



A Case Study of Possession and Trance Disorder in Salai Jin Ritual: Etiology, Diagnostics, and Therapeutics

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Abstract. The 10th and 11th editions of the WHO Classification discuss the possession trance disorder (PTD) chapter on dissociative disorders. ICD-11 defined the concept as “a significant alteration in the individual’s state of consciousness and sense of personal identity replaced by an external identity ‘possession’ in which the possessed agent controls the individual’s actions or movements.” Moreover, *salai* is defined as a form of dance and *jin* as spirit, which means *salai jin* is dance worship of *jin* as creatures kept by a person or certain community groups to fulfil promises or intentions. This study focused on a 28-year-old woman with possession trance disorder after attending a *salai jin* event in Tidore. After two weeks of the event, the woman was often possessed and returned to normal in between these possessions. She also admitted to having a psychosocial stressor after being left by her boyfriend to marry another woman. In this case, it was reported that a possession trance disorder occurred after the *salai jin* ritual. Etiologically, this could be caused by a psychosocial stressor from the patient accompanied by acculturation problems.

Keywords: possession trance disorder · dissociative trance · *salai jin*

1 Introduction

Possession trance is generally defined as “a temporary change of consciousness, identity, and behaviour, associated with trance by a spiritual force or another person”. The experience can be classified as a pathological state when it is unintentional, unwanted, and inconsistent with cultural or religious norms and practices [1]. The diagnosis of “possession trance disorder” was first proposed in the DSM-IV as a condition to be studied further. Still, pathological possession experiences are included in the category of dissociative identity disorder (DID) in DSM-5. This pathological possession is now considered a “presentation of possession form” from DID, but several studies in different countries have challenged the correlation between DID and possession. Furthermore, it is still unclear how pathological possession differs from other pathological phenomena like the delusions of possession experienced by people with psychosis and other so-called cultural syndromes that some researchers agree to be examples of dissociative phenomena [1, 2].

The 10th and 11th editions of the WHO Classification include possession trance disorder (PTD) in the chapter on dissociative disorders. ICD-11 defined the concept as “a significant alteration in the individual’s state of consciousness and sense of personal identity replaced by an external identity ‘possession’ in which the possessed agent controls the individual’s actions or movements” [3–5]. The symptoms should not be included in a group’s collective cultural or religious practice because they are unintentional and unintended. This is because suggestible people often behave as expected in these circumstances, especially after being exposed to a trance state or learning about possession. As a result, the possession type that is brought on by and manifests just during the exorcism is ineligible for this diagnostic. It’s also crucial to remember that the symptoms must be capable of significantly impairing or causing distress in daily activities such as personal, family, social, educational, and occupational activities. However, the adoption of the “possessed” role by an individual can be a primary (reaction or chance to express conflicting impulses in a culturally acceptable way) and secondary (attracting the attention of others and evoking respect or admiration) source of distinct advantages [5–7]. Unless the trance episodes reoccur, one trance episode is likely to last at least several days per the ICD, and a trance episode is expected to result in full or partial amnesia. Furthermore, ICD-11 explains the very shallow boundaries between PTD and DID or Partial DID as alternative personality states in PTD associated with external (rather than internal) possessive agents. This suggests that aside from how patients interpret their symptoms, PTD and complex dissociative disorder present clinically in a similar way [5, 7, 8].

The salai jin tradition is a cultural heritage passed down and taught by the ancestors of the Tidore people. These people still adhere to their ancestral customs and traditions because they have meaning in their lives. For example, the passing down of the salai jin tradition from one generation to another is not only a ritual but also the glue of ethnic identity. It is important to note that local wisdom is the legacy of the ancestors transferred over time, and the local genius in community groups originates from local culture due to their past experiences. The concept is further explained as the human intelligence possessed by certain ethnic groups and obtained through community experience. Moreover, it is defined as a life perspective or knowledge as well as a life strategy in the form of activities conducted by local communities to fulfil their needs [9].

Salai is a form of dance, and jin is a spirit, meaning salai jin is a form of dance worship for jin, creatures kept by a person or certain community groups to fulfil their promises or intentions. Salai is a traditional ritual that involves other creatures, such as jin; the word means a party involving several people using specific costumes and musical instruments. It is normally conducted for three days and three nights, and its implementation usually depends on the reason for the celebration by family members, either for treatment or expression of gratitude [9].

2 Case Report

A 28-year-old Malay woman, unmarried and domiciled in Tidore was brought by her parents to a public health centre because she had multiple “possessions” in the past two weeks and each episode lasted from 30 minutes to 1 hour. When asked about the

meaning of “possession”, the parents explained that their child has not been herself and was behaving differently than usual, leading to the assumption that something or someone had entered her body. This had not been experienced before and the parents stated that their child started behaving such that after participating in a *salai jin* event. It was reported that she attended the event, which was held for 3 days, and became possessed. She was immediately brought by the residents and given a glass of prayer water. Subsequently, a trance state was often experienced, and this was the reason a decision was made that she should be taken to a doctor.

The woman was observed to be silent with a sharp look when she arrived at the public health centre. An hour later, she returned to her senses and, when asked what had occurred, simply shook her head. The woman confessed to knowing what was occurring in her surroundings when “possessed” but could not move her body as something was controlling her. She further stated that this often occurred in the past 2 weeks at an average of 3 times a day. Moreover, her parents said that she was abandoned by her boyfriend, who died 2 months ago when asked about any stressors before the onset of this disorder.

There was no emotional or mental disorder experienced by the patient as well as a family history of the disease. Any history of drug use and law-related issues were also denied. The neurological examination results were observed to be within normal limits of awareness while not in *compos mentis* attack. Furthermore, the mental status examination conducted by Mrs. CS showed an appropriate mood, euthymic, and no disturbances in thought processes, perception, orientation, concentration, memory, abstract thinking, and judgment.

3 Discussion

The features presented in this case match the diagnosis of possession trance disorder in ICD-11 or possession and trance disorder in ICD-10. In the DSM-5, dissociative trance is categorized as other specified dissociative disorders, and the diagnosis is also applicable [2, 5, 10]. However, this case cannot be classified as DID because the behaviour change is limited to a confusional state, not invasive, and the whole identity is preserved. Furthermore, the condition is not part of the cultural norms or religious practices among the Malay people and is considered a mental disorder caused by supernatural agents. The Malay people believe that witchcraft and possessing evil spirits are common causes of mental illness. Meanwhile, the possession trance, which was described as the medium that leads spiritual seances and the process of entering trance voluntarily, is accepted as part of the cultural norm [11, 12].

The possessing agents in the majority of cases of possession trance disorder are typically distinct, well-known, and correspond to regional or local entities specific to the patient’s culture or geographic location, as well as universal representations of God or the devil. It is important to note that 6 categories of agents are identified in order of frequency in the literature and arranged from the most frequent to the least encountered to include the goddess, god, God, Holy Spirit, or angel (43%), deceased relatives and human ancestral spirits (29%), evil spirits and demons such as *jinn* or *zâr* (18%), animals such as snakes, foxes, tigers, and turtles (5%), devils such as Lucifer, Asmodeus, or Satan

(4%), and a local holy man believed by the patient [4, 11]. This is consistent with this present case because the parents believed their child was possessed by an evil being or spirit.

The aetiology of possession trance disorder in the literature was classified into 9 broad frameworks, including the following [4, 11]:

1. Psychosocial stresses include events like a family member's death, pathological grieving, religious or cultural conflict, tension brought on by financial or social problems, issues with engagement or marriage, sexuality or other societal taboos, guilt, and an undefined internal struggle.
2. Traumatic theories such as childhood sexual abuse or violence, war, and the unexpected suicide of a relative.
3. Mental disorders suffered.
4. Cultural aspects have been identified, and some literature has suggested that the condition is founded on stereotypes attributed to culture or acquired behaviour.
5. Communication theory views trance and possession as generalized indications of oppressed people's pain and unmet needs.
6. Profit-seeking to the point that trance is thought to positively affect the economy, society, and psychology.
7. Dissociation theory, which views dissociation as a key phenomenon, is supported by data showing that some individuals tend to "dissociate."
8. Hysteria theory states that disorder manifests histrionic personality involving unresolved Oedipal conflict with possible mass hysteria.
9. Acculturation problem which considers the difficulty of acculturation to be the main problem. In some cases, this difficulty can be due to the migration from one country to another, from rural neighbourhoods to urban centres, or from local belief systems to other religions (religious conversion).

In terms of management, some literature and case reports often showed the application of several treatments ranging from traditional medicine to hospitalization. These approaches are further grouped into six broad categories as follows [4]:

1. Traditional medicine involves shamans and healers but the process is not considered an exorcism
2. Exorcism
3. Psychotherapy
4. Treatment with psychiatric drugs
5. ECT
6. Hospitalization

The treatment observed to be mostly implemented with appropriate provision of peace to all patients is psychotherapy [4].

4 Conclusion

This case shows that a possession trance disorder occurred after the *salai jin* ritual. Etiologically, this can possibly be caused by a patient's psychosocial stressors accompanied

by acculturation problems. The causative agent believed by the patient was an evil being or spirit possessing her, and the therapy considered the most successful in some literature was psychotherapy.

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