



‘Blessing in Disguise’: A Case Study of Spirit Possession among the Meiteis of Manipur

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ABSTRACT

Spirit possession cases are distinct human behaviours and experiences which are associated with the belief that an individual has been taken over by a spirit or deity or other supernatural entities. Diverse cultures and religious systems have their belief and corresponding rituals to deal with these cases. The present paper deals with a particular form of possession among the Meitei people of Manipur, a north-eastern state of India. It tries to highlight how traditional medicine, coupled with indigenous religion, provides a more acceptable and effective treatment mechanism to those cases in the cultural context of the Meitei people. Primary data for this study are collected through observation, interviews, and also with case-studies from one of the villages in Thoubal district of Manipur during the period from 2017 to 2018. The possessed individual becomes a connecting link between the deities, spirits, and mankind. This condition is generally perceived, understood, and dealt with from a religio-cultural perspective rather than from a biomedical one. The need to minimize the gap between cultural understanding and the biomedical perspective while dealing with those cases is also highlighted in this study.

Introduction

The term possession, also known as spirit possession is used to describe a wide range of distinct human phenomena. It is used for an identifiable condition of spirit possession or possession by a deity and also as a label for illness and misfortune (Lewis 2003, Cohen 2008, Winkelman 2009, Mangena and Mhizha 2013). Bourguignon (1976:7) sees possession as ‘an idea, a concept, a belief which serves to interpret behaviour’. Jones (1976:1), who studied spirit possession in Nepal, observed that spirit possession could be defined as ‘an altered state of consciousness on the part of an individual as a result of what is perceived or believed to be the incorporation of an alien form with vital and spiritual attributes.’ Becker (1993:11) also provides a broad definition of possession as ‘the phenomena in which persons suddenly and inexplicably lose their normal set of memories, mental dispositions, and skills, and exhibit entirely new and different sets of memories, dispositions, and skills.’ In a slightly different way, possession, Boddy (1994:407) says, is ‘a broad term referring to an integration of spirit and matter, force, or power and corporeal reality, in a cosmos where the boundaries between an individual and her environment are acknowledged to be permeable, flexibly drawn, or at least negotiable.’ While Lewis (2003:57) asserts that ‘possession is a culturally normative experience’.... whether or not people are actually in trance, they are only ‘possessed’ when they consider they are, and when other members of their society endorse this claim or indeed initiate it. The phenomenon of possession is also seen as a condition that gives power to the powerless, gives strength to the marginalized section

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of the society, particularly women. Danforth (1989:44) points out that spirit possession is 'an adaptive response through which they can resolve social and psychological problems in a widely accepted, and sometimes well-respected, cultural idiom.' Lewis (2003:26) also sees these phenomena of possession as 'thinly disguised protest movements directed against the dominant sex.' Bourguignon (2004:559) too argues that 'women's possession trance must be understood as a psycho-dynamic response to, and expression of, their powerlessness.' She (2004:572) continues that '...acting through the spirits, for when the spirits take over, women can do unconsciously what they do not permit themselves to do consciously.' Smith (2006:58) as well, in a similar note, maintains that 'possession is, in virtually all cases including those described in ancient and classical literature, an act of social subversion as well as an act of social confirmation'. Thus, the phenomenon of possession is very diverse and has different forms, different understandings with their associated beliefs and practices in various cultural groups. The question of labelling spirit or deity possession as a form of deviant behaviour or psychologically definable pathology should be answered within the context of the local culture.

The phenomenon of possession is a varied and complex process found in multiple societies since the early period in different forms with different names and associated beliefs. The phenomenon of possession is so varied as Smith (2006:597) also observed that 'it would be fruitless and incorrect to posit its origin in a single event, locality, or religious complex-it has become perhaps the region's most widespread form of spiritual expression, with a vibrant presence in semi-public divinatory practice and public festival.' He (2006:598) continued to maintain that 'possession in South Asia is so varied, multivocal, and ubiquitous-it arises as a result of a large number of possible physical, mental, social, moral, and psychological circumstances-that it is inadvisable to offer a grand theory of possession, in spite of certain consistencies in its narrative logic.' However, Cohen and Barrett (2008) observe that more in-depth analysis reveals that the range of possession beliefs in various cultural groups rests on certain key assumptions, although they are widely varied in nature.

The tradition of culturally mediated use of dissociation is believed to have been there at least as far back as Palaeolithic times. The prehistoric paintings depicting half-human, half-animal figures found in caves around the world are believed to represent Shamans in religious frenzies like those of modern shamanic trance cultures and maybe a part of the symbolic enactment of a religious ceremony (Clottes and Lewis-Williams 1998). It is perceived, understood, and dealt with from both religio-cultural and psychoanalytic perspectives in different societies. The concerned individual acts as if taken by a completely different personality, spirit, deity, or other supernatural force and gets into an altered state of consciousness during this episode. Alterations may occur in memory, mood, perception, identity, and motor functions of the body when it is happening. During this time, loss of control over their actions, strange behaviour from their original selves, loss of awareness of their personal identity and environment, change in tone and voice, even language in some cases, inability to distinguish reality from fantasy, loss of sensitivity to pain, etc. are also generally observed in those possessed individuals. It has different forms, different causal factors, and also various treatment procedures in different cultures.

Possession is a neuro-cultural mechanism of the human organism if we look from a biomedical perspective. It 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 that determine the tendency of the individual to suffer from dissociation (Craffert 2015). Dissociation is a term used to describe a person's involvement in the reported dissociative experiences or observed dissociative behaviours. Dissociative is an adjective that attempts to describe reported experiences and observed behaviours that seem to exist apart from, or appear to have been disconnected from, the mainstream or flow of one's conscious awareness,

behavioural repertoire, and/or self-identity (Krippner 1997). It is a complex neuro-psycho-socio-cultural phenomenon reflecting the complex human processes that involve neurobiological, cognitive, and socio-cultural structures of mankind. It can be cultivated or can be the result of unintended spirits or deities or other similar supernatural elements. DSM-V (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) described the possession syndrome as a category of the Dissociative Identity Disorder (DID), formerly known as multiple personality disorder (MPD). The manual says,

Disruption of identity is characterized by two or more distinct personality states which may be described in some cultures as an expression of possession. The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in effect, behaviour, consciousness, memory, perception, cognition and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual. (American Psychiatric Association 2013: 295)

The International Statistical Classification of Diseases and Related Health Problems 10th revised edition, commonly known as ICD-10 defined trance and possession disorders as disorders in which there is a temporary loss of the sense of personal identity and full awareness of the surroundings. It includes only trance states that are involuntary or unwanted, occurring outside religious or culturally accepted situations (WHO 2015). However, these identification and classification systems do not fully encompass these varied phenomena. They provide a list of mental health conditions presumed to be universal. But, in reality, there are many cases in different cultures that do not exactly fit into these systems of identification. There are difficulties in assessing mental disorders across cultures because even biological conditions are experienced and evaluated differently by different cultural groups. Whether this phenomenon is perceived as a medical disorder or not is entirely dependent on the cultural milieu of the concerned people.

Possession studies, says Lewis (2003:II), ‘indeed tend to mirror the current fashions of anthropological theory and, if we are not careful, the voices of those we seek to report are in danger of being silenced as we pursue our own ethnocentric preoccupations’. He continues, ‘...this undesirable tendency seems to me to be specially promoted by the vogue for Post-Modernist “interpretative writing” which certainly reveals much about the anthropological writer, but often disappointingly little about his or her informants’. Cohen and Barrett (2008:251) also observe that ‘anthropologists have focused on the elaboration of interpretive approaches to possession phenomena and have largely turned away from explanatory models of cross-cultural patterns of recurrence and variation.’ This study tries not to be absorbed too much in the symbolic and interpretive approach by silencing the voice of the informants, but to give a more balanced picture with adequate voice, beliefs, opinions, and practices of the study population. Smith (2006:98) maintains that under the hegemony of western colonialism and Christianity in South Asia, ‘possession was, in general, on the decrease, as was the case in the Pacific islands’ however, in the post-colonial period, ‘possession has been embraced as an indigenous cultural practice’, and oracular possession has been increased in this region. Cohen and Barrett (2008:250) also maintained that ‘possession-trance phenomena have been the focus of hundreds of anthropological, medical, psychological, historical, sociological, and neuroscientific studies.’ There have been numerous studies on the possession-trance phenomena of Indian population groups. Some of them are Freed and Freed (1964), Chandrashekar (1989), Stevenson, Pasricha, and McClean-Rice (1989), Bhatia (1999), Basu, Gupta, and Akhtar (2002), Snodgrass (2002), Halliburton (2005), Pathapati, Prabhakar, Nallapaneni, and Thatikonda (2014). Smith (2006) also gives a comprehensive account of deity and spirit possession in south Asia. He provides a wide range of possession phenomena among various groups in the Indian sub-continent, both ancient practices from the ancient literature to its contemporary period but he does not mention the Maibis (religious functionaries of the Meitei indigenous religion) and other possession cases among the people of Manipur. This article is an

attempt to cover those possession cases among the Meitei peoples of Manipur. It is based on both primary and secondary data. Primary data was collected through anthropological fieldwork during the period from 2017 to 2018. Data collection was done through different methods such as interviews with unstructured and semi-structured interview schedules, observation, case studies, etc. Fieldwork was conducted in one of the villages called Uyal in Thoubal district of Manipur.

Cultural Framework of the Cases

In this article, I focus on a specific type of possession found among the Meiteis of Manipur while giving brief accounts of other possession cases as well, in which a particular deity reach out to an individual and the chosen individual get possessed by that deity and becomes a medium, the connecting link between mankind and deities. I shall come back to the reasons for such a deliberate focus on one specific type of possession in the following sections. The Meitei, also known as Meetei¹ is a major ethnic group of Manipur, one of the north-eastern states of India bordering Myanmar. Manipur was an independent kingdom until 1891 AD. By the beginning part of the Christian era (33 AD), it became a confederate nation-state comprising different clan principalities under the leadership of the Ningthouja clan which is also known as the Meitei according to the Cheitharol Kumpaba,² the Royal Chronicle of Manipur. There are different theories on the origin history of the Meitei people. Regardless of various theories and opinions, it is certain that the Meitei as we see them today as a population group are a heterogeneous group. It is an outcome of a mixture of different population groups in different periods of history from different directions. Before the beginning period of the 1st century AD, there were different clans, seven major clans, and a few other sub-clans³ who later integrated to form the Meitei nation (Manikchand 1988). It is also very much possible that the valley dweller Meiteis descended from the various ethnic groups in the surrounding hill ranges. It is known that the central valley of Manipur was underwater in a very early period. Human habitation in the valley could have begun in the surrounding hills, and in the flatland only after dry land emerged in the central valley.⁴

Possession Cases among the Meitei People

Possession cases among the Meiteis can be described as culture-bound syndromes if we observe them from a biomedical perspective. A culture-specific or culture-bound syndrome is 'a combination of psychiatric and somatic symptoms that are considered to be a recognizable disease only within a specific society or culture. There is no objective biochemical or structural alteration of body organs or

1 Meitei or Meetei carries the same historical meaning. They are simply free variations of this language like any other language so permits (Budhi 1988).

2 It records the events of the Meitei kings and their nation. It claims to trace the written history of the kingdom back to 33 AD, the reign of Pakhangba and ends with the last king, Bodhachandra, in 1955. The earlier parts of the chronicle are questionable and need to be dealt with healthy scepticism. However, the entries of the chronicle become more comprehensive and reliable from the reign of Kyampa (1430- 1508) onwards. From his period onwards the entries of the Chronicle began to include the year, day and month of each event.

3 Seven major clans were; Ningthouja or Mangang also known as Meitei, Luwang, Khuman, Angom, Moirang, Chenglei, and Khaba-Nganba. Other smaller groups were Manding, Chairan, Khende, Heirem Khunja etc.

4 Human habitation began at the hilltops, particularly in the hill ranges at the north and east of the central valley in all myths and folktales. There is still a big water body, the largest freshwater lake in the north-eastern region of India at the southern side of the Manipuri valley called Loktak Lake which is the remnant of an erstwhile big water body in the central valley. The legend has it that human habitation began in the Koubru hill, at the north of the central valley and came down to valley when dry land started to emerge. And Kangla, the ancient palace of the kingdom was the first dry place in the central valley. Thus, human habitation could have begun in the valley only after the water bodies have dried up significantly forming the current Manipur valley.

functions, and the disease is not recognized in other cultures' (Chhabra, Bhatia and Gupta 2008:15). These symptoms are set of psychiatric symptoms and dysfunctional behaviours that are expressed in a particular way in specific cultures that may or may not be related to other mental and physical disorders already described in other societies or cultures. The term culture-bound syndrome was inserted for the first time as an appendix to the 4th edition of the manual of mental disorders commonly known as DSM-IV published by the American Psychiatric Association in 1994. The manual defined these symptoms as recurrent, locally-specific patterns of aberrant behaviour, and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category⁵ (American Psychiatric Association 1994). Understanding and assessment of these cases depend on the cultural background of the examiner, her/his judgment about the case, and also the patient's cultural background, beliefs, ideas, concepts, and ability to understand and communicate what she/he has experienced or is experiencing. There is a high tendency to attribute those experiences to a spiritual cause, in the supernatural realm in the majority of the native cultural domains. In Meitei society also religio-cultural perspective delivers more acceptable causal beliefs and effective treatment methods to the people than modern medicine in dealing with those possession cases.

Hingchabi Changba (Evil eye), Potsem Jadu (black magic), Lai Oknaba (confrontation with the malevolent spirit or deity), Heloi Oknaba (possession by a misleading female spirit), Lai Tongba, (possession by a deity which is associated with the Maibis and symptoms of becoming a Maibi), etc. are different forms of the possession syndrome among the Meitei. In most of these cases, if not all, the spirit or the deity takes full control of the body and mind of the victim and she/he becomes an external manifestation of the spirit or deity. In these cases, the spirit or deity express their will through the victim. There are similar cases in various cultural groups. Herskovits (1948:66-667) writes of the Haitians, 'the supreme expression of their religious experience is a psychological state wherein a displacement of personality occurs when the god "comes into the head" of the worshipper.' The individual thereupon is held 'to be the deity himself' (1948:66-67). Frazer (1958:108) similarly describes possession as the moment when a spirit enters into a person. The person's 'own personality lies in abeyance during the episode,' and all utterances 'are accepted as the voice of the god or spirit.' Lambek (1981:40) also wrote that the spirits are said to 'enter the bodies of human beings and rise to their heads, taking temporary control of all bodily and mental functions.' He continues, '...despite the fact that the body remains the same, it is now occupied by a different person... During the trance, the human host is absent, no one can say where, and is temporarily replaced by the spirit.' Stoller (1989:31) also describes spirit mediumship among the Songhay of Niger as resulting 'from the temporary displacement of a person's double by the force of a particular spirit'. When the 'force of the spirit enters the medium's body, the person shakes uncontrollably. When the deity's double is firmly established in the dancer's body, the shaking becomes less violent. The deity screams and dances. The medium's body has become a deity.' A similar phenomenon is described by Lum (2000:156) saying, 'after an orisha had manifested on a person, it was that orisha who was now animating that person's body... The displaced [host's] spirit only returned when the orisha had left.' Bourguignon (2004:572) also maintained that 'when the spirits take over, women can do unconsciously what they do not permit themselves to do consciously. The demands that are made, the orders that are given, are those of the spirits' doings and sayings. They are neither responsible for nor aware of what is going on and do not remember it after the fact. They have the ultimate deniability.' We can observe similar views from many other scholars about different cultural groups around the world. For example, Firth (1967:312), Kiev (1968:143), Field (1969), Lewis (1971:105), Hitchcock and Jones (1976), Rouget (1985:325), Sharp (1996), Rosengren (2006:812) etc.

5 Culture-bound syndromes have been described as cultural concept of distress in the 5th edition of DSM published in 2013. According to the manual, the cultural concept of distress refers to 'ways that cultural groups experience, understand and communicate suffering, behavioural problems, or troubling thoughts and emotions.'

Three basic methods have been traditionally used for the treatment of possession in different cultures; the first is trying to expel the spirit physically by such means as bleeding, beating or whipping the patient. The second is to transfer the spirit to another body, usually an animal. The third most commonly used method is driving the spirit or deity out by conjurations, prayer or other appropriate rituals like appeasement offerings by an expert practitioner (Palmer 2014). The last method is used in Meitei traditional healing for treating those possession syndromes. Dow (1986) gives a universal structure of symbolic healing, including magical healing and western psychotherapy. He maintains that Shamanism and faith healing are types of magical healing, a type of symbolic healing that involves the ritual manipulation of superhuman forces. Treatments of those possession cases by the Maibis (female religious functionaries) or Maibas (male religious functionaries and traditional healers) are also parts of these symbolic processes.

The Hingchabi Changba (evil eye) is the most common culture-bound syndrome among the Meitei people. It happens to both men and women but it was reported to be more prevalent among women and children. The Hingchabi is a woman who has a spirit that can enter other people's bodies and harm them. However, it was informed that those women who have the quality of the Hingchabi do not know that they have this attribute. The case of the Hingchabi Changba, entering the spirit of the Hingchabi to another person happens when the Hingchabi lady envies something that the person, the victim has. It could be the food the victim was having or could be personal belongings such as clothes, ornaments, etc. Lovely small children are also believed to attract the attention of the spirit of the Hingchabi. When this lady who has the spirit of the Hingchabi envies something, the spirit enters the body of the victim and controls the body and mind of the victim, thus living as the external manifestation of the spirit. If it happens to a small child, different symptoms are reported to occur like uncontrollable cry, epilepsy, convulsion, etc. This trait of the Hingchabi is believed to transmit itself only in the female line. The woman who has this trait passes it to her daughter. The youngest daughter is believed to be more likely to inherit this trait from her mother. If the woman who has this spirit of the Hingchabi does not have a daughter, then it is passed on to granddaughter through her son. The treatment of the Hingchabi Changba is conducted by a Maiba by making appropriate offerings to the spirit. The spirit leaves the body after it is appeased with the offerings, and the victim comes back to her/his normal senses. There are Maibas who are popularly known for the treatment of this possession syndrome, particularly among the children in Meitei villages. It is a common practice of the people to offer a little part of the food they have whenever they eat in public places to avoid the envy of the spirit of the Hingchabi, if there happens to be anyone with the spirit of the Hingchabi. Small children also wear a kind of amulet made of Kurao (coral tree) to avoid the spirit of the Hingchabi. Children also wear a piece of Phanek (female lower garment like a skirt) their mother wore at the time of delivery to protect themselves from evil spirits, evil eye, and any other unwanted incidents in a small copper amulet. This piece of cloth is called Naokal Phee, the cloth which saves the child. It is the cloth the mother wore when the child came to this earth, and it symbolized the mother herself who protects the child since birth.⁶

The Potsem Jadu is a form of black magic. In this, the intending person performs black magic with the help of an expert to harm the other person or her/his family. A family may consider they are under the attack of such magic if they experience a series of bad incidents, bad luck such as failure of crops, prolong illness, failure in business or other endeavours, etc. Those types of magic under Potsem

⁶ There is a popular story of one Paona who faced the British soldiers in the Anglo-Manipur war of 1891. Paona was a major of Manipuri forces assigned to defend British forces coming from the Burmese side in the Anglo-Manipur war. In that story, the British Soldiers could not defeat him as he was wearing his Naokal Phee tied with his head-dress. After realising all his fellowmen were already dead or injured and they were going to lose any way to the mighty British forces, Paona removed his Naokal Phee and sacrificed his life for the motherland along with other soldiers at the battle of Khongjom.

Jadu are based on the 'rule of contact' and the law of 'like produces like' which are similar to Frazer's (1976) contagious and sympathetic magic. Contagious magic is based on the principle that things or persons once in contact can afterwards influence each other. In other words, it is believed that there is a permanent relationship between an individual and any part of his or her body. And the sorcerer can harm an individual through any detached body parts such as hair, nail, etc. of the individual. Sympathetic magic is based on the principle that 'like produces like', for example, whatever happens to an image of someone or doll, the person will also get the same effect. It is reported, the body parts of the intended person, the person who is going to be the victim, mostly hair or a piece of nail is used in the process of sorcery. The associated believe is, when the sorcerer harms the body parts or the representing doll, the victim will also get the same effects. In some cases, a spirit or ghost intending to harm the individual is reported to be sent by the sorcerer as per the demands of the client. The treatment is to use countermeasures to remove the spirit, spell or any other harmful things with the help of another sorcerer. Unlike other cases, no offerings of appeasement rites are conducted in the treatment process of this case. Treatment processes are taken up to neutralize, counter or confront the threat with counteragents instead of appeasing in this case.

The Lai Oknaba is the contact with the malevolent spirits or divinities. As a result of that unwanted confrontation, the victim may get possessed by the spirit or deity or in another case, get harmful effects without getting possessed. It happens when a person unintentionally comes across those spirits or divinities in restricted areas which are considered as restricted, sacred places or in some cases while travelling alone in odd hours when those spirits or divinities are considered to be active. The spirits or divinities are considered to be active in those time periods such as midnight, dawn, dusk and noon according to the belief system of the Meitei people. These periods are connecting periods, the liminal period like the medium where spirits exist, in between two worlds of living and deaths. The treatment of those unwanted confrontations is to make appeasement offering rites. This type of possession syndrome is like those of pathogenic possession described by Cohen (2008). However, in this case, whether the victim gets possessed or not, she/he always gets some unwanted effects from the encounter. Those effects may be a headache, depression, loss of appetite, developing strange behaviour, etc. In the majority of the cases, the victim develops strange behaviour, completely different from their original selves. In some cases, the spirit or deity takes full control over the mind and body of the victim, and she/he becomes the external self of the possessing spirit or deity until they are removed by performing appropriate rituals. Healing rituals are performed by a Maiba or Maibi by making appropriate offerings to the concerned deity or spirit asking for forgiveness by the performer on behalf of the victim.

Heloi is another supernatural character who is believed to be a beautiful, attractive lady. It is believed among the Meitei people that there are seven Helois, the youngest of them is the most beautiful and attractive. It is said that they usually play in deserted areas, streets and lawns. They wait for the lonely traveller, generally a man and often mislead him to uninhabited areas. During the process, the victim is believed to be completely deceived by the charm of the Heloi and follow her after losing awareness about himself and his whereabouts. The person comes to his senses only after someone meets him and makes him awake or in other cases, after experiencing some significant conditions from his surrounding environments like reaching a water body or having a fall or other similar incidents which would awake his senses. In some cases, appeasement rites are also performed if the spirit does not leave the body automatically after some time. This case happens when the Heloi does not leave the victim for a considerable time, even after the victim is found by someone and brought back to his senses. During this period, the victim is not completely possessed but still struggling to get hold of his mind and body, in the fusion state in which the spirit becomes part of him sharing the mind and body; the oscillation-type in which the spirit and the person, his self, is trying to control the mind and body. 'His spirit must have been lured away by a Heloi' is a commonly heard

saying in the village when the people see a distracted man.

Among those possession cases, the case of Lai Tongba, literally meaning ‘sitting on by a deity’, a type of possession by a particular deity stands out. It is the only kind of possession that has both negative and positive cultural values. It can also be spontaneous or induced.⁷ In the cultural explanatory model of the people, there is nothing wrong with the physical body or mind of the concerned individual in this case of Lai Tongba. It is not a problem or affliction but a sacred privilege. It only becomes a problem and affliction to the person when she/he refuses the sacred call of the deity and tries to suppress it. Otherwise, it is like a blessing from that possessing deity. The person also gets a new status in society by virtue of her/his connection with the deities. Those other forms of possession occur due to the wrath of gods, violation or breach of taboo, confrontation with the spirits or deities in ‘bad places’ in ‘bad timings’, evil spirits, malevolent spirits or deities, evil eye, sorcery, etc. They all are loaded with bad intent to harm the victim and are some kind of punishment or ill-intending actions. However, this type of possession (Lai Tongba) does not intend to harm the individual but to give a chance to serve the deities, be a medium through which they can express their will to the people. I believe Lewis (2003:15) had a similar opinion when he observed, ‘transcendental experiences of this kind, typically conceived of as states of “possession”, have given the mystic a unique claim to direct experiential knowledge of the divine and, where this is acknowledged by others, the authority to act as a privileged channel of communication between man and the supernatural.’

The purpose and mode of treatment of the case of Lai Tongba are quite different from the treatment processes of other possession syndromes. If the possessed individual and her/his family members do not want to accept the sacred call of the deity, they perform certain rites with the help of a Maiba to suppress the call and avoid possession. But, it is not a long-term solution. The symptom may re-emerge and the person may get possessed again anytime. The proper treatment is to undergo a training process of becoming a Maibi under the guidance of an experienced Maibi. Thus, it is more of a training to control and regulate the possession but not to stop or avoid it, that is to control, regulate and channelize the mystic energy they get from the connection with the deity, but not to stop or avoid possession. Only through this process of training they become full-fledged Maibis, what they are chosen for, what they are meant to be, at the same time free from any physical and mental problems from the possession. It is through this cultural mechanism they are dealt with effectively. In this way, by adopting rather than expelling the concerned deity they change the process from an initial traumatic experience into becoming an important religious functionaries in the society. All full-fledged Maibis had physical and mental problems at the beginning. These symptoms go away slowly as they started their training. It was found that they become full-fledged Maibis once they can control and channelize their mystic energy of possession. Unlike other possessed individuals the Maibis transformed themselves into new personalities who serve and help other people with their services and also help in treating other culture-bound syndromes, including possession syndromes after their training.

The Maibis are generally described as priestesses or female shaman of Meitei indigenous religion. However, these translations do not have the total connotation the word carries in the cultural context of the people. They have some similarities with female shamans particularly those of Korea (see Kshetrimayum 2009). They also have some similarities with Burmese Nat Kadaws, spirit mediums, also known as Nat’s wife who plays a key role in Nat (spirit) festivals (see Vossion 1891, Brac de

⁷ Induced possession is seen in the majority of the ceremonies and rituals performed by the Maibis. In this, the Maibi continuously rings the Sharik (small brass bell) and chants covering her head and body with a white cloth. The rhythm of the singing and bell gets more and more intense to a point after which she gets possessed and gets into a trance.

la 2009). However, unlike the Maibis of Manipur, they are considered as Nat's wife but not just a medium through which Nats is connected, communicates to people. They get into a trance and act as an intermediary or medium between the spirits and people as the Shamans do. But they do not wear typically shamanistic dress or decorations, such as animal skins or masks nor do they claim to take away bad luck from their clients. The Maibis also do not seek to solve human problems by organizing a meeting between men and spirits to be mediated by them as shamans do. In shamanism, one's spirit travels while one's body remains unconscious, whereas in possession one's body is temporarily inhabited by another spirit or deity, while what happens to one's own spirit at the time is left undetermined. The term Maibi has no exact equivalent word in the English language. It is better to retain the original term not to lose its cultural meaning. They are at the same time priestesses, invoking the deities and making offerings to them; mediums receiving oracles from the deities and giving them out to the people; they are also ritual singers and dancers. They also act as fortune tellers by communicating with the spirits and deities. They are generally addressed as Ima Maibi, meaning, mother Maibi regardless of their actual age or that of the addressing person. An individual can become a Maibi through two ways; the first, after getting possessed by a particular deity, they are the chosen ones and the second, by training without getting chosen or possessed by a deity. However, the majority of them are chosen ones.

The Maibis have been part of Meitei socio-cultural life since the early period. It has been reported that the institution of the Maibi has been there in the palace as a part of the larger administrative system since the period of Thawan Thaba who reigned the Meitei kingdom from 1195 to 1231 AD. The process of becoming a Maibi goes through three distinctive phases. They all go through the processes of separation, marginality/liminality, and aggregation. In the first phase, the person gets a divine call from a particular deity or decides by herself/himself to become a Maibi. In this first phase, the person leaves her/his previous status. The next phase is the stage of marginality or liminal period where the person undergoes intensive training for months or years. This stage is the doorway between statuses and the novice or trainees are often expected to be obedient, receptive and passive during this period. This is followed by the stage of aggregation. In this stage, the person comes back to her/his state but as a transformed one, as a full-fledged Maibi.

Those who accept the sacred call and become Maibis have significant roles and responsibilities in Meitei society, both in the domestic and community level. Their roles and responsibilities in the socio-cultural life of the people correlate them to the larger cultural context of the people. At the domestic level, they perform various rituals, give oracles and act as a medium between spirits, deities, and mankind. Ancestral worship (Apokpa Khuramba), different forms of appeasement rites (Thoutouba, Khayom Lakpa), healing rituals and offerings, the inauguration of a shrine (Laishang Hongba), etc. are some domestic rituals they perform. They also act as fortune-tellers of their clients. They are also consulted by the people when they lost valuable items or property to find them. Newly possessed Maibis are believed to deliver more accurate information during the fortune-telling and secret finding rituals. Among their various roles and responsibilities, the role they play in Lai Haraoba⁸ is the most

8 The Social, religious, philosophical life of the Meitei people is depicted thoroughly in the festival of Lai Haraoba. Tradition, beliefs, perceptions and philosophy of life of the people are also preserved and allowed to continue since the very early period through this ceremony. It depicts the stories of creation of the universe, all the living and non-living beings including mankind on the earth by the god Ashiba as per the instructions of his father, the supreme almighty. The creation of mankind, development of human life form, birth, the beginning of the human habitation, making house, making fire, beginning of cultivation, making clothes etc., are also depicted with different rites and dance forms in this intricate festival. The tradition of Lai Haraoba occupies a special place in the hearts of the people. Every Meitei village in Manipur is under the jurisdiction of one these guardian deities, collectively known as Umanglais. This ceremony also promotes social solidarity among people. It brings people together to a common platform and makes them participate in the collective act, which is for a common cause, i.e. the well-being and prosperity of people. It also helps keep alive and thriving the

significant one. Despite more than two and half centuries of Hindu influence and dominance in the Meitei society and culture, the Maibis and Maibas, largely through this festival have successfully preserved the essence of Meitei civilisation, religion, culture, and worldview. The Maibis have been playing a key role in shaping the Meitei culture that we see today since the very early period. Being the major carriers of indigenous customs and traditions with indigenous religion even during the period of Hinduisation in Manipur, they contributed significantly to the process of developing the present Meitei culture which is the product of syncretism of cultural traits of Hinduism with those of indigenous Meitei religion.

Presentation of the Cases

Sanahanbi⁹ is a thirty-five year old married woman. Her in-laws, even her husband did not know her condition before marriage. It was only after her marriage that her condition became more frequent to occur. Her parents recalled that 'the condition' started when she was around eight-nine years old. They said she was 'chosen' by Ekop Ningthou, the guardian deity of their village since that time. From that period onwards, she has been experiencing that condition occasionally whenever the deity visits her. They said she becomes a completely new person during those episodes and does not even recognize her parents whenever it occurs. She speaks unintelligible tongue and shows different symptoms such as trembling, keep murmuring, crying and sometimes laughing with no reason. She also tries to run away from her home when it occurs. At times she becomes violent when her family members try to stop her. Her family members have been trying to suppress the 'sacred call of the deity' by performing appropriate rituals with the help of the Maibas (traditional healers). Her parents did not consult modern medical practitioners. They believe modern biomedicine cannot treat their daughter since her condition has nothing to do with her physical body or mental state. She was chosen by a deity to become a Maibi. But they did not want her to become a Maibi and had been trying to suppress the call by performing appropriate rituals from time to time. Those possession episodes became more frequent after her marriage. Her in-laws tried to treat her with psychiatric treatment even though there was a social stigma surrounding it since they believed her condition could be cured by consulting modern medical practitioners. One popular psychiatrist from RIMS (Regional Institute of Medical Sciences) at Imphal diagnosed her as a patient of Dissociative Identity Disorder (DID) and treated her with appropriate techniques coupled with medications. But it did not succeed in giving her desirable results. On the other hand, her physical conditions became weaker as much as the social stigma grew stronger. Her parents said there was no such social stigma when they took the help of indigenous medical practitioners. Thus, they came back to indigenous healing coupled with offering rituals after their unsuccessful attempts to treat her with psychiatric treatments. Her condition was reported to be stable when a traditional healer began her treatment coupled with offering rituals. They said, her possessing deity was cajoled with offering rituals and it needs to be propitiated occasionally since she does not wish to accept 'the divine call' and become a Maibi.

Sanahanbi is living with her two sons, husband, and in-laws. She has a small shrine near her home, at the extreme left side of the courtyard. There she worships Ekop Ningthou, the guardian deity of the village, the deity who chose her. Every morning she sanctifies the surrounding area of her shrine by mopping the floor. Then she makes the offerings to the deity with some red flowers and incense sticks on a plantain leaf. She makes this offering first thing in the morning before starting other household activities. She said red flowers are Ekop Ningthou's favourite flowers. There is a well-nurtured and tradition. The earlier tradition created by the ancestors are brought back to the present constantly through this ceremony and thus, making the lives of the people, their tradition connected to the past, to their roots.

9 In the cases presented in this article, all names and identifying information has been altered to protect the anonymity of the concerned individuals.

maintained red China rose plant at the right side of their courtyard. She said it is good that she does not have to look for red flowers every morning for the offering at other people's places since China rose is not a seasonal flower and it blooms throughout the year. She also has some dietary restrictions. She does not eat fish with husks such as catfish, vegetables with vine such as pumpkin, cucumber, watermelon, etc. She also does not take garlic. It was informed that those food items are tabooed by the deity and she gets 'difficulties' if she consumes them, even unknowingly as that would 'anger' the deity. She said only by maintaining her lifestyle, she can cajole the deity which possesses her and avoid any mental and physical problems.

Tombi is another thirty-five year old married woman living with her husband, in-laws and her three children, two sons and a daughter. She is a Maibi. Her family members tried to suppress it by performing rituals with the help of a Maiba when she started to show the symptoms of possession for the first time around five years ago. They also consulted modern medical facilities from where she was referred to a renowned psychiatrist in a leading government hospital in Imphal. However, both attempts, performing appropriate rituals with a Maiba and psychiatric treatment could not yield any desired results. She narrated;

My family members did not like it when I first started showing symptoms of possession. They consulted a Maiba and performed many rituals to suppress the call. Everyone thought that it would be difficult for the family if I became a Maibi. We already had three children at that time, two sons and a daughter. But after a few months of treatment with a doctor, the possession became more frequent. All the family members began to worry about my children and me. They brought another senior Maiba from a distant village to perform some rites. For some time, it helped. Everyone in the family was happy. But after two/three months it started again. I cannot recall much of that day. Later my husband told me they could not stop me that night. It was a rainy night. They said I started pulling my hair, trembling, speaking in a different, unintelligible language. Next early morning, they got the news about me in the house of Ima Guru. That night I felt almost nothing despite running more than two hours to the house of Ima. Later I realized some small cuts in my leg. When I came back to my sense I was with my Ima Guru. Since then, I stayed for some months in their house with my mother in law and began my training.

She stayed there at her mother teacher's house around seven months and continued her training of becoming a Maibi. During this period she learned the specific 'way of life' of a Maibi from her teacher over and above their professional skills. She also learned the ritual oration (Lairon), the use of ritual herbs, making of ritual offerings, songs, and different dance forms of the Lai Haraoba festival, chanting and Senmit Yengba, a kind of fortune-telling by using coins, etc. Over and above those, she also learned to harness and channel the energy of the particular Lai (deity) who possesses her. The ability to get possessed and get into trance according to their will was also learned and ritualized during this training phase. It is like developing a symbiotic relationship with the possessing deity. All interviewed Maibis informed that they had physical and mental problems at the beginning. These symptoms go away slowly as they started their training. It is said that they become full-fledged Maibis once they can control and channelize their mystic energy of possession. She also learned to use the most important divine instrument of their profession, a brass bell called Sharik. Thus, after her training period, her teacher took her to different places of the Lai Haraoba festival to observe and begin to practice her sacred duty. In that way, she gained her experience with her teacher. Eventually, with more experience and practice, she became a full-fledged Maibi. However, their relationship with her mother teacher is life-long. Here, her mother teacher is like her senior Maibi. She was also chosen by the same deity as hers years ago. But the new Maibi addresses her teacher as a mother teacher but not as a sister. Through the process of intensive training under this senior Maibi, the novice gets 'reborn' rather than pushing through to the next stage as a full-fledged Maibi. Thus, the novice considers her teacher

as a mother teacher who gave her a new birth instead of a sister who taught her. Their relationship continued to survive as mother and child even though they become independent full-fledged Maibis staying at different places serving different deities.

Spirit possession commonly refers to the hold exerted over a person by external forces or entities more powerful than her/himself. These entities may be ancestors or divinities, ghosts of foreign origin, or entities both ontologically and ethnically alien (Boddy 1994). Spirit possession has long been an important area of inquiry in anthropological researches across different cultures. The phenomena of possession can be discussed into three categories; the fusion in which the spirit becomes part of the individual sharing the mind and body of the person, the oscillation-type in which the spirit and the person, her/his self, trying to control over the mind and body and third type, which is also the most common case, where the spirit takes full control of the mind and body of the person. In majority cases of possession, another spirit or soul or deity enter an individual and express their will through the person. According to Bourguignon (1974), there are three types of possession; non-trance possession, trance possession, and ritual possession. In non-trance possessions, either the individual or a close observer believes that one is possessed, usually by the devil or a demon. In trance-possessions, an altered state of consciousness the identity of a god or spirit usually alternates with the individual's normal identity. In ritual possessions, trance possession occurs within a ritual, usually religious in nature. Trance possession and ritual trance possession occur in almost all societies. According to Bourguignon's study, trance possession and ritual trance possession have been observed in 90% of 437 cultures in America, Europe, Africa, Asia, the Caribbean and Pacific islands. She also distinguished possession into two forms; one form of possession causes a change in bodily functions, and the other form alters consciousness, awareness, the personality, and will of the individual (Bourguignon 1976).

Cohen (2008) discussed possession into two types, which she called executive and pathogenic possession. In the first case of executive possession the external agent or possessing spirit controls and takes over the beliefs, desire, behaviour, intentions, and actions temporarily. She/he is like an external manifestation of the possessing spirit or deity during this period of possession. The spirit or deity takes over the mind of the host, assuming control of bodily behaviours in this case. Whereas, in the second case, which is known as pathogenic possession, the presence of an external agent or spirit or deity causes physical and mental problems such as hallucination, depression, headache, loss of appetite and other symptoms which may persist indefinitely or until a diagnosis is made and the agent or possessing spirit is removed from the person. There are both executive and pathogenic possession syndromes among the Meitei peoples of Manipur. However, there is no clear cut boundary between those two among the Meiteis as Cohen (2008) maintained. For example, when a person gets possessed, she/he becomes an external manifestation of the spirit or deity. The possessing spirit or deity takes over the mind of the victim assuming control of bodily behaviours. In the case of the Lai Tongba also the possessing deity takes full control over the body and mind of the person. The presence of the deity or spirit also causes physical and mental problems such as hallucination, depression, headache, etc. to the person. Thus, it becomes a combination of both executive and pathogenic possession. What we observe among the Meitei people are similar to trance possessions described by Bourguignon (1974). However, there is no clear distinction between trance possession and ritual possession among the Meitei people as those trance possessions also occur within religious rituals among these people. These two types of possessions, trance possession, and ritual possession, are also thus found to be combined among the Meitei people.

Those previously discussed possession vases in Meitei society are not strictly related to mental disorders in the cultural context of the people even though they may be linked to one of the forms

of DSM categories from the perspective of modern medicine. Those cases cannot be grouped into universal classification systems as one of the types of already classified mental illness categories. They need to be studied and dealt with specifically in the light of their local cultural context. They become meaningless acts and inexplicable phenomena if we tear them from their cultural context. That is one of the reasons why biomedicine often fails to give the desired results in treating those cases among the Meitei people. Those cases are more profoundly perceived, understood, described and dealt with from the religio-cultural perspective by the Meitei people. Those traditional methods are far more acceptable and culturally understandable to the people when it comes to those possession cases because they are equipped with explanatory models and treatment methods which are emerged from the deep religio-cultural lives of the people. The patients are considered as chosen ones or victims, those who happen to come across those spirits or deities. The cause of the problem is, in this perspective, outside the body of the patient, in the supernatural realm. Thus, the cure is also outside the body and mind of the patient and it can be achieved through appropriate offerings, prayers, rituals, etc. to the supernatural elements.

The collective behaviour in the healing process of those culture-bound syndromes is also stronger in the traditional healing than biomedical treatment among the Meitei people. Moreover, the social stigma, the negative attitudes, and beliefs that motivate the people to fear, reject, avoid, even discriminate which are usually attached to the patients of mental health problems in psychiatric treatment under modern medical practice is also much lesser in the case of the traditional healing system. The victim or the patient has nothing wrong with her/his body or the mind in the cultural understanding of the people even though they are considered mentally ill people from the biomedical perspective. For these reasons, the patients, victims from the local cultural perspective of these possession syndromes generally do not seek the help of modern medical practitioners, including psychiatrists. It is also a firm belief of the majority of the people that these cases cannot be treated with modern medicine. Modern biomedicine gives adverse effects and makes the case worse as it was reported. So, the treatment of those cases largely lies in the hands of traditional healers and religious functionaries, the Maiba and Maibis of the indigenous religion. Thus, people are more inclined to the explanatory frameworks and treatment methods provided by traditional medicine which are more concurrent with the cultural understanding of the people.

Possession among the Meitei people can also be discussed in binary categories; malevolent and benevolent possession, spontaneous and induced possession. Schoembucher (1993:242) recognizes categorical pairs in the anthropological record and talks about 'controlled and uncontrolled possession, induced and spontaneous possession... desired and undesired, divine and demonic possession.' Lewis (2003) also develops two contrasting psychosocial loci of possession, which he labels 'central' and 'peripheral'. Central possession, generally highly valued, supports prevailing political, moral, and religious beliefs and views spirits as sympathetic to these. Peripheral possession, an invasion of evil, amoral spirits, is undesirable and dangerous. Thus, peripheral cults involve individuals of low status, particularly women. Possessing spirits are regarded as amoral in these cases that cause illness and misfortune. Whereas in the central cults, the possessed individuals are individuals of power and the possessing spirits are ancestral spirits or other recognized spirits whose aim in possessing is to support traditional morality. Smith (2006:597) also said, 'Possession is sharply divided between positive oracular possession and negative disease-producing possession... The two have occasionally converged, as literary and ethnographic evidence over several millennia amply testifies.' However, there is no such contrasting feature among the Maibis of Manipur. Possession among the Meitei people of Manipur does not fit neatly into either of Lewis's categories of 'central' or 'peripheral' possession or Smith's categories; rather, it combines elements of both. For example, there is no clear cut boundary between the voluntary and involuntary, induced and automatic, possession of high and low social rank, dangerous and desirable possession, oracular possession and negative disease-producing possession. Possession

occurring to a Maibi could also be dangerous if the person does not want to accept the sacred call of the deity and tries to suppress it by performing propitiating rituals. The majority of the Maibis are also females which give the impression of them being 'peripheral' but they also have characteristics of 'central' possession such as playing a lead role in religious festivals, being indispensable functionaries in Meitei indigenous religion, etc.

Possession cases among the Meiteis are also closely connected with the Meitei indigenous religion. Every spirit or divinities associated with the possession belong to the Meitei indigenous religious lore. Those possession cases are perceived as illnesses in Meitei society as well. However, not all possession syndromes are bad or undesirable in Meitei society. Possession in Meitei society can be grouped into two; possession by evil or malevolent spirits/deities and possession by benevolent spirits or deities. Possessions by malevolent spirits or deities are undesirable and harmful as the name suggests. However, possessions by the benevolent spirits give the concerned person a privilege to be an intermediary between mankind and deities, and spirits. By virtue of this, they may get a special status in Meitei society. In many cases, they also get the favour of the people for being the connecting link between the deities and mankind, serving deities on behalf of the people and their clients.

There is a need for a bridge between the collective presentation of the people and the biomedical perspective to avoid any cross-cultural understanding which would lead to a clash between cultural understanding and biomedical perspective. This cross-cultural misunderstanding yields unwanted results to the patients or victims in most of the cases while dealing with those culture-bound syndromes. Those cases arise because of the cross-cultural misunderstanding, the clash of local cultural understandings and that of modern biomedicine. They arise because people have their own understanding and treatment processes in their local cultural tradition which are different and incompatible with those understanding and treatment processes of biomedicine. Thus, those cases are illustrative of the theoretical conflicts between cultural understanding and biomedical perspective. Here, we see the importance of the health providers to be culturally responsive¹⁰ to avoid a clash between spirits/deities and biomedicine, and between cultural perspective and modern medicine. If the healthcare providers are not aware of the cultural frameworks used by the patients to conceptualized and communicate about their ailments, then noncompliance, a patient's failure to comply with medical recommendations is more likely to occur. There is a need to minimize this gap between the patient's cultural understanding and that of modern medicine.¹¹

Conclusion

Research on culture-bound syndromes serves strategically to tighten the integration between cultural and clinical knowledge while providing insights into issues of diagnostic universality and cultural specificity. The possession case is one of the forms of culture-bound syndromes. It is a human behaviour and an experience, associated with the belief that an individual is taken over by a spirit or deity or other supernatural entities that are found in many societies since the early period in different

10 Cultural responsiveness is conceptualized as the ability to respond to patient's care needs in a way that is congruent with the patient's cultural expectations.

11 This gap can be seen in many cases where the health providers and patients come from the different cultural backgrounds. The case of 'lost soul' among the Hmong people is also a good example. Biomedicine sees it as epilepsy, a disease, whereas, Hmong people perceive it as a divine calling, a spirit with healing potentials taking abode in a person. If this gap between patient's cultural perspective and that of biomedicine continues to expand, many times, the patient's life gets ruined by cross-cultural misunderstanding. How this cross-cultural misunderstanding can ruin a patient's life is strikingly demonstrated in the widely acclaimed book of Anne Fadiman 'The spirit catches you and you fall down' which was published in 1997.

forms with various associated beliefs. Classification systems such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD) gave a list of mental health conditions including those possession syndromes and defined them as different forms of mental illness categories. However, it is not ideal to put all of those categories into a specific group without considering their cultural variations. In this article, the focus is given to one of the forms of possession cases among the Meitei people of Manipur, a north-eastern state of India. This particular type of possession is distinguished from other forms by its associated cultural meanings and significance. The 'chosen ones' get chosen and possessed by a specific deity, and the chosen individual becomes a medium, a connecting link between mankind and deities, and spirits. Possession syndromes among the Meitei people are conceptualized, understood, and dealt with from a religio-cultural perspective. And they are treated effectively by traditional medical practitioners and religious functionaries. Those traditional methods of treatments coupled with religio-cultural narratives and perceptions are more acceptable and effective among the Meiteis than modern health practices, including psychiatric therapies.

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