on possession by a fox spirit and a snake spirit of peasant folk-lore; the former barked and pawed and the latter chirped, or rather attempted half-heartedly so to do. Twenty-two cases were possessed by the spirits of dead relatives; 18 by deities of the Taoist-Buddhist Pantheon; 17 by both dead relatives and deities; 2 by culture heroes (a legendary seer and Sun Yat-sen); and 1 each by Jesus Christ, the Virgin Mary, the Christian God, an Indian Prince, and a living clairvoyant ("fortune-teller").

Clearly many of the cases could have been labelled variously as examples of hysterical delirium and twilight state, hysterical puerilism, buffoonery syndrome, pseudologia phantastica, mythomania and even playful malingering; the common element being the idea of possession held in the context of exuberant myth and legend.

In a number of cases the apparent possession was not the central content of the symptoms but the patient exhibited behaviour otherwise bearing a thematic relation to immediately preceding difficulties or frustrations arising from the life situation. Thus a woman of 59, a second concubine who had been widowed, who had lost her only adopted child and whose future promised much loneliness, became possessed by her dead husband and her cousin; at various times she nursed a pillow as though it was her departed child and kept talking frequently about coitus. Other cases acted out dramatically the imagined behaviour of the possessing personality, but revealed "double orientation". A widow of 47, for example, who was an ex-cook at the time working in a temple, lonely and isolated in Hong Kong, became possessed by the Goddess Kuan-yin, or the Goddess of Mercy, comparable in several respects to the Virgin Mary. The patient jumped into a pool saying that the Goddess was taking her bath, but also said that she, the patient herself, was washing away her bad luck; she poured water over her head and said that she was feeding the Goddess. Out of the total 66 cases, 36 showed reasonably clear thematic content in their symptomatology. Twenty-eight of these were women, there being no significant difference in the proportion of these thematic cases in each sex. As might be expected, organic cases did not show systematized trends and provided only a caricature of possession.

Mood was congruous with content in 2 cases of depression, and one of these had attempted suicide. Two cases were ecstatic, seeing the doors of Heaven open before them; one of these was a manic case, the other a hysteric. Two



females had experiences of coitus with the possessing spirit, one a departed relative and the other a living clairvoyant she knew. The so-called gift of tongues was shown by 2 Christian patients who spoke, or rather gibbered, in what purported to be Hebrew and English. Two other patients spoke allegedly with the voices of the Goddess of Mercy and Jesus Christ, a third with the voice of a strange man and a fourth with that of a five-year-old child. One patient declared that the Goddess of Mercy only possessed the upper part of her body since the lower part was unclean due to her having been a prostitute before. One woman burst into a cold sweat with a rapid pulse, a second complained of heat, and a third felt that she had suddenly become old, with white hair. There was one peasant woman, an hysteric, who declared that an evil ghost was clutching at her heart and stopping it; on examination it was found that her pulse had actually weakened, but she was practising Valsalva's manoeuvre, i.e. closing her glottis and forcibly increasing her intra-thoracic pressure. One schizophrenic girl said that her possession started after she had been staring at the Virgin Mary; she felt her body becoming only skin and bones, whereupon the Saint entered her.

Apart from the female epileptic patient who became possessed after a series of epileptic fits, 1 male and 1 female hysteric had thrown hysterical fits in the past.

#### PRECIPITATING CAUSES

Organic precipitating causes were phthisis (in 3 cases), cholecystectomy (1), epileptic fits (1), amphetamine intoxication (1, also included among the above 3 phthisis cases), lactation (1), insulin hypoglycaemia (1), and a febrile illness, probably influenza (1). Still another case, diagnosed hysteria, had had a fever a few days before the abnormal behaviour developed. Both the last 2 cases also had been subjected to psychological frustrations.

Cases with definite psychological precipitating causes were also those showing thematic content in their symptoms, and these have already been mentioned above. In 4 of these the conflict arose from the existence of concubines or from extra-marital liaisons of the husbands. Four female cases were married for the second time (there is a tendency to frown upon the remarriage of women, especially in the case of widows.) Two cases were troubled by religious conflict; one, a young woman, was possessed by the Christian God after she had been subjected to intensive proselytization by a fundamentalist sect while a patient in a tuberculosis hospital (see case history below); and the other, a peasant woman, possessed both by Christ and a Taoist God, had developed guilt over her failure to tend to the memory of her dead husband in traditional ways after she had come to Hong Kong and obtained help from a Catholic group for herself and her child. One male case developed possession by his father's spirit after he had repeatedly dreamt about the latter reproving him for not reverencing him.

Several of the illiterate female patients were superstitious, believing in fortune-telling and the quasi-Taoist spiritualistic cult. When asked a leading question two of them admitted that they had thought of becoming professional mediums themselves. Three cases, all female, dated their possession or their preoccupation with possession from the Taoist-Buddhist equivalent of All Souls' Day (when the dead are supposed to return to earth).

## TREATMENT, OUTCOME AND FOLLOW-UP

Treatment was for the basic illness. Eleven out of the 16 schizophrenics were given insulin or electroplexy, or both. All 33 hysterical cases, with the exception of 7 who recovered with psycho-therapy, were given electroplexy, the courses averaging 7 shocks only. All in our series were discharged with their illness fully remitted except 7 cases who were only partially remitted. These 7 comprised 5 schizophrenics, 1 case of G.P.I. and 1 senile dement.

A follow-up study was made in October-November, 1958, i.e., nearly 2 to nearly 5 years after the discharge of various cases. A letter was sent out asking patients to come for re-examination, or if that was impossible, a detailed report on their present condition was requested. The results are set out in Table IX. The criteria for considering a patient as "well" were freedom from symptoms and ability to continue with their usual work.

TABLE IX  
*Results of Follow-Up*

	Well	Unwell	Total
Letters returned by Post Office .. .. .			8
No reply .. .. .			17
Patients interviewed .. .. .	22	1	23
Patients whose relatives were interviewed ..	2	2	4
Re-admitted and discharged .. .. .	3	1	4
Re-admitted and still in .. .. .	—	1	1
Information by letter .. .. .	6	3	9
	—	—	—
	33	8	66
	—	—	—

TABLE X  
*Results of Follow-Up, by Diagnosis*

Diagnosis	Total with Known Outcome	Well	Unwell
Hysteria .. .. .	20	20	—
Schizophrenia .. .. .	16	10	6
Depression .. .. .	3	3	—
Post-epileptic confusion .. .. .	1	—	1
General paresis .. .. .	1	—	1
	—	—	—
	41	33	8
	—	—	—

Out of 41 cases (8 males and 33 females) about whom information, mostly direct, was available, 33 were found to be well (6 males and 27 females). Table X gives the results in terms of diagnostic categories. The poor outcome of organic and schizophrenic cases is not surprising. It should be noted that one female case of hysteria and one female case of depression with hysterical features, although well at the time, had been re-admitted, and discharged shortly before the follow-up study. The first of these was a phthisical concubine and ex-prostitute who had deserted her husband, in conflict with the man she was living with because, although he could not give her sufficient money, he refused to allow her to go out to work. The second had at first been admitted as a case of manic excitement and had then come in again basically with depression and

insomnia; she was an immature and demonstrative type of person, living in much poverty and in constant conflict with her neighbours. Only the first woman manifested possession on re-admission. It is important to note that none of the cases found still unwell, including the one remaining in hospital, continued to show possession symptoms. (Two admitted that they were sometimes troubled by dreams of dead relatives communicating with them.) This suggests that the possession syndrome was not an intrinsic part of the illness, in organic and schizophrenic cases, but only a hysterical overlay. All but one of those directly interviewed said on being asked that they no longer believed in the possibility of possession, although this may be doubted. One young schizophrenic girl still thought that the Virgin Mary could possess people in order to help them.

#### PROGNOSTIC FEATURES

Sociological factors like education and class possibly had an influence on the readiness with which replies were made to our letters in the follow-up, so that care is needed in assessing the significance of the characteristics of those 41 cases whose outcome was known. Subject to this proviso, there was not found any significant difference in either the educational or the class levels of the 33 fully remitted cases when compared with the total material in the present series. Nor was there any such difference as regards sex, age of onset, civil status, or degree of possession. Furthermore, there was no evidence that the presence of thematic content led to a better outcome, a fact surprising at first sight. If we took only the 23 fully remitted cases diagnosed hysteria or depression with hysterical features, i.e., cases which might be expected to be wholly psychogenic, and compared them with our total series, there is still nothing of prognostic significance that emerges.

The following general conclusions may be drawn: Hysterical cases of this syndrome have an excellent prognosis, whether or not precipitating causes are obvious; but a poor outcome will be associated with a difficult life situation, as illustrated by the case of the phthical concubine mentioned above. The prognostic significance of thematic content depends therefore on the actual nature of the life situation inducing the possession, and whether alleviation of this is possible. Much the same may be said of cases of depression (with hysterical features). The prognosis for cases with other diagnoses is in general that for the under-lying illness, but I have the impression that possibly schizophrenia presenting with this syndrome tends to have a relatively good outcome; the diagnosis from hysteria of these cases may of course be difficult.

Lhermitte, as mentioned above, believes that cases with an insidious onset and gradual evolution, showing lucidity and an absence of clouding of consciousness, have a poor prognosis. Comparison of the present case material with those described by Lhermitte and other French authors must naturally be cautious, since the latter cases may have been selected for psychopathological interest, and also the factor of management and treatment needs to be controlled. But I can say that with experience of many thousands of Hong Kong patients I have never seen a case of the kind that Lhermitte regards as lucid and insidious, and predestined to chronicity. Moreover, most of my cases were poorly educated or uneducated, and many of them women plunged into states of clouded consciousness through meeting real and serious environmental difficulties; while the French Catholic cases of demonopathy described in the recent literature were as often as not men rather than women, few of whom

could have been without formal schooling. Many of these latter cases appeared to have deep psychological conflicts of a moral kind, e.g. often over homosexuality; and highly structured psychoneuroses like obsessional states are described as underlying the syndrome. I have not seen a single obsessional Hong Kong patient presenting with possession symptoms (although obsessional states are otherwise encountered). Most of my cases were, on the contrary, cases of pseudo-psychotic hysteria with more or less clear thematic content in the symptomatology, or similar cases of depression with hysterical features, many of them understandably precipitated by frustrations and deprivations, and of good outcome. Moral conflict over sexuality in Hong Kong patients apparently takes other forms than possession, and homosexual conflicts are rare.

From a strictly scientific point of view, these differences may be ascribed to the contrasting cultural, or rather religious, backgrounds of the Catholic and our Hong Kong patients. Whereas Catholics believe in the reality of Satan as *the source* of all Evil, prone to obsess and possess them, the Chinese have not a similar "personified" concept of Evil with which they may associate in mythopoeic thinking their moral lapses. This is discussed below in some detail. Belief in Satan has a powerful psychological effect and imports the notion of possession by him into serious psychological conflicts (which necessarily have a moral aspect), leading perhaps to chronic psychoneurosis. In the Chinese, however, this particular syndrome is more often of a reactive and situational kind, if uncomplicated by other illness, clearing up with improvement in the patient's circumstances. It should be noted that while most of the French cases are those of demonopathy, there are also instances, the frequency of which is not clear, of possession not by Satan but by succubi, incubi and animal familiars. These latter kind of cases are probably closer to those that are seen in Hong Kong. The distinctions made above are no doubt of suggestive value only, for they are posited on the assumption that the cases in the French literature of recent years are representative ones. To analyse a series of French cases in a way comparable with what we have done with our material would be of the greatest value\*.

#### DEFINITION AND FORMULATION

It will be helpful to introduce discussion of the psychopathological aspects of possession with a definition of the condition. This definition makes use of Mead's analysis of the Self into the "I" and the "Me": Possession is a condition where problem-solving processes result in an unusual dramatization of a certain part of the "Me" aspect of the Self, that part being constituted by forced and urgent identification with another personality, believed to be of transcendental nature, whose relationship to the subject is not tested in reality but is elaborated in fantasy. The nature of the possessing personality can be psychologically understood in the light of the subject's own personality needs; his life-situation; the personality characteristics, either historical or symbolical, of the possessing agent; and the subject's cultural background, which determines the normality or otherwise of such a condition.

For possession to occur, all the following factors will be necessary, though

\* Dr. Heinz E. Lehmann of the Verdun Protestant Hospital, Montreal, informs me that in a series of 5 French-Canadian cases studied by him, 3 were male and 2 female; 3 were schizophrenic, 1 hysterical and 1 mentally deficient. Two of these cases were precipitated by involvement in seances. These findings are suggestive and would seem to contrast with ours as regards male preponderance and the infrequency of hysteria, but they appear to be in accord with reports in the French literature.

each may be of different weight: the subject must be dependent and conforming in character, probably occupying a position in society that does not allow her (or him) reasonable self-assertion. The subject must be confronted with a problem which she sees no hope of solving, the problem arising from personal needs either of an instinctual kind or else concerned with her self-esteem. The existence of folk-beliefs in possession, shared with other members of her culture or sub-culture, enables the patient to achieve an unrealistic solution of her problem by internalizing a possessing agent with characteristics appropriate for the solution of the conflict. This form of transitory escape from reality is facilitated not only by the urgency of the patient's emotional needs in relation to the possibilities for meeting them, but also by the existence of organic or toxic factors which enhance mental clouding and fantasy thinking.

#### DISCUSSION OF PSYCHOPATHOLOGY

I find it difficult to agree with Lhermitte (1944) that possession is not a legitimate syndrome. In discussing this point it is appropriate to confine ourselves to the complete syndrome occurring in pure culture on the basis of a pseudo-psychotic hysterical reaction, and disregard the fact that elements of it may indeed merely be a picturesque coloration given to other illnesses. That possession is hysterical in basis is evident from the manifest characteristics and natural history of the great majority of pure cases of possession, whether these are regarded as pathological or not. The pure form of it has no nosological independence, but it is a unique disorder of the Self (conceived psychologically and not metaphysically), a disturbance in the balance of what Mead calls the "I" and the "Me"; and as such it possesses a considerable degree of coherence. For this reason it can be justifiably regarded as a syndrome.

There are two established approaches to the study of our subject, and they are not mutually exclusive. The first, which invokes the concept of hysterical dissociation and mental automatism, is the classical line of research initiated by French psychologists and psychiatrists. Little need be said about this except to point out certain aspects of thought in this field that are not usually emphasized\*. There is the welling up during hysterical delirium of "mythopoeic thinking", a term more apposite and meaningful in our present context than the allied "dereistic" or "catathymic" thinking of E. Bleuler and H. W. Maier. E. Cassirer (1944) has stressed the fundamental importance for the human mind of "mythopoeic" thinking. It is possible that this kind of thinking can help the individual to grasp a profoundly complex life-situation, as a first step towards further action and self-development. The French concept of *mythomanie*, which is a type of hysterical puerilism, is one which deserves wider recognition. A myth has been defined as a proverb in story form, and mythopoeic thinking has in fact more thematic content than dereistic and is less directly complex-determined than catathymic thinking. Furthermore, mythopoeic thinking is associated with congruous affects, and may be accompanied

\* It is appropriate also to mention here R. W. Thouless' review (1937) of Whately Carrington's experimental research into the mediumistic experiences of Mrs. Osborne, making use of association tests. Thouless concluded that there was evidence of the possibility of secondary personalities formed by processes of repression. Gardner Murphy has published two critical surveys (1953, 1956) in this field, the first of which attempts to evaluate the present status of the "dissociation theory". A. Z. Orzeck *et al.* (1958) have recently tried to demonstrate the production of different personality organizations in subjects given hypnotic suggestion. Two papers of medical and psychological interest in the *Proceedings of the Fourth Conference of Parapsychological Studies*, New York, 1957, are disappointing but may be mentioned for the sake of completeness: A. Assailly, "Some characteristics of mediumship", p. 69 f.; and C. A. Meier, "The Psychological Background", p. 104 f.

by hallucinations which Clérambault (see discussion appended to the paper by Leroy and C. Portier, 1930) has called "sensory echoing of ideas" following what he regards as a total state of sensitization of the psycho-sensory apparatus. It is the thematic coherence found in mythopoeic thinking that in such cases provides a nexus for the organization of an accessory mythical personality manifesting itself in actual behaviour.

A second and less familiar approach to the study of possession is that of Jung, and this supplies a more clearly organismic and prospective point of view to supplement that mentioned previously. As early as 1902 Jung stated that the possessing personality, occurring typically as he thought in adolescents, was a personality idealized in the mind of the subject, and one struggling to be born, i.e., to actualize itself in the behaviour of the latter. Somnambulistic states he considered to be teleological in basis, since they were the means whereby the future personality could temporarily express itself. In 1921 Jung made an interesting formulation that opens the way for research in the wider context of comparative psychiatry. He distinguished on the one hand complexes split from the personal unconscious, and on the other those arising in the collective unconscious; to the former he referred the idea of the "soul" and to the latter the idea of "ghosts" or "spirits". There is thus the possibility of classifying possession states into two kinds which may be of psychological significance: those involving possession by departed relatives, and those by culture heroes, deities, daemons and Satan.

Considerable spade-work has still to be done in this area, but it may be noted that already there exists a heuristically useful common point of departure for the study of the *psychology* of eastern and western religions; Jung, along with his penetrating studies of the latter, has also acknowledged (1957) the common denominator between his system and the Buddhist theory of mind. D. T. Suzuki (1949) has pointed out that the psycho-analytic Unconscious coincides with the superficial layers of the Buddhist conception of Mind—layers containing fantasied figures of gods and daemons which may or may not be projected (see also R. Wilhelm, 1942).

The Jungian point of view is more helpful to us in our attempt to understand the origin and growth of the possessing personality than the mechanistic analysis of those who employ the concept of mental dissociation. However, Jung's explanation of the development of subsidiary personalities emphasizes the spontaneous evolution of complexes in the unconscious with scant reference to the external circumstances of his subjects; and the associationists have little to say on this point except in so far as they have adopted Freudian explanations which invoke the sublimation and reaction-formation of instincts in general character development, the Freudian Ego being conceived simply as an executive agent without any attributes. The crucial question can still be fairly posed, why and how a certain personality appears and not another, and how this personality is related to the social setting in which the subject finds herself.

We may turn to G. H. Mead (1934) and H. S. Sullivan (1953) for certain suggestions. According to the former, the Self is a "social process" in two phases, each one reacting on the other; there is the "I" or Ego with its conative tendencies, and there is the "Me" consisting of the organized attitudes of others which we have assumed ourselves and which influence our self-conscious conduct.

Now my hypothesis is that possession involves the pathological or at least the unusual predominance, temporarily, of one phase of the Self at the expense of the other; of a certain portion of the "Me" at the expense of the "I", this

part of the "Me" having developed from the internalization (but incomplete assimilation) into the subject of personality traits derived from either the known personalities of departed relatives or those of culture heroes, deities and daemons. Here it should be pointed out that most possessed subjects, if asked to tell carefully who they are, will reply that they are still themselves, but that the possessing agent is speaking through their mouths; a few may say, however, that they are the possessing agent, but are making use of the body of the patient. In other words the majority of cases still preserve the original identity of the "I" even though the "Me" has been split from it by organization round a particular alien personality. In extreme examples this personality becomes so active that not only does it dominate the "Me", but there is a phase reversal of "Me" into "I" and vice versa, although the distinction between the two is always there to be made introspectively by the subject.

This schematization of the two phases of the Self is also to be found underlying Sullivan's thinking. One of his central ideas is the formation of the Self through the assimilation of other people's appraisals of the subject into the latter's "Me"; although Sullivan emphasizes, whereas Mead does not, the genesis of the self-system from anxiety. Sullivan has stressed the importance in the development of the Self of the capacity for taking the part of others, or role playing. Every child has the natural tendency to dramatize his strivings by taking the role of another person, to act in the way he imagines this person would act. At first this person would be a parent, but later it could be someone else, whose personality and status characteristics enable the subject to evade tension and punishment or obtain approval. Each role tends to be organized around a certain personality, but it will not correspond to an exact copy of that personality, since various dynamic trends in the subject will distort it. Thus different sub-personifications of the Self arise.

The above analysis of the development of the Self may be illuminated by discussing it in terms of the assimilation of moral values by the subject. Personality can be usefully looked upon as an organization of values which are consistent with one another (P. Lecky, 1956 and A. Wheelis, 1958). A personality is the bearer of values, clear-cut and fundamental ones in the case of institutionalized personalities or figures, and less important and universal ones in the case of individual persons, whether living or dead. The assumption of roles centred on other personalities is essentially the assimilation into the Self of new values inherent in those roles. The normal personality is naturally resistant to the penetration of new values that are not in keeping with the subject's valuation of himself, i.e., of his value-system. The new values are either rejected, or the personality has to undergo a re-organization in order to preserve its unity. We may say also that the new sub-personification will be either kept dissociated from full awareness, or else will be fused into the conscious Self, to bring about in it a transformation.

Now re-organization, if gradual, need not lead to pathological manifestations. But if new and very different values have to be acquired by a subject in order to meet a crucial and radically novel situation, always with the need to avoid or reduce tension and maintain self-esteem, there may not be time for gradual adjustment. Then it is possible that a certain sub-personification appropriate to the demands of the situation may come to assert itself and gain overall domination of the subject's behaviour. This would be a state of possession by another personality. Normally this would more easily occur in the young, since the integrative tendency associated with maturation is in them weak. In abnormal individuals it would occur more commonly in those who

are immature, and for such persons this process will be one method of adaptation to environmental demands.

Until now I have dealt only with those cases of possession where personalities bearing desirable values are manifested, personalities such as those of deities, culture heroes or other individuals of respected status in the eyes of the subject. Most possessing personalities have a positive or negative moral relationship to the value system of the subjects, although those which are the spirits of departed persons may be difficult to assess in these terms. Are we able to suggest an explanation for the manifestation of morally negative possessing agents like Satan, minor fallen angels, mischievous, revengeful ghosts, and the like?

The assumption of roles identified with other personalities is only one mode of reaction to disapproval and anxiety-provoking situations. The other mode is a dissociation of certain components of the personality and their loss of representation in awareness because they are censured by significant persons in the situation. This can take place with varying degrees of intensity, depending on the anxiety aroused. Even though these components are dissociated they can still be moulded and organized into a dynamic part-system by the forces that have brought about their dissociation from the rest of the self-system. It will not be surprising if they, being the product of unacceptable tendencies from within, become embodied or personified as symbolically evil figures. To the extent that they are rejected they can be released only with difficulty in markedly abnormal circumstances, e.g., in deeply rooted conditions like an obsessional psychoneurosis rather than a superficial twilight state or delirium. In so far as they are fully dissociated and unconscious they are also bound to be difficult to re-integrate, and in keeping with this, the abnormal conditions amidst which they appear will be the harder to rectify.

This dissociated system represents the rejected anti-social tendencies of the subject and forms that part of the personality which Sullivan has called "not-me" (Cp. Jung's concept of the *persona*, and its conflict with what is the true Self. This idea is also to be found in Sullivan, 1953, p. 209). Under certain pathological conditions these tendencies well up into awareness accompanied by dread feelings of extreme anxiety. In this process personification naturally occurs since the subject is thereby enabled to ascribe the undesirable aspects of his own personality to other persons, or other creatures not related to himself (Cp. the Jungian concept of the *shadow*. As for the Devil personification, Jung would maintain that this exists as such in the Unconscious but is projected on to the cultural environment when it is not fully understood and recognized. See *The Secret of the Golden Flower*, p. 112). For Catholics the figure of Satan is, psychologically speaking, always at hand to help elicit and make manifest this process of personification. Conditions which manifest possession by the Devil—the source of fundamental Evil—are thus according to my hypothesis comparatively serious ones, since they involve the release of material deeply buried in the "not-me" part of the Self. While the use of sub-personifications as an aid in adapting to urgent environmental demands is easy to understand when they bear positive values, the emergence of the Devil personification is more difficult to explain directly in terms of environmental or situational factors. It suffices to note that such a personification appears mostly to occur in severe pathological conditions like obsessional-compulsive states. But it is possible nonetheless that certain cases placed in particular circumstances may obtain secondary gain at a superficial level from the projection of blame on to the Devil or to subsidiary fallen angels or vengeful ghosts; for the demonstrative



disavowal of guilt before the eyes of significant persons is likely to result in the reduction of anxiety.

Clearly, the situation in which the subject finds herself, the circumstances surrounding the process of possession, are all-important. There must be present an expectant, credulous and receptive audience. Possession is a phenomenon which inspires among those who believe in it mutually shared feelings of awe and perhaps reverence. The god-possessed individual gains as a rule an elevation of status, and the devil-possessed attains a position which produces in others fear, a suspension of criticism, and a posture of retreat. How important the attitude of the group can be as a factor in maintaining the phenomenon is well illustrated by the Scottish case described by R. W. Pickford (1943) of a woman whose powers of mediumship rapidly waned when she was no longer believed in. One may go further even, and distinguish in particular cases gains of a more specific kind that come from the solution, to the patient's satisfaction, of certain pressing problems confronting herself. Such a solution may only be a fantasied one, made possible by the temporary acquisition of a special set of values inherent in the personality of the possessing agent, values that give new and specific advantage to the subject in trying to cope with the situation. Nevertheless, even fantasied solutions are capable of discharging tension.

In truth, the formula of wish-fulfilment occurring in fantasy (as in dreams) is over-simplified, for wish-fulfilment is only one aspect of what is really a complex teleological process. It is never a question simply of fulfilling a wish, but the apparent fulfilment is only one attempt out of several to define clearly and grasp certain problems in order that the subject might be the better able to solve them. The "acting out" more or less directly of fantasies must similarly be regarded as an intermediate step towards reasoned, discriminative and consciously purposeful action aimed at solving the conflict that has given rise to the fantasies in the first place. This then is the meaning of the process of *dramatization* which is so evident in possession. It is an expression of adaptive, problem-solving behaviour ranging from the acting out of a "wish-fulfilment", through an experimental, probing type of conduct with varying degrees of abreactive satisfaction, to the direct manipulation of other persons involved in the subject's personal problems. It may be expected that patients will exhibit clouding of consciousness of different degrees, varying from a deep hysterical fugue (or delirium or twilight-state), to *pseudologia phantastica*, and then to malingering and deception without ultimately any clouding at all\*. Thus different levels of volition may be involved, and this can be true even of mediumistic cases occurring in a cultural setting that gives support to mediumship (see Herskovits, 1958).

The teleological point of view which we have developed above has recently also been adopted by W. Mischel and F. Mischel (1958) in their attempt to apply learning theory to the interpretation of possession. They suggest that this condition provides an approved model for explaining disturbing phenomena, gives freedom from responsibility for having to tackle immediate problems, enhances self-importance, and also makes possible the control of others. These points are well taken, and they indicate clearly the complex motivation

\* As far as Chinese cases are concerned, the common appearance of culture heroes and deities as *dramatis personae* in the popular opera must have a powerful effect of the imagination of ordinary people. It is interesting to note that the door through which actors enter the stage is conventionally called the "Ghost Door", and there exist legends about actors being possessed by the spirits of the characters they impersonate. I am informed by Dr. G. S. Philippopoulos that possession by gods and goddesses of the classical pantheon occurs in Greece, much as they were presented in ancient myth and drama.

behind the possession process as well as the rewards that lead to the stamping-in with repetition of this unique kind of behaviour. One must be cautious, however, in trying to explain cases involving possession ideas on a teleological basis. The notion of possession may come into the content of the symptomatology at a superficial level, just like any other ideas derived from the subject's cultural *milieu*, and there may be little of psychopathological significance in it.

#### CASE STUDIES

The foregoing discussion of psychopathology can be illustrated by a number of selected case histories. It has been possible to distinguish three basic motivations underlying the symptomatology of our cases. *First*, the dramatization of fantasied attempts at wish-fulfilment; *second*, the dramatization and working through of guilt conflicts; and *third*, the manipulation of surrounding persons. The first kind of case appears to be the most, and the third the least common, but the majority of patients demonstrate mixed motivation so that in many the interpretation of symptoms is by no means easy. This of course is true especially of those cases which are basically schizophrenic or organic. So-called "pure" examples of the syndrome would consist essentially of the first kind of case.

##### I. *Dramatization of Fantasied Attempts at Wish-fulfilment*

A woman of 45, married to a railway worker and with five children, had come down to Hong Kong by herself. For 4 years she had been treated in a tuberculosis hospital. She had had only about 5 years' schooling and had before marriage worked in a kindergarten. Two of her sisters had died of phthisis in their youth. For a number of years she had been troubled by a dream, during which she would find herself in a room with one of her dead sisters, each lying on a bed, and the sister would pull her over, whereupon she would wake up in a fright. She was by personality a meek and trusting woman, of average intelligence.

She had been in contact with Christian Chinese for some years and had been interested in the Congregational Church, and later in the Anglican Church, but she was never baptized. Latterly she had been greatly influenced by evangelists of the Assembly of God, both Chinese and western. This revivalistic sect believed firmly in the possibility of possession by God and the cure through this means of various illnesses. The patient was suffering from chronic pulmonary tuberculosis with cavitation and had recently been advised to have a thoracoplasty operation done. She was rather troubled by this and was made all the more uneasy by the fact that the evangelists visiting the hospital had told her that she was sinful and that if she believed in God she would be saved; the Holy Ghost would possess her and thereby cure her without the need for an operation at all.

While normally she appeared to have made up her mind and would press for her transfer to a general hospital for the operation, she at other times became confused and would not consider it at all. She wandered about during these episodes, mostly at night, sometimes appeared to pray, and at odd times said that she was taking on herself the task of driving away devils from the other patients. She said that she could see God when she had her eyes closed. This continued for several days and then she became lucid again. However, after a further 10 days she became mute and tearful at different times and started to speak in what purported to be English and Hebrew. She declared that she was possessed by two different Gods. One of these was Jesus Christ and when possessed she declared that the patient was to follow Him, that He would return among men, and that she was to be well and have eternal life. The other God was obscure in nature, but told her and her audience in a mixture apparently of English and Hebrew (which she later "interpreted") that she should be a prophetess to help remove pain and sorrow from all the world. She was then admitted into the mental hospital and made an uneventful recovery after two weeks with sedation and psychotherapy.

##### II. *Dramatization and Working Through of Guilt Conflicts*

A woman of 27, illiterate and of peasant origin, was admitted because she had been possessed by the spirits of her dead husband and mother. She had been widowed 2 years previously, her husband, a farmer, having died of typhoid. She had 2 young children with her; 1 infant had been given away earlier because the family was too poor to support it. She did odd jobs as a casual coolie and also hawked vegetables. She had received help from a religious welfare organization and had for more than a year become a Catholic.

Her early history was of great interest. At birth she was given to her eldest uncle, because they were childless and it was important for the eldest son to have children to carry on the rites of ancestor reverence. She called her own father "No. 5 papa". Later she was again given

away as a child-bride to another family, and as was the custom for her part of the country she grew up with her future husband and formally married him at the age of 16. She was poorly treated both by her parents-in-law and by her husband.

She was an unintelligent, conforming and superstitious woman, overwhelmed by the task of bringing up her two children in the difficult city environment. She was unhappy over her decision to change her religion; and over the fact that since her husband's death she had not been to tend his grave (she did not know the way to get there and moreover had no money to do so). Her neighbours had been criticizing her for her change of faith. Furthermore, a fellow worker had proposed to her, but she was reluctant to accept the proposal because it was considered immoral for a widow to re-marry. Finally, the last straw was her being cheated of her salary about 6 days prior to admission.

She cried, became agitated and sleepless, and expressed the fear that her children would be taken from her and that she might be forced into a second marriage. She had dreams of meeting her dead relatives in Hell, of being reproved by them for neglecting their graves and changing her religion. She thought she heard people saying that she was over-sexed and that they would persecute her family. Then she related that her husband had had intercourse with her, night after night, and she was not sure that it was only in a dream. Her husband also possessed her and spoke, through her own mouth to her apparently, saying that it was fortunate that her friends had advised her against re-marriage or else she would have succumbed to the temptation. He also told her that he did not like Christianity, and threatened to bring her down to Hell. At other times her mother possessed her and said that although she similarly disliked her change of faith the husband should not bring her to Hell. The patient became rather depressed and full of guilt, sighed and beat her breast, saying that there was no way out for her, since whatever she did would offend either the Virgin Mary or her own gods. Later she made two suicidal attempts.

She was diagnosed as a case of hysteria, and recovered after 4 months with a course of E.C.T. On follow-up she was well and free from possession although still mildly troubled and depressed because of her difficult conditions.

### III. *Manipulation of Surrounding Persons*

An illiterate and ignorant woman of 36, married to a salesman, was admitted because she manifested symptoms of possession by her dead infant and a deity. She had two young children, and the infant had died more than a year previously, aged 4 months.

Her early history again revealed that she may have had difficulty in developing stable identifications. Born in a peasant family, she was adopted by a family who did not treat her well, and because of her complaints against the other children of the house, was given to another family, who was kinder to her. Later she was inveigled into coming to Hong Kong by the promise of a job as maid-servant, but was drawn into prostitution instead.

By personality she was light-hearted, friendly, submissive, immature and superstitious. She was known to be in the habit of exaggerating her minor discomforts and illnesses like a cold. Her husband had become unemployed some months previously, and had had to borrow money to become a hawker, or pedlar. She herself had been gambling in secret, and unknown to her husband had lost a sum of money she had borrowed. She lived in a rent-free house which the landlord wanted to repair, and it was intended that after this had been done rent would be charged. The patient strenuously objected to the repairs, and when these were later effected she moved out. About the time that the repairs were being carried out her infant died and she was resentful that the inconvenience she had thus been put to was responsible, as she believed, for her inability to save the infant's life. When her baby died she had been confused for a day, scolding incoherently the principal tenant, and reported seeing ghosts.

About three weeks before admission, just before the anniversary of her son's death, she dreamt about him one night, and according to her account, he told her that he had died because of the principal tenant's actions in repairing the house, and wanted the latter to make amends. At this time she had already moved back to the original house at the insistence of the husband, who feared that she was becoming involved in an affair with a man living in the house to which they had temporarily moved. She became confused, lost her appetite and started to pray, even on the streets. Then she became possessed by an apparently Taoist god, although she showed no change in demeanour when this occurred. The god next brought on her infant's spirit, and she started to cry like a baby, and also talked in a babbling way with associated childish mannerisms. Before and after the possession she nodded violently and this happened several times a day. She said when possessed that he, the infant, had been murdered by the principal tenant, that he was unhappy in the other world and wanted recompense. She also scolded other people around during such periods. However, neither her husband nor her neighbours including the principal tenant believed her and her husband went so far as to slap her.

She recovered after superficial psychotherapy in hospital and was discharged in 5 weeks.

### THE CULTURAL BACKGROUND

There is no essential psychological difference between spirit-mediumship as practised in Hong Kong by certain local cults and the possession phenomena

seen in cases sent to hospital; nor is there any between mediumistic phenomena in Hong Kong and that in the West. The similarity in the latter case is in one respect striking. Many western mediums need to contact a Control before they can bring up a departed person's spirit, and the same is true of mediums in Hong Kong who first have to contact a deity. This parallelism is likely to be due to an underlying psychological mechanism common to both, rather than to culture diffusion. (Jung makes the point that mediumistic Controls are often of the opposite sex, and attempts to relate the Control to the *anima*. See *The Secret of the Golden Flower*, pp. 115–116, 117.) The Control is usually a person of repute in the medium's eyes, and so of course is a deity; and both have numinous prestige. It is possible that dissociated systems centring on such personalities have become liberated with ease by practice, the process beginning with the medium ritually concentrating all her attention on to the Control or deity to produce a monoideic state. Once these personalities have emerged other processes of dissociation can then take place to allow the release of subsidiary personalities. B. Harper (1957) has described how in Mysore possession is also preceded by lengthy worship of a deity.

Spiritualist cults in Hong Kong have a wider following than in the West. There is not, however, an attitude which regards possession by a deity as the supreme religious experience, such as one finds in Afro-Caribbean culture. (See M. J. Herskovits, 1951, p. 66; also L. Mars and G. Devereux, 1951, and M. S. Wolff, 1956.) In Hong Kong there is no "worship" of deities manifesting themselves in the persons of mediums, but a significant number of illiterate women and a very few men believe in consulting oracles for knowledge and decisions of a supernatural kind, the mediums mostly being ensconced in vulgar Taoist-Buddhist shrines or in their own tenements, where they set up altars and charge fees for the help they affect to give. Many of these are charlatans inasmuch as they merely pretend to be possessed and are not capable of genuine dissociation.

It is necessary to discuss briefly the general background of Chinese religious beliefs, although it is impossible to make any but the broadest generalizations about Chinese culture. We are not dealing here with the culture of, say, Raymond Firth's Tikopia, whose island can be put within London's Hyde Park; and contemporary developments have made the epithet "Chinese" even more confusing than it has been. In the field of Chinese religious and supernatural thought, generally speaking, we need to distinguish customary folk beliefs from Taoist-Buddhist religious doctrine on the one hand, and serious Confucian-Buddhist-Taoist philosophical speculation on the other. Folk or peasant religion grades into commercialized spiritualist cults like those we have already mentioned, and also into folk-lore and mythology. Here we encounter the equivalent of the Western vampire belief, i.e., the belief in malevolent ghosts, the survival of persons who have died violent and unnatural deaths—although the vampire as such is not known (Cp. also the Roman *larvae*). There is too the folk-belief that the ghosts of foreigners or those of people who have no descendants to reverence (or "worship") them may be "unsatisfied", become *revenants*, and seek to return among the living by possessing them.

The popular Chinese attitude to the spirits of the departed is a complex one. Not all ghosts are feared in the way mentioned above. Some are even welcomed, as evidenced by many folk-tales (Cp. the Roman *lares*). This brings us to the question of Confucian ancestor reverence, often miscalled "ancestor worship". In the Confucian Canonical books there is mention of spiritual beings, including the spirits of those who have died, but nothing about

possession. It is taught that departed relatives should be revered (“sacrificed to”) with the same *propriety* that filial piety would have accorded to them when they were alive; and also that to reverence ancestors not one’s own is mere flattery. It is not a question of sacrifice or a peace-offering so much as a thanksgiving and particularly a communion feast, inasmuch as the “sacrificial” food is later distributed among different members of the family. Even E. B. Tylor (1891) did not insist that all “ancestor worship” was propitiation of the dead. Confucian ancestor reverence therefore springs from love and not from fear, and a family will pray for the well-being of their ancestors, much as Catholics will pray for their dead who are in purgatory. This practice indeed has become generalized in Chinese (Mahayana) Buddhism so that the devout pray for the redemption of all wandering souls, including those of unsatisfied ghosts, to help them achieve the higher planes of transmigration. Such an attitude is not to be confused with the propitiation of unsatisfied ghosts in Hades, a folk practice of the unlearned which merges into the ritual manipulation of deities in superstitious Taoistic rites.

Chinese Buddhism basically teaches that there are enlightened souls or Bodhisattvas who, denying themselves ultimate Buddhahood, tarry behind in order to bring salvation to all living creatures. Among the Bodhisattvas is Kuan Yin, the merciful Madonna, who is believed by many to be able to incarnate herself among the needy and suffering to achieve her noble purpose. Naturally the conviction with which such a belief is held by a person depends on a number of psychological factors.

The above discussion, over-generalized though it has to be, is important for our understanding of the psychology of Hong Kong Chinese in regard to the phenomenon of possession by what might be called transcendental “personalities”. One important point that remains is the traditional Chinese concept of the nature of Evil and how it differs from the Christian (or ultimately Babylonian) concept of Satan, the Chief of the devils. Educated Chinese have since early times been disposed to take an agnostic attitude towards the supernatural. They never held the idea of God as a law-giver, jealous and punishing, omniscient and all-good; nor was there the concept of Satan as the source of Evil. The Confucian Canonical Books (c. 500 B.C.) contained only minor references to a vaguely anthropomorphic “Heaven”. The *literati* believed that there was a moral order in Nature and that evil resulted from a lack of harmony in the Universe, manifesting itself at different levels, and the problems of evil was continuously debated on what were in fact naturalistic, humanistic and, later, metaphysical grounds\*. This ideal image of the agnostic Confucian patriarch, although impracticably rationalistic for the majority, has been so powerful that to this day men, especially educated men, while taking the leading part in Confucian ceremonies, are often ashamed to worship in Taoist-Buddhist temples and leave these exercises to their womenfolk. This continues to be so among southern Chinese emigrants in Singapore long removed from their homeland; [see A. J. A. Elliot (1955)].

As for the educated Buddhists, they take a mixed psychological and metaphysical view of evil. For them evil arises only from ignorance, desire and hatred and it is inexorably governed by the law of Karma. Some may believe in the

\* See P. C. Hsu, 1933; Y. P. Mei, 1951; J. Needham, 1956; and C. K. Yang, 1957. The serious student may consult the study in Chinese by Ch’ien Mu, 1955. H. Benoit (1955) has brought out clearly the contrast between the Buddhist and Christian doctrines of Evil.

The absence of the belief in Satan was of importance for the history of psychiatry in China; see E. V. Zenker (1932).

existence of unsatisfied ghosts and devils in Hell, but these creatures are evil only as a result of moral transgression in a previous life; they are not the source of evil themselves.

We have produced some evidence to show how such cultural attitudes affect the composition of our sample; and how also the absence of the concept of Satan as the source of evil appears to result in a more benign type of the syndrome compared with French Catholic cases. Varying conceptions of the nature of evil and sin have deep psychological, as opposed to moral, consequences, and the role of these in comparative psychiatry is well worth further exploration.

It is also desirable to recognize the importance of socio-economic factors in predisposing subjects to possession. Our analysis has demonstrated some of these very clearly so far as Hong Kong is concerned. It is only recently that the significance of such factors as social class and occupation has been seriously examined in psychiatry, and failure to take social structure into consideration is bound to vitiate comparative psychiatric studies in different cultures, if not wholly invalidate them.

#### SUMMARY

An analysis is made of 66 Hong Kong Chinese in-patients showing symptoms of possession in varying degree. Characteristics significantly predisposing to possession were: female sex (at all ages), the fact of being divorced, widowed or concubines, illiteracy, and low occupational and social status. Nearly half the cases were hysterical and nearly a quarter schizophrenic. The complete or pure syndrome was infrequently seen and such cases were all female. An attempt was made to identify features of prognostic import on the basis of a follow-up study 2-5 years after discharge.

Many of the patients were (apart from being illiterate and of female sex) suffering from pseudo-psychotic hysteria with understandable thematic content in the symptomatology, or were cases of depression with hysterical features brought on by real environmental difficulties. This appears to be in contrast with data from French cases who not infrequently suffer from more highly structured psychoneuroses based, apparently, on sexual (or homosexual) conflicts. It is tentatively suggested that the difference may be due to the contrasting cultural backgrounds, specifically the belief or absence of belief in possession by a primal satanic figure who is the source of all evil.

A survey is made of contemporary approaches to the psychopathology of possession. A general hypothesis regarding its genesis is offered, illustrated with brief case histories, and a formal definition of the condition is given.

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