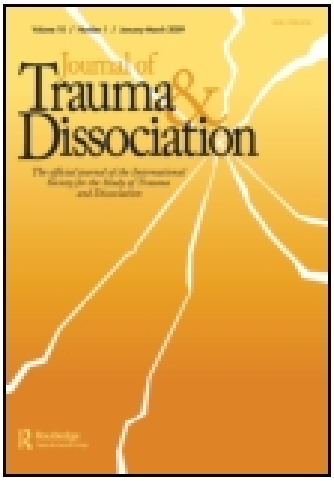

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Possession Experiences in Dissociative Identity Disorder: A Preliminary Study

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Dissociative trance disorder, which includes possession experiences, was introduced as a provisional diagnosis requiring further study in the Diagnostic and Statistical Manual of Mental Disorders *(4th ed.). Consideration is now being given to including possession experiences within dissociative identity disorder (DID) in* the Diagnostic and Statistical Manual of Mental Disorders *(5th ed.), which is due to be published in 2013. In order to provide empirical data relevant to the relationship between DID and possession states, I analyzed data on the prevalence of trance, possession states, sleepwalking, and paranormal experiences in 3 large samples: patients with DID from North America; psychiatric outpatients from Shanghai, China; and a general population sample from Winnipeg, Canada. Trance, sleepwalking, paranormal, and possession experiences were much more common in the DID patients than in the 2 comparison samples. The study is preliminary and exploratory in nature because the samples were not matched in any way.*

KEYWORDS possession, trance states, dissociative identity disorder

Dissociative trance disorder is included in *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM–IV*) Appendix B titled "Criteria Sets and Axes Provided for Further Study" (American Psychiatric Association, 1994). In the proposed 5th edition (*DSM–V*) criteria for dissociative identity

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disorder (DID), possession states are included within DID rather than within dissociative trance disorder (American Psychiatric Association, 2010). There are insufficient empirical data on the frequency of possession experiences in DID to support this revision, however, despite prior clinical and research studies on dissociation and possession conducted in a variety of countries, including Argentina (Baita, 2005), Bali (Suryani & Jensen, 1993), India (Saxena & Prasad, 1989), Uganda (Van Duijl, Cardeña, & De Jong, 2005; Van Duijl, Nijenhuis, Komproe, Gernatt, & de Jong, 2010), Iran (Kianpoor & Rhoades, 2005), China (Kleindorfer, 2005), Israel (Dominguez, Cohen, & Brom, 2004), and Puerto Rico (Lewis-Fernandez, 1994; Martinez-Taboas, 1995). Reviews of the transcultural literature on dissociation are available in Krippner (1997) and Cardeña, van Duijl, Weiner, and Terhune (2009).

The purpose of the present report is to provide data on the frequency of possession and related experiences in patients with DID (Ross & Ness, 2010); in a general population sample from Winnipeg, Canada (Ross, 1991; Ross & Joshi, 1992a, 1992b; Ross et al., 1990; Ross & Ness, 2010); and in a sample of psychiatric outpatients from Shanghai, China (Ross et al., 2008; Xiao et al., 2006). All participants were interviewed with the Dissociative Disorders Interview Schedule (DDIS; Ross, 1997; Ross & Halpern, 2009). Although findings from these samples have been previously published, the possession experiences have not been reported previously.

METHOD

Participants

The DID sample was gathered over a period of decades as part of a series of research projects (Ellason & Ross, 1997; Ellason, Ross, & Fuchs, 1996; Ross, 1991; Ross et al., 1990; Ross & Ness, 2010). All patients were in treatment for DID and had received clinical diagnoses of DID at the time the DDIS was administered, with the exception of 20 participants who were interviewed in Utah as part of a research study and who were not in treatment (Ross et al., 1990). The remainder of the participants were in treatment in psychiatric hospitals in Winnipeg ($N = 50$) and Ottawa ($N = 15$), Canada; in outpatient practices in California ($N = 17$); and at a psychiatric hospital in Dallas, Texas ($N = 201$). All individuals with DID gave written informed consent, and data collection was approved by a series of academic and private institutions in Canada and the United States.

Outpatients at Shanghai Mental Health Center were interviewed during March and April 2000. To be included in the study, outpatients had to be positive for one of three items: one or more Schneiderian first-rank symptoms of schizophrenia; childhood physical abuse; or childhood sexual

abuse. Every fifth person coming in for an appointment was screened with the inclusion criteria until a total of 304 respondents were collected. Each day, the Shanghai Mental Health Center has between 500 and 800 outpatient appointments scheduled. All outpatients gave written informed consent, and the study was approved by the administration at the Shanghai Mental Health Center.

In prior research, the DDIS and the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986) were administered to a stratified cluster sample of the general population in Winnipeg, Canada (Ross, 1991; Ross & Ellason, 2005; Ross & Joshi, 1992a, 1992b; Ross, Joshi, & Currie, 1990; Waller & Ross, 1997). The sample was representative of the city of Winnipeg compared to official census data for the city. All respondents were interviewed in their homes and gave written informed consent. The study was approved by the Ethics Review Committee of the Faculty of Medicine at the University of Manitoba. In the first round of the study, 1,055 participants completed the DES and provided demographic data; in the second round, 502 of these individuals completed the DDIS. Those who completed the structured interview did not differ from those who did not on demographic measures or scores on the DES.

The average age of the Canadian sample was 45.2 years, the average age of the Chinese outpatients was 40.1 years, and the average age of the DID sample was 33.1 years. Of the Canadian participants, 63% were female, compared to 41% of the Chinese outpatients and 88% of the DID sample. The samples were collected separately, and no effort was made to match them on any features. Each group differed from the other two at $p < .05$ on age and gender according to t tests and chi-square tests.

Measure

The DDIS has been used in a series of research projects in North America, Turkey, and China (Fan et al., in press; Ross, Duffy, & Ellason, 2002; Ross & Ellason, 2005; Ross & Halpern, 2009; Ross et al., 1990, 2008; Sar & Ross, 2009; Xiao et al., 2006). It is a 131-item structured interview that inquires about a range of symptoms and diagnoses as well as childhood abuse. The DDIS had good concurrent validity with the DES ($\kappa = 0.81$; Bernstein & Putnam, 1986), the Structured Clinical Interview for *DSM–IV* Dissociative Disorders ($\kappa = 0.74$; Steinberg, 1995), and a clinical interview ($\kappa = 0.71$) in an inpatient psychiatric hospital in the United States (Ross et al., 2002); in this study, for the structured and clinical interviews agreement was for the diagnosis of DID or dissociative disorder not otherwise specified versus no dissociative disorder. A DES-Taxon score (Waller & Ross, 1997) above 20 was taken as indicative of membership in the dissociative taxon. As an additional analysis, the authors calculated the agreement rate between being in the dissociative

taxon on the DES and having DID or dissociative disorder not otherwise specified according to the structured and clinical interviews ($\kappa = 0.81$). The initial interrater reliability of the DDIS for dissociative disorder diagnoses ($\kappa = 0.68$) was established in an inpatient psychiatric population in Canada. No studies of the reliability or concurrent validity of the DDIS in China have been conducted.

In the DDIS, trance experiences are inquired about with the following question: "Have you ever had a trancelike episode where you stare off into space, lose awareness of what is going on around you and lose track of time?" Possession experiences are inquired about in a separate section of the DDIS, with a sample question being, "Have you ever felt that you were possessed by a: (a) demon, (b) dead person, (c) living person, (d) some other power or force?" Possible responses to each form of possession are yes, no, and unsure.

RESULTS

The results of the three studies are shown in Tables 1, 2, and 3. Chi-squares were calculated for the DID sample versus each of the other two samples for each variable in the three tables. All comparisons were significant at $p < .0001$. For Table 1, statistical information is as follows: (a) possession by a demon: DID versus Chinese psychiatric outpatient, $\chi^2(1) = 139.463$, $p < .0001$; DID versus Canadian general population, $\chi^2(1) = 231.254$, $p < .0001$; (b) possession by some other power or force: DID versus Chinese psychiatric outpatients, $\chi^2(1) = 121.399$, $p < .0001$; DID versus Canadian general population, $\chi^2(1) = 185.374$, $p < .0001$; (c) possession by a living person: DID versus Chinese psychiatric outpatients, $\chi^2(1) = 42.648$, $p < .0001$; DID versus Canadian general population, $\chi^2(1) = 88.137$, $p < .0001$; and (d) possession by a dead person: DID versus Chinese psychiatric outpatients, $\chi^2(1) = 42.648$, $p < .0001$; DID versus Canadian general population, $\chi^2(1) = 75.293$, $p < .0001$.

TABLE 1 Possession Experiences in Dissociative Identity Disorder (DID) Patients, Chinese Psychiatric Outpatients, and the Canadian General Population

Possession by	DID ($N = 303$)	Chinese psychiatric outpatients ($N = 303$)	Canadian general population ($N = 502$)
Demon*	40.9	1.7	0.6
Some other power or force*	36.3	1.3	1.4
Living person*	19.5	1.3	1.0
Dead person*	14.9	0.7	0.2

Notes: Data are percent positive for the experience.
*DID group differs from the other two groups at $p < .0001$.

TABLE 2 Trance and Sleepwalking Experiences in Dissociative Identity Disorder (DID) Patients, Chinese Psychiatric Outpatients, and the Canadian General Population

Frequency	DID ($N = 303$)	Chinese psychiatric outpatients ($N = 303$)	Canadian general population ($N = 502$)
Trance*	95.7	2.6	32.0
1–10 times	10.3	50.0	50.0
10–50 times	15.1	0.0	19.1
>50 times	69.9	0.0	16.7
Unsure	4.8	50.0	14.2
Sleepwalking*	54.3	0.7	16.6
1–10 times	35.1	50.0	68.2
10–50 times	18.1	0.0	18.8
>50 times	38.6	0.0	4.7
Unsure	8.2	50.0	8.2

Notes: Data are percent positive for the experience.
*DID group differs from the other two groups at $p < .0001$.

TABLE 3 Paranormal Experiences in Dissociative Identity Disorder (DID) Patients, Chinese Psychiatric Outpatients, and the Canadian General Population

Experience	DID ($N = 303$)	Chinese psychiatric outpatients ($N = 303$)	Canadian general population ($N = 502$)
Mental telepathy*	51.3	3.4	15.6
Seeing future while awake*	35.1	1.0	5.8
Seeing future in dreams*	49.3	2.3	17.8
Moving objects with mind*	8.9	1.0	1.0
Contact with ghost*	26.2	1.7	5.2
Contact with poltergeist*	12.9	0.7	2.2
Contact with spirits of any kind*	37.7	0.7	4.4
Knowledge of past lives*	26.8	0.0	4.0

Notes: Data are percent positive for the experience.
*DID group differs from the other two groups at $p < .0001$.

DISCUSSION

Patients with DID in North America frequently report possession experiences, and they do so much more often than the two comparison samples. They also report much higher rates of trance, sleepwalking, and paranormal experiences. These findings indicate that the relationship between DID and possession states warrants further study.

In other cultures, the possessing entity is often regarded as a discarnate being intruding from outside the person. In North America, DID is classically understood as a psychological adaptation to chronic childhood trauma, and there is a typical constellation of identity states, such as a wounded child, a protector, and a persecutor (Ross, 1997). However, this need not be the

case in other cultures. The core phenomenon is switches of executive control between different dissociated identities with varying degrees of amnesia between identities. Typical North American DID could be understood as a harnessing of a universally occurring psychological structure (a possession state) to cope with trauma. Most often, in North America, the trauma is chronic intrafamilial abuse and neglect. In other cultures, different types of trauma might be more prominent, such as extreme poverty, starvation, endemic disease, political persecution, war and natural catastrophes, and the dissociated identities might be less secular and more religious or spiritual in nature.

Classical North American DID clearly does occur in a wide range of cultures and languages (Ross, 1997; Xiao et al., 2006), however it could be viewed as being one form of a broader category that includes chronic and acute possession states related to a wide range of different types of trauma and psychological stress. Restricting DID to the classical North American picture of multiple personality disorder could be an error. Broadening DID to include a wide range of different forms of dissociated identity is consistent with the *DSM–V* mandate to make the *DSM–V* more compatible with the *International Classification of Diseases–11* (American Psychiatric Association, 2010).

The findings of the present study do not provide conclusive evidence that possession states should be incorporated within DID, as proposed for the *DSM–V*. To evaluate this proposal further, experts should collect additional samples of DID cases and nonclinical populations from a variety of cultures and languages to further investigate the relationship between classical DID and a wide range of different possession states. The present data do indicate that possession states are common in North American DID and are often accompanied by paranormal experiences, trance states, and sleepwalking. Future research should investigate this constellation of experiences along with dissociation as defined by the DES, DDIS, Structured Clinical Interview for *DSM–IV* Dissociative Disorders, and other measures.

In addition, future research should address the limitations of the present study, which include using samples that were not matched demographically; using sexual abuse as an inclusion criterion in Shanghai, which may have skewed the findings in some unknown fashion; and comparing clinical and nonclinical samples; all of these reduce the validity of the comparisons. Using sexual abuse as an inclusion criterion in Shanghai, should, if anything, have increased the rates of dissociative and possession experiences in that sample, but even if that occurred the difference between the DID and Chinese samples is striking. Future studies should inquire about cultural nuances, indigenous folklore beliefs, and religious and spiritual practices of participants in a variety of languages and cultures and should address variations in types of trauma across cultures, as well as how trauma is understood and dealt with in different settings.

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