

Culture-Bound Dissociation: A Comparative Analysis

Eli Somer, PhD^{a,b,*}

^a*School of Social Work, University of Haifa, Mt. Carmel, Haifa 31905, Israel*

^b*Maytal–Israel Institute for Treatment and Study of Stress, 5 David Pinski Street,
Haifa 34351, Israel*

Pathologic dissociation has been defined as a “disturbance or alteration in the normally integrated functions of identity, memory or consciousness” [1] and as having a probable post-traumatic etiology [2,3]. The concept has generated considerable controversy that is centered on whether dissociative disorders (in particular, dissociative identity disorder) are valid clinical diagnoses [4,5] and on the import of the increased number of diagnosed cases in North America [6]. Some mental health investigators have claimed that Western clinicians inadvertently elicit these phenomena during therapy because of the allure of the dissociation model [7,8]. Others have implied that the notable increase in the diagnosis of dissociative identity disorder reflects a popular/professional North American trend that has developed into a form of social hysteria [9,10]. This article attempts to describe dissociation in the context of indigenous cultures and to resolve identified discrepancies in divergent idiom and classification systems. For this purpose, a broader, more inclusive, definition is called for. Dissociation is the experience of having a mind in which there can be at least two independent streams of consciousness flowing concurrently, allowing some thoughts, feelings, sensations, and behaviors to occur simultaneously or outside awareness. The cross-cultural perspective offered in this article aims to explore commonalities across cultural variations in phenomena involving these altered states of consciousness (ASC).

Colonial psychiatry espoused racially prejudiced ideas of biologic evolution and psychologic development to explain differences of experience and action between contemporary societies [11]. Current thought in comparative psychiatry recognizes that many non-Western illnesses should not be considered primitive varieties of universal taxonomic classes [12]. As a result of this

* School of Social Work, University of Haifa, Mt. Carmel, Haifa 31905, Israel.

E-mail address: somer@research.haifa.ac.il

new, less ethnocentric approach, comparative, or cultural psychiatry has proposed a new class of mental illnesses unclassifiable in terms of Western psychiatry and termed “culture-bound syndromes” [13,14]. The notion that psychologic conditions that are unclassifiable by Western psychiatric nosology are “culture-bound” exceptions, to be contrasted with the “uninfluenced” Western medical standard, is unconvincing.

The occurrence of ASC and the belief in possession by discarnate entities has been documented throughout history and is present in most cultures of the world. Bourguignon [15,16] studied 488 societies and identified various forms of institutionalized ASC in 90%, possession beliefs in 74%, and possession trance in 52%. Lewis-Fernandez [17] argued that most non-Western cultures, which make up 80% of the world’s total, exhibit culturally patterned dissociative syndromes, typically manifesting major discontinuities of consciousness, memory, identity, and behavior. In sum, dissociation ostensibly plays a significant role in the lives of billions of people outside North America. This finding could mean that in some cultures, dissociation might convey not only psychopathology but also more normative idioms of disavowing or distancing from certain experiences.

Ideas about the self, the soul, and the nature of reality influence the way society views the etiology of dissociative experiences, the way it shapes tolerance of these occurrences, and the way it determines attitudes to these phenomena and the need to treat or heal them. A culture that believes the self to be continuous but the relationship between what is internal and external to be distinct regards dissociation and psychologic multiplicity differently from a society that considers a continuous self illusory and self and universe one. The behavioral and medical sciences consider the human being an integrated biopsychosocial system, with all its experiences resulting from interaction of various subsystems within this integrated unit. The concept or theory of the soul is incompatible with this view. An alternative model assumes that humans consist of a shell that is occupied by an ethereal substance called a soul [18,19]. Among many non-Western cultures, the earthly casing, which we call self, yields to an alien entity whose character is culturally determined, resulting in an aboriginal dissociative presentation [15,17].

In contrast to psychiatry, which tends to inquire how mental disorders are alike across cultures, anthropology, the field most concerned with culture-bound syndromes, tends to study ethnic variance and cultural meaning in the expression of behavioral and experiential phenomena [20]. The present article is written from an etic perspective—one that rests on extrinsic concepts and categories with meaning for scientific observers. All the same, I will attempt to weave into my descriptions nonetiologic perspectives on some culturally determined ASC, also adopting the descriptive emic—the perspective with meaning derived from an insider’s or native outlook. In doing so, I express my identity as a dissociation scientist-clinician whose interest in emic perspectives on cultural variants of dissociation is principally etic in its motivation.

Medical models of culture-bound ASC tend to view this mental experience as a form of disease that is universal, although colored by culture. A case in point would be Silverman's [21] description of shamans as hysterical and blatantly psychoticlike, and their shamanism as equivalent to acute schizophrenia. Interpreting native manifestations of ASC in terms of psychiatric classification systems could be an overextension of Western psychiatry and an unwarranted ethnocentric intimation of inherent pathology. Such pathologization is particularly dubious in light of empirically documented nonpathologic dissociative phenomena in the scientific literature (eg, nonvolition in hypnosis [22], hypnotic analgesia [23]). This article discusses native dissociation along two major classifications: nonpossession trance and possession trance.

Nonpossession trance

Uncritical assumptions that extraordinary states of mind are essentially pathologic are particularly unnecessary in cases in which trances are ritually induced in culturally sanctioned ceremonies. Under such circumstances, individuals often seek the rewarding effects of ASC.

Kinetically induced dissociation

Rhythmic music and dance are principal vehicles for religious and secular observance in many parts of the world. They provide a mechanism for communal coping—an expressive outlet with restorative advantages to ensure adaptive functioning, particularly under hard conditions [24]. It is believed that the communal ethos of tribal endurance and oneness with nature can generate a host of spiritual, affective, cognitive, and behavioral patterns based on a congruous relationship of nature, body, and mind [25–27]. In many indigenous communities, particularly in African cultures, kinetic expression is an important mode of symbolizing this ethos. Kelly and Locke [28] described the trance dances of the Kung bushmen and the role of the tribal shaman in inducing trances and possession trances in the dancing tribesmen. The Nigerian Tuareg were said to cure *tamazai*, “an illness of the heart and soul,” through music and dance-induced healing rituals [29]. ASC among the Tuareg is not pathologic but is evoked for the purpose of easing distress of the body and the mind.

An ethnographic study by Somer and Saadon [30] described Stambali, a trance dance practiced in Israel by Tunisian-Jewish immigrants, as a prophylactic anxiolytic activity (eg, to deter the “evil eye”) and as a healing ritual. Stambali is performed for the promotion of personal well-being or as a crisis intervention technique. The experience was described by informants as involving dissociated eroticism and aggression, and was said to often end in a convulsive loss of consciousness.

Elsewhere, self-induced trancelike states among indigenous folk dancers and their audiences were observed among American Indians [31], Australian

Aborigines [32], and Indonesian Balinese [33]. These ceremonies were said to serve as communal emotional outlets.

The quest of ASC, often through music and dance, seems universally pleasing. Becker-Blease [34] argued that although dance has been converted into recreation in our society, the potential for trance dance as a healing, meditative, and spiritual activity still exists. She maintains that new-age ambient and electronic trance music genres in modern Western culture have much in common with ancient styles of music produced for the same purpose.

Kinetically induced dissociation as devoutness

The wish to experience a discarnate feeling as an expression of spirituality and union with the Creator has been observed in many religions. Jewish learning and prayer often involves shut-eyed torso-rocking movements that are said to enhance the ability for enthralled focused attention. Jewish Hassidic chants and dance also involve practices that cultivate mind states that allow for ecstatic depersonalization or “dissolution of the fixed boundaries of self to achieve continuous awareness of God’s Presence” (Rabbi Zalman, personal communication, June 16, 1985).

In Christianity, Charismatic and Pentecostal denominations encourage personal freedom of prayer style and spontaneity during their religious services that often involve rocking, singing, dancing, and various dissociative states. A major defining feature of Pentecostalism is the belief in glossolalia, or the ability to speak “in tongues” during ASC. This behavior is linked to “Baptism of the Holy Spirit” and was found to be unrelated to psychopathology [35].

In Islam, Sufism centers on the subconscious self (*nafs*) and its present and potentially more conscious relationship with divine Unity (Allah) as soul (*ruh*) [36]. Sufi practices promote what the twentieth-century Sufi, Hazrat Inayat Khan [37], called “the dissolution of the false ego in the real.” Kennedy [38] described the *zikr*, a traditional form of chanting and movement ritual practiced in most Sufi orders, as an attempt to leave the material body to experience unity with God.

Reports from Southeast Asia and Pacific rim nations illustrate similar processes. Simons and colleagues [39] described the festival of Thaipusam in Kuala Lumpur, Malaysia, in which devotees display their skill in achieving profound religious and spiritual experiences through specific trance-inducing dance patterns. Devotees demonstrate their spirituality by dissociating from physical pain: they spear their cheeks with long steel rods and pierce their chests and backs with small, hooklike needles.

In the Yoruba religion, brought to Cuba by African slaves, believers attempt to achieve spiritual power in which the individual’s material self is said to “disappear,” burned up by the passion and energy generated by liturgical drumming, chanting, and dancing [40]. African religions and culture

were syncretized in Catholic Latin America to establish such cults as Candomble, Umbanda, Quimbanda, Macumba, and Voodoo. The institutions created within such Afro-Brazilian and Afro-Caribbean subcultures provide ritualized emotional release, based primarily on kinetically induced trances [41,42]. Akstein [43] claimed that through these ritual trances, participants of African descent in Brazil and the Caribbean find means of escape from daily worries, securing release of their blocked emotional tensions, liberating “primitive instincts and tendencies.”

Other forms of nonpossession trance

Cross-cultural mental health scholars have described a variety of nonpossession dissociative syndromes, including amok, a dissociative episode characterized by a period of brooding followed by an outburst of aggressive behavior [1,44]; *latah* in Java, Indonesia [45], a condition characterized by an exaggerated motor startle response, often followed by hypersuggestibility and mimicry sometimes accompanied by obscene expressions [46]; and *pibloktoq* seen among the native people of the Arctic, an alteration of consciousness accompanied by erratic behaviors [47]. Anthropologic evidence suggests that many of these conditions are regarded as harmless. For instance, *latah* is often considered by Malays as undisruptive or even entertaining [48].

Much culture-bound dissociation in nonpossession trance states is considered normal. Inasmuch as it does not lead to distress or impairment, it often arises in willing subjects in appropriate (and frequently religious) contexts, and is commonly experienced as beneficial. Yet in some instances, nonpossession trance is strongly associated with potential psychopathology. In Latin America, a range of nonpossession somatoform and dissociative states have been portrayed over the years, including *susto*, a loss of soul from the body [49], and *ataque de nervios*. The latter is typically described among unmarried, undereducated Puerto Rican and Caribbean women following exposure to stressful events, with an estimated lifetime prevalence assessed to be 16% [50]. Common signs of *ataque de nervios* include headache, trembling, heart palpitations, amnesia, numbness of extremities, paralysis, pseudoseizures (see the article by Bowman elsewhere in this issue), and more [51].

A recent study on psychosocial stressors that precipitate dissociative trance disorder in Singapore revealed that 100% of the dissociative trance disorder group described at least one psychosocial stressor [52]. A common characteristic of indigenous ASC phenomena, mostly embedded in the context of conservative cultures, is apparently that they are sanctioned expressions of mostly disowned and disremembered aggression and sexuality. Could these behaviors represent the cultures' regulation of these conflict-ridden behaviors? In other words, is nonpathologic dissociation a distress-regulating mechanism?

Anthropologists have argued that nonpathologic indigenous dissociation often involves (1) ecstatic experiences in which subjects report a feeling of depersonalization (*ex-stasis*, meaning “standing outside”) that mostly provided a temporary haven from anxiety, permitting the subject to view his or her distressing situation with composure; (2) aesthetic incidents in which subjects report derealization experiences of joyful distancing from the imperfections of the surrounding environs; and (3) hallucinatory experiences in which subjects feel they receive supernatural aid in handling severe life-stress often associated with conflicts [53]. Illustrations of these mechanisms can be found in many cultures. For instance, one of North and East Africa’s oldest ASC rituals, the *zar*, was described by El-Guindy and Schmais [54] as mostly used by unhappily married housebound Egyptian women. A similar ritual was described by El-Islam [55] who studied 60 women participants in Qatar. The respondents were described as living under harsh social conditions and lacking a nuclear family because they were divorced or widowed. Over half [56] of the participants in these ritually induced ASC were described as hysterical, implying that they had attempted to cope with their somatized distress by using (kinetically induced) ASC. I maintain that dissociated expression of aggression and sexuality may be very adaptive in conservative societies because it provides relief for the oppressed while the traditional patriarchal social order continues to be respected. In many traditional communities, individuals are enmeshed in the collective identities of their families and tribes and see themselves as extensions of a collective core identity [57]. Many of these cultures are family and society directed. Conformity to a well-defined set of group norms is often expected of every individual. The personal struggle for a separate individual identity, one that may diverge from the values of the community, is often frowned on. In the Arab world, for example, individuality is said to be an illusion; emphasis and value are placed on affiliation [58]. Many traditional cultures are shame oriented, rather than more guilt-prone as the West appears to be. Thus, potential public shame or shunning can act as externalized superego and function as a powerful controlling factor within these societies. From a Western perspective, numerous aboriginal societies are characterized by authoritarian male hierarchies that are often repressive to women and children. Parental authority is rarely to be challenged or criticized. Hardship is often faithfully accepted as the will of God, as fate, or as the outcome of external agents such as spirits or demons. From early childhood, members of traditional societies are pressured to compromise their individuality and sacrifice it in exchange for the support and security provided by the family and the tribal community. As a result, many individuals become detached from their true emotions and needs. For example, Dwairy and Van Sickle [57] claimed that repression and disavowal of the self are inevitable consequences of traditional Arab society. The inability to focus on the self, to communicate about it, and to resolve intrapsychic conflicts can create not only somatoform dissociations such as hysterical paralyses or deafness but also

psychoform dissociations. In these cases, traditional societies may offer culturally sanctioned dissociative means for the articulation and amelioration of emotional distress, without Western-style disclosure and self-exploration.

The inter-relationship between culture and idioms of illness was eloquently described by Geertz [59]. Commenting on the Javanese syndrome of *latah*, she noted that in this indigenous society, social etiquette has profound ethical importance. Conversely, obscenity (as often expressed during this culture-bound dissociative syndrome) in any form is deemed morally wrong and reproachable.

It may be that here is a case in which the culture represents to a certain—yet yet unspecified—category of disturbed persons, a coherent set of culturally meaningful behavior patterns, through which they find it possible to express their personal conflicts... Instead of creating their own idiosyncratic symptoms, they found a satisfying solution to their conflicts in the preexisting cultural pattern of *latah*.

Nonpossession trance such as ASC can therefore be seen as a sometimes-desired and socially sanctioned condition that can occur and dissolve under distinct regulation [60]. One Western equivalent to nonpossession trance could be nonpathologic dissociation (eg, psychologic absorption, daydreaming, hypnosis, or trance music and dance). Nonpossession trance could also represent a need to participate in dissociative processes intended to break away from irreconcilable conflicts through the creation of reality-altering solutions that are congruent with existing cultural constructions of reality. Probable Western equivalents would be maladaptive daydreaming [61] and the use of chemical dissociation through the ingestion of alcohol or cannabis [62]. In addition, nonpossession trance may provide a healthy, culturally sanctioned form of affect regulation not otherwise available to individuals but, in this case, provided by group experience.

Possession trance

Possession trance is defined as a single or episodic alteration in the state of consciousness characterized by the replacement of customary sense of personal identity with a new identity. This kind of trance is attributed to the influence of a spirit, power, deity, or other person [1]. Goodman [18] suggested that we might think of the entire phenomenon as representing a range of experience spanning from the socially sanctioned, construed, learned, and ritually controllable possession by revered deities at one end of the spectrum, to the unauthorized, unruly, and threatening occurrences of demonic possession at the other. Demonic possession syndromes are often time-limited, dramatic behaviors specific to a particular culture and are recognized as discrete by local informants and by medical observers. Similar to dissociative psychopathology, these unsolicited and socially nontolerated experiences cause considerable distress.

Possession trance and religion

For over a century, anthropologists have made observations and written reports on a diversity of cultures and societies that demonstrate a similar phenomenon of mind over mind, or spirit possession. Beliefs in the soul, spirits, and demons permeate Western and Eastern cultures and often are part of mainstream religion, frequently representing idioms of evil and sin. Developing countries are not the exclusive terrain of possession disorders and exorcism practices. Reports on these conditions were based on observations from countries in North America [63–65] and Latin America [66], the United Kingdom [67], Switzerland [68], Italy [69], France [70], Greece [71], Israel [30,72,73], Korea [74], and Russia [75]. A *Barna Research* poll showed that 54% of adult Americans believe that “a human being can be under the control or the influence of spiritual forces such as demons” [76]. Belief in demonic spirits is particularly common among conservative Christians, Roman Catholics, and Protestants, who believe in the inerrancy of the Bible. The phenomenon was recently the focus of academic interest in Rome when about 100 priests enrolled in an 8-week study of exorcism held at the prestigious Regina Apostolorum pontifical university [77].

The other major religions espouse similar conceptions. Islam refers to the world of the jinn (demons) as a potential source of possessing agents. The Qur’an and Sunnah indicate that jinn exist and that there is a purpose for their existence in this life, which is to worship Allah. The word *jinn* comes from an Arabic root meaning “hidden from sight.” The ability to possess and take over the minds and bodies of other creatures is one of the powers attributed to the jinn.

In Judaism, possession trance is probably best understood within the context of Kabbalist polypsychic philosophy. The Kabbalist book, *The Teachings of the Zohar* [78], is a mainstay of Jewish sacred thought and describes the human psyche as composed of three main souls; it also elucidates the spiritual meaning of *gilgul*, the transmigration of souls. Many folkloristic possession tales inspired by Kabbalist tradition also contain the term *dybbuk*, a Hebrew word denoting a clinging, clutching, adhering agent for a sinner’s transmigrating soul seeking correction [72].

Hinduism, one of the oldest religions of the world and the largest in India, promotes belief in reincarnation, the continuity of life from one birth to the next until the soul is realized and reaches nirvana [79]. Illness and misfortune are frequently regarded in India as the result of possession by a spirit, or *bhut bhada*. Benevolent possession by a deity is not considered a problem. When a demon or a harmful spirit is the possessing agent, treatment is sought, usually from a traditional healer [80]. Practitioners of the ancient Hindu system of medicine, the Ayurveda, often use their own possession states for diagnosis and confrontation with their patients’ possessing spirits [81]. It was reported that 75% of psychiatric patients in India consulted religious healers about possession [82].

In China, Taiwan, and Korea, religious beliefs are mostly influenced by Confucianism, an obedience- and conformity-promoting faith, and by Taoism, a creed that embraces the principles of dual energies (yin and yang) and of a spirit world of immortal creatures that could intercede for devotees. Reports from rural areas in these parts of the world, where people cling to their religious convictions, describe possession agents representing spirits of deceased individuals, deities, animals, and devils, and describe possession as developing abruptly and manifested particularly among distressed women [83].

In Japan, most of the nation's many horticulturalist-, Shinto-, and Buddhist-derivate religions are said to attract individuals who have stress-related illness. Believers often consider illness as caused by *Dojo* possession: evil spirits, unhappy ghosts, or dangerous spirits of animals [18,84].

In the Pacific Islands of Polynesia, Melanesia, and Micronesia and among New Zealand's Maori, the prevailing faiths are associated with ancestor worship. Ancestor worship is based on the belief that the spirits of the dead continue to dwell in the natural world and have the power to influence the fate and fortune of the living. Ancestors are considered intermediaries between the supreme god (or the gods) and the people and can communicate with the living through dreams and by possession [85]. A recent study concluded that possession trance in the Pacific is widespread, predates contact with the Western civilization, and is now largely a female gender role [86].

Possession trance and dissociative disorders: culture-bound syndromes

Kluft [87] argued that in cultures that sanction indigenous possession states, multiple personality disorder (now known as dissociative identity disorder) would be uncommon. Ross [88] contended that pathologic multiplicity may develop more frequently in cultures such as the West, which is hostile to polypsychic views of the human experience. This argument may mean that culture provides a framework for reality perception and a blueprint for inner conflict and symptoms that are activated as a reaction to these conflicts. Martinez-Taboas [89] agreed that dissociation is a mechanism mediated by cultural expectations that influence the patient's perception, experience, expressions, and pattern of coping with stressors. This line of thought elucidates the potential for widely diverse expressions of dissociative mechanisms across the globe and regards dissociation as a constant factor in all human beings [90]. Although the present article addresses culture-bound syndromes of dissociation, to scrutinize only traditional cultures as potential shapers of dissociative expression would be incorrect. The symptoms of "Western" dissociative disorders have an intimate association with the existing cultural suggestions that envelop the individual who is constructing his or her emotional pain and fill it with "local content." A cultural perspective on Western dissociative disorders would contend that various attributes of these conditions are molded by cultural variables and

organized in native semantic networks. Hacking [91] believes that multiple personality disorder/dissociative identity disorder is a recent and local phenomenon, stemming from nineteenth-century Western culture. A similar social constructionist view was presented by Spanos [5] who argued that whether enactments of multiple identities serve the purpose of promoting a religion or simply of getting care and attention for someone who feels they do not have enough, those enactments are guided by rules and expectations specific to the time and culture in which they are manifest, which are understood and given legitimacy by the authority figures involved (be they members of the clergy or psychotherapists) and the observing audience. I agree with Spanos that Western culture shapes many of the features of these conditions, but biologic and psychologic mechanisms are arguably mediated not primarily by local healers but by higher-level cultural idioms and meaning systems. Individualism, differentiation of the self, growth of the feminist movement, rising societal awareness, and concern over the issue of child abuse are powerful sociocognitive forces that have clearly been constitutive in Western dissociation. Regardless, similarities exist between Eastern and Western dissociative experience as serving an affect regulatory role.

Summary

Frequently, culture-bound dissociative syndromes convey not only an individual quandary but also principal societal tensions between the sexes, among age groups, or between the clergy and the laity. Because of their shared meaning, these occurrences often take place in well-defined situations, particularly when presented in collectivist cultures. In these milieus, such societal tensions, demonstrated by the “ailing” individual, can be played out and resolved. Clearly, these syndromes also have personal meaning and ameliorative functions for the characteristically socially weak protagonists, who can thereby regulate their circumstances in otherwise uncontrollable and generally depriving or oppressive conditions. This outcome can be achieved by invoking consensual, often sanctified community beliefs [92]. In more individualistic and modern societies, most oppressive structures operate within the family. Dissociation among Western individuals functions intrapsychically as an emotional analgesic and functions socially as a protector of the family institution. The common psychologic mechanism in dissociative conditions worldwide is self-hypnosis. Individuals may seek to induce ASC recreationally to enjoy metaphysical experiences. This conscious-altering process is exceedingly useful in the face of inescapable stress. Spontaneous self-hypnosis under duress has been established as a universal mechanism resulting in analgesia [93] and ASC [94]. The ameliorative function of dissociative conditions seems to stem from two recurring features, regardless of cultural context: (1) stress-induced self-hypnotic emotional and physical analgesia and (2) disguised and disowned cathartic expressions of forbidden feelings and behaviors.

This article highlights the great diversity of dissociative conditions globally and identifies probable commonalities in psychologic mechanisms and social functions. Future collaboration between anthropologists and mental health scholars is essential if we wish to advance cross-cultural investigation of dissociation. This sort of collaboration is essential for the refinement of the existing *Diagnostic and Statistical Manual of Mental Disorders/International Classification of Diseases* diagnostic criteria, which need to be made more relevant, more sensitive, and more specific to indigenous dissociation.

References

- [1] American Psychiatric Association. Diagnostic and statistical manual for mental disorders. 4th edition, revised. Washington, DC: APA; 2000.
- [2] Kluft RP. Multiple personality disorder. In: Tasman A, Goldfinger SM, editors. Annual review of psychiatry, vol. 10. Washington, DC: American Psychiatric Press; 1991. p. 161–88.
- [3] Spiegel D, Cardeña E. Disintegrated experience: the dissociative disorders revisited. *J Abnorm Psychol* 1991;100:366–78.
- [4] Piper A, Merskey H. The persistence of folly: a critical examination of dissociative identity disorder. Part I: the excesses of an improbable concept. *Can J Psychiatry* 2004;49:592–600.
- [5] Spanos NP. Multiple identity enactments and multiple personality disorder: a sociocognitive perspective. *Psychol Bull* 1994;116(1):143–65.
- [6] Horevitz R. Dissociation and multiple personality: conflicts and controversies. In: Lynn SJ, Rhue JW, editors. *Dissociation: clinical and theoretical perspectives*. New York: Guilford Press; 1995. p. 434–61.
- [7] Bowers K. Dissociation in hypnosis and multiple personality disorder. *Int J Clin Exp Hypn* 1991;39(3):155–76.
- [8] Frankel FH. Hypnotizability and dissociation. *Am J Psychiatry* 1990;147:823–9.
- [9] Aldridge-Morris R. *Multiple personality: an exercise in deception*. Hillsdale (NJ): Erlbaum; 1989.
- [10] Radwin JO. The multiple personality disorder: has this trendy alibi lost its way? *Law Psychol Rev* 1991;6:69–71.
- [11] Devereux G. *Normal and abnormal: the key problems of psychiatric anthropology. Some uses of anthropology: theoretical and applied*. Washington, DC: Anthropological Society of Washington, 1956.
- [12] Littlewood R. *Pathologies of the West*. Ithaca (NY): Cornell University Press; 2002.
- [13] Yap PM. Classification of the culture-bound reactive syndromes. *Aust N Z J Psychiatry* 1967;1:172–9.
- [14] Yap PM. *Comparative psychiatry: a theoretical framework*. Toronto: University of Toronto Press; 1974.
- [15] Bourguignon E. *Possession*. San Francisco (CA): Chandler & Sharp; 1970.
- [16] Bourguignon E, editor. *Religion, altered states of consciousness, and social change*. Columbus (OH): Ohio State University Press; 1973.
- [17] Lewis-Fernandez R. The proposed DSM-IV trance and possession disorder category: potential benefits and risks. *Transcultural Psychiatr Res Rev* 1992;29:301–17.
- [18] Goodman FD. *How about demons? Possession and exorcism in the modern world*. Bloomington (IN): Indiana University Press; 1988.
- [19] Golub D. Cultural variations in multiple personality disorder. In: Cohen L, Berzoff J, Elin M, editors. *Dissociative identity disorder*. Northvale (NJ): Aronson; 1995. p. 285–326.
- [20] Klienman A. Anthropology and psychiatry: the role of culture in cross-cultural research on illness. *Br J Psychiatry* 1987;151:447–54.
- [21] Silverman J. Shamans and acute schizophrenia. *American Anthropologist* 1967;69:21–31.

- [22] Weitzenhoffer AM. Hypnotism and altered states of consciousness. In: Sugeran AA, Tarter RE, editors. *Expanding dimensions of consciousness*. New York: Springer; 1978. p. 182–209.
- [23] Hilgard ER, Hilgard JR, Macdonald H. Pain and dissociation in the cold pressor test: a study of hypnotic analgesia with “hidden reports” through automatic key pressing and automatic talking. *J Abnorm Psychol* 1975;84:280–9.
- [24] Hannah JL. *To dance is human*. Austin (TX): University of Texas Press; 1979.
- [25] Farr M. The role of dance/movement therapy in treating at-risk African American adolescents. *Arts Psychother* 1977;24(2):183–91.
- [26] Hale-Benson JE. *Black children: their roots, culture, and learning styles*. Revised edition. Baltimore (MD): Johns Hopkins Press; 1986.
- [27] Todson IL, Pasteur AB. Therapeutic dimensions of the Black aesthetic. *J Non-White Concerns* 1976;4(3):105–51.
- [28] Kelly EF, Locke RG. Pre-literate societies. *Parapsychol Rev* 1982;13(3):1–7.
- [29] Ramussen SJ. Reflections on Tamazai, a Tuareg idiom of suffering. *Cult Med Psychiatry* 1992;16(3):337–65.
- [30] Somer E, Saadon M. Stambali: dissociative possession and trance in a Tunisian healing dance. *Transcultural Psychiatry* 2000;37(4):579–609.
- [31] Jilek WG. Therapeutic use of altered states of consciousness in contemporary North American Indian dance ceremonials. In: Ward CA, editor. *Altered states of consciousness and mental health*. New York: Sage; 1989. p. 167–85.
- [32] Fitzhenry J. Folk dancing as trance experience: some collected observations. *Aust J Clin Exp Hypn* 1985;13(2):134–8.
- [33] Thong D. Psychiatry in Bali. *Aust N Z J Psychiatry* 1976;10(1):95–7.
- [34] Becker-Blease KA. Dissociation states through age and electronic trace music. *J Trauma Dissoc* 2004;5(2):89–100.
- [35] Francis LJ, Robbins M. Personality and glossolalia: a study among male evangelical clergy. *Pastoral Psychol* 2003;51(5):391–6.
- [36] Douglas-Klotz N. Sufi approaches to transformational movement. *Somatics* 1984;5(1):44–52.
- [37] Khan HI. *The Sufi message*, vol. 5. *Metaphysics*. Katwijk, Holland: Servire Publishers; 1962.
- [38] Kennedy M. Participating in the life of Cairo: a letter on the Sufi dance. *Catalyst* 1985;16:21–3.
- [39] Simons RC, Ervin FR, Prince RH. The psychobiology of trance I: training for Thaipusam. *Transcultural Psychiatr Res Rev* 1988;25(4):249–66.
- [40] Amira J, Cornelius S. *The music of Santeria, traditional rhythms of the Bata drums*. Miami (FL): Crown Point; 1992.
- [41] Akstein D. *Terpsichoretrancetherapy: a new dimension in non-verbal psychotherapy*. Presented at the International Congress for Psychosomatic Medicine and Hypnosis. Mainz, Germany, 1974.
- [42] Stubbe H. Psychotherapy in Brazil. *Z Psychosom Med Psychoanal* 1980;26(1):79–93.
- [43] Akstein D. *Perspectivas Psicossociales de la aplicacion de la Terpsichoretranceterapia*. *Psychopathologie Africaine* 1974;10:121–9.
- [44] Prince R. Amok then and now. *Transcultural Psychiatric Res Rev* 1991;28:219–29.
- [45] Kenny MG. Paradox lost: the latah problem revisited. *J Nerv Ment Dis* 1983;171(3):159–67.
- [46] Ward CA. The cross-cultural study of altered states of consciousness and mental health. In: Ward CA, editor. *Altered states of consciousness and mental health: a cross-cultural perspective*. Newbury Park, CA: Sage; 1989. p. 125–44.
- [47] Foulks EF. The transformation of “Arctic hysteria.”. In: Simons RC, Hughes CC, editors. *The culture-bound syndromes*. Dordrech, Netherlands: Reidel; 1985. p. 307–24.
- [48] Colson AC. Perceptions of abnormality in a Malay village. In: Wagner NN, Tan ES, editors. *Psychological problems and treatment in Malaysia*. Kuala Lumpur, Malaysia: University of Malaya Press; 1971. p. 85–103.

- [49] Rubel A. The epidemiology of a folk illness. *Ethnology* 1964;5(3):268–83.
- [50] Guarnaccia PJ, Canino G, Rubio-Stipec M, et al. The prevalence of *ataques de nervios* in the Puerto Rico disaster study. The role of culture in psychiatric epidemiology. *J Nerv Ment Dis* 1993;181:157–65.
- [51] Escobar JI. Transcultural aspects of dissociative and somatoform disorders. *Cultural Psychiatry* 1995;18:555–69.
- [52] Beng-Yeong N, Yiong-Huak C. Psychosocial stressors that precipitate dissociative trance disorder in Singapore. *Aust N Z J Psychiatry* 2004;38(6):426.
- [53] Valla JP, Prince RH. Religious experiences as self-healing mechanisms. In: Ward CA, editor. *Altered states of consciousness and mental health*. New York: Sage; 1989. p. 149–66.
- [54] El-Guindy H, Schmais C. The zar: an ancient dance of healing. *Am J Dance Ther* 1994;16(2): 107–20.
- [55] El-Islam F. Culture-bound neurosis in Qatar women. *Int J Soc Psychiatry* 1974;11:167–8.
- [56] Okasha AA. Cultural psychiatric study of el-zar cult in UAR. *Br J Psychiatry* 1966;112: 1217–21.
- [57] Dwaairy M, Van Sickle TD. Western psychotherapy in traditional Arabic societies. *Clin Psychol Rev* 1996;16(3):231–49.
- [58] Saleh MA. Implications for counseling in the Arab world. *Sch Psychol Int* 1986;7:71–5.
- [59] Geertz H. Latah in Java: a theoretical paradox. *Indonesia* 1968;5:93–104.
- [60] Herskovits MJ. *Life in a Haitian valley*. Garden City (NY): Doubleday; 1971.
- [61] Somer E. Maladaptive daydreaming: a qualitative inquiry. *J Contemp Psychother* 2002; 32(2):195–210.
- [62] Somer E, Avni R. Dissociative phenomena among recovering heroin users and their relationship to duration of abstinence. *J Soc Work Pract Addict* 2003;3(1):25–38.
- [63] Rosik CH, Rosik CH. Possession phenomena in North America: a case study with ethnographic, psychodynamic, religious and clinical implications. *J Trauma Dissoc* 2004;5: 49–76.
- [64] Bull DL, Ellason JW, Ross CA. Exorcism revisited: positive outcomes with dissociative identity disorder. *J Psychol Theol* 1998;26:188–96.
- [65] Buch M. *Exorcism-seekers: clinical and personality correlates*. Vancouver: University of British Columbia, Canada; 1995.
- [66] Krippner S. Cross-cultural treatment perspectives on dissociative disorders. In: Rhue JW, Lynn SJ, editors. *Dissociation: clinical and theoretical perspectives*. New York: Guilford Press; 1994. p. 338–61.
- [67] Hale AS, Pinninti NR. Exorcism-resistant ghost possession treated with clopenthixol. *Br J Psychiatry* 1994;165:386–8.
- [68] Pfeifer S. Belief in demons and exorcism in psychiatric patients in Switzerland. *Br J Med Psychol* 1994;67:247–58.
- [69] Ferracuti S, Sacco R, Lazzari R. Dissociative trance disorder: clinical and Rorschach findings in ten persons reporting demon possession and treated by exorcism. *J Pers Assess* 1996; 66:525–39.
- [70] Achaintre A. Exorcisme et pratique medicale [Exorcism and medical practice]. *Psychol Med (Paris)* 1988;20:733–5.
- [71] Vlachos IO, Beratis S, Hartocollis P. Magico-religious beliefs and psychosis. *Psychopathology* 1997;30:93–9.
- [72] Somer E. Trance possession disorder in Judaism: sixteenth-century dybbuks in the Near East. *J Trauma Dissoc* 2004;5:131–46.
- [73] Daie N, Witztum E, Mark M, et al. The belief in the transmigration of souls: psychotherapy of a Druze patient with severe anxiety reaction. *Br J Med Psychol* 1992;65:119–30.
- [74] Yi KY. Shin-byung (divine illness) in a Korean woman. *Cult Med Psychiatry* 2000;24: 471–86.
- [75] Worobec CD. *Possessed: women, witches, and demons in imperial Russia*. DeKalb (IL): Northern Illinois University Press; 2001.

- [76] The Barna Group. Americans draw theological beliefs from diverse points of view. Barna Research Online, 2002-OCT-8. Available at: <http://www.barna.org/FlexPage.aspx?Page=BarnaUpdate&BarnaUpdateID=122>. Accessed March 18, 2005.
- [77] Wilkinson T. Priests sign up for exorcism. Los Angeles Times. February 18, 2005.
- [78] Tishbi Y. *Torat ha-Zohar* [The teachings of the *Zohar*]. Jerusalem, Israel: Mosad Bialik; 1982.
- [79] Juthani NV. Psychiatric treatment of Hindus. *Int Rev Psychiatry* 2001;13(2):125–30.
- [80] Castillo RJ. Spirit possession in South Asia, dissociation or hysteria? I. Theoretical background. *Cult Med Psychiatry* 1994;18(1):1–21.
- [81] Gadit AA. Ethnopsychiatry—a review. *J Pakistan Med Assoc* 2003;53(10):1–6.
- [82] Campion J, Bhugra D. Religious healing in South India. Presented at the World Association of Social Psychiatry Meeting. Hamburg, Germany, 1994.
- [83] Gaw AC, Qin-zhang D, Levine RE, et al. The clinical characteristics of possession disorder among 20 Chinese patients in the Hebei province of China. *Psychiatr Serv* 1998;49:360–5.
- [84] Davis W. *Dojo: magic and exorcism in modern Japan*. Stanford (CA): Stanford University Press; 1980.
- [85] Frazer JG. *The belief in immortality and the worship of the dead* [three vols., 1913–24, reprinted]. New York: Macmillan; 1968.
- [86] Dobin JD, Hezel FX. The distribution of spirit possession and trance on Micronesia. *Pac Stud* 1996;19(2):105–48.
- [87] Kluft RP. Multiple personality disorders. In: Spiegel D, editor. *Dissociative disorders: a clinical review*. Baltimore (MD): Sidran Press; 1993. p. 17–44.
- [88] Ross C. The dissociated executive self and the cultural dissociation barrier. *Dissociation* 1991;3:64–5.
- [89] Martinez-Taboas A. Multiple personality disorder as seen from a social constructionist viewpoint. *Dissociation* 1991;4:129–33.
- [90] Schumaker JF. *The corruption of reality: a unified theory of religion*. Amherst (NY): Prometheus; 1995.
- [91] Hacking I. *Multiple personality and the sciences of memory*. Princeton (NJ): Princeton University Press; 1995.
- [92] Lewis IM. Spirit possession and deprivation cults. *Man* 1966;1:307–29.
- [93] Van der Kolk BA, Greenberg MS, Orr SP, et al. Endogenous opioids, stress induced analgesia, and posttraumatic stress disorder. *Psychopharmacol Bull* 1989;25(3):417–21.
- [94] Cancio LC. Stress and trance in freefall parachuting: a pilot study. *Am J Clin Hypn* 1991;33(4):225–34.