

SHORT COMMUNICATION

“Killing a Demon”: The Use of Cultural Symbols in Therapeutic Work with Children- A Case Report

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Abstract: This case report describes how family conflict, and a lack of parental support for emotional expression, result in distress being expressed through cultural symbols in children, and how these very symbols can be utilized in therapy. In the current example, a 12-year-old girl presented to mental health services with altered behaviour and claims of being possessed by a demon for two months. There was a history of the parents being emotionally unavailable and frequent altercations with the paternal grandmother in whose house they currently lived. Even though possession states are not uncommon in adults presenting to mental health services, it is uncommon for children to present with persistent possession states for long periods of time. In this instance, the whole family was supported with an eclectic family therapy approach, using psychodynamic, Cognitive Behaviour Therapy, and Systemic ideas. This approach utilized the very same “demon” symbol the child presented with, and resulted in the child expressing her distress in a more adaptive way and getting back to her daily activities.

Keywords: *Family Conflicts, Emotion Expression, Demon, Culture, Family Therapy.*

Introduction


A hundred years back, our ancestors performed numerous rituals and ceremonies to address mental health issues of people and their communities. Later, these beliefs, rituals, costumes, and objects, were down from generation to generation and became a part of our culture. Thus, many people still believe in the power of these rituals when they are experiencing health-related problems, especially mental health issues. In addition to rituals, there are some symbols that hold significant meaning and unique characteristics in our own Sri Lankan culture.

“Demon” (yakseya/yaka) is one such powerful term that can terrify adults and children too (Abeyasekara, & De Silva, 2016). According to our folklore, the demon is an animal spirit with a human figure, which symbolized evil, disease, and ill-fated and the demon can make you suffer physically and mentally (Kapferer, 1979). Despite its evil nature, we can still see the artwork, and sculptures of demons in many religious and other places in Sri Lanka. This has

resulted in these images becoming familiar to our minds.

There are many cases and reports regarding demon possession universally. All these demon possessions give two main advantages to the individual. One is helping the individual to temporally escape from psychological distress and conflict. The other is the ability to project the blame and feeling of guilt onto an external body like the demon (Ward, & Beaubrun, 1980). Though many cases of possession states are reported in adults, there are fewer cases reported in children. This may be due to the lack of awareness of children's mental health problems, other parental problems, and difficulties in accessing professional mental health support (Harden, 2005). This paper describes how a 12-year-old girl expressed her inner conflicts and anxieties through demon possession after experiencing family conflicts for a long time. All the information gathered for this case report was included after obtaining consent from the girl and both parents.

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Case Report

A 12-year-old girl from a rural village in the Kandy district presented to the child psychiatric clinic at Sirimavo Bandaranayake Specialized Children's Hospital (SBSCH) with her mother. Following the initial assessment and at the mother's request, she was admitted to the ward under the care of a child and adolescent psychiatrist. The girl presented with episodes of unusual behaviour during which she sees a demon ("Yaka") that enters her body, possesses her and then gives her orders. During such episodes, the child crawls on the floor, speaks in a rough voice, snarls, requests to take her to her father, and threatens the mother. Most often, these behaviours occurred at home in the presence of her mother and younger brother. Her father works away from home in a different city and only comes home once or twice a month. The mother was reluctant to go back home with the child as she was afraid that these possession states would happen again. She stated that they have performed several exorcisms at home, spending a considerable amount of money without any success.

The child was well-groomed, seemed active and behaved calmly at the clinic during the counselling session, and explained how she sees the demon and how it is coming into her body. Furthermore, she stated that she was afraid of the demon and asked for help to chase him away from her and her family. Observations made during the hospital stay revealed no noticeable behavioural change in the child through both the mother and the child admitted to experiencing one episode of being possessed by the demon. The girl drew the images of the demon introducing it under different names. Interestingly, there was a drawing of her grandmother too, whom she referred to as a demon.

Moreover, the girl was having sudden panic attacks at times when she was being verbally abused by her grandmother at home. The child exhibited panic attacks during her stay at the hospital as well. When possessed by the demon, her behaviour, and speech, changed completely into a different person, which was the demon. Based on the ICD 10 (International Classification of Disease version 10) she received a dual diagnosis of a Trance and Possession Disorder and a panic disorder. She was given a small dose of Alprazolam for a short duration to help with panic and anxiety-related symptoms.

Background

Past medical history

The girl's past medical records revealed that she had been seen by mental health services a few years back for a psychosomatic condition presenting as joint pain in both her hands and legs for which no physical cause was found. Though the symptoms continued, her mother had ignored them as they were not severe and hence defaulted to clinic follow-up.

Parental support for the child's emotional expressions

Even before the girl's psychosomatic condition appeared, it seemed her parents had not paid enough attention to their daughter's expressed feelings and emotions. Her father had mainly given attention to the financial matters at home and did not appear interested in the usual family conversation with his wife and daughter. Though the girl expressed her feelings through words, for example, "I don't like our grandmother", "I am angry and sad at this house", and "When my father stays home, I am happy", her parents appeared to have not paid much attention to these expressions of distress. She had reported feeling sad, upset, and angry as her pleas to move from where there were (at the grandmother's house) to where her father worked went unheeded. Subsequently, the girl stopped expressing her emotions and later developed somatic symptoms which led to her initial referral to mental health services.

Response of the family to the girl's behaviour

This family lived with the girl's grandmother when the child first started talking about a demon. Her grandmother was verbally abusive towards the family and often had conflicts with the child's mother. The girl explained that her father was away from home and her mother did not take any steps to settle the conflicts at home. However, according to the girl ever since the appearance of this demon, there had been some positive changes in the way the family functioned. Her father started visiting the family more often and the unity and cohesion of the family too appeared to have improved. Importantly, the grandmother too had moved to another house nearby in fear of the demon.

Therapy

As the whole family has been affected by the girl's behaviour, a family therapy-based approach was used. Initially, emphasis was placed on building a therapeutic alliance and engaging the whole family in the therapeutic process. The parents and the girl were allowed to share their fears, insecurities, and internal conflicts in a contained environment. The girl was encouraged to talk about the demon and about her concerns in an environment where she felt more comfortable and relaxed. During the process, the cultural beliefs and values of the family were explored and were later incorporated into the therapeutic process in a non-judgmental manner. They were encouraged to discuss what these cultural beliefs mean to them, and their effects on how they respond to the current presentation. A collaborative discussion on how these responses could hinder the recovery of the girl was useful in building awareness of how cultural beliefs about demons and responses based on these beliefs may have. This process of building conscious awareness was helped by psychodynamic understanding and concepts related to unconscious thought processes and defence mechanisms such as denial, repression, displacement, and regression.

The therapy exposed the more deep and painful feelings held by both the mother and the girl. Dysfunctional thought patterns related to anxiety were addressed using a Cognitive Behavioural Therapy (CBT) model. CBT emerged from Cognitive Behavioural theory in the late 1950s with a combination of cognitive and behavioural theories based on three assumptions, which are cognitive activities influence behaviour, cognitive activities could be modified and monitored, and finally, cognitive changes could lead to behavioural changes (Hupp, et al., 2008). Hence, CBT-based interventions are used in those with anxiety-related issues to alter their maladaptive cognitions, and beliefs (Otte, 2011). Specifically, the child had feelings like "nobody loves me, "I am helpless and there is no one to help me". Such negative thought patterns were affecting her behaviour and mood. These negative thought patterns appeared to be associated with behaviours such as restlessness, nightmares, aggression, and panic attacks. Instead of addressing the demon possession, CBT was used to address the girl's emotions and thought process which led to her being anxious. As the girl showed an interest in writing, a thought diary (a technique of CBT) was used to help her identify her own thoughts and become aware of her behaviour patterns.

Furthermore, this technique was useful for her to explore alternative ways of thinking instead of the current negative thought pattern with the support of her parents.

The father was encouraged to provide more support to the mother and family matters to alleviate their feelings of negligence. Both parents were helped in realizing the role played by the abusive grandmother in bringing about the girl's unusual behaviour. Interestingly, during the therapy process, the girl expressed that the demon inside her asked her family to move to the Western province (where her father works at the time) without their grandmother.

At the beginning of therapy, the girl communicated with the mental health staff mostly on behalf of the demon indicating that she was possessed by it. However later, she spoke of her own feelings and emotions without mentioning the demon. This gradual transition occurred when the therapy facilitated interactions between the girl and the parents to a point where the girl started feeling that her voice is being heard and the parents are attending to her needs. The parents were helped in developing an adaptive communication style throughout the family therapy sessions. The introduction of adaptive coping strategies during the therapy helped the girl handle day-to-day stressors effectively. Supportive counselling was offered to the mother as she seemed more distressed. During the counselling and the therapy process, both the girl and the mother were encouraged to discuss emotions that they could not express before. In addition, regular involvement and more active engagement in family matters by the father brought about more positive changes in the family dynamics. During later visits to the mental health service, the mother stated that the girl is happy, and energetic, and expresses her feelings without mentioning the demon.

Discussion

It is common for children to express their feelings and emotions in different ways. Most often they use words, gestures, facial expressions, or other media like arts, music, etc. (Thompson, 1991). The emotional development of children is a complex process. Understanding one's own emotions, and feelings, understanding how others are feeling, and managing their own feelings serve positively for a child's emotional development process (Salisch, 2001). However, some children have trouble expressing their emotions, this is exacerbated in instances where parents are unable to be emotionally

responsive (Morris, et al., 2007).

In this case, the girl's father showed a lack of emotional awareness and responsivity toward his family, with the mother being unable to protect the child from the grandmother's verbal abuse. The child's expressions of distress were not heeded by the parents because of their own difficulties. The mother's failure to support her daughter emotionally and help her with healthy coping strategies to deal with stressful events appears to have led the child to develop feelings of anxiety. In accordance with psychoanalytic theory, to protect the individual from anxiety-provoking situations unconscious psychological processes work as defence mechanisms (Waqas, et al., 2015). The girl seemed to use two main defence mechanisms, namely, displacement as she showed anger towards her mother instead of her grandmother (displaced grandmother with the mother), and projection by attributing her anger, and fear to a demon (projecting her own feelings to someone else).

By living in such a negative environment, the child chose a different way of expressing her emotions by externalizing them like a demon. Even before this behaviour, the child had presented with medically unexplained psychosomatic symptoms. Therefore, this previous psychosomatic presentation could also be a manifestation of difficulties in the emotional expression of the child. Interestingly, this girl's emotional representations could be identified with particular Sri Lankan cultural symbols.

Cultural symbolism consists of beliefs, ceremonies, ritual practices, art forms, colours, language, stories, gossip, gestures, and values (Swidler, 1986). This girl exhibited several such symbols like using the term demon, her body language and behaviour, drawings of the demon, use of colours representative of the demon, her rough voice, and language to express her distress, fears, anger, and anxiety. It is not unusual for her parents to get scared by the term "demon" as demons have a significant place in Sri Lankan culture. Children often listen to stories of demons from elders and could see them in temple artwork, traditional masks, and frescos and statues at other ancient historical places. After observing the artwork of the girl, it was clear that her drawings and the Sri Lankan traditional mask of the demon (Raksha mask) were alike. She has used the same colours, shapes, and other significant characteristics of our traditional mask (e.g., long white teeth). People have the belief that these Raksha masks (demons) have the power to ward off evil influences and bad luck (Thilakarathne, 2018).

As the girl struggled to express her emotions and feelings in a healthy manner and was not heeded when she did so, she literally chose to wear a Raksha mask and expressed her own feelings and emotions like the demon. In this way, she could communicate her suppressed worries and anxieties by getting her parents' attention, especially her mother's. It became evident that it was easy for the mother to work with the "demon" rather than with the emotional issues. One of the reasons could be that the whole family could easily get together when there was an external threat (the demon) instead of looking into the internal conflicts among them. As the father was emotionally detached, it was comfortable for the mother to talk with him about the demon or other cultural issues rather than her own and her daughter's emotions. Also, the family was in a safe zone with the demon possession instead of accepting their mental health issues because in many South Asian countries mental health is related to culture, values, beliefs, and how they perceive the world as well (Fernando, & Weerackody, 2009). This sometimes leads to stigmatization and late presentations to mental health services (Attygalle, et al., 2020).

During the counselling and therapy sessions, the mother revealed that she had often expressed her worries, anxieties, fears, and loneliness to the daughter. Therefore, it seemed that the reason for the girl's unusual behaviour was not only her feelings and emotions but those of her mother as well. Additionally, the mother reported that the girl's father had been brought up in a similarly emotionally difficult environment, and it seems that it has become difficult for him to develop a good emotional attachment with his wife and daughter. His apparent indifference and withdrawn behaviour appear to have played a part in the dysfunction of the family.

Conclusion

Culture helps to identify human behaviour, personality, values, and psychological development (Matsumoto, 2007). In this case report, it was clear that the father of the family struggled with emotional expression from a young age, with this having an effect on his wife and child, who themselves were expressing their emotional distress in a maladaptive manner. In the end, the child developed unusual behaviour, which was demon possession. Stories of demons or demon possessions are not unusual topics in Sri Lanka culture. As mental health practitioners, we cannot completely ignore the cultural factors in treating patients. This case report highlights how important it is for mental health professionals to

understand their client's cultural backgrounds when addressing a problem so that there can be better therapeutic outcomes.

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