Perspectives of Dissociative Identity Disorder and Spirit Possession among Senior Nursing Students

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Abstract

The objective of this study was to assess the perspectives of DID and spirit possession among senior nursing students and seniors with non-medical majors at the same university. Seventy-seven out of 120 questionnaires were completed and met the guidelines specified (28 nursing majors and 49 non-medical majors). The results of a one-way ANOVA on the two populations found significance between level of agreement (agree vs. strongly agree) as to whether spirit possession occurs in westernized countries. Overall results showed similar perspectives for the remaining questions. No significance in exposure to DID or spirit possession was reported between populations; half of each population reported they had been exposed respectively.

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Introduction

Dissociative identity disorder (DID) is essentially a self-hypnotic state used as a defense mechanism against repetitive traumatization (McAllister, 2000). Separation from consciousness causes lapses in memory and events in which the client's alter participated. Dissociation can range "from mild, such as daydreaming, to the emergence of an alter, through to the severe abreaction" (McAllister, 2000, p 29). Abreaction is the reliving of a traumatic event where the client becomes so engrossed in the memory that they experience depersonalization and lose contact with reality (McAllister, 2000). The Diagnostic Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR) defines it as "the presence of two or more distinct identities or personality states, each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self" (American Psychiatric Association, 2000, p 529). These distinct identities may be of a different gender, culture, age, race, sexual orientation, and have completely separate physical characteristics (Traub, 2009). A questionable link has been considered between DID and spirit possession, or possession trance as it is commonly referred to in other cultures. A query as to whether the westernized DSM-IV-TR category of DID fits in a cross-cultural medical, healing setting is still at hand. And, as such, since the larger medical community has not come to unanimous conclusion, a question as to what therapeutic principles nurses are using and will future nurses use in regard to clients with DID or spirit possession as a result of their perceptions of each needs to be addressed.

Purpose

Nurses care for a variety of patients exhibiting sickness along a continuum of health. Following a holistic model, the health continuum is composed of physical, psychological, spiritual, and developmental parts, overlapping and interacting to influence the state of each person. The nurse, as advocate, educator, supporter, resource, and caregiver is an integral part of the client's pathway to health. As such, the nurse's perception of the client's illness can affect the delivery of care, nursing interventions, and overall therapeutic treatment. Additionally, as a growing body of nursing research develops, nurse researchers hold the power to impact opinions and perceptions in the medical community. Dissociative identity disorder and spirit possession embody two conditions with opposing perceptions among health care professionals. Clients with symptoms of dissociative identity disorder often experience an isolating disconnect from others and even themselves. Likewise, clients with spirit possession suffer from similar amnesia, outbursts, and a sense of powerlessness. Despite the conflicting opinions, an examination of nursing students' perceptions is equally validated. As upcoming professionals, nursing students' perceptions of DID and spirit possession show the arising mindsets, exposure to media sources, and knowledge or lack of knowledge and how these may influence the care given to these clients. Given the dearth of literature in nursing students' perception, a questionnaire over DID and spirit possession will help identify the awareness of imminent health care providers.

Problem Statement

What are the perceptions of dissociative identity disorder and spirit possession among senior nursing students?

Literature Review

An exhaustive review of the literature was conducted including dissertations and theses. There was a dearth of literature regarding nurses' perceptions, much less nursing students' perceptions. However, the literature had numerous articles articulating the controversy around the validity of dissociative identity disorder, as well as articles pointing toward the oneness of DID and spirit possession cross-culturally or, conversely, arguing that they are separate phenomena altogether. The literature found was mostly qualitative, but a few studies reviewed were quantitative research.

Lalonde and collegues (2001) found in their original research that Canadian psychiatrists' attitudes toward dissociative identity disorder (DID) were more skeptical than American psychiatrists' attitudes. In the study, Lalonde et al surveyed a representative national sample of Canadian psychiatrists, selected from the *Canadian Medical Directory,* and 406 board-certified psychiatrists in America. The purpose of the study was to compare French versus English speaking Canadians' attitudes toward DID and from those results, compare them to American attitudes. The questionnaire asked for not only their responses toward dissociative amnesia and dissociative identity disorder regarding the inclusion of both in the DSM-IV and the status of scientific evidence regarding the validity of both, but also their theoretical orientation, published works, and professional activities (Lalonde et al, 2001). The results showed that there were no significant attitudinal differences between French and English speaking Canadians, a finding they did not anticipate. However, between Canadians and Americans, they found "Canadian psychiatrists to be significantly less accepting of the inclusion of dissociative identity disorder in the DSM-IV and of the scientific evidence for the validity of dissociative amnesia and dissociative identity disorder. Although the study highlights the opinions of North American

psychiatrists, it is limited to psychiatrists alone, leaving further study to be conducted with other mental health practitioners.

In his discussion of four factors relating to DID, Traub (2009) examined the validity of DID through research in childhood trauma, prevalence ratings, media influences, and psycho-physiological perspectives. In the section on childhood trauma, Traub pointed to the fact that longitudinal studies of adults who suffered intense childhood trauma were frequently unable to show a development of DID (2009). Similarly, because not only have sexual and physical trauma in childhood been accepted as the most prevalent etiology of DID, but other traumatic childhood experiences such as "repeated medical procedures, war, natural disasters, death of a caregiver, as well as the experience of early childhood rejection by a highly sensitive child," why have not cases of DID been documented more often around the world? The prevalence of war torn countries, rape, abuse, and death of family members has not decreased through the years. And, yet, numbers of diagnosed clients with DID do not reflect that. The second concern as to the validity of DID is directed toward prevalence ratings. Similar to the suspicions aforementioned regarding inconsistent statistical diagnoses, prevalence ratings highlight the negligible account of cases before 1988 and then skyrocketing numbers thereafter. For example, fourteen cases were reported world-wide between 1944 and 1969 (Greaves, 1980). However, in the 1980s, DID saw an exponential increase. Several researchers have tried to account for these numerical incongruities. Kluft (1995), posited that the familiarity and exact parameters of DID were unknown to the majority of psychiatrists, which led to numerous misdiagnoses. Ross (1989) believed that the global incidence of childhood trauma had increased prolifically, so much so that the occurrence and diagnosis of DID matched the psychological distress of these new cases. However, one key argument of the opponents of DID's validity faults the influence of the

media. Media influences surrounding DID sharply increased in the 1980s, which Powell & Glee (1999) said influenced a portion of the mental health care community. These psychiatrists, more vividly suspecting DID in patients, unintentionally supported the appearance of its manifestations in their clients.

In contrast to the speculations of Traub (2009) and the skepticism of the medical community, some psychiatrists, psychologists, and educators do believe in the validity of DID and are using their clinical experience and research to treat clients with these dissociative symptoms. In a study of seven individuals with moderate to high levels of dissociation and a history of at least three years of sexual abuse during childhood, Hirakata (2009) inquired about prior treatment modalities and their effectiveness in treating dissociation. Set as a narrative research design, Hirakata drew attention to the fact that this methodology allowed for examination of the context in which dissociation is perceived (Hirakata, 2009). Once again, the perception of DID among health care professionals strongly influences the positive or negative treatment given the patients. Here, seven individuals were allowed to express what worked best. The participants' levels of dissociation were measured with the Dissociative Experiences Scale (DES), "the most widely used instrument for the screening of patients for dissociative difficulties" (Kluft, 2005, p. 639). Within the twenty-eight question test, the reader acknowledges on either a horizontal scale or by a numerical set (e.g. 0, 10, 20) the percentage of time he or she experiences dissociation (Kluft, 2005). After a two to three- hour interview, Hirakata found three themes and sixteen subthemes from his analysis. The three major themes included "tools and techniques, a non-pathologizing approach, and the therapeutic relationship," of which the sixteen subthemes further elaborated (Hirakata, 2009, p. 301). In the study, the participants described the therapists using techniques such as sensory stimulation to help them

from dissociating, expressive art to aid in communicating emotions and events that were indescribable for child alters, and being "a witness to the journey" (Hirakata, 2009, p. 306). The latter technique was described as the therapist *following the lead* of the patient, rather than asserting where the treatment would go and how it would be executed (2009, p. 306). This bears important relevance to perceptions of health care professionals in two ways. If one does not conceive of DID as an option, then the therapist or care giver such as the nurse cannot be a witness along the journey, since the patient and therapist will be walking separate paths. On the other hand, if the therapist or care giver forces a pathologic image of DID, that may as well hinder the journey of the therapist and patient.

Middleton (2005), director of a trauma and dissociation unit at Belmont, Hospital, Brisbane, offered a thorough explanation as to the etiology of DID through childhood trauma. From that starting point, he explained how patients with DID have developed a form of dissociated escape from the disturbing events that occurred throughout childhood to sustain a somewhat unified framework in which to view the world. In Middleton's words, "the patient with DID or dissociative disorder not otherwise specified (DIDNOS) has used their capacity to psychologically remove themselves from repetitive and inescapable traumas in order to survive that which could easily lead to suicide or psychosis, and in order to eke some growth in what is an unsafe, frequently contradictory and emotionally barren environment" (2005, p. 43). This removal from consciousness, however, leads to fragmented memories, specifically long gaps of amnesia, and a disconjointed sense of selfhood perpetuated by separate consciousnesses (2005, p. 42). Thus, for Middleton, a combination of research and clinical experience has convinced him of the reality and validity of DID.

Regarding inconsistent and low numbers of diagnosed DID clients while trauma levels have maintained globally, clinical professor of psychiatry Richard P. Kluft (2005) retorted that the number of adults diagnosed with DID has not significantly increased due to "windows of diagnosability" (2005, p 635). Despite the fantastical representations of DID via the media, only small percentages of patients with DID actually exhibit overt symptoms of the disorder (2005, p. 635). In a study of 236 patients known to have DID, only six percent explicitly manifested symptoms. Eighty-percent either displayed no overt symptoms or revealed slightly enough symptoms to achieve the diagnosis of dissociative identity disorder not otherwise specified (2005, p. 635). Kluft further explained that "windows of diagnosability" appear when the majority of concealed cases of DID openly demonstrate symptoms. Specific occasions such as concomitant trauma, death or extreme events have occurred to their abuser, psychosocial stressors, threats to loved ones—especially their children, contact with traumatizing locations or triggers from their past, and medical events can set up the client to clearly display symptoms (2005, p. 635).

The case history presented by Holden, Hassel, & Holden (1997), recounted the care of a DID patient on a Medical-Surgical Unit. Although not openly doubtful of the client's diagnosis of DID, the staff reported anticipating "unmanageable problems and insurmountable barriers" (1997, p. 50). The client was found to have at least thirteen alters—six teenagers, four children, and three female adults (1997, p. 49). These alters emerged at differing periods depending on stress levels and trust of the medical staff. During the client's forty-one day length of stay, Holden and colleagues described some lessons learned for future implementation: the presentation of an inservice from an expert may have helped better educate the staff; explanations of care had to be tailored for each of the alters—especially child alters; consistency

of the nurse and technician decreased the episodes of unfamiliar caregivers; repetition of information until all the alters comprehended treatment was necessary; the presence of nurses at each physician visit enhanced communication; and noncompliant behavior had to be understood as a knowledge deficit amongst the alters rather than inherently destructive behavior. The acceptance of the client's diagnosis of DID, moreover, enabled the nurses, physicians, and technicians to find the best manner in which to deliver care and therapeutic communication while she was hospitalized on their unit.

As mentioned earlier, nurses' perceptions of DID and spirit possession have not been evaluated. In fact, according to Van Duijl and colleagues, "there is little systematic research on the cross-cultural validity of the dissociative disorders, especially in non-western countries" altogether (Van Duijl, Cardeña, & De Jong, 2005, p. 219). Thus, the question of the westernized diagnosis DID comes into question when taken to other cultures, which may not necessarily mean other countries. Case and point, a culture can be any population sharing similar beliefs, mannerisms, and way of life. One may find a vast amount of differing cultures here in the United States. Nevertheless, the generalizability of DID is suspect in other cultural settings since little research has been conducted. In a focus group discussion by Van Duijl et al (2005), medical students, traditional healers, religious leaders, counselors, community members, and nurses were interviewed in order to explore how the DSM-IV category of DID related to the individuals seen for treatment. Eight general questions prompted the discussions and included dissociative amnesia, dissociative fugue, depersonalization, dissociative identity disorder, possession trance disorder, and dissociative trance disorder. The participants were asked to give examples of each, their explanation of the cause and management, and whether the condition was viewed as normal or abnormal within the culture (2005, p. 226). When asked about DID,

participants each agreed they had seen numerous cases as it was quite common, and in general, attributed the symptoms to spirits (2005, p. 231). Van Duijl et al. showed that the distinction between DID and possession trance disorder was absent. "The presence of two or more distinct identities or personalities was always attributed to manifestations of spirits" (2005, p. 232). In the conclusion, the researchers ended with a partially valid use of the DSM-IV classification of dissociative disorders. They credited this to different worldviews, which "partly shape the 'idioms of distress' used," meaning the current context of Uganda may not accept a diagnosis of DID not because it is different from spirit possession, but rather because it does not fit within their worldview (1995, p. 237).

In a study inferring a similar conclusion, Richeport (1992) sought to "draw parallels between DID, spirit mediumship, and hypnosis from historical, anthropological, and clinical perspectives" (p. 168). At the end of her study she offered two seemingly opposite conclusions. "Mental health practitioners around the world must still deal with the common, culture-bound syndrome of spirit possession that stems from religious beliefs and is embedded in the world view" (1992, p. 175)." With this, it appears that spirit possession is simply a culturally manifested disorder which may have no relation whatsoever to DID. However, her concluding line of the study reads that multiple personality disorder (now DID) "might replace the diagnoses of syndromes that are now culturally specific," connecting it to the findings of Van Duijl (1992, p. 175). In agreement with the latter conclusion, a dissertation study by Harris (2005) called "A cross-cultural comparison of dissociative experience in women: Dissociation in the United States and spirit possession in the Sudan," also affirmed the analogous nature of both DID and spirit possession. Her hypothesis centered on the reason behind the two disorders' parallels.

Still, the argument that spirit possession and DID are not identical disorders flourishes. In a re-evaluation of case studies, Castillo (1994) underscored the problems of Freud's psychoanalytic theory upon previous cases of spirit possession. As a solution, Castillo reinterpreted the case studies using dissociative theories, emphasizing the traumatized background of each of the individuals rather than their misconstrued Freudian regressive traits. As dissociative theory was applied to each case study, the question of whether the client was exhibiting the DSM-IV classification DID (formerly multiple personality disorder), seeing as each had an etiology of child abuse or childhood trauma. Castillo suggested that rather than DID, the syndrome dissociative trance disorder (DTD) made a fitting match. In 1993, the DSM-IV Draft Criteria included possession trance as a subcategory of the larger syndrome labeled dissociative trance disorder. As it reads, "Possession trance involves replacement of the customary sense of personal identity by a new identity, attributed to the influence of a spirit, power, deity, or other person, and is associated with stereotyped 'involuntary' movements or amnesia" (1993:N:2). Therefore, for the South Asian culture, DTD more accurately corresponds with the experiences in that culture than DID. Although DID and spirit possession share similarities, they are "psychoculturally distinct" (Castillo, 1994, p. 155). Interestingly, Castillo also mentions the different treatment modalities of DID and spirit possession with each proving effective and efficient for the individual. To illustrate, the American with DID will generally progress through a therapy aimed at integrating the personalities or alters (1994, p. 157). However, individuals with spirit possession will undergo treatments that endeavor to rid the body of the spirit or multiple entities, namely through exorcism (1994, p. 157). Despite modern expectations, Castillo declared that the exorcisms "can be successful in quickly healing the

patient in cases of spirit possession" (1994, p. 157). Thus, the separate nature of both diagnoses and their distinct *and* effective treatments must be noted.

Theoretical Framework

The Betty Neuman Systems Model was the theoretical and conceptual framework employed for the research. The relationship between psychological and spiritual aspects of an individual were the main focus. The Betty Neuman Systems Model was chosen for two reasons: it is an open system that allows for change and factoring transcultural issues into care of a patient, as well as holistic perspective that emphasizes spiritual and psychological concerns as equally important as physical and developmental.

Assumptions

Basic assumptions applied to the study were that the participants were honest when answering the questionnaire, that their literary level was adequate to answer the questions, that an authoritative published manual may help guide practitioners and psychiatrists, and that scientific evidence is important for psychiatric diagnosis.

Limitations

Limitations to the study centered around the sample size. A convenient sample of seniors at a university was used, which produced a fairly homogenous group of individuals. Thus, diversity was a key issue. In fact, race could not be analyzed as a potential variable in the questionnaire because the vast majority of participants were Caucasian. In addition, because the questionnaire was given to a localized sample, the probability of receiving different responses based on religion was equally decreased. The centralized state used as the setting for the population sample tends to be a conservative state with religious ideals; a factor that may have limited the results. Additionally, the instrument used in the study was a self designed

questionnaire. The rationale for not using previously published standardized forms or instruments was that no existing instrument directly fit the intended purpose of the study with its population and dual subjects. Still, the question of reliability and validity may be raised.

Hypothesis

The hypothesis for the research study is that there is no significant difference between the populations of nursing majors and non-medical majors regarding their perspectives on dissociative identity disorder and spirit possession. As no research has formally been conducted on the perspectives of nursing students regarding the topics of DID and spirit possession, the hypothesis considered the location, education, and ethnicity of the participants. I hypothesized that the nursing students would have more exposure to material (movies, articles, books, etc.) discussing DID. The exposure to materials discussing spirit possession, I hypothesized would be equal. Because the participants surveyed were mostly from the Bible Belt region, I anticipated exposure to spirit possession would come from church, the Bible, or popular films such as "The Exorcist," and influence their perceptions regarding the statements about spirit possession.

Definition of Terms

The items needed defined were DID, Diagnostic Manual, spirit possession, valid, and phenomena. A conceptual definition was given for each item and the reference such as the American Psychiatric Association or Random House for dictionary definitions. The definitions were placed at the top of the questionnaire behind the informed consent and bolded under the heading "Helpful definitions for the questionnaire" before demographic data. To promote consistency and clarify any confusion, the definitions were also read aloud to the participants.

Research Design

The research design consisted of a self-designed questionnaire approved by a professor of psychological statistics, a non-medical professor, and a professor in the area of behavioral health, given to a convenient sample of senior nursing students and seniors of non-medical majors at a medium-sized university in the central United States. Subjects were assigned to groups based on the intent of the study, being the differing perspectives of students with a formal medical education versus those without. Extraneous variables such as students of different levels such as junior and below was guarded against by the demographics portion of the questionnaire. Participation was welcome, but the questionnaires were filtered along the basis that the participant was a senior and completed the questionnaire in full.

Population and Sample

One-hundred twenty surveys were administered to a convenient sample of senior nursing students and seniors in non-medical classes. Seventy-seven were returned completed and meeting the specified guidelines (28 nursing, 49 non-medical majors). The research design, sample population, and questionnaire were each reviewed by the university's Institute Review Board (IRB) for ethical consideration. The proposal was accepted and found to be of less than minimal risk to the participants. The participants' rights were guarded as the results were confidential and informed consent was obtained.

Data-Collection Methods

The data from the three page questionnaires was collected by the researcher immediately upon completion. The questionnaires were given in a classroom setting and the researcher remained available for any clarifications to the statements listed if necessary. When the participants had finished, the data was gathered and set into folders for review. The informed

consents were separated from the questionnaires to uphold confidentiality and then each questionnaire was reviewed for completion and specific guidelines.

Data-Collection Instruments

The instrument used was a 5-point Likert scale questionnaire that ranged from strongly agree as 1 to strongly disagree as 5, making the possible total 30. Two other questions with an answer of true or false and included a qualitative aspect were also included. A pilot study was not used for purposes of time, which may have enhanced the reliability of the results. As mentioned previously, the instrument was self-designed, which may have influenced the reliability and validity of the tool.

Data Analysis

Data was analyzed using SPSS statistical software. A one-way ANOVA was performed to examined the significance between the variable of majors (nursing and other). Results were significant ($p<.05$) on the level of agreement in the statement "spirit possession occurs in westernized countries. Nursing majors strongly agreed and other agreed. The remaining results showed similar perspectives and no statistical significance ($p>.05$). A Chi-Square was then used to analyze exposure to DID and spirit possession. The results showed no significance was reported for exposure to DID (56% exposure with nursing, 53 % exposure with other majors). In addition, no significance was reported for exposure to spirit possession (57% exposure for both nursing and other majors). To further examine the demographics and their potential effect on the results, another one-way ANOVA was used to compare gender results. No significance was reported between male and female answers to the questionnaire

Discussion of the Findings

The findings supported the framework of the study. From within the nursing majors, the results showed that both psychological and spiritual awareness was present. A spiritual phenomena such as spirit possession was acknowledged to occur in both westernized and non-westernized countries. They also agreed that a spiritual realm exists, which follows the Betty Neuman Model. However, both the nursing and non-nursing majors reported that this spiritual realm was even able to influence the behaviors of people. The validity of DID as a diagnosis in the DSM-IV-TR was upheld by the two sample groups.

Conclusions

The conclusion fit the hypothesis: senior nursing students did not have perspectives different from non-medically educated seniors regarding DID and spirit possession. Both populations acknowledged the validity of DID. Both populations believed spirit possession can be found in western and non-westernized countries. Both populations did not know the relationship between DID and spirit possession.

Implications

Implication for nursing can be seen at several levels: nursing education, clinical application, and nursing research. For nursing education, further emphasis should be given to DID and the issues surrounding its validity, especially for nursing students. For clinical application, in-services for education may be needed when patients with diagnoses of DID are introduced to a unit. Also, patient referrals should be an option for nurses and the medical community at large if issues of spirituality. For nursing research, studies over the perspectives of DID and spirit possession should be conducted for nurses in the field.

Recommendations

The best recommendations are to find a more inclusive sample size where the questionnaire can be widely distributed. Further study to enhance the questionnaire may be needed. In addition, a pilot study may help determine validity and reliability.

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Appendix A

Senior Thesis Questionnaire Informed Consent

My name is Alexis Wood and I am a senior in the MSSU Nursing Program. I am conducting a survey about perspectives of dissociative identity disorder (DID) and spirit possession/possession among senior nursing students and students taking general courses. A comparative analysis of the perspectives of each will be conducted in order to discern the difference between the two populations, one that is decidedly medical and the other containing students of various non-medical majors. The expected time to complete this questionnaire is 10 minutes. Participation is voluntary and the right to refuse or discontinue the survey without penalty is entitled to you. No foreseeable risks or discomforts are expected by participating in this questionnaire. However, if you have any questions regarding this survey, you may contact Sheila Hart at 417.625.9630 or Grace Ayton at 417.625.9322. All results are confidential.

I have read the purpose of the study and understand that participation is voluntary and I have the right to refuse or discontinue participation without penalty.

_____ _____

Signature Date

Definitions to help answer the questionnaire:

Diagnostic Manual: The Diagnostic Statistical Manual of Mental Disorders, 4th edition, Text Revision "is the standard classification of mental disorders used by mental health professionals in the United States" (American Psychiatric Association, 2010).
Dissociative identity disorder (DID): "the presence of two or more distinct identities or personality states, each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment," and self or selves that recurrently take control of the person's behavior, resulting in periods of memory loss that are too long to explain by ordinary forgetfulness (American Psychiatric Association, 2000, p. 529). **This was formerly called Multiple Personality Disorder**.
Spirit Possession: "Condition in which an individual acts as if he or she was under the control of another entity, usually the spirit of a deceased relative, famous person, deity," demons, or unclean and evil spirits (Trangkasombat, et al., 1998, p. 541).
Valid: "sound; just; well-founded; authoriatative" (Random House, 1997, p. 1418).
Phenomena: "a fact, occurrence, or circumstance observed or observable" (Random House, 1997, p. 978).

Please check one in each category:
Gender: Female ____, Male ____
Age: 18-25 ___, 26-33 ___, 34-41 ___, 42-49 ___, 50-57 ___, 58-65 ___, 66-73 ___, 74-81___
Race: American Indian ___, African American ___, Asian ___, Caucasian ___, Hispanic ___
Year in college: Freshman ___, Sophmore ___, Junior ____, Senior ___
Major (if undecided, write undecided):_____

Please read the statement and circle the number that applies most:

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Spirit possession is a cultural phenomenon only in non-westernized countries (e.g. Brazil, South Asia, Puerto Rico, etc).	1	2	3	4	5
DID belongs in the Diagnostic Manual as a valid diagnosis.	1	2	3	4	5
Spirit possession occurs in westernized countries (e.g. United States, Canada, England, France, etc).	1	2	3	4	5
Spirit possession belongs in the Diagnostic Manual as a valid diagnosis.	1	2	3	4	5
A spiritual realm exists, which may influence the behaviors of people.	1	2	3	4	5
Spirit possession and DID are culturally specific diagnoses of the same phenomena.	1	2	3	4	5

True/False

T F I have viewed a form of media or formal education that discussed DID.
If yes, what was it? (Please indicate movie, article, book, class, etc.)
_____

T F I have viewed a form of media or formal education that discussed spirit possession
If yes, what was it? (Please indicate movie, article, book, class, etc.)
_____

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Appendix B

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
SPcultural	Nursing	28	4.2143	.62994	.11905	3.9700	4.4586	3.00	5.00
	Other	49	3.9388	.85167	.12167	3.6941	4.1834	1.00	5.00
	Total	77	4.0390	.78542	.08951	3.8607	4.2172	1.00	5.00
DIDmanualyes	Nursing	28	1.7500	.58531	.11061	1.5230	1.9770	1.00	3.00
	Other	49	2.0204	.82890	.11841	1.7823	2.2585	1.00	5.00
	Total	77	1.9221	.75683	.08625	1.7503	2.0939	1.00	5.00
SPwesternonly	Nursing	28	1.9643	.79266	.14980	1.6569	2.2716	1.00	4.00
	Other	49	2.5306	1.13838	.16263	2.2036	2.8576	1.00	5.00
	Total	77	2.3247	1.05683	.12044	2.0848	2.5645	1.00	5.00
SPinDSM	Nursing	28	3.2857	.97590	.18443	2.9073	3.6641	1.00	5.00
	Other	49	3.2245	1.02602	.14657	2.9298	3.5192	1.00	5.00
	Total	77	3.2468	1.00205	.11419	3.0193	3.4742	1.00	5.00
Spiritualrealm	Nursing	28	2.0714	1.01575	.19196	1.6776	2.4653	1.00	5.00
	Other	49	2.4082	1.35275	.19325	2.0196	2.7967	1.00	5.00
	Total	77	2.2857	1.24454	.14183	2.0032	2.5682	1.00	5.00
SPDIDsame	Nursing	28	3.4286	.92009	.17388	3.0718	3.7853	1.00	5.00
	Other	49	3.5714	.95743	.13678	3.2964	3.8464	1.00	5.00
	Total	77	3.5195	.94047	.10718	3.3060	3.7329	1.00	5.00

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
SPcultural	Between Groups	1.353	1	1.353	2.228	.140
	Within Groups	45.531	75	.607		
	Total	46.883	76			
DIDmanualyes	Between Groups	1.303	1	1.303	2.314	.132
	Within Groups	42.230	75	.563		
	Total	43.532	76			
SPwesternonly	Between Groups	5.715	1	5.715	5.414	.023
	Within Groups	79.168	75	1.056		
	Total	84.883	76			
SPinDSM	Between Groups	.067	1	.067	.066	.798
	Within Groups	76.245	75	1.017		
	Total	76.312	76			
Spiritualrealm	Between Groups	2.020	1	2.020	1.310	.256
	Within Groups	115.694	75	1.543		
	Total	117.714	76			
SPDIDsame	Between Groups	.364	1	.364	.408	.525
	Within Groups	66.857	75	.891		
	Total	67.221	76			

Significance found at .023 for the third question on the questionnaire: "Spirit possession occurs in westernized countries."

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Major * DIDexposure	77	100.0%	0	.0%	77	100.0%

Major * DIDexposure Crosstabulation

			DIDexposure		
			True	False	Total
Major	Nursing	Count	15	13	28
		Expected Count	14.9	13.1	28.0
		% within Major	53.6%	46.4%	100.0%
		% within DIDexposure	36.6%	36.1%	36.4%
		% of Total	19.5%	16.9%	36.4%
	Other	Count	26	23	49
		Expected Count	26.1	22.9	49.0
		% within Major	53.1%	46.9%	100.0%
		% within DIDexposure	63.4%	63.9%	63.6%
		% of Total	33.8%	29.9%	63.6%
Total		Count	41	36	77
		Expected Count	41.0	36.0	77.0
		% within Major	53.2%	46.8%	100.0%
		% within DIDexposure	100.0%	100.0%	100.0%
		% of Total	53.2%	46.8%	100.0%

No significance between nursing and non-medical majors for exposure to DID.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Major * SPexposure	77	100.0%	0	.0%	77	100.0%

Major * Spirit Possession Exposure Crosstabulation

			SPexposure		
			True	False	Total
Major	Nursing	Count	16	12	28
		Expected Count	16.0	12.0	28.0
		% within Major	57.1%	42.9%	100.0%
		% within SPexposure	36.4%	36.4%	36.4%
		% of Total	20.8%	15.6%	36.4%
	Other	Count	28	21	49
		Expected Count	28.0	21.0	49.0
		% within Major	57.1%	42.9%	100.0%
		% within SPexposure	63.6%	63.6%	63.6%
		% of Total	36.4%	27.3%	63.6%
Total		Count	44	33	77
		Expected Count	44.0	33.0	77.0
		% within Major	57.1%	42.9%	100.0%
		% within SPexposure	100.0%	100.0%	100.0%
		% of Total	57.1%	42.9%	100.0%

No significance found between nursing majors and non-nursing majors for exposure to spirit possession.

ANOVA for Differences Between Genders

		Sum of Squares	df	Mean Square	F	Sig.
SPcultural	Between Groups	.956	1	.956	1.561	.215
	Within Groups	45.927	75	.612		
	Total	46.883	76			
DIDmanualyes	Between Groups	1.053	1	1.053	1.859	.177
	Within Groups	42.480	75	.566		
	Total	43.532	76			
SPwesternonly	Between Groups	2.597	1	2.597	2.367	.128
	Within Groups	82.286	75	1.097		
	Total	84.883	76			
SPinDSM	Between Groups	.379	1	.379	.374	.542
	Within Groups	75.933	75	1.012		
	Total	76.312	76			
Spiritualrealm	Between Groups	.071	1	.071	.045	.833
	Within Groups	117.644	75	1.569		
	Total	117.714	76			
SPDIDsame	Between Groups	.453	1	.453	.509	.478
	Within Groups	66.768	75	.890		
	Total	67.221	76			

No significance was found between genders.