

POSSESSION DISORDER IN MAKASSAR INDONESIA

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Abstract

This study discusses the occurrence of possession disorders in Makassar. The method used is a qualitative grounded theory method with data collection using semi-structured interviews and focus group discussions. The participants were three women, each of whom had experienced at least two possession disorders. The criteria for possession disorder refer to PPDGJ III. The results indicated that parenting, the role of the father figure, and the relationship with the mother, as well as the transmission of abusive religious beliefs were more likely the causes of possession disorders in the Makassar/Indonesian context. The abuse experienced is more related to parenting patterns than physical or sexual abuse as appears in the Western literature. Future research that deepens parenting themes and religious beliefs is important to understand the occurrence of other psychopathologies besides possession disorders.

Keywords: possession disorder; dissociative identity disorder; religious beliefs; trauma and abuse; parenting

INTRODUCTION

Possession disorder is currently known as Dissociative Identity Disorder/DID (American Psychiatric Association [APA], 2013). The Indonesian Guidelines for Classification of Diagnosis of Mental Disorders (PPDGJ) III using the term Trance and Possession Disorder, follow the same classification in ICD 11 (World Health Organization [WHO], 2021; Department of Health Republic of Indonesia Directorate General of Medical Service, 1993). The literature generally links the causes of dissociative identity disorder (DID)/possession disorder with traumatic experiences or sexual/physical abuse during childhood (APA, 2013; The International Society for the Study of Trauma and Dissociation [ISSTD], 2011). However, cultural diversity especially in the East (Asia) indicates that the causes of possession can be from other factors. Previous study has also indicated a link between possession and religious beliefs (Siswanto, 2015).

Possession is a general term commonly used and understood to refer to the phenomenon of

an individual or group of individuals expressing behavior beyond their personal consciousness. Referring to its meaning, possession is widely perceived as the entry of spirits or subtle beings into the body of an individual controlling and changing their behavior in very dramatic ways. The common perception of possession has been firmly rooted in society and becomes part of the spiritism view: identifying the phenomenon of possession as part of the supernatural world. Department of National Education Republic of Indonesia (2011) also affirmed the definition from the society/culture of possession by interpreting it as being entered by demon or spirit, so that an individual acts strangely.

The scientific view of possession disorders mainly comes from the circles of psychiatry and clinical psychology. There are several terms in writings related to mental health to refer to the phenomenon of possession disorders, namely dissociative trance disorder, possession syndrome, possession hysterical, possession disorder, and dissociative identity disorder. Possession in the Diagnostic and Statistical Manual of

Mental Disorders, Fifth Edition (DSM 5) published by APA (2013) was given the term Dissociative Identity Disorder/DID, the code was 300.14. In the previous DSM (APA, 2000), possession disorder was distinguished by the multiple personality disorder known as Dissociative Trance Disorder *but* based on recent findings the two disorders were finally put together. Possession based on this view is part of dissociation disorder. Dissociation refers to the unintegrated part of an individual's personality so that in certain situations related to stress, other parts of the personality appear autonomously replacing the original personality (Avdibegović, 2012).

Possession seems to be a common phenomenon and its existence is recognized based on the explanation above. To declare possession as a disorder, there are criteria that must be met, which occur outside the will of the individual and cause distress so that the individual has an inability to carry out their normal functions. Another criterion is that possession does not occur in the context of religion or culture. Possession is also not caused by organic causes or drug use (APA, 2013; Delmonte et al., 2016; Maslim, 2013; WHO, 2021)

There are at least two main explanations for the causes of possession disorder, childhood abuse model and socio-cognitive model. Childhood abuse model emerges because research shows that 94% of DID sufferers experienced abuse both physically and sexually during childhood. Traumatic experiences as children leads to a mental split or dissociation as part of a self-defense reaction. Trauma can result from a variety of situations like war, natural disasters, parenting styles such as abandonment, rejection, and inconsistency. Trauma can also include the loss of attachment figures repeatedly, peer rejection, witnessing family violence, medical procedures, chronic life instability, and emotional abuse. While the socio-cognitive model explains that DID becomes a way used by sufferers to express their failures and frustrations, as well as a tactic to manipulate (ISSTD, 2011; Siswanto, 2015).

Explanation of the phenomenon of possession disorders in Indonesia generally uses the framework of psychoanalyst theory with a subconscious mechanism. Psychoanalysis is currently considered pseudoscience which obscures the understanding of objective possession disorders (Zepf, 2018). Studies that have been previously performed on possession outline various forms of possession in general, both related to culture/religion, and possession as one of the symptoms of other mental disorders (Rahardanto & Subandi, 2012), not possession disorders as referred to in PPDGJ (Syarifah, 2019). Therefore, this study reveals possession disorders that meet the criteria of PPDGJ III/DSM 5/ICD 11 and how the occurrence of possession disorders in Makassar can lead to more appropriate handling when the same phenomenon appears again.

METHOD

This study used grounded theory because it facilitates the process of discovery or theory gap. Grounded theory allows researchers to move from data to theory allowing the emergence of new theories. The grounded theory process includes coding, creating categories based on coding results, and then identifying and integrating those categories to become meaningful (Willig, 2013).

The participants of this study were those who were qualified, i.e., have experienced possession disorder as in the criteria PPDGJ III/ICD 11/DSM 5 (APA, 2013; Maslim, 2013; WHO, 2021) and experienced it at least twice, and were willing to be involved in this study. Participants were reached based on word-of-mouth information. Initial interviews were conducted to determine whether participants meet the study criteria, and after being confirmed, they were given an explanation of the purpose of the study and an overview of the data collection process. Prospective participants were also given information about the benefits and risks of being a study participant. Informed consent

was given after participants agreed to engage in the study and subsequent meetings were managed to collect data from participants.

The description of the participants can be seen in table 1.

Table 1.

Characteristics of Participants

Participant	Age	Education	Gender	Ethnicity	Hometown	Frequency of Possession Disorder
I (I)	20	Undergraduate student	Female	Bugis	Makassar (South Sulawesi)	First time in elementary school grade 6. Second time in junior high school grade IX.
II (O)	21	Undergraduate student	Female	Kaili	Poso (Central Sulawesi)	Three times, first time in senior high school, second time at the beginning of the college year and experienced repeatedly until being sent home for a month and third time during a Community Service Program.
III (A)	20	Undergraduate student	Female	Konjo	Bulukumba (South Sulawesi)	Junior high school grade VIII, each episode of possession occurred several times, the next ones occurred during senior high school grade X and grade XII, and the first semester of college.

Data collection was handled by using a semi-structured interview method and focus group discussions. Semi-structured interviews are the most widely used method of data collection in qualitative research in psychology. This method gives researchers the opportunity to hear what participants have to say about specific aspects of their life experiences. Questions given by researchers served as triggers that encourage participants to tell their stories. Focus group discussions are used to sharpen and to validate semi-structured interviews. This method allows participants to interact with each other and the researchers act as moderators who direct the course of the discussion. The advantage of the focus group discussion method is the higher ecological validity is obtained compared to semi-structured interviews (Willig, 2013).

There were initially four qualified participants, but one withdrew at the

beginning of the process when researchers explained about the study. The other three participants were willing to go ahead with the interview procedure for several sessions until completion. As semi-structured interviews, several interviews were conducted with each participant until the data needed by the researcher was considered to achieve saturation. The participants were also trained to be able to anticipate the emergence of possession with a simple technique developed by researchers, as well as being given a book on possession, published by researchers at the end of the study.

Focus group discussion was conducted after the overall analysis of participants was carried out. The discussion involved the two participants and a close friend of one of them, who had witnessed her possession several times. The purpose of this focus group discussion was to sharpen the findings

obtained in semi-structured interviews as well as to validate some of the conclusions taken by researchers during the research process.

All meetings of both semi-structured interviews and focus group discussion were recorded and then transcribed. Furthermore, the participants were asked to read the transcript results to make corrections or add additional data that may not have existed at the time the interview was conducted. All the data that was used in the final transcript was checked and confirmed by the participants. This was executed to maintain the credibility of the data from the beginning.

The data from the participants was originally analyzed individually. At first, coding was done on the data and based on the coding, themes were generated. Similar themes were grouped into the same category, becoming a larger theme. The categories were then integrated to form meaningful flows/patterns. In the process of appearing themes and categories, if there was a theme or category that had not appeared in one of the participants because in the interview process had not been revealed in depth, participants would be asked in order to find a flow/pattern that was commonly felt by all participants.

After the analysis process was carried out, the results were then sent back to the participants for correction and approval, both relating to the narrative made by researchers and the understanding that emerges from the narrative. This is referred to as participant validity (Willig, 2013) or member checking (Candela, 2019).

RESULT AND DISCUSSION

Participants' narrative

Narrative from Participant I

I experienced the first possession when she was in the 6th grade of elementary school. I was playing alone under the tree in the afternoon because all of her friends had already been picked up by their parents. I and

her friends used to play there after school (around 12 p.m. to 3 p.m.). She remembers vividly daydreaming about her dead father coming to collect her. The next day I felt her stomach begin to hurt, as if it were being squeezed (this was a week before the national exams). She was taken to hospital, where she stayed for a week, but after various tests and examinations the root of the problem could not be found. I was unconscious and unaware of all that happened in the hospital at that time, and according to her mother, I always asked to change socks every day in Dutch. An Islamic cleric was later brought in and said that I was being followed by a Dutch spirit. After being rubbed on the head and given water, that had been prayed over, I became conscious. During her recovery I sweated profusely for a short time and after claims that she has not experienced such pain since. The cleric suspected that the cause of the possession was because I was often left at home alone and was extremely lonely.

The second possession occurred when I was in the 3rd grade of junior high school semester one. It happened after I got home from doing cleaning in their old house. At that time, none of her friends were visiting her, so she could not hang out like she normally would and went straight home, she had no friends living nearby. While she was being taken home, she felt suddenly nauseous developed a high fever and was unconscious by the time they arrived. I initially felt so cold that her body shivered. Her mother said that I became radiant and spoke in Dutch, her body became stiff and arch and according to her mother's sibling it was similar to what had happened to I's grandma when she had been sick (her grandma had been treated at I's family home when she had suffered a stroke and later died). At that time there was indeed a conversation between her mother's siblings to build the grandmother's grave. There was speculation that the wall that had been built around the grandmother's grave had hit the grandma's head because when I was possessed, she kept screaming that her head hurt. The relative who had done the construction called after the

stone near the grave had been moved and I calmed down. The recovery process at that time was through an old shaman lady who was also a neighbor. She sprayed water over I's body and placed a chicken feather between I's first and second toes. I felt a lot of pain during the chicken feather process and when it was done, she was given a drink so the spirit would not be attached anymore according to the old lady.

I claimed to often to forget, for example her activities of the previous week or when she had finished the chapter of a novel, she could easily forget what she had read before she had finished the next chapter. I had a strong imagination, and until the 6th grade of elementary school, she could not distinguish between cartoons and news programs and when she read a novel, she would get swept up into the story. She admits to frequent dizziness, in the past it was on the left side of the head but now it is at the back of her head. She often experiences abdominal pain during PMS.

Narrative from Participant II

O had experienced three possessions until the time of being the participant of this study, they happened when she was in the 3rd grade of senior high school, the beginning of her first college year, during the faculty coaching camp and finally during a Community Service Program, approximately a month before this interview was conducted. The last possession occurred after she witnessed the possession of two of her peers during Community Service. O was asked to help her possessed friends, because of her past experience at the beginning of the college year. As she was trying to help her possessed friends, she believed she saw a large old person. This figure appeared to want to help her, and she felt a positive energy and was not afraid. O felt that the figure was clinging to her, between herself and her possessed friends, she suddenly felt exhausted and then fainted.

Her early symptoms of possession were characterized by cold hands and feet, negative

feelings, emotions which could not be controlled, nervous (heart rate increasing), fainting, feeling of fear, and sadness. O became possessed again, screaming with uncontrollable rage. She was taken care of by the head of the village until she became lucid, and post-possession her body was weak, and somebody had to feed her because she was completely drained of energy.

The possession during the faculty coaching camp occurred from 6 p.m. to 3 a.m. (9 hours). The early symptoms experienced by O was a feeling of coldness followed by seeing strange figures and then she fainted. This was her second possession and at the time she asked for a large bottle of mineral water and drank it all at once, she also laughed with a booming voice. She screamed and appeared to levitate, a senior woke her up and she felt very weak. She was then taken back to her boarding house because she fainted many times. Her older sibling was contacted and came all the way from Palu to take her to be treated. There were some shamans as well as Islamic clerics who were asked to help the recovery process. A cleric asked her to drink water that had been prayed over, the recovery process was slow before she was fully recovered.

The first possession during high school occurred after O ate yellow rice, she experienced fluctuating heat and did not recover for several days. At that time, it was suspected that she was pregnant and finally taken to hospital where the first possession occurred. The early signs of the possession were cold hands, negative feelings such as crying, heart pounding, her body also felt cold and then she saw an old woman. When she was possessed, her face was drooped on one side, similar to a person suffering from stroke. After the incident, O felt excessive fear. She was afraid because when she had a bad feeling, scary shadows would appear every time she tried to close her eyes, as a result, O could not sleep. Post-possession, she felt exhausted, had pain all over her body and was very dizzy. The recovery process was aided by drinking water from the cleric.

O has a forgetful nature. She often feels confused, for example when telling stories, she often puzzles why she chooses such a topic. She sometimes experiences premenstrual syndrome and often struggles with back pain, like that of being stabbed over and over again. O is a person who feels easily scared and anxious, but she does not realize it even though the physical symptoms are apparent, such as heart pounding and cold hands.

Narrative from Participant III

A had experienced possession several times but she found it difficult to say exactly how many because in each episode, she could be possessed multiple times in one day. The series of possession first occurred in the 2nd grade of junior high school, and then 1st and 3rd grade of senior high school and during college in her early semesters. The terms of possession in her tribe language are “*Na pantamakki setan*” or “*Kahattuang*” meaning entered by the devil.

The first possession during 2nd grade of junior high school started after her cousin became possessed, A witnessed the incident, and then the Islamic cleric who was invited to heal the cousin asked her to leave the room because she was wearing a talisman around her neck. A was waiting with her grandma at her house, and she was really scared. She was invited to go back and recited Qur’anic verses, A felt very hot, screamed, and collapsed and began talking in a Jakarta accent. A was conscious for a while in the midst of possession as she was carried back to her house, then the Qur’anic verses were read again. When she was finally fully conscious, her whole body ached. The incident started around 7 p.m. and lasted till midnight. When in possession, A seemed to see a tall black shadow, she felt like it chased her, and her body became weak. The black shadow continued to appear during possessions until she was in the 3rd grade of senior high school. A felt shocked, horrified, afraid because she felt that the shadow wanted to kill her. During 2nd grade of junior high

school, just before the incident, she had begun cutting her arms when her body felt hot but gradually stopped after hearing a story from her religion teacher that self-harm was a sin. However, this habit was repeated sometimes until she was in the early semesters of college, she later said that when she saw blood pouring from her arm, she felt refreshed. The first possession occurred when she was on her period and did not remember the recovery process. She only remembers when she was finally conscious, everyone was around her and her grandma was beside her. The following morning, her whole body ached. It seemed that the older people were not able to hold her, and her younger male cousins were the ones strong enough to, but she struggled furiously when she was lifted which explained her aching body.

A’s possession during senior high school happened after a mass possession incident. The Eid holiday had just ended, and her mom had left from Makassar because she was going on Hajj the next day. Symptoms leading up to the possession that A could remember were shortness of breath, and a feeling like wind coming out from ears. She then fainted and when she was conscious again her whole body felt weak. The incident happened when A was writing notes during school hours, she suddenly felt distracted not knowing what to do as her teacher was explaining the lesson and walking back and forth, A saw a white shadow behind the teacher. She then felt claustrophobic and could not control herself, hands clenched and there was the feeling of wind coming out of her ears.

Possession during the 3rd grade of senior high school occurred when A’s parents moved to Makassar, and she was left alone with her grandmother. At the time, A’s father went back to school and her mother accompanied him to Makassar. The possession happened when A was studying at home alone, as her grandma was going to a wedding and her younger sibling was also not home. A was learning enthusiastically and suddenly her body felt cold, pain down her back and her

eyes turned red. Her younger sibling had just returned home so she went to her sibling's room and asked for back massage. She felt a lot of pain when given a massage and it was believed that *parakang* was the cause. The locals believe that there are humans who suck other people's energy and make them sick. A felt that someone was in control of her and she herself was trapped inside her own body without being able to do anything but cry.

The last possession occurred during faculty coaching camp. A understood that the possession she was in at the time was caused by exhaustion from the adventure activities. The symptoms began with dizziness, vomiting, feeling cold, hands became stiff, body felt heavy and ached. A saw a huge *reog* (lion-headed person) under a big tree and she could smell blood. After that she lost consciousness, she woke up feeling cold and borrowed her friend's blanket. When she went to the toilet, she believed that she saw a long-

haired woman who only had the top part of her body. After being taken home by a senior she felt that she had been followed by something. The night before she dreamed of being chased by snakes and a tall shadowy figure dressed black.

A's imagination is quite strong, she has been easily suggestible since she was a child. When she was in the 3rd grade of elementary school, she made a scene with the neighbors by shouting that there was a snake inside an urn in their house. Even though her grandmother had only told her not to open the urn. In addition, A had experienced abuse when she was in the 3rd grade of elementary school, twice by different perpetrators outside her family. A looked shaken, a sign that she still feels disgusted when she talks about it. A admits that she forgets easily and often complains of symptoms of physical pain such as a stabbing chest and headache.

Overall Analysis of Participants

Table 2.

The Themes of the Participants

Participant I (I)	Participant II (O)	Participant III (A)
Parenting		
Stayed inside the house at sunset; stories about ghosts	Dominant mother, neglectful father, often left alone by parents, taken care by a fierce aunt	Stayed inside the house at sunset, the teachings of heaven and hell that bred fear
Mother		
Mother had changed after father died: controlling, rarely went out of the house, rarely cooked	Over apprehensive	Mother acted like a child
Father		
Died when I was only 9 years old; missed the moments of togetherness with father	Travelled a lot	Migrant worker; returned home only every 1 or 2 years
Personality		
Closed; love solitude; fear of wrongdoing; lonely; forgetful	Easily angered as well as feeling guilty; timid, forgetful, a lot of friends	Impulsive, timid, closed, forgetful
Imagination		
Seeing green creatures in the closet; imagining father picking her up when she was playing	Having trouble to distinguish fantasy and reality, constantly worried that stories in movies appear in reality	Affected by the books that she has read, imagining nails in the head and then has shortness of breath

Emotion		
Fear of being alone outside the house during sunset; still grieving; panicking when late for prayers	Fear of being outside during sunset	Fear of being alone at sunset; Anxious if not performing routine rituals
Religious Belief		
Believe in the supernatural; adhere to religious rituals	Fear of the teachings of hell; believe in supernatural	<i>Parakang</i> (humans who suck other people's energy to make them sick); believe that there are many demons flying around during sunset
Medical History		
Easily fainting; abdominal pain before period	Typhoid; easily fainting, PMS	Typhoid; various complaints of physical pain
Trauma/abuse		
Grandparents and father died; father in and out of hospital frequently, grandmother had a stroke	Poso riots; parents often fight	Separated with parents, living with grandmother; witnessing great-grandmother becoming sick and dying, bathing a dead body twice
Situation/event Before Possession		
Possession I: A week before national exam; seeing friends being picked up by their fathers while she was playing under a tree Possession II: after returning home from the old house; grandma's grave was being built	Possession I: after eating yellow rice; happened in hospital Possession II: exhaustion and rain Possession III: after seeing other people possessed	Junior High: after seeing a possessed cousin, great-grandmother just died; Senior High: the day before mother left for Hajj; College: exhaustion
Pre-Possession		
Unclear cause of stomach pain; cold, cold sweats, nausea, dizziness	Dizziness, cold hands and feet, bad feeling, uncontrolled emotion, hear pounding, fear, sad, and exhausted	Body heat and wanted to cut the pulse, she felt like she was going to die, body felt heavy, body aching
During Possession		
Spoke in Dutch and asked to change socks; stiff body, arched like the late grandmother	Angered, drank a large bottle of mineral water very quickly, screaming, unsymmetrical face	Behaving like the late great-grandmother, adults could not lift her
Post-Possession		
Sweating, became more reserved, body aching.	Excessive fear, frightened to close her eyes because scary images kept appearing, unable to sleep, exhausted, body aching, dizziness	Bulging eyes, smelling onions, body felt hot, body aching; crying, weak
Recovery		
Cleric: head rubbed, prayers and drinking water. Shaman lady: placed chicken feather between toes on her left foot, drink.	Treated by some shamans and clerics, asked to drink water, recovery process was gradual	Given onions, rarely injured herself after religious teacher explained that self-injury was a sin, recited Qur'anic verses.

Based on the themes that emerged from the interviews of all participants in table 2, an understanding of the process of possession and how possession can be experienced by participants are obtained. Possession does not just happen.

Participants easily feel exhausted after doing any activities, physical weakness such as easily fainting as experienced by I and O, history of typhoid in O and A, pre-menstrual syndrome experienced by I and O, back pain which sometimes penetrates into the chest experienced by all participants also need to get attention as a risk factor for possession.

In addition to the above situations, the possessions experienced by all participants was always preceded by the emergence of imagination beyond their control. The imagination appeared in the form of hallucinations or illusions that further evoked fear in O and A, or sadness because of loss/grief in I. A weak body and/or feelings of fear or sadness that emerged due to the situation at hand, caused the participants who basically have a strong imagination, lost control of it. This resulted in how they behaved, which was acting in accordance with their imagination and by society was considered as possession.

...I felt weak... I saw black shadows ... I felt like I was being hunted... it started from junior high school to the 3rd grade of senior high school I saw ... the black shadows... tall... huge... they appeared every night. (Participant A)

Before being fully possessed, participants usually experienced pre-possession symptoms such as the body (cold body or cold hand and feet), dizziness, stomach pain (nausea or tingling), shortness of breath, fear or sadness or negative feelings (depending on what was on their mind/imagined at the time), the body felt weak, hallucinating, and then fainting. There were also typical symptoms of each participant such as cold sweats (I) or a strong desire to self-harm (A). Imagination that then became a hallucination was also typical for

each participant, according to the traumatic experience/abuse or beliefs that had been instilled in them.

My hands were cold... I didn't feel good, and I wanted to cry... my heart was pounding ... I felt cold. (Participant O)

During possession, the behavior of each participant seemed typical according to their experiences. I behaved like her late grandmother and spoke in Dutch. O shouted in loud voice just like her father or her aunt when they got angry and A behaved like her great-grandmother, who had passed away. There were other accompanying behaviors such as kept struggling, exhibited certain postures, ongoing hallucinations which controlled their behavior during the event. Behaviors during possession is a store of memories that they have from the past. Post-possession all participants had aching bodies, felt exhaustion, felt bad or fearful, behavioral changes such as becoming more reserved, or imagination became stronger.

... they told me that my body was stiff... mom came with her sibling... mom's sibling said I looked like granny when she was sick... they said my face changed... beautiful ... I spoke in Dutch... (Participant I)

The recovery process for all the participants was generally done by clerics because medical efforts were not successful. Clerics used prayers and asked them to drink water that had been prayed over. There were other efforts such as spraying water that had been prayed over, using onions to smell, and putting a chicken feather between toes. All these efforts were basically to bring all the participants' consciousness back.

There are several important factors that can cause the participants at risk of possession. The first factor is the trauma or abuse experienced by all participants during childhood. However, the notion of trauma or abuse in participants is not always as suggested in Western literature namely

traumatic or sexual or physical abuse events that repeated in childhood (APA, 2000; 2013; ISSTD, 2011). Trauma or abuse may be in the form of experiences of grief in participant I, parents fight in participant O, and separated from parents and lived with grandmother in participant A.

...my grandma took me in when I was 5 years old... it happened.... I wanted to go with mama... but papa said no ... so... so I peed on the mattress accidentally ... papa hit me... (Participant A)

Imagination is the second factor that can cause possession. All three participants have strong imagination skills, and it is often difficult to distinguish reality from fantasy. When imagination interacts with negative emotions and their physical conditions are weak, imagination takes control and possession occurs. Imagination is what basically makes the participants easily suggestible.

...it was chaotic... grandma said "don't open the urn" ... the urn at home ... don't open, there's a snake inside ... when grandma was not home, I told everyone that there's a snake in there ... all the neighbors came to the house... (Participant A)

The religious beliefs of participants also contribute to the occurrence of possession. All participants believe in supernatural as taught by religions. They all are afraid of the unseen world because since childhood they had been daunted and all rules and restrictions were always associated with supernatural things such as jinn or demons. It has been affecting their feelings until now.

...sunset to evening we were not allowed to untangle hair up until now, ghosts would hang on our hair. We were not allowed to clip our nails either, because 'kuntilanak' (mythological creature believed as the spirits of women who died during pregnancy) would take them. Eating during sunset... it is not good, but I don't know why... (Participant O)

Losing a father figure is the fourth factor that makes the risk of possession even greater. Growing up, all participants appeared to experience a loss of father's presence. I's father died when she was still in elementary school, O's father travelled a lot because of office duties. A's father was a migrant worker who was away one or two years and came home only for couple of weeks. A had to live separately from her parents because her grandmother took her in before she had started school. The three participants also revealed that they had closer relationships with their fathers compared to their mothers.

Relationships with mothers that are colored by feelings of love-hate are the fifth factor. I could not get upset with her mother who was over-bearing. O has an anxious mother, so she fears to tell her sensitive things, her mother also abandoned her once after a fight with her father. A's mother once pushed her head into the closet door because of her declining achievements.

It's mom... I'm the last child... my life is full of boundaries... I see my siblings can do whatever they want... they are free ... they can go to any universities they like... I get jealous... they went to boarding schools in Java... all three of them can go... but I have been stuck here since elementary to high school with mother... (Participant I)

The factors of religious belief, father figure, and relationships with mother seem inseparable from the parenting patterns. A strong religious culture along with its teaching patterns and kinship patterns were involved in parenting style since all participants were small children and these influence their personalities. All of them were taught to be frightened of sunset by requesting them to stay inside the house, and the impact is still strong today. I feel anxious every time she is late for prayers, O feels guilty when she doesn't pray, and A has to deal with a lot of restrictions related to demons. *"... I feel like I'm going to die... When I am late for praying,*

I have a feeling that I'm going to die." (Participant I)

Personality factor is also a contributor to the risk of possession. Participants have conflicting personalities such as I is known to be reclusive and likes to be alone but is also chatty, O who easily gets emotional but feels guilty afterwards, and A who does not get along easily with people, is closed but also is chatty. All participants realize they are forgetful, timid, and easily feel anxious. *"Lately, it often happens when I read a novel for example, I have already reached chapter 13 but then I completely forget the previous chapter."* (Participant I)

Adaptability to new situations seem to be a problem for participants. The possessions experienced were related to new situations, and it seems they were unable to adapt. New situations such as I was going to have the national exam and she and her family just moved into a new house. O was possessed in a chaotic situation and heard a loud noise, and A was left by her mother who went on Hajj or accompanied her father, and he went to study in another city.

Finally, it seems that possessions experienced by all participants are basically to meet certain needs related to the theme of traumatic experience or abuse as a child. I was never left alone after experiencing possessions, her mother or others would always be with her. Through possession, O could bring out negative suppressed feelings by screaming. A got attention from her parents, they would come to accompany her or even be taken to her parents' house when she was possessed. The process of possession can be seen in Image 1.

The behavioral and physiological symptoms of possession appear to be consistent with the findings of Western literature on multiple personality disorder and DSM 5 regarding dissociative identity disorder, such as speaking in an unusual language/accents, changes of voice, catatonic posture (arched body), forgetfulness/amnesia, hallucinations,

self-harm, dizziness/headache, inner conversations, nausea/stomachache, fever and aching body (APA, 2013; Uszkalo, 2012; van Duijl et al., 2014).

The spirit that appears during possession in individuals who experience multiple possession turns out to be the same spirit as a previous possession. This shows similarities with multiple personality disorder, the other personality that emerges is the same as the previous personality the individual became, although it is possible that there are more than two different personalities. This reinforces the understanding that basically possession and multiple personality are not different, therefore in DSM 5 the two are combined into Dissociative Identity Disorder (DID). The findings suggest that indeed the two disorders are actually the same (APA, 2013).

It is cultural factors that cause these same symptoms interpreted differently. There is a widespread agreement that processes and intrinsic mechanism to psychopathological experiences are sensitive to cultural influences and social life. Culture influences how individuals express and communicate their symptoms, how some symptoms are interpreted, and a type of treatment applied (Dorahy, et al., 2014). Individuals who experienced possession usually have witnessed the event in their society (it could be family, school, or media). Possession becomes a means to escape from stressful situations they are currently in, as well as a way out of the problems they are dealing with. From a cultural point of view, the request of an individual who is possessed must be fulfilled because it is believed to be the request of a spirit.

DID is intrinsically related to self and individual experiences. This point is important because Western view emphasizes a concept that self is separate, autonomous, and independent. In addition, human behavior that was once considered as part of the religious experience is naturalized and now considered a mere learning experience (Dein, 2017). Citing opinions (Markus & Hamedani,

2010) relating to the role of culture in the self-construction, affirming that self actively involves a dynamic process by which they influence and are influenced by their sociocultural context. Western preoccupation with its individualism bases the self-experience as separate or independent from others. In contrast, non-Western societies tend to support a self-interdependent, which develops self-experience as intertwined with other expectations and needs (Dorahy et al., 2014). Therefore, the West interprets the phenomenon of an individual who develops behaviors that are different from their original personality as the emergence of another personality.

In Africa, Asia, and non-Western cultures, where the social construction of self relatively absorbs external influences, DID usually takes the form a pathological possession experience where it is more concurrent with the conception of self as inseparable. Conversely, in certain cultures such as western culture, the process of DID is consonant with fragmentation of internal identity. In non-Western cultures, culture may align with external spiritual entities that take control of individual consciousness and identity (Dorahy, et al., 2014). Bayer and Shunaigat (2002) also support the idea of why multiple personality disorders are less common in developing countries but in contrast, the high prevalence of possession syndrome. Polytheism and belief in reincarnation and spirits may be associated with possession syndrome, so it is also necessary to evaluate the patient's belief system. Pathapatiet al. (2014) sharpen the opinions above. Dissociative disorder in the West takes a common form as Dissociative Identity Disorder (DID), which is experienced as a splitting identity. While in the East, disturbances that include possession are caused by external spirits, gods, or other entities. With the large socially centered organizational culture in the East, it is reasonable when dissociative issues take the

form of being penetrated by external identities, whereas in the West this disorder takes the form of competition between internal identities. This opinion is supported by a literature review conducted by McKinney (2014) which explains that the symptoms of DID and possession are basically the same, the only difference is the absence of occult activity or curses from local spiritual leaders.

This study supports the findings of the literature regarding the causes of possession i.e., childhood trauma and/or abuse (APA, 2000; 2013; ISSTD, 2011). These events appear to trigger the dissociation mechanism, which then emerges in the form of possession. This study shows, the more intense trauma and abuse, the more intense possession disorder is experienced by the subject. However, the literature still does not mention much about connection between possession with the grief factor. Loss and feelings of sadness experienced by the subject can actually lead to possession. This was also found in a previous study which explained that grief which results in sadness can cause possession (Siswanto, 2015; van Duijl et al., 2014). Other findings related to parenting abuse, and requires further research is the loss of a father figure and a love-hate relationship with the mother. It seems that the presence of a father figure is important when the relationship between the child and the mother is in conflict. The literature does not mention the importance of parenting patterns and the presence of a father figure in possession disorder. Whereas fathers play an important and unique role in children's development especially for girls (Hill et al., 2016; Pan et al., 2016). The absence of a father figure and a conflicted relationship between parents are related to dissociative symptoms (Bob et al., 2015). Incorrect parenting during childhood including emotional neglect by biological parents is the cause of dissociative disorder (Krüger & Fletcher, 2017) or internalized symptoms/disorders (Otto, et al., 2016).

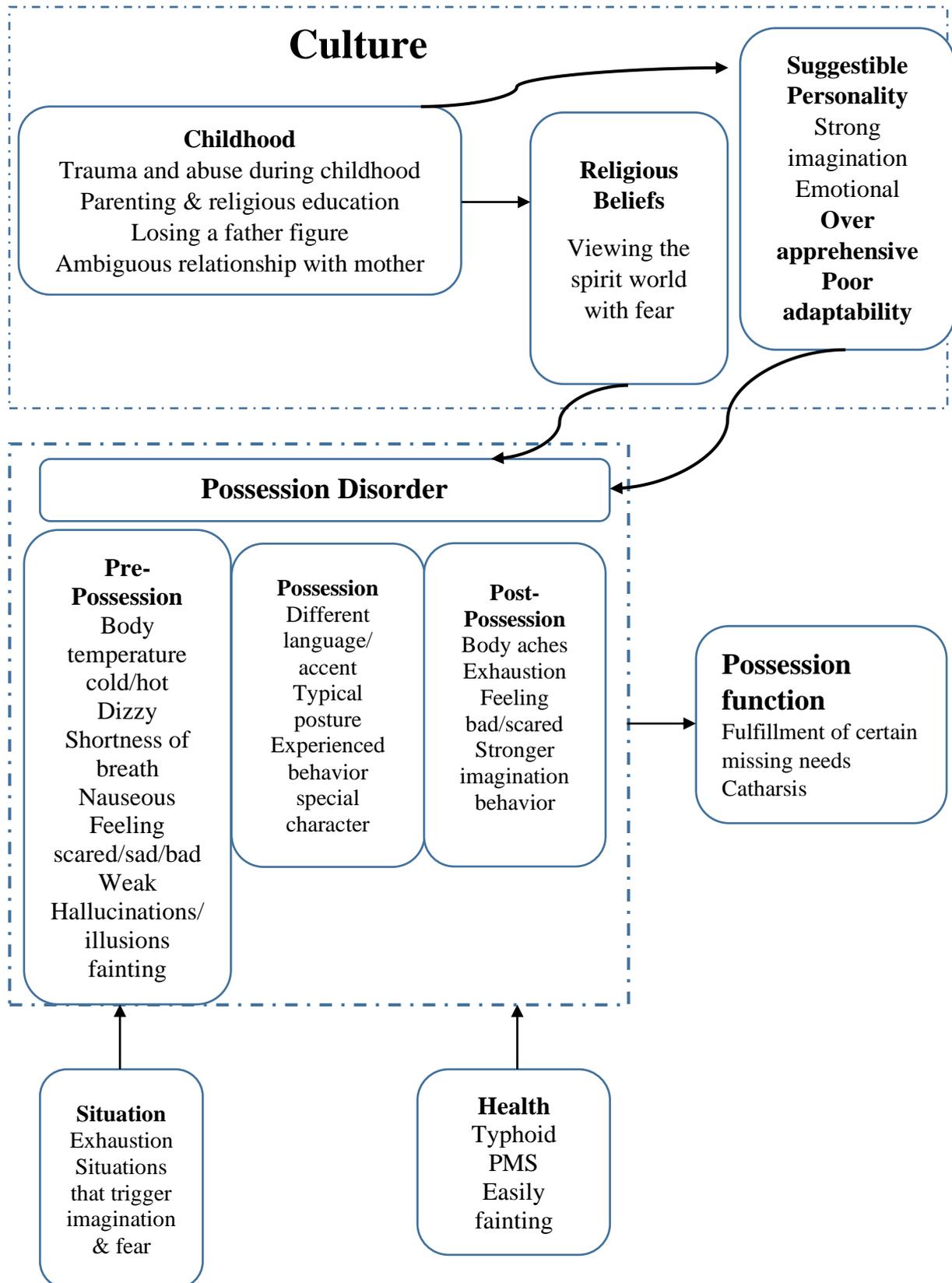


Figure 1. The Process of Possession Disorder

The parenting pattern and transmission of religious belief regarding the existence of demons or spirits taught during childhood with the fear that accompanied the process of transmission supports the previous study (Siswanto, 2015). This is not found in the literature that discusses possession even though it is one of the important factors for the occurrence of possession. It seems that the process of transmitting this belief involves a child's imagination/fantasy (Airenti, 2018). These parenting patterns which culturally are acceptable have an impact on children who still have an imaginative way of thinking, they grow into individuals who have irrational beliefs as well as build up fear and anxious emotions. Even if, as adults they are able to reassess the teachings that have been received during childhood, the emotional imprint does not automatically change. These emotional experiences remain imprinted and, in some individuals, have the potential to be a source of disturbance as they age. This childhood capacity to fantasize is extended into dissociative states some of which are aided by psychological and physiological attributes and subsequently appear to take the form of a special sense of self, analogous to imaginative playmates elaborated during childhood (Williams & Roll, 2007). The imaginative ability helps children when experiencing abuse or trauma to avoid pain and suffering, by entering their fantasy world, creating figures that help them to escape abuse or traumatic events. Dissociation causes the fantasy to remain separate from the original personality, so when an individual happens to be in a similar situation with the trauma/abuse experienced before, the figures of their fantasy/imagination reappear. The dissociative state is a way to cope with unusual situations or to serve as a defense function against stressful situations (Seligman & Kirmayer, 2008). Therefore, it is not surprising that all participants are able to represent their imagined objects because all of them have strong imagination abilities (Issajeva, 2015).

This study is in line with the findings of a previous study that had been conducted in

Java, specifically in Central Java regarding the process of possession (Siswanto, 2012, 2015). There is a connection between an individual's situation, personality, and religious belief to determine if the individual is at risk of possession. In addition, this study also corroborates previous findings that show possession does not occur suddenly. Before possession, an individual shows early signs known as pre-possession. If these early signs are not anticipated and continue, eventually the individual will experience full possession. Post-possession signs also have similarities with previous studies. Likewise, the recovery process is done by clerics or shamans, and is basically focused on bringing the individual back to consciousness in various ways but pay less attention to individual conditions and often after recovery the individual's body aches.

Medical history also needs to be considered as a factor that increases the risk of possession. The findings of a previous study explained that having had typhoid and suffering period pains make the individual vulnerable to possession (Siswanto, 2015; van Duijl et al., 2014)

Ultimately, this study confirms previous findings which show that possession is experienced by individuals to fulfill certain psychological needs as a result of the interaction of pent-up frustrations, desires and representations of socio-religious beliefs. The function of possession is cathartic and to satisfy lost needs (Cohen, 2008; Rahardanto & Subandi, 2012).

CONCLUSION

This study supports the findings of literature regarding the connection between trauma and abuse with possession disorder, but at the same time develops previous theoretical concepts that tend to dwell only on physical and/or sexual trauma/abuse. In the Indonesian context, parenting, the role of the father figure and relationship with the mother, as well as the transmission of abusive religious beliefs are more likely to cause possession disorders.

This shows, for the Makassar/Indonesia situation, the abuse experienced is more related to parenting patterns than physical or sexual abuse as appears in the Western literature. Future studies that deepen the theme of parenting and religious beliefs are important to understand the occurrence of other psychopathologies besides possession disorders. However, this study requires justification from other similar studies to strengthen the findings, given the limited number of participants in this study.

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