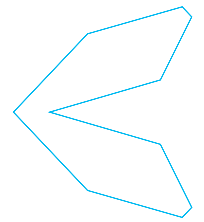
Journal of
Scientific
Exploration
Anomalistics
and
Frontier
Science



ESSAY

Decolonizing Possession: A Blueprint to Invisible Worlds

Jacob W. Glazier[1]
jglazier@westga.edu
orcid.org/0000-0002-1036-4022

Taylor N. Robinson[1]
trobin17@my.westga.edu

[1] School of Social Sciences of the University of West Georgia

SUBMITTED November 30, 2023
ACCEPTED April 29, 2024
PUBLISHED March 30, 2025

https://doi.org/10.31275/20253275

PLATINUM OPEN ACCESS

Creative Commons License 4.0. CC-BY-NC. Attribution required. No commercial use.

HIGHLIGHTS

Psychiatry's traditional treatment of possession-like experiences, particularly through diagnoses like dissociative identity disorder, reproduces a colonial framework that fails to consider cultural and spiritual perspectives, whereas a more indigenous and animistic approach more fully accounts for the complexity of these experiences.

ABSTRACT

The experience of being possessed by an invisible and outside spirit seems archaic and outdated to many people today. However, the scientific and medical field of psychiatry contains diagnoses that classify this experience as a form of psychopathology, most notably Dissociative Identity Disorder (DID). Moreover, indigenous peoples and researchers have detailed many accounts of how the experience of possession makes sense within their cultural and local backdrop. In this essay, we employ the strategy of decolonization to demonstrate how psychiatry continues to exert colonial power to manage cases of possession. In so doing, we argue that psychiatry lacks a robust phenomenological and culturally sensitive understanding of spirituality. We also put forward an animistic framework more congruent with the possession experience by examining the influence of invisible worlds.

KEYWORDS

Decolonization, exceptional experiences, mental health, possession, psychiatry.

> Spirit possession refers to a supernatural force taking control of the human body. It is recognized [sic] across many cultures and is a phenomenon incorporated into various religious beliefs. (Pouchly, 2012, p. 67)

Possession experiences are most commonly known through cultural and religious traditions. More kept under wraps, however, is the reference to possession made by the medical field of psychiatry. Possession appears in the category of dissociative disorders that the *Diagnostic and Statistical Manual* (DSM-5-TR) of the American Psychiatric Association (2022) defines as "characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior" (p. 330). Most explicitly, as we later articulate, the diagnosis of Dissociative Identity Disorder (DID) captures the symptoms or features most closely associated with spiritual and religious notions of possession.

Letting the genie out of the bottle, we argue that possession experiences are not necessarily psychiatric. In fact, the power exerted through the medical and scientific discipline of psychiatry colonizes these experiences, making them more amenable to these very models. As such, in what follows, we use the strategy of decolonization (Smith et al., 2019), arising out of post-colonial stud-

ies, in order to advocate for reclaiming and safeguarding these contextually situated experiences. In this way, we argue that indigenous forms of spirituality, exemplified in various manifestations of shamanism, for instance, are not accounted for adequately by psychiatry. Noll (1993) echoes this when suggesting that DSM diagnoses, in cases of possession, superficially imprint the stamp of science on the territory of religion, thereby initiating "yet another skirmish in the centuries-old war between competing *Weltanschauungen* [worldviews]" (p. 251, emphasis in original). Beyond this impasse, we propose an alternative cosmological frame for thinking about possession cases, one that more animistically incorporates invisible worlds into its fold. Importantly, we aim not to antagonistically juxtapose or reduce the understanding of possession to merely two possibilities. Rather, the polemic against psychiatry is a necessary and critical intervention given its hegemony, cultural capital, and ethnocentrism (Cohen, 2016).

DECOLONIZING POSSESSION

Many recent attempts have been made to integrate the tenets of post-colonialism into the practices of the various mental health disciplines (Bhatia, 2020; Robcis, 2020). By bringing these critical and conceptual tools to bear on, for example, psychotherapy and psychiatry, scholars and practitioners are better able to consider how their approaches are limiting while simultaneously being more nuanced in their application of these practices. That is, practitioners and scholars are in a better position to understand how certain groups of people are excluded while others are privileged, how certain biases in knowledge are reproduced, and how maps of reality necessary overlook alternative territories. This process has broadly been called *decolonization* (Smith et al., 2019). A central tenet of decolonization is to critically examine the ways that colonizers pillage and install new material practices and values in the conquered community (Bashara, 2021) while also reclaiming or safeguarding those indigenous practices (Glissant, 1997). Bhatia (2020) writes specifically in terms of psychology that decolonization means shedding "light on how Euro-American scientific psychology has become the standard bearer of psychology around the world, whose stories get told, what knowledge is considered as legitimate, whose idea of development is considered ideal, and whose lives are considered central" (p. 258). In this way, colonialism has and continues to shape and mold the theories and practices of a specific Euro-American form of psychology and science. Notably, the work against this process, decolonization, should be ongoing as new ways and forms of coloniality always find their way into concepts, methods, and research.

Moreover, a decolonizing approach demonstrates how psychology and theories of culture, identity, and development are necessarily linked to the history of colonialism, orientalism, and Eurocentric biases (Bhatia, 2020). Importantly, this kind of coloniality carries forces of power that work to create such taken-for-granted notions as individuality and subjectivity, an argument that Hook (2007) marshals under the Foucauldian category of disciplinary power. The notions are generally put in the service of larger institutions and structures: economic, sociological, and others. The point is that basic psychological and psychiatric concepts mold, structure, and create how phenomena within alternative, or better, indigenous models of reality are permissible to understanding - typically through categorizing and ordering, allowing for control and intelligibility (Foucault, 1994).

Perhaps this disciplinary power is best exemplified in the DSM-5-TR published by the American Psychiatric Association (2022). This manual provides clinicians and other helping professionals with a scientifically informed nosology, allowing them to conceptualize and understand patients and clients through the criteria of symptoms. Such a procedure situates pathology through medicalization - a Eurocentric and biopolitical exercise of power on the self and body (see Haraway, 2013). That is, by understanding psychopathology as a medical disease, psychiatry employs models aimed at treating individual deficiencies - how the behavior or psychological state is distressful or dysfunctional for the patient (American Psychiatric Association, 2022). Hsu (2019) develops a reading of Fanon in order to critique the diagnostic umbrella of paraphilias to demonstrate how this is the case when writing that "the colonizing force of the DSM-V [is] its tendency to isolate the notions of mental disorder from its full range of cultural, socio-economic, and political context" (p. 55). The stripping away of these contexts, we could postulate others as well (e.g., spiritual, cosmological, etc.), and the ideological exercise of power by medicalization and pathologization reproduces inherent biases and further creates categories and procedures of how to understand and manage non-normative people.

The Western mental-health campaign to educate the world on psychopathology, according to Timimi (2014), hides or fails to acknowledge a diagnostic system that is "vulnerable to institutional racism" and subjugates "other standards of normality [that] will, at least to some extent, come to be viewed as 'primitive', 'superstitious' etc., and their populations will be viewed as needing to be (psycho)educated" (p. 212). These other normality standards are often more indigenous, stemming from a specific geographic location and having a unique heritage, history,

and tradition. Noll (1993) similarly foreshadowed that, in cases of possession, diagnoses would predominately be applied to non-white people, and this practice should be criticized "as a weapon of unconscious institutional racism" (p. 251).

As a more specific case in point, Keller (2002) points to how this very process of colonization has taken place. They write that the "Western scholar is likely to view [possession] as inhabiting an anachronistic space to which he or she can bring progressive models of interpretation" (p. 5). The seemingly extreme behavior exhibited by those who are possessed must, in other words, be tamed and enclosed within medically understandable models, which can then exert some form of control to cure the pathology. Moreover, according to post-colonial critique, Wetmore (2014) relates that the self-displacement occurring under forms of colonialism does psychological violence to those indigenous peoples by denying this specific anthropological expression of possession, dance, and ritual. Consequently, the violence embodied and enacted in possession cases then becomes directed outward at the colonizer and their system of control, psychiatry in this case, which imposes psychopharmaceutical and therapeutic docility.

Perhaps unsurprisingly, possession is more often represented through figures of women, the poor, and religious others - those who have stereotypically and unfairly been labeled as primitive, savage, third-world, and so on. Additionally, these representations "can give us information about marginalized persons and their struggles within and against the forces that have an impact upon their lives" (Keller, 2002, p. 4). From a decolonial perspective, dispelling these characterizations as shrewd forms of coloniality goes toward more rigorously and carefully understanding possession experiences within the backdrop of their multiplicitous contexts.

DISSOCIATIVE IDENTITY DISORDER (DID)

While possession cases can be diagnosed with various forms of psychopathology, such as schizophrenia or possession and trance disorder (Pietkiewicz et al., 2022), we aim to exemplify Dissociate Identity Disorder (DID) as relaying the nosology that most closely mimics anecdotal or anthropological cases of possession.[1] The DSM-5-TR says that the "defining feature of dissociative identity disorder is the presence of two or more distinct personality states or an experience of possession (Criterion A)" (American Psychiatric Association, 2022, p. 332). The manual goes on to differentiate between *possession-form dissociative identity disorder* and *non-possession-form dissociative identity disorder,* with the former conveying the experience of "being possessed by external identities (e.g., spirits, demons)" - in contrast, the latter only subtly displays "discontinuity of identity, and only a minority present to clinical attention with discernible alternation of identities" (American Psychiatric Association, 2022, p. 332).

Further expanding this distinction, the DSM describes examples of criteria or symptoms to look for when considering possession-form dissociative identity disorder manifesting behaviorally as,

> A "spirit," supernatural being, or an outside person has taken control, with the individual speaking or acting in a distinctly different manner. For example, an individual's behavior may give the appearance that her identity has been replaced by the "ghost" of a girl who died by suicide in the same community years before. (American Psychiatric Association, 2022, p. 333)

Notably, the formal diagnosis in the DSM does not make this distinction but instead subsumes these two nosologies under the umbrella of DID. The formal erasure of this difference is essential insofar as it is assumed that the majority of possession-form DID cases are the result of broader and more psychosocial factors, such as religious and cultural practices, that would thereby exclude this from psychiatric diagnosis (Criterion D). The DSM says as much when claiming that "the majority of possession states that occur around the world are usually part of a broadly accepted cultural or religious practice and therefore do not meet criteria for dissociative identity disorder" (American Psychiatric Association, 2022, p. 333). The attempt of the DSM to exclude cultural, religious, and spiritual factors that would influence the appearance of these symptoms, while necessary, does not do enough to guard against unnecessary pathologizing, and Criterion D is problematic for many reasons.

Take, for example, the case study examined by Delmonte and colleagues (2016). For 40 years, the researchers analyzed an individual within the Afro-Brazilian religious group Umbanda. They found that the patient had met the criteria for DID during the first stage of their life (childhood and early adulthood) and met three of the five criteria for DID in the second stage of their life (late 20s up to the present) (Delmonte et al., 2016). The researchers criticize this diagnosis on the grounds that it does not address the ambiguity of affect surrounding possession experiences. The researchers also argue that the DSM obfuscates and downplays the prevalence of anomalous experiences in the general population (Delmonte et al., 2016). In other words, once practitioners have ruled out

psychiatric diagnoses when conceptualizing these patients, adjudicating these possession experiences as a culture-bound syndrome (e.g., Criterion D in DID) misses the mark and colonizes these experiences since cases of possession are much more universal (Ross et al., 2013; Sar et al., 2014). In fact, "possession states have been described in almost all societies of the world" (Hanwella et al., 2012, p. 1), with the possessing agents, depending on their geographic and historical situatedness, ranging among spirits of deceased individuals, deities, animals, or devils.

Moreover, Stephenson (2015) points out the epistemological and diagnostic challenges that the readmittance of possession into the psychiatric discourse poses such that it reflects the internal contradictory nature of the DSM to contain nosological completeness and cultural inclusiveness. In particular, the researcher posits the French word *récupération* in order to denote how politically a powerful and dominant government or institution "harnesses anarchic elements in order to absorb and coopt them, rendering them innocuous and conventional" (Stephenson, 2015, p. 267). The *récupération* of possession within psychiatric discourse merely pays lip service to cultural inclusiveness. Furthermore, possession-form DID presents the facade of being nosologically complete and skirts the question of the DSM being a valid scientific and effective diagnostic instrument (Stephenson, 2015).

PSYCHIATRY AND THE ERASURE OF SPIRITUALITY

The coloniality of psychiatry, as relayed above with particular emphasis on the DSM, does little to situate these experiences within their indigeneity. More specifically, the spiritual nature of ostensible cases of possession is substituted for biomedical and psychiatric etiologies. This substitution is crucial since, as Iseke (2013) reminds us, "decolonizing and spirituality are inextricably linked" (p. 36). Indeed, Cajete (1994) further suggests that a central aim of Indigenous education is the creation of knowledge about innate spirituality. Iseke (2013) continues to develop this line of argumentation in terms of how the ceremonies of First Societies, like the Sacred Stone Lodge or the Sweat Lodge, have been impacted by colonization insofar as they have been designated "as 'magic' or 'voodoo', or [how colonization] affects the mindsets of those who bring it into the ceremony" (p. 49). By contrast, entering the ceremony with believers and having the indigenous knowledge of how they work represents a decolonizing act in itself.

Furthermore, Bernard (2008), writing mainly concerning African spiritual traditions in the Caribbean, argues that "*emancipating spirit* is a process of stepping out of the routine of imitating sanctioned rituals within a self-alienating context and seeking an actualized self within an affirming and liberating environment" (p. 49, emphasis in original). The 'imitation of sanctioned rituals within a self-alienating context' echoes the colonial importation of psychiatric models to understand cases of possession. In this way, psychiatry can be seen as an ongoing function of how "colonists used Christianity and capitalism as means to justify the subjugation of Africans in the Caribbean" (Bernard, 2008, p. 50). The deliberate and colonial shift to psychiatric frameworks of possession stands in contrast to the Yoruba tradition, which believes in possession, trance behavior, and mourning as essential aspects of the spiritual experience.

In the Islamic tradition, there are numerous types of spiritual beings that populate the universe, including "*jinn* (spirits), *shaytaan* (satanic beings), *marrid* (demons), *bhut* (evil spirits) and *farista* (angels)" (Dein & Illaiee, 2013, p. 291, emphasis in original). Take, for instance, jinn, which are sometimes associated with spiritual possession and causing evil (Islam & Campbell, 2014); although their nature can generally be seen as good, evil, or neutrally benevolent (Dein & Illaiee, 2013). There is debate among Islamic scholars as to their capacity to influence the physical world. However, they are typically seen as "real creatures that form a world other than that of mankind, capable of causing physical and mental health to human beings" (Khalifa & Hardie, 2005, p. 351). Sometimes, jinn are believed to possess humans who live their lives sinfully, preying on those considered to be spiritually weak and vulnerable (Dein & Illaiee, 2013). They cause psychological illness and physical distress while co-inhabiting the body of their victim (Islam & Campbell, 2014).

Moreover, attributing the origin of mental illness to supernatural causes predates Islam and existed in pagan Arabia and Ancient Greece (Islam & Campbell, 2014). Islam and Campbell (2014) raise the question as to "why supernatural explanations have stubbornly persisted despite scientific evidence describing mental illness as a psychological or physical condition" (p. 239), going on to postulate this persistence being rooted in beliefs within the broader cultural context. Importantly, this persistence may also be seen as pushing back against the forces of colonization that would try and eradicate the 'invisible world' in favor of the visible.

The psychiatric erasure of spirituality is particularly curious, given consideration of recognized cases of both benevolent and malevolent possession found in the dominant belief systems of the West - including Christianity, Islam, and Judaism (Ventriglio et al., 2018). Ironically, psychiatry and spirituality share common goals in helping

to promote personal growth, reduce feelings of anxiety, and assist in discovering meaning in life. Breakey (2001) brings attention to the fact that in Western societies, "many of the health care institutions that are most prestigious today were founded originally by religious groups or by individuals as an expression of their religious faith" (p. 63). The historical relationship between religion and healthcare is interconnected and overlaps.

Somewhat pointedly, Sims (1994) reminds us that "there is no such thing as 'valueless' psychiatry" (p. 443) and highlights how the discipline has not adequately taken into account the phenomenological characteristics of what we call the spiritual. A more robust grasp of spirituality would include the subjective experiences of prayer, magic and rituals, and religious revelation. As a result, psychiatrists need to understand spirituality not only in terms of the knowledge of the transcendental but also the patient's everyday assumptions, certainties, doubts, and beliefs (Sims, 1994). Swinton (2001) echoes this importance when arguing that spirituality "is in fact of central importance to many people who are struggling with the pain and confusion of mental health problems" (p. 7) and should, therefore, be incorporated into caring strategies. Furthermore, Pouchly (2012) outlines the benefits of a collaborative approach between mental health clinicians and traditional healers that more holistically treats cases of spiritual possession.

HONORING POSSESSION EXPERIENCES

The research provides evidence of a strong connection and positive association between spirituality[2] and mental health (Brown et al., 2013; Koenig et al., 2012; Rosmarin et al., 2022). Moreover, the discourse of psychiatry and, by extension, the DSM has not done enough to integrate these findings, even if this dialogue shows future promise (Boehnlein, 2006). Sims (1999) notes that "psychiatrists often ignore the spiritual" (p. 99) for a variety of reasons, most notably because it is either considered unimportant or irrelevant.

Possession experiences heighten and problematize this discrepancy even further. That is, the often spiritual nature of possession experiences, the phenomenological descriptions of 'being invaded' or 'having a spirit inside' challenge many of the assumptions of the biopolitics of psychiatry.[3] For instance, management of these symptoms typically takes the form of medical, psychopharmaceutical, or psychotherapeutic interventions aimed to decrease distress and facilitate functioning while also diagnostically ordering and classifying these experiences along nosological lines (American Psychiatric Association, 2022). Contrast this with a more culturally sensitive and contextual approach, such as visiting a medicine person or shaman (as, for example, in various American First Societies; see Stewart, 1946) in order to participate in a ritual, which would produce similar or the same outcomes of symptom reduction and increased adaptability and functioning (Krippner, 1986).

Anthropologists use the term *shaman* to denote a special kind of medicine person or "witch doctor, who regularly enters non-ordinary states of consciousness to heal, obtain information by extrasensory means, or conduct rituals to influence weather or game animals" (Kalweit, 1989, p. 78). Shamanism spans culture and history and can be found in spiritually centered traditions and communities dating back to the Paleolithic era; it provides healing practices and spiritual teachings to these communities (Grof & Grof, 1989). Unlike the stigmatizing view of psychiatry regarding non-ordinary states of consciousness, which operates on the assumption that these are likely indicative of underlying mental illness, shamans embrace and utilize these states to perform healing rituals for the betterment of the community (Kalweit, 1989). In fact, many shamans begin by going through a "dramatic episode of an altered state of consciousness that traditional Western psychiatry sees as a manifestation of serious mental disease" (Kalweit, 1989, p. 78). This transition contains extreme emotions and unusual behavior, but such a process is necessary to develop shamanic abilities.

Beyond a shaman's ability to enter and exit non-ordinary states of consciousness, they can induce altered states of consciousness to assist in healing emotional, psychological, and spiritual ailments that are causing distress (Kalweit, 1989). In contrast with a practitioner devoted to the psychiatric medical model perceiving an altered state of consciousness as dysfunctional, shamanic communities view altered states of consciousness as a catalyst to healing for both the individual and the community. In short, rather than being perceived as a threat to individual and community health, the open-mindedness of shamanic traditions towards non-ordinary states of consciousness allows for greater insight into the depth of human experience (Kalweit, 1989). Furthermore, shamans often call upon spirits to aid with healing and treatment (Padmanabhan, 2017). While shamans in their own communities are treated as healers with spiritual abilities, when viewed from a Euro-American perspective, the behaviors and beliefs of the shamans would likely and unfortunately constitute psychiatric diagnosis and treatment. This speaks to the ideological and colonizing force of psychiatric power.

A critical difference between these two models - psychiatry and shamanism[4] - lies, in part, through their understanding of the etiology of possession. The psychiatric

approach understands the origin or cause of possessive states as a function of biomedical deficiency brought on, perhaps by trauma, a psychosocial stressor, genetics, or a combination thereof. Conversely, the more anthropological and indigenous approach sees the cause of the possession experience as often in line with the phenomenological description given therein, working in various ways to expel or appease the uninvited inhabitant. This sort of *congruence*, a word we borrow from the person-centered therapeutic approach of Carl Rogers (1961), perhaps lends credence, validity, and healing to the rapport between the healer and the client. Furthermore, in so doing, the use of situated cultural rites as a method of treatment pushes back against psychiatric domination and colonialization - the monolithic application of the DSM, for instance, to classify all types of psychological maladaptions.

Possession experiences would better be theorized under the broader category of exceptional experiences (ExEs). Belz and Fach (2015) define exceptional experiences in the following way,

> ExE are ***experiences*** that - from the point of view of those affected by them - are so ***exceptional*** that they seem incompatible with their explanations of reality or with the worldview of their social environment as far as their quality, process, and origin are concerned (p. 365, emphasis in original).

Characterizing possession cases as exceptional experiences runs counter to their psychiatric classification of them as psychopathologies or, given our exemplar, as DID. In fact, in one manner of speaking, possession cases are only exceptional insofar as they are divorced from their indigenous contexts and when they become imported into the biomedical discourse of psychiatry.[5]

Simmonds-Moore (2012) goes on to further delineate exceptional experiences by dividing them into two categories: (1) healthy exceptional experiences, which are experiences that, although mysterious in nature, involve intention and meaning-making; (2) unhealthy exceptional experiences mark those experiences missing an aspect of control, an unwanted experience, therein possibly leading to distress. Indeed, while the popular and even scholastic notion of possession places it in the latter category (Pietkiewicz et al., 2021, 2022), possession experiences are not always unhealthy (Igreja, 2018; Scrutton, 2016). As such, clinicians and researchers would do well to keep this double nature in mind and see possessional experiences through a dimensional rather than categorical model such that they fall on a spectrum. This would be similar, in some ways, to the historical trend of the DSM to conceptualize disorders dimensionally (see Widiger & Crego, 2018), as opposed to a categorical designation of either healthy or unhealthy. The dimensional approach permits greater nuance when classifying.

INVISIBLE WORLDS

Psychiatry and, by extension, the other helping professions have all, to a great or lesser degree, attempted to make sense of possession experiences in light of a Eurocentric, and more specifically biomedical and psychiatric, ways of understanding the world. Patients who claim to be possessed are diagnosed with schizophrenia, dissociative identity disorder, possession, and trance disorder, and other similar diagnoses (Pietkiewicz et al., 2022). Yet, we argue that this coloniality operates not only at the diagnostic and psychiatric level but, more broadly and perhaps significantly, to a cosmological degree - the colonization of possession obfuscates, intentionally or not, what we might call somewhat axiomatically *the invisible world of possession*. That is, possession mobilizes a challenge to the visible materiality of the biomedical and psychiatric worldview. As Keller (2002) submits, in no uncertain terms,

> The key to the problem is not that possession studies are sexist or racist but that a social scientific method is unable to take seriously what the witnesses to the possession say is the case - that the power that overcomes them comes from an ancestor, deity, or spirit (p. 3).

While we indeed take post-colonial critique seriously in rightfully recognizing the way that diagnosing cases of possession unfairly targets Indigenous peoples, women, the poor, and those religious others (Keller, 2002); nonetheless, the key point made by the above quotation suggests a spookier and expansive framework for reality, one that normative models fail to consider such that the world is interspersed with invisible entities and spirits of all kinds. This is a cosmological framework maintained by the somewhat divisive term of animism[6] Or, perhaps better, what Braidotti (2013) calls vital materialism. Likewise, Hunter (2023) parses this cosmology as panpsychism, which challenges the centrality of complex brains generating consciousness and invites us to look at matter differently such that it "possess[es] both a subjective dimension and a much greater degree of agency than it has often been given credit for" (p. 75).

As conceived today, animism envisions the world through relation, entanglement, and complexity. According to Taylor (2012), new animism maintains "the teeming

complexity of nature... [that] is pervaded by Spirit and/or mind or consciousness, multiple intelligences, incessant conversation, and relationships of many kinds" (p. 109). Given this position, it follows that if scientists cannot subject certain phenomena to the rigors of experimentation, including observation and control, such does not preclude their existence. In fact, it is more likely that entire worlds remain unseen and, therefore, are not amenable to more orthodox scientific investigation or psychiatric intervention. The move away from monolithic and colonial ontology opens up the possibility of the *pluriverse*, a term that Hunter (2023) puts forward, building on the work of the anthropologists Cadena and Blaser (2018). The pluriverse means that we live in a world of many worlds, overlapping and entangled with each other, and we are co-creating these relationally and ecologically with other non-human beings.

As a specific case in point, Krippner (1986) relates the three major syncretic traditions of Brazilian spiritism, the Candomble, Kardecismo, and Umbanda, as espousing three beliefs that they all hold in common: "(1) humans have a physical body and a spiritual body; (2) discarnate spirits are in constant contact with the physical world; (3) humans can learn how to incorporate spirit guides for the purposes of healing" (p. 177). The researcher outlines these beliefs in relation to how these traditions understood the etiology, diagnosis, and treatment of Multiple Personality Disorder (MPD), the older version of the more contemporary diagnosis of DID. Furthermore, practitioners who treat possession cases in these cultures recognize the *perispirit*, or spiritual body, as an essential part of reality - in fact, as a necessary component of their program of treatment and worldview of health and illness. According to Krippner (1986), more scientific and Eurocentric models would conceptualize the perispirit as the electromagnetic field that surrounds and intermixes with all living organisms. Within these traditions, in order to treat the afflicted, interventions need to be directed at the perispirit, and "spirit entities themselves must be contacted, something that medication, electroconvulsive therapy, and conventional psychotherapy do not attempt" (Krippner, 1986, p. 186). As such, the practitioner is engaging in *ontological osmosis* (Hunter, 2023), working along the ecological overlaps among and between these various worlds.

Echoing this as an essential figure to the new animism movement and other complementary philosophies such as posthumanism, Guattari reminds us that "[the] body does not contain individuated organs: it is itself traversed by souls, by spirits, which belong to the set of collective assemblages" (as cited in Lazzarato, 2014, p. 79). These collective assemblages are not strictly material in the scientific sense, such that they include many other and invisible realms of meaning and understanding, including the cultural, mediatic, historical, and personal. One of the central aims of Guattari (2011) is to understand how these different systems of reference, these other worlds, in some sense, overlap to produce or create experience.

Glowczewksi (2020), in their book *Indigenising Anthropology with Guattari and Deleuze,* refers to this conception as a shamanic ontology taking as a given that "we can be inhabited or traversed by exteriorities," which "arise from other types of materiality which assume that spirit is not just interior to a body but multiplied across visible and invisible spaces" (p. 343). Emphasis should be placed on the processual and becoming nature of how persons and others are comprised of assemblages. According to Hetrick (2014), the term *assemblage* denotes "the usual English rendering of the French *agencement*, which refers to the processes of arranging and organising [sic] heterogeneous elements" (p. 54, emphasis in original). The notion of *machinic animism* represents a break with post-Enlightenment thinking that separates and reduces the whole into its parts, e.g., subject and object, nature and culture, matter and soul, and so forth. Machinic animism seeks to understand the whole, comprised of various assemblages, not in an archaic way but by maintaining a forward-looking understanding of development and technology (Hetrick, 2014). These assemblages consist of heterogeneous elements "that relate by 'contagion' or 'unnatural participation', which come together [not] as an organic totality" (Hetrick, 2014, p. 56). Notably, the *mechanic* quality of assemblages means that they are first defined by their "functional or pragmatic capacity to affect or be affected by other assemblages rather than any 'truth' value" and that they "favour [sic] relations - and thus the capacities to affect and be affected that they enable - above individual elements" (Hetrick, 2014, pp. 56-57). This latter point speaks to the processual and becoming nature of assemblages in that relations are external to their elements, containing a logic that allows for their continuous emergence.

Relating this to Aboriginal Australians, Glowczewksi (2020) argues that the decolonizing gesture of seeing persons as assemblages permits an understanding that,

> Every birth of a human is related to the incarnation of a localized [sic] spirit of the Earth; throughout their entire lives, Aboriginal men and women actualize [sic] in themselves other spirits that are shared with different totems, or Dreamings, *Jukurrpa* as the Warlpiri and their desert neighbors [sic] say (p. 344, emphasis in original).

The colonial tragedy, in this instance, is the destruction of sacred sites, which help incubate virtual relations or ways of becoming for both humans and non-humans. The eradication of these relations and possible different assemblages emphasizes visible and material reality at the expense of virtual and animistic worlds that remain unseen. In other words, the challenge for us is to preserve these invisible worlds that admit non-human intelligences, which we typically may not see but make their presence known, thereby factoring into our conceptions of mental health, agency, and reality.

Tracing such transversal relations moves the frame away from the human, offering an alternative to *anthropocentrism* (Braidotti, 2013), the privileging of a human way of being, and opens towards processes of becoming that do not always require treatment, intervention, or medication. As a process of becoming, in the case of possession, mental health professionals and researchers would be less anthropocentric and colonizing in their approach to view possession as an assemblage, which includes non-human agents and comprises networked parts that are immanent in their relations with each other (Deleuze & Guattari, 1987). Importantly, possession as an assemblage leads us to take seriously invisible entities or spirits existing as virtual relations or intensities that necessarily factor into symptomology. In other words, a client or patient can receive psychiatric treatment for possession. However, the coloniality of psychiatry often fails to consider the phenomenon in its multifaceted components, including those invisible aspects, the spiritual, cultural, historical, and so on, that are just as real as the materiality of the body.

As Braidotti (2013) maintains, "the idea of the body as an incorporeal complex assemblage of virtualities... posits the ontological priority of difference and its self-transforming force" (p. 99). In other words, the body is interspersed and enmeshed with invisible but nonetheless materially actionable entities comprising various assemblages. Guattari (2011) used the distinction between *signifying semiotics* and *asignifying semiotics* to detail how various assemblages, both visible and invisible, are able to influence and create change in materiality. Signifying semiotics convey the most traditional notion of creating sense and meaning-making, which appear as gestural, ritualistic, corporeal, enunciative, musical, etc., ways of signing. They comprise the raw material for building machinic assemblages and other signifying systems (Genosko, 2002, 2014). Asignifying semiotics, by contrast, actually put signifying semiologies into play and escape the hierarchical and correspondence overcoding of more normative systems therein allowing for spaces of freedom and creativity beyond that of typical sense (Guattari, 2013); alternatively, also permitting what Lazzarato (2014) refers to as *machinic enslavement*, which "captures and activates the pre-subjective and trans-subjective elements" (Hetrick, 2014, p. 62) of sense-making in order to control. Put simply, machinic enslavement is the capturing and conscription of subjectivity towards ends that are not of its own desire.

The nature of asignifying semiotics is that they bypass linguistic sense and "are capable of entering into direct contact with their referents in the framework of diagrammatic interaction" (Guattari & Rolnik, 2007, p. 463). Asignifying semiologies are not always invisible since examples of them include musical notations, mathematics, computer syntax, and so on. Nevertheless, they often operate clandestinely as unarticulated machinic flows that "plug into the body directly through pre-conscious affects, perceptions, desires, and emotions" (Hetrick, 2014, p. 64). Hence, these non-corporeal elements are able to exert profound changes and alterations in the more normative and smooth functioning of signifying semiologies.

We argue that possession cases represent just such an asignifying rupture with normative ways of making sense, thereby marshaling machinic animism that emphasizes pragmatic treatment with subjectivity being part of a relational assemblage (Hetrick, 2014). This view stands in stark contrast to the typical psychiatric one, which medicalizes and classifies (American Psychiatric Association, 2022) subjectivity along specific diagnostic parameters perpetuating the discourse of psychiatry (Stephenson, 2015) or its signifying semiology (Guattari, 2011). *Our position is to advocate for the decolonization of the foreign territories invaded by psychiatry with specific regard to the very real, albeit invisible worlds, that possession experiences feature*. We do not deny the scientific and biomedical acumen of psychiatry, the DSM, or classifying and treating DID from these perspectives (see Kluft, 2006; Moline, 2013) since the discipline fits historically and contextually within its own specific tradition - namely, one that is decidedly American and Eurocentric. However, colonizing more Indigenous and animistic frames for understanding possession enacts epistemological, anthropological, and other forms of violence that unnecessarily occlude the experience while simultaneously exercising psychiatric power.

DISCUSSION

In this article, we have advanced the thesis that post-colonial theory and the interventive process of decolonization provide more inclusive and expansive ways of understanding the experience of possession. The use of Dissociative Identity Disorder (DID) was used to demon-

strate the lingering remnants of possession found in the DSM-5-TR, suggesting an internal tension to account for the cultural elements of possession while also attempting to provide an exhaustive nosology. This tension results, in part, from the failure of psychiatry to adequately understand the nature of spirituality and incorporate a more profound understanding into its field. As a result, clinicians and researchers should honor the spiritual, phenomenological, and anthropological correlates of possession cases, those that seem to defy psychiatric incorporation, by seeing them, we have suggested, as exceptional experiences. These kinds of exceptional experiences are better articulated through a more immersive cosmological framework than the one offered by biomedicine or psychiatry; namely, through a form of animism, referred to here as mechanic animism, that conceptually accounts for the interpenetration of multiple worlds, invisible and material, factoring into the possession experience.

Below, we enumerate the central points and limitations of this essay while discussing the implications of this approach. We also outline avenues of future research that would bring into dialogue post-colonial theory, exceptional experiences, and cases of possession:

1. The material violence that settler colonialism has and continues to enact on Indigenous peoples and land cannot be overstated. In forceful language, Smith and colleagues (2019) write that "to say that decolonization is not a metaphor is to resist using decolonization as a trendy term" (p. 13). Indeed, to take seriously the process of decolonization means crucially allowing indigenous social thought to lead the way where scholars will focus "on the possibilities afforded by attending to Indigenous writings, worldviews, teachings, approaches to relationship, ethics, history, and futurities" (Smith et al., 2019, p. 13). Such an approach stands in sharp contradistinction to the "settler academy" (Smith et al., 2019, p. 13), which continues the work of colonialism by failing to acknowledge the import of indigenous scholarship. In various ways, we have attempted to develop a reading of possession that is faithful to the extant scholarship while also bringing forward instances of criticism toward the predominant psychiatric model. One way we have done this is through the argument that psychiatry lacks a richer understanding of spirituality, one that would admit invisible, non-human entities into its worldview.

2. As a case in point, we have intentionally used the term *animism* to denote this alternative framework and, more importantly, to align our approach with more indigenous belief systems. In this way, our aim has been, in part, to reclaim animism as a viable cosmological frame and to push back against the pejorative and colonialist connotations that the term has typically entailed in the history of anthropology, for example (Taylor, 2012).

3. The importance of land for post-colonial theory and indigenous studies is both central and crucial (Smith et al., 2019). Indeed, scholarship aimed at decolonization must have a firm grounding in the influence of environment and ecology on thinking and belief systems. We have not done enough in the current essay to address this and suggest that future research could pay more analytic attention to local geographies and how situated spirits and beliefs appear therein, detailing the salience this would have for understanding possession. In other words, to pose this as a series of questions: What is the connection between local lands and the invisible non-human entities that reside there? How is it that local ecologies anchor certain types of possession experiences? What is the relationship between caring strategies, interventions, or rituals used to engage with possession in a localized ecology? How is their efficaciousness related to the land?

4. We also acknowledge that we have left many implications for this animistic worldview underdeveloped in the current essay and invite future researchers to expand on these. The distinction between healthy and unhealthy exceptional experiences alludes to one such avenue (Simmonds-Moore, 2012). For instance, the term machinic enslavement (Lazzarato, 2014) refers to the way that subjectivity can become captured and put into the service of nefarious ends. We wonder, with possession cases, the extent to which this happens. In other words, what pre-subjective factors no longer remain under the agency of the person in charge? Moreover, how does the machinic enslavement of possession mirror or not the kind of subjection instituted by more prominent ideologies and institutions such as capitalism or psychiatry? We suggest that such an analysis would shed light on cases of possession and how agency, embodiment, control, and freedom operate today.

Continued dialogue between post-colonial theory and the study of exceptional experiences shows great promise. Both fields have a vested interest in taking back space or territory, wherein they are typically viewed with suspicion or as outsiders. Indeed, the prospect of interdisciplinary engagement should excite scholars and researchers in each of these fields since a collaborative approach contains the promise of developing a more rigorous and multilayered understanding of both indigenous practices

and exceptional experiences. The challenge posed to us by possession cases is to ensure that we do not reproduce a similar form of coloniality like psychiatry by appropriating these experiences within our own limited models.

ENDNOTES

I. Importantly, the etiology and validity of DID are not agreed upon, and scientific studies show conflicting findings regarding the origin of this psychopathology. For instance, Boysen and VanBergen (2013) reviewed the literature on DID simulation (studies that examined the differences between people who simulated the disorder and those who actually had the psychopathology) and found that interidentity transfer of information occurred at similar rates in both groups suggesting malingering or imitation to be a factor. In addition, Spanos (1994) reviewed the experimental, cross-cultural, historical, and clinical literature on DID and found that, from a sociocognitive lens, the multiplicity found therein to be socially constructed, changing to meet fluid sociohistorical and relational expectations.

II We note the definitional challenge and trouble created by terms such as spirituality, religion, and mental health - in particular, the distinction between spirituality and religiosity can be especially difficult to parse. Indeed, the possibility of operationalizing a concept such as spirituality depends on the context of the research study, methodology, and other related factors (e.g., Zwingmann et al., 2011). In Noll's (1993) classic article on possession and psychiatry, the author notes similar challenges when trying to operationalize exorcism and ritual, speaking to, perhaps, the reductionism intrinsic to operationalization in general. As a result, we follow the lead of Koenig and colleagues (2012) in using a definition of spirituality that is inclusive and encompasses both the secular and religious senses of the term. The researchers provide the following definition: "spirituality is distinguished from all other things - humanism, values, morals, and mental health - by its connection to that which is sacred, the *transcendent*... spirituality includes both a search for the transcendent and the discovery of the transcendent" (Koenig et al., 2012, p. 46, emphasis in original). Emphasizing the transcendent core of spirituality highlights its salience and power necessarily beyond the control and purview of the human and, in this way, is helpful for a critical approach like decolonization.

III Biopolitics is a field of study that has a major taproot in the work of the French philosopher and historian Michel Foucault (1978, 1994, 1995). As a field, biopolitics analyzes the way that sanctioned discourses and institutions create specific behaviors and forms of subjectivity - how, in other words, peoples and communities become disciplined and learn to self-police, often in acquiescence to forms that are not in their best interest. For instance, in analyzing the history of madness and mental illness through the lens of Foucauldian biopolitics, Leoni (2013) writes that "at the end of the eighteenth century, Foucault concludes, no liberation of the mentally ill took place, but, rather, what emerged was an objectification of the concept of their freedom" (p. 87). This historical lesson, no doubt, holds true for modern psychiatric power in that "the goal of the psychiatrist is the control of a force, not the identification of a mistake" (Leoni, 2013, pp. 90-91). Psychiatric power is exercised in order to regulate a force "not so much that of healing and restoring mental health, but rather that of managing an uncertain condition which fluctuates between pathology and non-pathology" (Leoni, 2013, p. 91). Indeed, this kind of relegation, control, or subjection, when applied to possession cases, imports the phenomenon into the disciplinary matrix of psychiatry, whose aim is to control subjectivity along biomedical and therapeutic lines as opposed to, for example, facilitating spiritual or anthropological methods devised for healing and intervention.

IV We are mindful that the contrast between shamanism and psychiatry is cursory here for the purposes of erecting a more indigenous foil that would capture key differences conceptualizing altered states of consciousness, mental health, and spirituality. Nonetheless, we suggest that shamanism, as presented in its various anthropological manifestations, represents a decolonizing practice against psychiatric power (see Allen, 2002; Lee & Kirmayer, 2023).

V The suggestion of what counts as an exceptional experience or the paranormal is always in relation to more global, sanctioned, and institutionalized discourses speaks to the political nature of these phenomena. In other words, normative and hegemonic forces must exert pressure in order to render the anomalous as such in the first place. Such an analysis is perhaps best promoted by critical approaches to exceptional experience or critical parapsychology (see Glazier, 2023).

VI The term was originally used to distinguish between the belief systems of people seen as inferior versus those superior understandings of the world typically held by European powers (Taylor, 2012). As a consequence, we use the term animism with reservation in the sense that this form of coloniality still can rear its head even today, usually through an unreserved form of "scientific rationalism" (Taylor, 2012, p. 109). Nonetheless, we also use animism intentionally as a way to fight back against these pejorative connotations and reclaim this worldview (for more on reclaiming and reappropriation in relation to parapsychology, see Glazier, 2022). There exist complementary philosophical positions to what we are denoting by animism, albeit with important differences. These include panpsychism (Brüntrup, 2017), vital materialism (Braidotti, 2013), and even new materialism (Toohey et al., 2020).

REFERENCES

Allen, M. (2002). Therapies of resistance? Yuta, help-seeking, and identity in Okinawa. *Critical Asian Studies, 34*, 221–242. https://doi.org/10.1080/14672710220146215

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Bashara, R. (2021). Freud and Said: *Contrapuntal psychoanalysis as liberation praxis*. Springer Nature.

Belz, M., & Fach, W. (2015). *Exceptional experiences (ExE) in clinical psychology.* In E. Cardeña, J. Palmer, & D. Marcusson-Clavertz (Eds.), Parapsychology: A handbook for the 21st century (pp. 364–379). McFarland & Co.

Bernard, A. (2008). Emancipating spirit: Decolonizing the Caribbean religious experience. *Wadabagei: A Journal of the Caribbean and Its Diaspora, 11*, 49–64.

Bhatia, S. (2020). Decolonizing psychology: Power, citizenship, and identity. *Psychoanalysis, Self and Context, 15*, 257–266. https://doi.org/10.1080/24720038.2020.1772266

Boehnlein, J. K. (2006). Religion and spirituality in psychiatric care: Looking back, looking ahead. *Transcultural Psychiatry, 43*, 634–651. https://doi.org/10.1177/1363461506070788

Boysen, G. A., & VanBergen, A. (2014). Simulation of multiple personalities: A review of research comparing diagnosed and simulated dissociative identity disorder. *Clinical Psychology Review, 32*, 14–28. https://doi.org/10.1016/j.cpr.2013.10.008

Braidotti, R. (2013). T*he posthuman*. Polity Press.

Breakey, W. R. (2001). Psychiatry, spirituality, and religion. *International Review of Psychiatry, 13*, 61–66. https://doi.org/10.1080/09540260120037281

Brown, D. R., Carney, J. S., Parrish, M. S., & Klem, J. L. (2013). Assessing spirituality: The relationship between spirituality and mental health. *Journal of Spirituality in Mental Health, 15*, 107–122. https://doi.org/10.1080/19349637.2013.776442

Brüntrup, G. (Ed.). (2017). *Panpsychism: Contemporary perspectives*. Oxford University Press.

Cadena, M., & Blaser, M. (2018). *A world of many worlds.* Duke University Press.

Cajete, G. (1994). *Look to the mountain: An ecology of Indigenous education*. Kivaki Press.

Cohen, B. M. Z. (2016). Psychiatric hegemony: Mental illness in neoliberal society. In *Psychiatric hegemony: A Marxist theory of mental illness* (pp. 69–96). Palgrave Macmillan. https://doi.org/10.1057/978-1-137-46051-6_3

Dein, S., & Illaiee, A. S. (2013). Jinn and mental health: Looking at jinn possession in modern psychiatric practice. T*he Psychiatrist, 37*, 290–293. https://doi.org/10.1192/pb.bp.113.042721

Deleuze, G., & Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia* (B. Massumi, Trans.). University of Minnesota Press.

Delmonte, R., Luccetti, G., Moreira-Almeida, A., & Farias, M. (2016). Can the DSM-5 differentiate between nonpathological possession and dissociative identity disorder? A case study from an Afro-Brazilian religion. *Journal of Trauma & Dissociation, 17*, 322–337. https://doi.org/10.1080/15299732.2015.1103351

Foucault, M. (1978). *The history of sexuality volume I: An introduction* (R. Hurley, Trans.). Random House.

Foucault, M. (1994). *The order of things: An archaeology of the human sciences* (A. Sheridan, Trans.). Vintage Books.

Foucault, M. (1995). *Discipline and punish: The birth of the prison* (A. Sheridan, Trans.). Vintage Books.

Genosko, G. (2002). *Felix Guattari: An aberrant introduction*. Continuum.

Genosko, G. (2014). Information and asignification. *FOOTPRINT: Delft Architecture Theory Journal, 8*, 13–28. https://doi.org/10.7480/footprint.8.1.798

Glazier, J. W. (2022, December). Feminism at the forefront: A critical approach to exceptional experiences. *Journal of Anomalistics, 22*, 427–446. https://doi.org/10.23793/zfa.2022.427

Glazier, J. W. (Ed.). (2023). *Paranormal ruptures: Critical approaches to exceptional experiences*. Beyond the Fray Publishing.

Glissant, É. (1997). *Poetics of relation* (B. Wing, Trans.). The University of Michigan Press. https://doi.org/10.3998/mpub.10257

Glowczewski, B. (2020). *Indigenising anthropology with Guattari and Deleuze*. Edinburgh University Press. https://doi.org/10.3366/edinburgh/9781474450300.001.0001

Grof, S., & Grof, C. (1989). Spiritual emergency: Understanding evolutionary crisis. In S. Grof & C. Grof (Eds.), *Spiritual emergency: When personal transformation becomes a crisis* (pp. 1–26). Jeremy P. Tarcher, Inc.

Guattari, F. (2011). *The machinic unconscious: Essays in schizoanalysis* (T. Adkins, Trans.). Semiotext(e).

Guattari, F. (2013). *Schizoanalytic cartographies* (A. Goffey, Trans.). Bloomsbury Publishing PLC.

Guattari, F., & Rolnik, S. (2007). *Molecular revolution in Brazil* (K. Clapshow & B. Holmes, Trans.). Semiotext(e).

Hanwella, R., Silva, V., Yoosuf, A., Karunaratne, S., & Silva, P. (2012). Religious beliefs, possession states, and spirits: Three case studies from Sri Lanka. *Case Reports in Psychiatry, 2012*, Article 232740. https://doi.

org/10.1155/2012/232740

Haraway, D. (2013). The biopolitics of postmodern bodies: Constitutions of self in immune system discourse. In T. Campbell & A. Sitze (Eds.), *Biopolitics: A reader* (pp. 274–309). Duke University Press.

Hetrick, J. (2014). Video assemblages: 'Machinic animism' and 'asignifying semiotics' in the work of Melitopoulos and Lazzarato. *FOOTPRINT: Delft Architecture Theory Journal, 14*, 53–68. https://doi.org/10.59490/FOOTPRINT.8.1.801

Hsu, A. (2019). Fanon and the new paraphilias: Towards a trans of color critique of the DSM-V. *Journal of Medical Humanities, 40*, 53–68. https://doi.org/10.1007/s10912-018-9531-3

Hook, D. (2007). *Foucault, psychology and the analytics of power*. Palgrave Macmillan. https://doi.org/10.1057/9780230592322

Hunter, J. (2023). High strangeness and anthropology: Ontological osmosis in a world of many worlds. In J. W. Glazier (Ed.), *Paranormal ruptures: Critical approaches to exceptional experiences* (pp. 59–86). Beyond the Fray Publishing.

Igreja, V. (2018). Spirit possession. In H. Callan & S. Coleman (Eds.), *The international encyclopedia of anthropology*. Wiley-Blackwell. https://doi.org/10.1002/9781118924396.wbiea1578

Iseke, J. (2013). Spirituality as decolonizing: Elders Albert Desjarlais, George McDermott, and Tom McCallum share understandings of life in healing practices. *Decolonization: Indigeneity, Education & Society, 2*, 35–54.

Islam, F., & Campbell, R. A. (2014). "Satan has afflicted me!" Jinn-possession and mental illness in the Qur'an. *Journal of Religion and Health, 53*, 229–243. https://doi.org/10.1007/s10943-012-9626-5

Kalweit, H. (1989). When insanity is a blessing: The message of shamanism. In S. Grof & C. Grof (Eds.), *Spiritual emergency: When personal transformation becomes a crisis* (pp. 77–98). Jeremy P. Tarcher, Inc.

Keller, M. (2002). *The hammer and the flute: Women, power, and spirit possession*. The Johns Hopkins University Press.

Khalifa, N., & Hardie, T. (2005). Possession and jinn. *Journal of the Royal Society of Medicine, 98*, 351–353. https://doi.org/10.1258/jrsm.98.8.351

Kluft, R. P. (2006). Dealing with alters: A pragmatic clinical perspective. *Psychiatric Clinics of North America, 29*, 281–304. https://doi.org/10.1016/j.psc.2005.10.010

Koenig, H., King, D., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). Oxford University Press.

Krippner, S. (1986). Cross-cultural approaches to multiple personality disorder: Therapeutic practices in Brazilian spiritism. *The Humanistic Psychologist, 14*, 176–193. https://doi.org/10.1080/08873267.1986.9976770

Lazzarato, M. (2014). Signs and machines: Capitalism and the production of subjectivity (J. D. Jordan, Trans.). Semiotext(e).

Lee, B.-O., & Kirmayer, L. J. (2023). Spirit mediumship and mental health: Therapeutic self-transformation among Dang-kis in Singapore. *Culture, Medicine, & Psychiatry, 47*, 271–300. https://doi.org/10.1007/s11013-021-09765-y

Leoni, F. (2013). From madness to mental illness: Psychiatry and biopolitics in Michel Foucault. In K. W. M. Fulford (Ed.), *The Oxford handbook of philosophy and psychiatry* (pp. 85–98). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199579563.013.0008

Noll, R. (1993). Exorcism and possession: The clash of worldviews and the hubris of psychiatry. *Dissociation, 6*, 250–253. https://hdl.handle.net/1794/1683

Moline, R. A. (2013). *The diagnosis and treatment of dissociative identity disorder: A case study and contemporary perspective*. Jason Aronson.

Padmanabhan, D. (2017). From distress to disease: A critique of the medicalisation of possession in DSM-5. *Anthropology & Medicine, 24*, 261–275. https://doi.org/10.1080/13648470.2017.1389168

Pietkiewicz, I. J., Klosinska, U., & Tomalski, R. (2021). Delusions of possession and religious coping in schizophrenia: A qualitative study of four cases. *Frontiers in Psychiatry, 12*, Article 628925. https://doi.org/10.3389/fpsyg.2021.628925

Pietkiewicz, I. J., Klosinska, U., & Tomalski, R. (2022). Trapped between theological and medical notions of possession: A case of possession trance disorder with a 3-year follow-up. *Frontiers in Psychiatry, 13*, Article 891859. https://doi.org/10.3389/fpsyt.2022.891859

Pouchly, C. A. (2012). A narrative review: Arguments for a collaborative approach in mental health between traditional healers and clinicians regarding spiritual beliefs. *Mental Health, Religion & Culture, 15*, 65–85. https://doi.org/10.1080/13674676.2011.553716

Robcis, C. (2020). Frantz Fanon, institutional psychotherapy, and the decolonization of psychiatry. *Journal of the History of Ideas, 81*, 303–325. https://doi.org/10.1353/jhi.2020.0009

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin Company.

Rosmarin, D. H., Kaufman, C. C., Ford, S. F., Keshava, P., Drury, M., Minns, S., Marmarosh, C., Chowdhury, A., & Sacchet, M. D. (2022). The neuroscience of spirituality, religion, and mental health: A systematic review and synthesis. *Journal of Psychiatric Research, 156*, 100–113. https://doi.org/10.1016/j.jpsychires.2022.10.003

Ross, C., Schroeder, E., & Ness, L. (2013). Dissociation and symptoms of culture-bound syndromes in North America: A preliminary study. *Journal of Trauma & Dissociation, 14*, 224–235. https://doi.org/10.1080/15299732.2013.724338

Sar, V., Alioğlu, F., & Akyüz, G. (2014). Experiences of possession and paranormal phenomena among women in the general population: Are they related to traumatic stress and dissociation? *Journal of Trauma & Dissociation, 15*, 303–318. https://doi.org/10.1080/15299732.2013.849321

Scrutton, A. P. (2016). Can jinn be a tonic? The therapeutic value of spirit-related beliefs, practices and experiences. *Unisinos Journal of Philosophy, 17*, 171–184. https://doi.org/10.4013/fsu.2016.172.12

Simmonds-Moore, C. (Ed.). (2012). *Exceptional experience and health: Essays on mind, body, and human potential*. McFarland & Co.

Sims, A. (1994). 'Psyche'—Spirit as well as mind. *British Journal of Psychiatry, 165*, 441–446. https://doi.org/10.1192/bjp.165.4.441

Sims, A. (1999). The cure of souls: Psychiatric dilemmas. *International Review of Psychiatry, 11*, 97–102. https://doi.org/10.1080/09540269974249

Smith, L. T., Tuck, E., & Yang, K. W. (Eds.). (2019). *Indigenous and decolonizing studies in education: Mapping the long view*. Routledge.

Spanos, N. P. (1994). Multiple identity enactments and multiple personality disorder: A sociocognitive perspective. *Psychological Bulletin, 116*, 143–165. https://doi.org/10.1037/0033-2909.116.1.143

Stephenson, C. (2015). The epistemological significance of possession entering the DSM. *History of Psychiatry, 26*, 251–269. https://doi.org/10.1177/0957154X14562748

Stewart, K. M. (1946). Spirit possession in native America. Southwestern *Journal of Anthropology, 2*, 323–339. https://www.jstor.org/stable/3628721

Swinton, J. (2001). Spirituality and mental health care: Rediscovering a forgotten dimension. Jessica Kingsley.

Taylor, B. A. (2012). Birds, liminality, and human transformation: An animist perspective on new animism. *Pomegranate, 14*, 108–127. https://doi.org/10.1558/pome.v14i1.108

Timimi, S. (2014). No more psychiatric labels: Why formal psychiatric diagnostic systems should be abolished. *International Journal of Clinical and Health Psychology, 14*, 208–215. https://doi.org/10.1016/j.ijchp.2014.03.004

Toohey, K., Smythe, S., Dagenais, D., & Forte, M. (2020). *Transforming language and literacy education: New materialism, posthumanism, and ontoethics*. Routledge. https://doi.org/10.4324/9780429491702

Ventriglio, A., Bonfitto, I., Ricci, F., Cuoco, F., & Bhavsar, V. (2018). Delusion, possession and religion. In U. Werneke (Ed.), *Conference proceedings of the 4th masterclass psychiatry: Transcultural psychiatry – diagnostics and treatment* (pp. 12-14). Nordic Journal of Psychiatry. https://doi.org/10.1080/08039488.2018.1481525