



What does it mean to be possessed by a spirit or demon? Some phenomenological insights from neuro-anthropological research

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The visible growth in possession and exorcism in Southern Africa can, amongst others, be attributed to the general impression in Christianity that, since Jesus was a successful exorcist, his followers should follow his example. Historical Jesus research generally endorses a view of Jesus as exorcist, which probably also contributes to this idea, yet there is no or very little reflection about either exorcism or possession as cultural practices. This article offers a critical reflection on possession based on insights from cross-cultural and neuro-scientific research. The first insight is that possession is not a single thing, but a collective term for what is a wide range of phenomena. At least two distinct meanings are identified: possession as a label for illness or misfortune, and possession as an indication of forms of human dissociative phenomena. In the latter instance, an impression of possession as a mode of being a Self, together with insights about the inherent potential for dissociative phenomena, provides the background to the view of possession as a cultural technique with a variety of functions. A second insight is that the term possession refers to complex neuro-cultural processes that can be described by means of both cultural and neurological mechanisms. A third insight is that in most ethnographic examples possession is the response or solution to other underlying problems. Against this background the role of exorcism should be reconsidered as clear-cut and worthy of emulation.

Background to the question¹

The background to the question *What does it mean to be possessed by a spirit or demon?* is to be found in the growing interest in spirit or demon possession and exorcism in Southern Africa. For example, Basure Stephen and Taru Josiah, two anthropology and sociology experts from Zimbabwe, point out that demon possession and exorcism 'have now become common occurrence in Pentecostal churches' and are 'even seeping into the conservative mainstream churches in Zimbabwe' (Stephen & Josiah 2014:44). When watching tele-evangelists in South Africa, it is not too hard to find someone casting out demons in the name of *Jeeeesus* (see also Mangena & Mhizha 2013; Tofa 2014).

One of the reasons for this practice is undoubtedly the positive picture painted of Jesus as an exorcist in the New Testament. Jesus' exorcisms are to be applauded, if not celebrated. The one aspect that most historical Jesus scholars agree upon is that Jesus of Nazareth was a successful healer and an exorcist of repute and this impression most likely contributes to the continued practice in Christianity (see Blackburn 1994; Crossan 1994; Davies 1995; Funk & The Jesus Seminar 1998; Theissen & Merz 1997). Whilst there is widespread agreement that Jesus' exorcisms are historical facts, there is, however, no agreement on what He did when exorcising demons. In general, the verdict is that demons are bad news and exorcism is a good thing; possession is the disease or problem and exorcism is the solution or cure. There are at least three distinct trends in the understanding of Jesus' exorcisms that favour this viewpoint.

The first trend is a positive paraphrasing of the claims in the sources that Jesus was a successful exorcist. Graham Twelftree says, for example, that Jesus' exorcisms belonged to the 'eschatological' struggle with Satan and contained the first instance of binding him whilst overcoming his power and kingdom (see Twelftree 1993:136–142, 224–228). In a publication co-authored with James Dunn, Twelftree argues that demon possession should be understood within the eschatological framework of a struggle between God and Satan, and Jesus' exorcisms as a sign of the final rule of God (see Dunn & Twelftree 1980). As historical events, Jesus' exorcisms are seen in this view within the mythological framework of a clash of non-earthly empires. In exorcising demons Jesus

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was establishing the kingdom of God and performed a first coup d'état against Satan.

A second trend is to take Jesus' exorcisms as acts of political resistance. Richard Horsley regards Jesus' exorcisms, in particular the Beelzebul pericope, as a political act and more precisely they can be understood as a form of resistance and the symbolic defeat of Roman rule (Horsley 2008:85). Horsley is not the only one who finds in Jesus' exorcisms a positive symbolic act of imperial resistance. John Dominic Crossan also sees the unmistakable symbolism of resistance in consigning Legion to the swines (see Crossan 1994:90). According to this view, Jesus' exorcisms are a solution to imperial domination supporting a programme of imperial resistance.

A third trend considers Jesus' exorcisms to be acts of psychosomatic healing of two distinct kinds of disorders: conversion disorders and multiple personality disorders (now known as dissociative identity disorder). The best recent proponent of this trend is Steven Davies, who argues that stories about the healing of blindness, deafness, paralysis, dermatitis and excessive menstrual bleeding can be seen as the curing of 'conversion disorders' (Davies 1995:70). Demon possessions, which, on the scale of dissociative disorders, have to do with radical changes in individual self-identity, are seen as 'multiple personality disorders' (see Davies 1995:78ff.). These are the categories of the *Diagnostic and Statistical Manual of Mental Disorders, Revised Edition (DSM-III-R)* of the American Psychiatric Association (APA 2000). People were healed because they had faith in Jesus as healer. Most of the illnesses cured by Jesus probably were conversion or somatisation disorders and Davies makes an important assumption in this regard: 'The characteristics of such people were probably the same then as they are now' (Davies 1995:71). Donald Capps writes that the term conversion disorder describes a wide category of conditions in which either motor or sensory functions are impaired without an identifiable neurological or medical condition. Paralysis, blindness, deafness and seizures without such identifiable causes occur whilst uncontrolled menstrual blood flow could be an example of an undifferentiated somatoform disorder. These conditions constitute real physical disabilities because, as Capps (2008:13) emphasises, 'the mind *can* and *does* create genuine physical symptoms that are not due to external factors such as viruses, bacteria, parasites, food poisoning and the like'. Whilst admitting to the scarcity of data, Keir Howard suggests that 'the majority of the conditions which were treated [*by Jesus*] were ... cases of what are called conversion disorders' (Howard 2001:285). In this view Jesus treated known psychiatric disorders and was successful because such disorders are readily treatable through therapy.

However, it is remarkable that, whilst there is agreement that Jesus was an exorcist, there is no agreement on what he did as an exorcist. Put differently, whilst there is agreement that the exorcisms are historic, there is no agreement on what is regarded as historical. Despite the fact that his exorcisms are understood in such diverse terms, the fact that Jesus was a

successful exorcist sets for many an example to be followed. In other words, even though historical Jesus scholars do not agree on what the exorcisms mean, the positive endorsement of Jesus as exorcist probably contributes to the on-going practice in churches today.

The Christian tradition (like the Jewish and Muslim traditions) sees possession mostly in negative terms as a disease with demonic or hostile forces that require exorcism or the driving out of the invading entities as the cure (see Bourguignon 2004a:141; 2004b:562; Sluhovsky 2011:78). This view, as Linda Giles (2004) points out, has some serious consequences:

The Christian emphasis on the exorcism of demons has made it difficult to understand that in many non-Western traditions possessive spirits are often not viewed as demonic and that treatment often involves appeasement or negotiation rather than exorcism. Similarly, Christians often fail to see the similarities between Christian possession by the Holy Spirit and spirit possession in other contexts. (p. 232)

Perhaps the most important of the consequences is that the underlying logic of problem-solution is not questioned. It is simply taken for granted that exorcism is an acceptable and adequate response to a *problem*. Thus, whilst Jesus' exorcisms are hailed as resistance to oppression or celebrated as a victory over the kingdom of Satan, nobody wonders whether exorcism, as a particular reaction to possession, is perhaps itself a form of exploitation and abuse. In view of the increasing practice of exorcism today, nobody asks whether the spectacular public driving out of spirits or demons is such a praiseworthy thing. It will briefly be shown that exorcism is in fact only one kind of reaction to possession. But, whilst attention is mainly focussed on exorcisms, *What is possession?* is hardly ever asked.

The aims of this article are to reflect on possession as the framework for exorcism and to show that a different understanding of what possession is could place exorcisms in a new context. Together with the anthropologist Morton Klass (2003:3) I therefore want to ask the question: 'What is actually happening when an individual is said or observed to be "possessed" by a "spirit," a "god," or some other "noncorporeal entity"' such as a demon? The implication of this question is that what the nature of possession is cannot be understood simply from the first-person reports or experiences. Instead, researchers should be looking at what goes on in the world of possession, both on the ground and in scholarly, academic and clinical discussions. In this article certain possession beliefs and practices as well as the intellectual understanding thereof will be introduced briefly. It will be suggested that a critical reflection about possession can contribute to a critical evaluation of possession and exorcism as practised in Christianity today. Also, an understanding of possession as a neuro-cultural phenomenon can provide a framework for seeing the New Testament exorcism stories in a different light. For these reasons it is necessary to ask, *What does it mean to be possessed by a demon or spirit?*

Possession states amongst the people of the world

Belief in possession is found in 77% of a sample of 488 societies (see Bourguignon 2004a:137). However, the ethnographic literature 'reveals many different varieties of possession belief' (Cohen & Barrett 2008:25; see Salman 1968:197). Spirits that engage in possession include a wide range of spirit types and characters. They might be spirits of the living or the dead or greater or lesser gods; they might be the souls or ghosts of people who have passed away, including both ancestors and unrelated persons, and they might be from inside or outside the society. Some are supernatural entities that have never been human beings. These spirits may be conceived as benevolent or malevolent (such as angels or demons) (see Bourguignon 1968:11; Giles 2004:229). It is hard to find an explanation for or elaboration of what spirits or demons are in any particular tradition (such as the Christian tradition or the New Testament). They just *are* there. They are, in the words of Leistle, 'not conceptually well defined but rich in cultural atmosphere' (Leistle 2014:79).

In many if not most instances of possession in the ethnographic record, possession takes the form of a spirit (or entity) entering a person's body and replacing the agency (that is, the mind, soul or spirit) of the host, thereby causing a change in identity (see Cohen 2008:8). This kind of possession is based on the human capacity for dissociation:

Dissociation is a psychological mechanism, producing an alteration of consciousness, so that there appears to be a discontinuity of identity, accompanied by alterations in self presentation and appearance, in sensations such as analgesia, in memory and more. Dissociation is seen in normal individuals as well as in pathological cases ... We know it to be a universal human capacity that, like other such capacities, is culturally modulated. (Bourguignon 2004b:558)

Dissociation is a term used to describe 'both a set of behaviors and experiences involving functional alterations of memory, perception and identity as well as the psychophysiological processes presumed to underlie these phenomena' (Seligman & Kirmayer 2008:32). It should be noted that this kind of possession contains a spectrum of possession concepts from fusion (the spirit becomes part of the medium) to oscillation (where spirit and medium vie for control) and displacement (where the own self is overshadowed). Displacement, where one agent replaces another and animates the borrowed body, is by far the most pervasive model of possession in the ethnographic record (see Cohen *et al.* 2008:29, 32) and is rooted in a mind-body dichotomy (see Bourguignon 2004a:137). An intuitive person-body dualism and the capacity to employ concepts that represent the autonomy of a person's identity are some of the cognitive mechanisms that constrain this kind of possession (see Cohen 2008:10–13).

In ethnographic contexts the term possession is, however, often used to describe misfortune in general or a variety of illness conditions in particular (see e.g. Giles 2004:228). For

example, Mangena and Mhizha point out that 'Africans believe that all illness and misfortune are caused by malignant forces like ancestral spirits' (Mangena & Mhizha 2013:138). Lewis shows that possession is used in many cultures to explain minor maladies, even something as trivial as constipation, whilst there is no indication of trance or dissociation (see Lewis 2003:28; see Winkelman 2009:218). Examples of common illnesses described as demon possession in the New Testament include Mark 9:14–28 (the mute spirit), Matthew 17:14–21 (the boy with epilepsy/moonstruck) and Luke 9:37–43 (the unclean spirit) (see also Cohen 2008:5). Here possession is a label for something else, namely, misfortune and illness which could have a different cause from dissociation.

To make sense of the possession spectrum, anthropologists suggested numerous categories of possession beliefs or experiences (see Leistle 2014:57). Bourguignon distinguishes between Possession (or non-Trance Possession) and Possession Trance. The first results from negative changes in physical health, whilst the second is characterised by an alteration in the state of consciousness and behaviour (see Bourguignon 2004a:137). By focusing on the 'basic causal structures' that characterise them, Cohen distinguishes between 'pathogenic possession' and 'executive possession' (Cohen 2008:9) respectively. Pathogenic possession, she suggests, is based on the idea that the spirit 'is primarily and most basically represented as a contaminating substance or essence (material or immaterial)' (Cohen 2008:14) entering the body. Therefore, she argues, it makes use of the very same cognitive mechanisms about contamination that are universally to human beings. Research shows that contaminants (such as poisons, germs and irritants) evoke a strong fear and response of disgust or revulsion in children from a very young age. It makes sense to think that actual illness conditions can easily be described as possession along the lines of these cognitive structures.

All of these distinctions contain some valuable insights that help to categorise possession in terms of possible causal features. What they all illustrate is that the term possession is used to describe a wide range of distinct human phenomena. On the one hand it is used for an identifiable condition of spirit possession, and on the other hand as a label for illness or misfortune in general. Many more distinctions in the ethnographic record can be noted. For example, during a large part of the history of the Christian church, a clear distinction was made between diabolic and divine possession: the Holy Spirit could penetrate the heart itself, whilst demonic agencies could only penetrate the body (see Sluhovsky 2011:79). During the Renaissance Christians believed that holy men could not be entered or possessed by the devil; they could only be besieged. In some contemporary charismatic groups a similar distinction is made: born-again Christians might be tempted or harassed, but cannot be possessed by an evil spirit (see Csordas 1994:193).

From all of this it should be obvious that one size does not fit all instances of possession. Despite the fact that people use

the same term for different forms of possession, the neuro-cultural mechanisms and social processes of these forms are completely different. Misfortune or illness labelled possession is not the same as possession experienced as an instance of dissociation. It will become clear that the term possession is probably not the best one to use for the phenomena at hand. However, before the use of the term is discussed, it is necessary to explore one more interpretive tradition, namely the Western psychiatric tradition.

The Western psychiatric paradigm: Dissociative syndromes or disorders

There is a long tradition in Western medicine of categorising demon or spirit possession under the dissociative syndromes described in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Note that, according to this biomedical framework, spirit or demon possession is probably limited to cases of possession trance (or executive possession), since possession without trance would not be brought to the attention of psychiatrists in normal circumstances.

The *DSM-IV-TR* lists five syndromes under this category: Dissociative amnesia, Dissociative Fugue (loosing knowledge of one's identity and history), Dissociative Identity Disorder (*DID*, formerly Multiple Personality Disorder or *MPD*), Depersonalisation Disorder (the sense that one is not real) and Dissociative Disorder not otherwise specified (*DSM-IV-TR* 2000:519). The term *dissociation* (or *dissociation disorder*) has always referred to a variety of phenomena. On this continuum, dissociative experiences can be seen as

ranging from everyday experiences of absorption like "highway hypnosis" through more intense and prolonged forms of dissociative experience such as depersonalisation and derealization, to more profound dissociative phenomena that include various forms of dissociative amnesia and alterations in identity (e.g., Dissociative Identity Disorder (*DID*)). (Seligman & Kirmayer 2008:32)

For our present purposes, three features of the phenomena in this paradigm are significant.

The first is that dissociative disorders are closely linked to trauma. Some psychiatrists make a case that 'all dissociative disorders are of traumatic origin' (Spiegel & Cardena 1991:368). In fact, linking dissociative phenomena to trauma dates back to the work of Freud and others of his era. During the 1970s a connection between childhood abuse and dissociative phenomena was made, whilst today it is seen as a built-in defence mechanism against traumatic experiences and all forms of stress. It is therefore regarded as an adaptive mechanism of the brain and/or body. Dissociation allows individuals to protect themselves from traumatic events that they can either not escape from or have been exposed to – thus either present trauma or previously unprocessed trauma. This paradigm favours functional explanations (see Seligman & Kirmayer 2008:35–36).

Secondly, in psychiatry (the discipline that introduced the term *dissociation*) it is 'almost invariably joined with *disorder* that is *mental illness*' (Klass 2003:110). Despite being seen as adaptive, dissociation is generally 'considered pathological' because its main characteristics affect attention, cognition, memory and identity, and 'violate normative (in the dominant, Euro-American ethnic context) expectations of a unitary, coherent, autonomous self' (Seligman & Kirmayer 2008:37). In its manifestation it does not conform to what it means in this context to be an individual, coherent self in control of life.

The third feature is that this paradigm treats dissociative disorders as discreet 'states' instead of complex performances that result from attentional, cognitive and social processes. Dissociation is seen as a *something*, a particular discreet state or entity. Consequently, it can be linked to a specific causal factor, and, as seen above, in most cases the causal factor is trauma. It is something you *have*, not something you *become* or *do*.

Without denying the reality of dissociative disorders, it is now widely acknowledged that dissociative phenomena cover a much wider spectrum than only pathological experiences. The main problem with the use of DSM categories across cultures is the ethnocentric biomedical tendency of ascribing alien experiences as pathologies (see Berenbaum, Kerns & Raghavan 2000 for a discussion). The perspective in medical anthropology and cross-cultural psychiatry which assumes that psychosomatic (or psychiatric) conditions apply universal, has over and over been singled out by cultural relativists for its medicocentrism (see e.g. Lambek 1989:45–47). What is becoming clear is that dissociation as disorder is neither the only nor any longer the dominant view in this paradigm (see Bourguignon 1992). Dissociative Identity Disorder (*DID*) and possession are similar but not identical – they are two different manifestations of the same human capacity of dissociation (see Winkelman 2009:218). Or, as Bourguignon illustrates with two case histories of child abuse and the use of dissociation as a defence mechanism, 'the cultural theory and resulting therapeutic response remain radically different' which means that 'there is only analogy, not substantial identity of phenomena' (Bourguignon 1989:383). It is also clear from the ethnographic record that dissociation may function adaptively in certain contexts that have nothing to do with trauma and most often are non-pathological (see Seligman & Kirmayer 2008:40–42). Finally, personhood is a cultural product and as many others do not place the same emphasis on a unitary, coherent and autonomous self-identity as in the Western tradition, adopting a different identity is not considered abnormal or pathological everywhere (see Seligman & Kirmayer 2008:42; Whitehead 2011:187).

It has to be noted that even from within this paradigm serious questions are being raised about pathologising possession. For example, a group of South African psychiatrists confronted with possession experiences in a local setting concludes:

We consider dissociation as pivotal in the process of normal construction of an individual sense of self and of communal



identity in the face of conflicting sets of information from various contexts ... Dissociation may therefore be an appropriate tool that maintains a balanced, coherent self-in-society. (Krüger *et al.* 2007:17)

Let me summarise this point: the term dissociation was coined in the psychiatric tradition to describe a disorder (or set of disorders) often associated with trauma. Despite remaining a category in the DSM, there is a growing awareness that pathological cases of dissociation are a subcategory of the human neurobiological and neuropsychological capacity of dissociation. Thus, not all dissociation is pathological. Secondly, more and more psychiatrists are aware of the danger of pathologising a phenomenon that has a positive function in many cultural settings. DID as defined by the DSM and as found in psychiatric settings is not the same as most ethnographic instances of possession. For these reasons it does not make sense to take the DSM category as yardstick to understand, describe or analyse spirit or demon possession instances in most other cultural settings, including in New Testament texts.

All of this does not mean that pathological cases of spirit possession, which are characterised by dysfunctional alterations of identity and other distressing symptoms, do not occur (see Cardeña 2011:290). In cultural contexts that place a high premium on a unified, autonomous and integrated self, dissociation is primarily limited to conditions caused by trauma or stress. However, where cultural practices and knowledge allow or invite spontaneous, playful or other forms of dissociation (such as absorption), non-pathological occurrences of dissociation outnumber the pathological ones by far (see Seligman & Kirmayer 2008:50).

The neuro-cultural phenomenology of possession

The dominant feature of the anthropological study of possession is to see dissociation in its function to articulate certain self-states (see Csordas 1994:222ff.; Seligman & Kirmayer 2008:42). As Krippner (1997) points out, dissociative phenomena are present at many times and in many places and refer to a wide range of experiences. Klass expresses the growing conviction in the following way: '[T]he dissociative disorders studied and treated by psychopathologists are illness variants of a normal (that is, a *nondisorder*) capacity of humans to dissociate, by either external or internal suggestion' (Klass 2003:115). He argues that what anthropologists study as 'possession' or 'spirit possession', should be renamed and classified as *Patterned Dissociative Identity* (PDI), a subcategory of Human Dissociative Phenomena (HDP) or just *Dissociative Phenomena* (see Klass 2003:116f). The spectrum of HDP shows that we are dealing with an exceptional human capacity which finds expression as controlled or uncontrolled awareness or dissociation which can be either life-potentiating or life-depotentiating, can be adaptive or maladaptive, and emerge involuntary or can be sought after.

Klass explains this process by distinguishing between the individual and the person. Dissociation is a consequence

of the emergence of culture and the development of personhood. Personhood is unique to humans, since both humans and animals possess individuality, but only humans possess personhood. Being a member of a society 'transforms a human *individual* into a human *person*' (Klass 2003:24). Person is the 'position occupied by a *human being* in a social structure, the complex formed by all his [*her*] social relations with others' (Klass 2003:111). Personhood can take on different identities, as is evident in dissociative disorders as well as something like hypnosis. Based on this argument, Klass (2003) answers the question 'What is really happening with spirit possession?' as follows:

Well, there is apparently an identity present during what we have come to call 'possession,' and it is as 'real' as any other identity, including yours and mine, for they too are cultural constructs. In DID, the identity constructs are idiosyncratic to the individual and reflects mental illness; in PDI, they are patterned and accessible, usually, to other members of the society. (p. 124)

In other words, when someone culturally (in agreement with cultural practices) patterns his or her identity by means of dissociation, it can be seen as an active, even if unconscious, process of engaging with society.

The anthropologist Bernhard Leistle explains the mechanisms of this process by pointing out that, phenomenologically speaking, HDP (possession) is grounded in the capacity of being a self, because to be a self paradoxically requires the possibility of also being an other; the self exists by virtue of a relation 'to something that is *not us*' (Leistle 2014:62). Constitution of the self and constitution of the other are two aspects of one and the same process — self and other depend on one another (see Leistle 2014:79). He argues that possession can be seen as the transformation of what is experienced as alien (that which threatens the existing order) into an other. In his words:

'we can characterize possession as inspired by an intentionality to make part of the order what eludes the order or, in short, to transform the alien into the other by means of symbolic representation' (italics original; Leistle 2014:69)

Illness, pain, suffering and affliction are all instances of phenomena that represent the intrusion of the alien into experience (see Leistle 2014:71). Such instances of alienness are spoken of and spoken about when they are transformed into the language of otherness within the symbolic universe or cultural order of the self. When threatened by the alien, the self protects itself by means of possession: 'In becoming possessed, the self finds itself besieged by alienness; it cannot find a meaningful response to the demands storming in on it, and it deteriorates' (Leistle 2014:80). Spirits as 'pre-objects' (Leistle 2014:79) allow the self to reconnect with the cultural world that has become inaccessible in the face of the alien threat. Seen in this way, Leistle suggests, spirit possession is taken as a cultural technique that transforms the alien into an other in a process that removes the threat and protects the self. In this sense possession is a positive cultural tool used in the service of maintaining order.

Spirit possession is thus an experience where the self claims to be the spirit, and a phenomenological approach allows us to understand the essential structures of such experiences:

On one hand, it allows us to take seriously the claim of the people believing in and practising spirit possession that it exists and that it works. On the other hand, it does not force us to take the logic and rhetoric of possession literally, as it presents itself ... When addressing spirit possession from this perspective we are able to appreciate it as a cultural technique of the self. We are able to acknowledge that it 'makes sense' to have a sociocultural institution of the type 'possession' because we understand cultural existence as necessarily incomplete and partial, therefore related to and challenged by the Alien. Possession as institution is a socially accepted way to respond to that challenge in a patterned and organized, culturally meaningful manner. (Leistle 2014:81)

According to the above argument, possession 'is a mode of being, rather than something one simply has' (Lambek 2010:732). Possession as a dissociative phenomenon can be seen as an alternative way of being a human self or constructing an identity. In different ways Klass and Leistle provide us with language and arguments to take seriously the claim by experiencers of being possessed whilst understanding the neuro-cultural technologies that are employed in the process of making and remaking their selves. It is not unreasonable to suggest that dissociation served hominids as a way to cope with stressful experiences and, together with the placebo response, enhanced survival and reproduction (see Winkelman 2010:123; 2011:165).

Much of this is confirmed by the anthropological literature. Janice Boddy (1994), for example, remarks:

An issue threading throughout the literature is that of selfhood or identity: how possession creatively resituates individuals in a profoundly alienating or confusing world ... three parties of variable inclusiveness are implicated in any possession episode: a self, other humans, and external powers. The ritual reordering of their relationships is a process of self-construction and healing that takes place on several planes at once. (p. 422)

She shows that possession amongst the Zar in Ethiopia is used by women to assist them in meeting responsibilities and managing problems of everyday life, and to change domestic relations. It can be seen as a form of social protest and power rebellion. 'Most would agree that possession cults are or have become historically sensitive modes of cultural resistance,' she concludes (Boddy 1994:419). The normal self can be suspended, whilst forbidden desires, feelings or behaviour can be expressed in the alternative self during possession (see Seligman & Kirmayer 2008:42).

The neuro-cultural structures and mechanisms of dissociation

The recent interest in neuro-scientific research has generated a body of research into the neurophysiological correlates of dissociation or the neurobiological mechanisms of different dissociative phenomena. Given the spectrum of phenomenon

identified as possession, it is not surprising that more than one structural mechanism has been identified to explain the phenomenon.

The typical questions in this area of research are *What happens neurobiologically during hypnosis? Which neuropsychological systems are activated or deactivated during intense stress or with people suffering from PTSD (post-traumatic stress disorder)?* In the case of possession the question is: *Which structures, mechanisms and systems are activated in cases of HDP (or possession)?* When seen as an adaptive trait, dissociated phenomena are regarded as a natural and normal response or defence mechanism with neurobiological and neuropsychological causes.

The neurologist Oliver Sacks explains that imagination, hallucination and perception form a continuum. Imagination is qualitatively different from both hallucination and perception since it takes place in the private theatre of the mind, and certain mechanisms in the mind/brain allow us to recognise imaginations as our own and to take responsibility for them as not of external origin. Some breakdown of mechanisms, or dissociation, must take place when imaginations turn into hallucinations as if they are, like perceptions from outside (see Sacks 2012:239). For this reason, various suggestions about the neurobiological mechanisms are proposed. Two specific studies are discussed to illustrate the importance of this for understanding the neuro-cultural facets of HDP.

The neuroscientist Vilayanur Ramachandran suggests that dissociative states (such as derealisation and depersonalisation) are examples of playing possum in the emotional realm and that this is an evolutionary adaptive mechanism (Ramachandran 2004:92). He explains the idea by means of two well-known but rare syndromes. The one is Capgras syndrome, which entails that afflicted persons will identify a face but are unable to connect it to the proper person. For example, a person will claim his mother looks like his mother, but is actually an imposter. This results from a brain injury where the connection between visual perception and emotion is damaged. When speaking to her on the phone, he will recognise her as his mother (see Ramachandran 2004:7-9, 90). The second is Cotard's syndrome. Patients with this syndrome start claiming that they are dead. In such cases Ramachandran argues all the senses are disconnected from their emotional centres, with the result that nothing has an emotional impact. Such persons interpret the disconnect as being dead. When pricked with a needle they will express disbelief that dead people can actually bleed instead of giving up the delusion that they are dead. He suggests that dissociation is a sort of mini-Cotard's syndrome where the anterior cingulate in the brain (a part of the frontal lobes) becomes extremely active whilst the amygdala and limbic systems, which control emotions, are disabled. 'A person looks at the world, is intensely alert, hyper-vigilant, but the world has become completely devoid of emotional meaning because the limbic system has been shut down' (Ramachandran 2004:93).



In nature, the opossum will play dead when chased by a predator: since most predators do not eat carrion, the possum will survive. Thus, playing possum is used to describe the reaction of losing muscle tone and playing dead. This happens during traumatic and near-danger situations. Ramachandran (2004) argues that the same mechanisms can be triggered by chemical imbalances and other causes.

In a study that offers an overview of such neuro-cultural mechanisms, Seligman and Kirmayer point out that studies of the neurobiology of dissociation show that in stressful and traumatic situations, various autonomic responses (arousal or skin conductance responses, etc.) are activated. Other studies indicate that with hysterical conversion, for example, 'inhibitory activity in the prefrontal cortex disrupts the "emotional tagging" of perceptual and cognitive material by the amygdala and related structures' (Seligman & Kirmayer 2008:46). It has been found that patients with DID (the closest sibling of spirit or demon possession), have significantly smaller volumes of the hippocampus and amygdala (see Seligman & Kirmayer 2008:48). If this is also the case with spirit or demon possessed persons, it might explain why certain individuals and not all persons in particular conditions of fear or trauma or abuse tend to become possessed. The implication is that it is never the *demons* that decide whom to possess; possession is caused by a combination of the person's natural capacity and propensity for dissociation, cultural beliefs about self and identity, social circumstances such as trauma, abuse or oppression and neurobiological predispositions (the volume of the hippocampus and amygdala) that determine which individuals suffer from dissociation.

Such neuro-scientific studies contribute to complexify, but at the same moment to explain possession as normal and natural neuro-cultural mechanisms of the human organism. Much more need to be done to explicate the wide spectrum of possession phenomena in terms of such complex neuro-cultural processes.

Exorcism and adorcism as responses to possession

Although the focus of this study is on possession, a few remarks about ways of dealing with it have to be made.

Possession, as seen, is a state that can be cultivated or can be the result of uninvited spirits. In cases where invading entities are uninvited, they can either be exorcised or, if considered useful, employed and a relationship with the spirit can be cultivated (see Giles 2004:229; Leistle 2014:77). In the ethnographic record exorcism, expelling or binding the spirit, or adorcism, which refers to coming to terms with and accommodating the spirit, represent contrasting treatments of underlying problems (see Bourguignon 2004b:560, 562; Csordas 1994:176; Lewis 2003:29). Both exorcism and adorcism can thus be considered extended therapeutic processes aimed at addressing the causative problems.

Possession is the symptom, not the problem, and therapeutic processes (exorcism or adorcism) aim to alleviate such problems. It is only, as shown above, in particular traditions that exorcism is consistently and pejoratively employed as a solution to a problem.

Furthermore, it is clear that possession, like all other alternate states of consciousness in cultures where they are cultivated, almost never occur outside of social contexts (see Laughlin 2013:44). In fact, Csordas (1994:224) points out that possession is hardly ever a self-diagnosis. It is usually diagnosed by a healer or the community and treatment, which is not always exorcism, consists of social practices and rituals. Therefore both exorcism and adorcism are also community processes that take place within cultural settings and are constituted by the expectations, relationships and values of particular communities. Such processes most often consist of ritual practices and social engagements. For example, from the anthropological record it is clear that most demons resist exorcism. Goodman and Josephson point out: 'It may not be until after many sessions of exorcism ... that they announce their time or conditions for leaving' (Goodman & Josephson 2004:76).

Concluding remarks and a way forward

In conclusion two remarks can be made. The first is that dissociative phenomena, of which spirit or demon possession seems to be a clear instance, are complex neuro-psycho-socio-cultural phenomena. Despite local explanations and subjective experiences of demon or spirit possession or dissociated identity, scholars over a wide spectrum are today recognising the need for an integrative perspective of these complex phenomena. It is no longer responsible to speak about these phenomena merely from the experientists' point of view. As dissociative phenomena, possessions are instances of complex human processes that involve neurobiological, cognitive and cultural structures and mechanisms. It is the value of a comparative and cross-cultural approach that allows us to see possession as another version of HDP – or, as it were, as a way of producing selves in settings where they are disvalued or abused. They are normal and natural processes of the human nervous system embodied in particular cultural settings.

Secondly, two traditions have consistently and successfully succeeded in presenting demon possession as something negative, if not pathological, something to be resisted, if not exterminated. In such settings possession is seen as the problem instead of the symptom of other problems. These traditions are the Christian tradition and the Western psychiatric tradition: possession is a problem or disease; exorcism is the solution or cure. In most other traditions, possession is the symptom of other problems; exorcism or adorcism is the therapy. One of them, namely the psychiatric tradition, is earnestly re-evaluating and altering its position. What about the other tradition?



That finally brings me to the two examples I started with. The first one is the growing exorcism industry in Southern Africa. I know of no extensive fieldwork study of spirit or demon possession in contemporary Christian congregations. However, it is apparent that the focus is on exorcism as the solution to a 'problem'. From existing research it is not apparent what rewards or prestige there might be in becoming possessed or undergoing an exorcism in these settings. Within the problem-solution framework, exorcism is seen as the divine cure. However, as is the case in most ethnographic examples, the exorcists are mostly male, the possessed mainly female. If these possessions are an expression of abuse or exploitation or power inequalities in society, then serious questions should be asked about the practice as such. Are the victims punished twice, once through abuse or marginalisation and then through exorcism? Is exorcism in these contexts a continuation of unequal power relations and a pious perpetuation of exploitation? Is it possible that the growth in the exorcism industry is a sad reflection on a practice in emerging forms of Christianity that is creating its own victims (and keeping them subordinate)?

The second example concerns the role and function of Jesus' exorcisms in perpetuating the practice of exorcism as a divine tool against possession. As scholars of history, we should constantly rethink the categories and solutions we offer for the historical cases we investigate. In all three trends mentioned above, exorcism is hailed as a replicable practice without any regard for the causes of possession or a clear distinction between possession as a label and possession as a condition. In fact, all three positions operate uncritically within the framework of possession as the problem and exorcism as the solution or cure. Furthermore, the exorcism stories are followed uncritically and the practice (although seen as three distinct entities), is hailed as praiseworthy (promoting Gods kingdom, imperial resistance or spiritual therapy respectively). But possession (not exorcism) as instances of human dissociative phenomena is a way of coping with problems and resisting oppression and exploitation.

Enough has been said about the ethnocentrism of the third trend which sees possession as instances of psychiatric syndromes. But what about the view that exorcism is celebrated as imperial resistance? The irony is that possession, not exorcism, is a form of resistance. If possession is regarded as a form of bodily protest and resistance against oppression, the Beelzebul demoniac (and not his exorcism) was challenging Roman imperial power. Exorcism that resists or denies possession can be a form of exploitation and continued oppression of those protesting bodily (not verbally) against their fate.

Admittedly, there is almost no data to rely on and too little evidence to ask the questions that need to be asked about the possessions and exorcisms reported in the Gospels. However, based on comparative studies, we can do a few things. One is to distinguish clearly between possessions as dissociative phenomena and possession as a label for other

conditions. Another is to question or at least problematise the pathologising of demon possession that emerged from the Judaeo-Christian tradition. Lastly, we need to question exorcism as a cure for a possession problem when possession is merely a symptom. Are we addressing the real problems? Do we as historians uncritically perpetuate the oppressive voice of our sources instead of analysing them for what they contain about the human condition? Does the general positive portrayal of Jesus as exorcist perhaps contribute to an on-going form of exploitation that needs a careful and culture critical re-evaluation as a religious or pious practice? Perhaps the time has come to say farewell to the age-old practice of exorcism and to start understanding the human plight that underlies its origin, namely, possession.

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