

Possession Trance Disorder: A Case Report from Rural Rajasthan Following Pregnancy Loss and Social Rituals.

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Abstract

Possession trance disorder is a culturally aware dissociative disorder that is marked by changed mind and identity and it may be connected with acquiring possession of ancestral spirits. This case report portrays the history of a 32-year-old woman who has settled in a rural area of Rajasthan and had symptoms of possession trances after experiencing two successive miscarriages accompanied by stress attributed to family requirements of a son. Her family also said that she is being haunted by an ancestral spirit of *auat* - a local belief system that entails possession of ancestral spirit. Her symptoms were more pronounced during rituals and were improved dramatically with the use of psychiatric practice. This case shows the interface between cultural beliefs, psychosocial stressors and dissociative symptoms and the need to be sensitive to culture when making a diagnosis and treatment.

Keywords

Possession Trance Disorder, *Auat*, Dissociative Disorders, Cultural Psychiatry, Reproductive Loss, Psychosocial Stress

1. Introduction

Possession trance disorder (PTD) is a dissociative disorders classified under ICD-11, characterized by symptoms of change in consciousness and identity, mostly under control by an external spiritual entity.^[1] While some trance states are culturally accepted, Possession and trance disorder is considered pathological when episodes become involuntary, distressing, and inconsistent with cultural setting.^[2,3,4] This report presents a case of PTD in a female from rural India, precipitated by miscarriages and interpreted through local spiritual beliefs.^[5]

Case Presentation

A 32 years old married Hindu woman, graduate, homemaker in a middle socioeconomic background, mother of a 1 year old son and living in a rural setting (Karauli district, Rajasthan, India) reported to the

psychiatric outpatient with a history of an episodic illness of altered behaviour and psychosomatic symptoms with the total duration of illness being two and a half years but the precipitating factor of two consecutive miscarriages, both of which occurred after conception four years post-marriage. The patient complained of a great deal of psychological distress compounded by pressure to have more children on her part and that of her family to have a male child. She had symptoms of irritability, emotional breakdowns, sleeplessness, and frequent nightmares. The family also took to a local religious healer, who diagnosed her illness as *Auat*; the spirit of her dead father-in-law and recommended regular ceremonies. It is during these sessions that the patient started getting into a trance-like behaviour and insisting that she was a devata named *Auat* and she required offerings: I am a devata named *Auat*. Give me food; dispatch me to Gangaji, and my temple raise. These episodes were followed by coldness and numbness in her body parts, absence of speaking ability but said she was aware but later fainted. These episodes had self-resolved. She got pregnant once more and gave birth to a healthy male baby following a series of rituals and spiritual interventions. Her symptoms disappeared after one year after child birth. She had another attack two months before the presentation, on a first birthday celebration of her son. She said in a changed voice, the child now this year old. Give me what I want, wash me in Gangaji, and make me my platform. She is joined with another butcher spirit (*kasai*). Remove it." Once more she was brought to a faith healer but did not have any apparent improvement. Later on, she was sent to several faith healers but her progress was not affected. She still had signs of spirit possession such as intermittent lack of response without any indication of a seizure, a loss of speech, and several vague complaints on her body but all episodic. Patient did not have signs that showed any other psychiatric disorder. Then she was finally referred to a general doctor and examined with regards to seizure disorder or other organic factors. All examinations, such as an EEG and CT scan were normal. Then she was redirected into psychiatric services where she was diagnosed with possession trance disorder after a thorough diagnosis procedure. She was initiated with the pharmacological therapy (fluoxetine 20mg, olanzapine 5mg, and clonazepam 0.5mg) and non-pharmacological therapy (supportive sessions and psychoeducation of the patient and her family). She has improved significantly after about 2 weeks, went back to being normal in her eating habits and said that she was not experiencing any of the symptoms.

Discussion

The case fits some ICD-11 criteria of possession trance disorder, which is described as involuntary and distressing circumstances of distorted identity and behavior due to spiritual possession. In DSM-5, the following presentations come under Other Specified Dissociative Disorders. The identity of the patient was not lost, which eliminated Dissociative Identity Disorder. Although possession trance can be a culturally sanctioned practice in certain cultures, this situation would be indicative of a pathological form of it. Other groups like the Malay people, including the voluntary trance in the cause of spiritual rituals are welcomed but involuntary possession is regarded as disease. The occurrences of the patient were unintentional and disruptive, as they did not take place within the practices that should be adopted culturally. [6]. Literature identifies six categories of possessing agents: Divine entities (43%), Ancestral spirits (29%), Evil spirits/demons (18%), Animals (5%), Devils (4%), Local holy figures (rare).^[7] In this case, the possessing agent was *Auat*, consistent with regional beliefs involving ancestral spirits.^[2,3,4] The

recurrence of symptoms during culturally significant events and the presence of psychosocial stressors suggest a complex interplay between cultural symbolism and psychological distress.^[8]

Conclusion

The case corresponds to the presentation of the possession trance disorder mediated culturally and caused by the loss of reproductive faculties and pressure on the family. The fact that the patient believes in Auat as a possessing agent indicates the attitude of the local spiritual understandings of the misery. The psychiatric treatment in terms of the psychotherapy and the medication resulted in the improvement. The case highlights the significance of the culturally informed diagnosis and treatment in the context of dissociative disorders.

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Conflicts of interest

There are no conflicts of interest.

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