

## **Case Report**

# **Interview with Pareena A case study of the Possession Syndrome**

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Received: August 18, 2006 Accepted: November 20, 2006

## **ABSTRACT**

This is a case history of 26 years old man who claimed that he is possessed by a fairy called “Pareena”. He believed that spirit possession is a major cause of all his physical problems and that the evil spirit acts out through his body. (Rawal Med J 2007;32:87-88)

**Key Words:** Depression, possession, hysteria, conversion.

## **INTRODUCTION**

The concept of possession by disincarnate spirits as a cause of mental illness is as old as mankind itself. Since the time of Charcot and Freud, neurologists and psychiatrists have attempted to uncover the mechanisms underlying such disorders.<sup>1</sup> Various descriptions have been applied: hysteria, conversion, psychogenic, psychosomatic, and functional, amongst others. These vary in their etiological implications (‘conversion’ is causally specific, while ‘functional’ is not).<sup>2</sup> What had previously been considered to be examples of control of an individual by a spirit or devil are now commonly accepted as numerous forms of mental illness, easily explained by nervous system activity.<sup>3</sup> The most common explanation for such observations is that “spirit possession is a culturally sanctioned, heavily institutionalized and symbolically invested means of expression in action of

various ego-dystonic impulses and thoughts.”<sup>4</sup> The Possession Syndrome is different in some of the dynamics from multiple personality disorder (MPD) and the other identified dissociative disorders<sup>5</sup>. The phenomena associated with the presence of a demon may present in multiple forms.<sup>6</sup>

## **CASE HISTORY**

A 26 years old man presented in Shifa International Hospital in emergency, with the complaints of vertigo, confusion, irritability and several episodes of verbal and physical aggression for the last one week. According to the patient’s family members, he had been extremely agitated without any apparent reason and has been very difficult to manage at home. He had history of 3-4 such episodes in the last one week and during these episodes he would strike his legs forcefully on bed and would shout in a different voice, followed by brief spell of unconsciousness. After regaining consciousness he would describe seeing a 6 feet tall fairy dressed in white and holding a wand, entering his body and causing violent jerky movements. According to the patient, a week ago when he was coming back from work he saw a beautiful “fairy” in front of him who called him by his name and introduced herself as “Pareena”. He was afraid to note she had her feet turned backwards. She invited him to a discussion and reassured his safety, but he ran towards his home in extreme fear.

He claimed that he had met her on few occasions since then and stated that she enters into his body on arrival and lifts him from his ankle and throw him around. According to the patient, he would feel her presence and see her on arrival but was helpless to do anything. He complained of severe body aches and generalized tiredness after such episodes. There was no evidence of any epileptic phenomenon and on investigation no abnormality was detected on EEG and MRI of brain.

He was convinced about the existence of the fairy and claimed that he had been having such strange feelings and behaviour, which were impossible to explain otherwise. After routine investigations, a video taped interview was arranged in a specially controlled room for the purpose of being able to safely observe the mental state of the patient on the arrival of “Pareena”. During such episode the patient was observed to be demonstrating acting out behaviour and no evidence of any “real” possession was seen. When I asked the patient to let me talk to “Pareena”, he reluctantly agreed but stalled as long as he could. Finally, his face became expressionless with his eyes wide

open and the voice, claimed to be of “Pareena”, came forth and greeted me with annoyance. The patient did not recognize me, so I introduced myself to him. The voice referred to himself as “Pareena” and indicated a distinct displeasure in being in a room where there were many other members of staff. It accepted to let the patient go, provided I agree to devise a strategy to get “Pareena” to leave on his own accord when I have completed the interview.

In the following two weeks 4 further therapy sessions were held in which the patient admitted that he had been feeling depressed for the last one month. He mentioned that both of his sisters got divorced on the same day due to some long standing family disputes. As a result, he had been extremely depressed. Anti depressant drug was commenced to which he responded favourably and was discharged to go home with outpatient appointments. He has resumed work and there have been no further visits from “Pareena”.

## **DISCUSSION**

Individuals with dissociative identity disorder, may come to believe they are inhabited by a spirit.<sup>7</sup> Marshall and colleagues demonstrated that in conversion disorder attempts to initiate movement were associated with increased activation of orbitofrontal (inhibitory) prefrontal regions, in the absence of motor cortical activity.<sup>8</sup> The commonly accepted etiology of dissociative identity disorder is an early history of repeated trauma and abuse or unresolved emotional conflict in adolescence or adult life.<sup>9</sup> There is currently no biological theory concerning the origin of this disorder.

One can come to two conclusions when faced with the possibility that demonic possession is also real. The first is that existence of such entities is mentioned in The Holy Quran, which allows them to be capable of creating such phenomenon themselves. On the other hand, no thoroughly decisive scientific evidence exists to fully explain every situation reported to be a case of demonic possession, at least not by the method which science currently implies. Until science can explain each detail, if indeed it ever can, one cannot dismiss the possibility that demonic possession is a real and true phenomenon.

## REFERENCES

1. Merskey H. The analysis of hysteria: understanding conversion and dissociation. London: Gaskell, 1995.
2. Stone J, Wojcik W, durance D, et al. What should we say to patients with symptoms unexplained by disease? The 'number needed to offend'. BMJ 2002;325:1449-50.
3. Teja JS, Khanna BA, Subrahmanyam TB. "Possession States" in Indian patients. Indian J Pshychiatry 1970;12:71-87
4. Obeysekere G. The idiom of demonic possession: a case study. Soc Sci & Med 1970;4:97-111
5. Ludwig AM. Witchcraft today. Dis Nerv Syst 1965;26:288-291
6. Varma VK, Bouri M, Wig NN. Multiple Personality in India: Comparison with hysterical possession state. Am J Psychother 1981; 25:113-120
7. Ellenberger HF. The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry 1970; New York: Jason Aronson
8. Marshall JC, Halligan PW, Find GR, Wade DT, Frackowiak RSJ. The functional anatomy of a hysterical paralysis. Congnition 1997;64;B1-B8.
9. Leon CA. "El duende" and other incubi: suggestive interactions between culture, the devil, and the brain. Arch Gen Psychiatry 1975; 32:155-162