

Dissociative trance disorder: a case report

RAZALI S.M.

Department of Psychiatry, School of Medical Sciences, Universiti Sains Malaysia, Malaysia

Key words: Dissociative state, spirit possession, healing.

Introduction

Dissociative states are common and accepted expression of culturally activities and religious experience in many societies. The DSM-IV (1) proposed new categories of disorder in which there were insufficient information to warrants inclusion of these proposals as official categories or axes. One of the proposals was dissociative trance disorder. We reported here a case of dissociative trance disorder successfully treated by a Malay traditional healer or 'bomoh'.

Case Report

A 21- year old Malay girl was brought by the parents to the psychiatric clinic of USM Hospital, Kelantan, Malaysia. The state of Kelantan is in the north-eastern region of the Peninsular Malaysia and it shared a common border with southern Thailand. She presented with recurrent episodes of not being herself for the past two weeks. The episode lasted between 20 minutes to 1 hour. During the attack her behaviour was totally changed. She talked irrelevantly in Thai, had labile affect, demanding and seemed to detach from reality. The family members believed that an evil spirit possessed her. She had an argument with the parents prior to the illness. She asked them to reject a marriage proposal from an influential family because she already had a special boyfriend. Although the proposal was politely turned down, the members of the rejected family were not happy because their reputation would be damaged. Since then the patient was noticed to be quite and withdrawn. Five days later she developed an episode of abnormal behaviour. The patient was brought to see a few bomohs but not much improvement. The bomohs reinforced the belief that she was possessed by an evil spirit which act on the behalf of a powerful sorcerer from Thailand who was engaged by the rejected family. This explains her ability to converse in Thai during dissociative state although she never learned Thai language before.

On examination, patient showed nothing unusual in her mental status other than partial amnesia for the episode. The diagnosis of dissociative trance disorder was made (1). The patient refused admission because the parents had an appointment with a well-known bomoh. The therapist asked the permission to witness

a spiritual seance ceremony. The session started with a middle age medium contacting a familiar spirit to assist him. After 10 minutes he went into trance as soon as the spirit entered his body. While in trance he tries to communicate with evil spirits from the patient's body. After a few minutes it was observed a recurrence episode of abnormal behaviour and the patient went into trance. Both of them then communicated in Thai; it was understood that the medium was persuading the evil spirit to leave the body. The evil spirit finally agreed to leave her and promised not coming back. Twitching of the patient's both hand and feet was observed as the evil spirit leaving the body. As soon as the spirit left her she emerged from the trance refreshed, greeted by friends and relatives who had been watching this ceremony. Since then she made a full recovery.

Discussion

The presenting features fits to the diagnosis of dissociative trance disorder. It is unlikely to be dissociative identity disorder or formerly known as multiple personality disorders (MPP) because the changing in behaviour was limited to the confusional state. Furthermore, the behaviour change was not invasive and the whole identity was preserved. The condition is not part of the cultural norm of Malay society or their religious practices and they are considered as mental illness, which is caused by the supernatural agents. The Malays believed that witchcraft and possession by evil spirits as common causes of mental illnesses (2). In contrast the possession trance as illustrated by the medium that presides over the spiritual seance and entered trance voluntarily is accepted as part of the cultural norm. Some of the bomohs such as the example here harboured spirits to help them carrying out exorcism; 'hantu raya' or mighty ghost is commonly encountered (3).

The Malays believed the improvement of the patient's symptom was attributed to the departure of the evil spirit from her body. We proposed several factors responsible for the improvement. The appearance before a well-known bomoh who is perceived to possessed a special healing power derived from their ability to communicate with spirit world, raises the patient's expectancy of cure (an important prerequisite of all successful forms of psychotherapy). Furthermore, the ability to establish good rapport with the bomoh as they shared the same cultural belief is a significant factor. Acceptance of

Accepted for publication: 16 February, 1999

the patient's interpretation of his or her symptoms will strengthen the therapeutic relationship. The importance of understanding of the culture background of the patients so as to avoid emotional conflict has been emphasized by Murphy (4) and by Henderson and Primeaux (5).

References

1. American Pschiatric Association: Diagnostic and statistical manual of mental disorder 4 th. edition (DSM-IV). Washington, DC : American Psychiatric Association 1994.
2. Razali SM, Khan UA, Hasanah CI. Belief in supernatural causes of mental illness among Malay patients : Impact on treatment. *Acta Psychiatr Scand* 94 : 229-233,1996
3. Laderman C. Wives and midwes: Childbirth and nutrition in rural Malaysia. University of California Press, Barkely 1983.

4. Murphy HBM: Current trends in transcultural psychiatry. *Proc R Soc Med* 66 : 711-716,1973
5. Henderson G, Primeaux M: Transcultural health care : Introduction. Addison-Wesley Publishing Company, Menlo Park, California 1981.

Correspondence to:

S.M. Razali

Department of Psychiatry

School of Medical Sciences

Universiti Sains Malaysia

16150 Kubang Kerian Kelantan

Malaysia