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Letter to Editor: Possession-unraveled

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On the 6th October 2015, Department of Psychiatry, Jagiellonian University Medical College, Department of Child and Adolescent Psychiatry, Jagiellonian University Medical College and Krakow Branch of Polish Psychiatric Association organised screening of the movie entitled: "Walka z szatanem" ("Fight against Satan") in Conference Centre of Faculty of Medicine at Jagiellonian University Medical College. The discussion on the images shown in Konrad Szołajski's documentary involved a large group of representatives of various research communities, among whom were psychiatrists, psychotherapists, the clergy, philosophers, representatives of the world of art and students.

In the movie, the director tackles the problem of possession. It shows the story of three women whose lives were shaped around a belief of being under the power of the devil. The movie depicted the involvement of the social and family systems – representatives of church, family members – in the "fight against the evil one". This "evil one" manifests itself in many ways, deranging homeostasis of mental and social life of main characters. Sexual desire in relation to a person of the same sex (nun), difficulties in relationships with peers and discharging school duties, discontinuation of participation in regular religious practices, a significant narrowing of interpersonal relationships outside the family, are the examples of what was considered as manifestation of action of the Satan.

Consultations with specialists exorcists by empirical ways confirmed the suspicions and led to the use of liberating interventions on the "possessed" ones. The eye of the camera moved the audience to an intimate space in which the acts of exorcisms were performed. In the atmosphere of drama the affected women spat exorcised water, refused to receive the sacraments from a young deacon, they kick the church representatives, made noises "from hell". Often a help of at least several men, who get involved with zeal in fulfilling the obligation of imposed labour in the fight for deliverance, was needed to enslave the force of the impure. The rituals took on the character of regular meetings, bringing only temporary relief of symptoms. Concentration of family life has

been transferred from difficult topics and areas of experiencing to the fight against evil. The natural rhythm of constructive adaptation to family life phases has been replaced by a focus around the symptom, and the language of interpersonal communication in family – a narrative about possession. The fight for deliverance involved many members of the family, with getting numerous secondary benefits – apparent closeness, realisation in disguise hidden desires, avoiding struggles with another developmental task was medium keeping Satan alive and justifying the need to continue the process of exorcism. The benefits applied to all involved – both rescuers and victims.

However, the actual loss was failing to undertake psychotherapeutic treatment, which would create the possibility of "disenchantment" of the activity of a demon, placement of suffering of the main characters in the world of intrapsychic experiences, interruption of perverse, devilish circle and release of space for treatment and development.

Phenomena associated with possession have been observed and described by many cultures for centuries. Manifestations of possession are consistent with the socio-cultural context, especially religious, and those possessed ones are also endowed with special attention and position in the community. "Possessed" people have been locked in the dungeons, exiled or vice versa – they were attributed an extraordinary opportunities to predict the future, practicing black magic, and influencing the reality by supernatural forces [1]. All of this was associated with a specific stigma and exclusion from normal functioning. Efforts to understand the phenomenon of possession were undertaken by representatives of various social areas [2]. Significant in this range have been case reports made by doctors, psychoanalysts at the turn of the eighteenth and nineteenth century [3, 4], in which the signs of possession and mental disorders were clearly linked.

In modern classification systems (ICD-10, DSM-5), many phenomena commonly associated with the state of possession are enumerated as part of the image of mental disorders. For example, movement dysfunction, changes in motility in the form of paralysis, involuntary movements, paresthesia, typically occur inter alia: in conversion disorders, acute stress reaction and in the course of psychotic conditions; temporary disturbance of identity and orientation as to the environment are typically in the trance and possession syndrome; speech and memory impairment in the form of both amnesia and hypermnesia – in dissociative disorders. Obsessive rituals often escalating, as indicated by the clinical experience, when confronted with stimuli of a religious nature, as well as blasphemous thoughts often accompanied by compulsion to say offensive words to other people, are examples of the symptoms of obsessive-compulsive disorder. The rapid realisation of repressed and often socially unacceptable needs occur during dissociative fugue [5, 6]. In 1992, the World Health Organization, within the ICD-10 classification [5], identified the diagnostic criteria of the new dissociative disorder called "trance and possession" (F 44.3). Similar attempts have been undertaken by specialists gathered together around the work on the fourth edition of the DSM of the American Psychiatric Association [6], but due to the lack of consensus

the analogical diagnosis has not been included in this classification. However, similar phenomena have been partly included in the criteria for diagnosis of "dissociative disorder not specified". Meanwhile, in the DSM-5, components of the Dissociative Identity Disorder were extended by some of these symptoms, separating possession form presentations from phenomena characteristic for states of trance observed in different cultures (dissociative trance) [1].

These examples of symptoms of neurotic disorders make up the image which in significant range gets the most out of the phenomenon of possession. In addition, symptoms often observed in the course of schizophrenia spectrum mental disorders are delusions, whose content is the feeling of being possessed by an external entity, and which lead to behaviours often deceptively similar to general image of the state of possession. Only selected disorders, which symptoms can be socially incorrectly considered as a condition for the use of exorcism, are mentioned above.

Human in contact with the unknown often reaches towards irrational explanations that provide a sense of safety towards the areas of surrounding and intrapsychic world, in face of which he feels powerless [7]. For centuries in the confrontation with symptoms of mental disorders, communities have been reaching to explanations provided by religious systems, to give meaning and regaining a sense of efficacy. Modern concepts and theories explaining the functioning of the human psyche, due to their still numerous limitations, do not always provide a sufficiently stable base that would protect against the temptation to seek solace in unrefined irrationality.

A special duty to consistently resist this temptation is inherently inscribed in the medical profession, especially a psychiatrist, as well as in clinical work of other professionals (inter alia, psychotherapists and clinical psychologists) involved in the treatment of the mentally ill. Careful evaluation of the patient's clinical status, with reference to current scientific knowledge, socio-cultural context, especially family, and the modern diagnostic criteria allows for a proper diagnosis and to propose an appropriate form of treatment. The maintenance of fidelity to rationality is a way to overcome the demons, directing the patient towards development. The mask of the devil falls and emerges the beautiful complexity of the structure of the human psyche.

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