

A CASE STUDY OF PERCEIVED IMPROVEMENT IN DISSOCIATIVE SYMPTOMS FOLLOWING TANTRIC THERAPEUTIC PRACTICES**MR. Sanoop. K. S¹, Dr. Vijendra Nath Pathak² and DR. Prabhjyot Kour³**¹Research Scholar, Department of Psychology, Lovely Professional University, Punjab²Associate Professor, Department of Psychology, Parul University, Vadodara, Gujarat³Assistant Professor, Department of Psychology, Lovely Professional University, Punjab

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1. INTRODUCTION

Dissociative Identity Disorder (DID) is a mental condition that disrupts identity, memory, emotions, and perception. It often develops as a response to severe trauma or prolonged psychological distress. The modern psychiatry explains DID through trauma and dissociation where as many cultures interpret its symptoms through spiritual frameworks such as spirit possession. In contrast to the limited clinical innovation and unsatisfactory mental health outcomes shown by biomedical model (Brett J. Deacon, 2013), the biopsychosocial model provides a wider perspective by integrating psychological, social, cultural, and spiritual dimensions of healing. The supernatural beliefs, ritual actions, and social reordering play a significant role in many traditional systems (Simon Dein, 2020). This Religious healing practices bridges the gap of conventional psychiatric models. In Kerala, the tantric traditions are closely linked with temple-based rituals and healing practices. Hence Rituals can regulate emotions, social relationships, and performance-related states (Society for Personality and Social Psychology, 2017), this study that examines the impact of tantric therapeutic practices on DID by analyzing the changes in symptom severity opens a new path that contributes to cultural psychiatry.

2. CONCEPTUAL BACKGROUND**2.1 Tantra and Healing Traditions**

Tantra is understood as a holistic system that explores the inner forces of both the individual and the universe. It is traditionally defined as a method that expands knowledge and offers protection. One definition state, “तन्यते विस्तार्यते ज्ञानम् अनेन इति तन्त्रम्” (tanyate vistāryate jñānam anena iti tantram), meaning that which spreads knowledge is called Tantra (Chandramohan, 2015). Another explains, “तनुते त्रायते च नित्यं तन्त्रमिति विदुर्बुधाः” (tanute trāyate ca nityaṁ tantram iti vidur budhāḥ), meaning that which continuously expands wisdom and protects is known as Tantra (Harikrishnan, 2019). A further description notes, “थनोति विपुलानर्थान् तत्त्वमन्त्रसमन्वितान् त्राणं करोति यस्मात् तस्मात् तन्त्रमिति स्मृतम्” (thanoti vipulān arthān tattva-mantra-samanvitān trāṇaṁ karoti yasmāt tasmāt tantram iti smṛtam), meaning that which explains deep principles along with mantras and provides protection is called Tantra (Namboothiri, 2008).

In healing traditions, Tantra uses many tantric practices such as mantra, rituals, meditation, and energy-based methods to regain psychological and spiritual stability. Its foundation is lies in the concept of 36 tattvas, expressed as “षट्त्रिंशत्तत्त्वानि विश्वम्” (ṣaṭtriṁśat tattvāni viśvam) (Nair, 2010) which helps in understanding consciousness and reality.

2.2 Cultural interpretations of dissociation

In many cultural contexts, dissociative experiences are understood through spiritual beliefs rather than medical explanations. The unusual psychological or behavioral changes are often seen as Doshas (spiritual afflictions). One important belief is Pretha Bhootha Shalyam, caused by restless spirits. When post-death rituals or Śrāddha are not properly performed, the unsettled Ātman may affect the living (Narayanan 2023). This is called Pretha Bhadha and is believed to disturb behavior and well-being. Such views shape healing practices focused on rituals, protection, and removal of negative influences.

2.3 Review of Literature**2.3.1 Studies on Tantra**

The studies reveal that Tantra adopts a holistic method by influencing the neurological, cognitive, and emotional domains. The meditation technique, which originated from Indian culture and Tantra practices, results in long-lasting effects on the nervous system (Anand et al., 2019). Besides, it enhances the abilities to pay attention and perception (Maria, 2019), it regulates emotions, relaxation and increase concentration Marco et al. (2012).

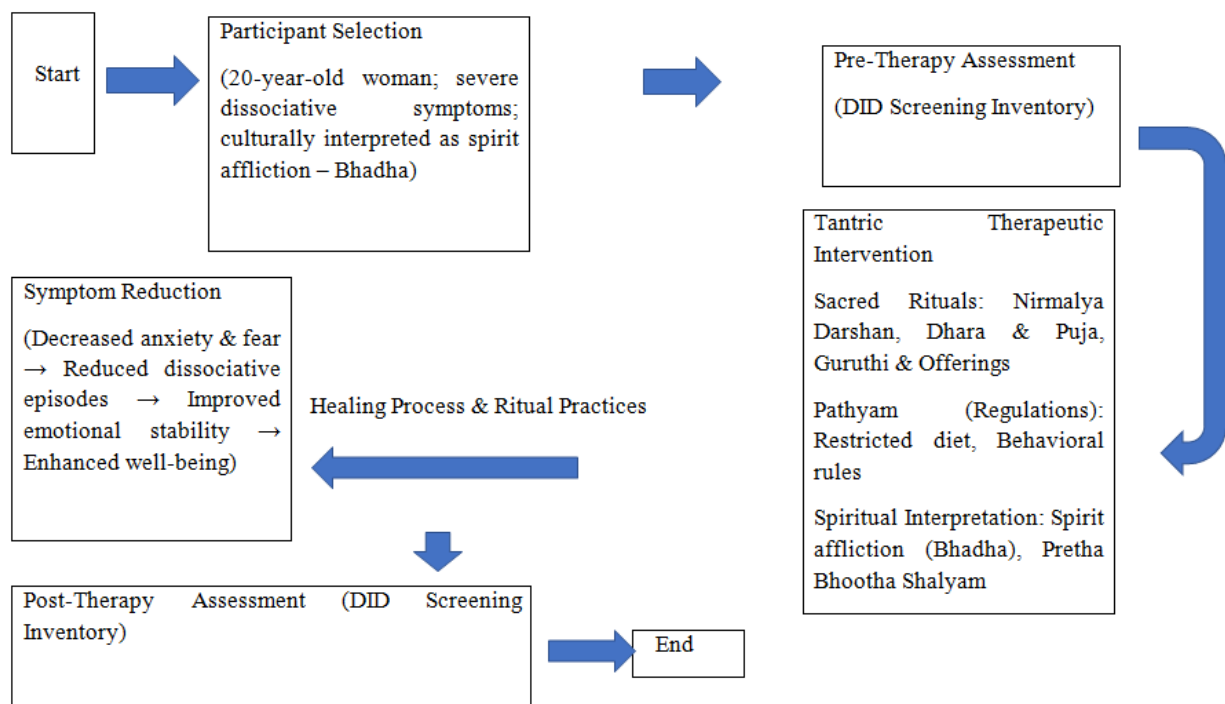
2.3.2 Studies on Dissociative Identity Disorder

Studies on DID describe it as a disorder involving identity fragmentation, memory problems, and strong links to trauma. It is often difficult to diagnose despite neurological evidence (Antje et al., 2021). DID includes multiple identities with separate memories (John, 2018) and is viewed as a chronic condition influenced by trauma, social, and cultural factors (Vedat et al., 2017).

2.3.3 Studies on religious healing

Studies show that spiritual practices support mental health, recovery, and resilience. They help reduce stress and give meaning in life (Casaleiro et al., 2022). Lower religious involvement is linked to more psychological issues (Grover et al., 2021). Religious interventions can also reduce depression and improve recovery (Bonelli et al., 2012).

Flow chart 1: Conceptual Model of Perceived Improvement Through Tantric Therapeutic Practices.



3. METHODOLOGY

3.1 Research Design

The study uses a mixed-methods case study to explore Tantric Therapeutic Practices. It combines quantitative data from pre- and post-therapy, DID screening scores with qualitative observations of rituals, settings, and participant involvement. This approach helps understand both symptom changes and the cultural context of the therapy process.

3.2 Study Setting

This research took place at the Chottanikkara Devi Temple, located in Kerala, which is famous for its ritual healing practice. This temple acts as a familiar environment, where people engage in ritual activities through devotion and following ritual procedures.

3.3 Participant

The participant was a 20-year-old unmarried woman belonging to a middle socio-economic status family of Hindu religion. The individual was an Ayurveda student. She had undergone several psychological troubles since her childhood days. She experienced difficulty in entering a particular room in her house. Whenever she entered the room, she felt considerable distress and disturbance and shift into different state or manner of behavior. The reason for this response was not initially known. Her father had passed away at a very young age, and the mother raised the child thereafter. It was an unnatural death. According to the information obtained from the child, similar difficulties had been experienced since an early age, particularly when the child encountered certain situations or visited certain places. At times the child reported experiencing sensations as though someone was speaking into her ears. During such episodes, the child would press both the ears tightly with the hands and scream in distress. Previous treatment had failed in improving her condition. She

experienced problems related to sleeplessness, nightmares, fear, headaches, crying, and fainting. In addition, she experienced intrusive thoughts, dissociation, and supernatural experience. Her problems hampered her normal functioning and academic performance. She was identified as having a depressive mood, self-harm behavior, and social isolation. With the help of the symptoms and screening test for DID, she was identified as a Bhadha case.

3.4 Diagnostic Tool

The Dissociative Identity Disorder Screening Inventory with 54 questions across seven symptom types was used before and after tantric therapeutic practices. Comparing pre and post scores helped measure changes in dissociative symptoms after the intervention overall.

3.5 Ethical Considerations

The study followed ethical principles. Consent was taken, participation was voluntary, and withdrawal was allowed. Privacy was maintained. Data was used only for research, and therapy ensured no harm.

3.6 Operational Definitions

3.6.1 Tantric Therapy

It is a therapy practice that is based on the philosophical concept of Tantra where psychoanalysis, spirituality, and faith are combined to heal any imbalance within the energy system of an individual's body.

3.6.2 Dissociative Identity Disorder

Dissociative identity disorder (DID), also known as multiple personality, is one of the intricate issues on the border of the field of psychiatry and psychology. This disorder is characterized by the presence of two or more distinct personality states (dissociative identities), each of which has its behavioral patterns, memories, or preferences. Each of these identities can, therefore, independently interpret their person and the surrounding environment (Burdzik & Burdzik 2023)

3.6.3 Symptom Change and Improvement

It refers to the extent to which symptoms have been alleviated from pre-treatment to post-treatment, based on DID Screening Inventory Scores, involving decrease, percentage difference, and general improvement.

3.7 Statistical Analysis

Statistical tools such as mean, difference, percent change, and standard deviation were employed with the support of R- programming software for comparing the scores before and after therapy. Effect size indicated changes, and a simple comparison approach was adopted because of the one-case study design.

4 TANTRIC THERAPEUTIC INTERVENTION

The application of Tantric therapy in the present study involved a series of rituals conducted during the daily ritual sequence performed in the Chottanikkara Temple. The procedure began in the morning by Nirmālya Darśana (निर्माल्य दर्शन; sacred viewing of the deity with floral offerings offered in the previous night) together with certain rituals like Vrata Śuddhi (व्रत शुद्धि; ritual purification pertaining to a sacred vow) and Nāma Japa (नाम जप; repetitious chanting of the divine name). There were Dhārā (धारा; ritual pouring of the deity with sacred liquids), Etirttu Pūjā (एतिर्तु पूजा; offering while looking directly at the deity), Pradakṣiṇā (प्रदक्षिणा; circumambulation) of the Garbha-gr̥ha (गर्भगृह; the inner sanctum) in Melae Kavu and Keezhe Kavu, and Śīveli (शीवेली; ceremonial procession). It is necessary for the participant to view Guruti Darśana (गुरुतिदर्शन; viewing of the Guruthi ritual) and Pāthirādi Darśana (पाथिरादि दर्शन) and receive Guruti Prasāda (गुरुतिप्रसाद; sanctified offering) and Bhajana Ghr̥ta (भजन घृत; consecrated ghee). In the day time, the participant conducted Nama Japa, as well as participated in Dhara, Uccha Pūjā (उच्च पूजा; midday worship) and Uccha Śīveli (उच्च शीवेली; midday procession). Moreover, she had Naivedya Cōru (नैवेद्य चोरु; sanctified rice offering). In the evening, the participant practiced Dīpa Ārādhana (दीप आराधना; lamp worship), Athāzha Pūjā (अथाझ पूजा; night worship), Shively, as well as the last Guruti (गुरुति) at Keezhe Kavu, followed by Banyan tree Pradakshina and rituals for Navagraha Dosha (नवग्रह दोष; planetary afflictions). The participant maintained a rigorous Pathyam, which involved remaining inside the temple, not sleeping during the day, and eating simple foods. An attendant was

present to ensure that she adhered to the schedule. The program took place for seven days, and the success of the process relied on ritual performance, regulations, and discipline.

5. RESULTS

Table 1: Pre- and Post-Therapy Symptom Scores with Difference, Percentage Change & Effect Size

Symptom	Pre-Score	Post Score	Diff = Pre – Post	% Change	Cohen D
Post-traumatic stress disorder	70 out of 98	42 out of 98	28	40	1.142857
Complex post-traumatic stress disorder	70 out of 98	42 out of 98	28	40	1.142857
Dissociative symptoms	120 out of 195	75 out of 195	45	37.5	0.923076
Partially dissociated intrusions	126 out of 198	54 out of 198	72	57.14	1.454545
Affective symptoms	80 out of 96	32 out of 96	48	60	2.000000
Somatic symptoms	50 out of 100	25 out of 100	25	50	1.000000
Behavior symptoms	64 out of 96	48 out of 96	16	25	0.666666

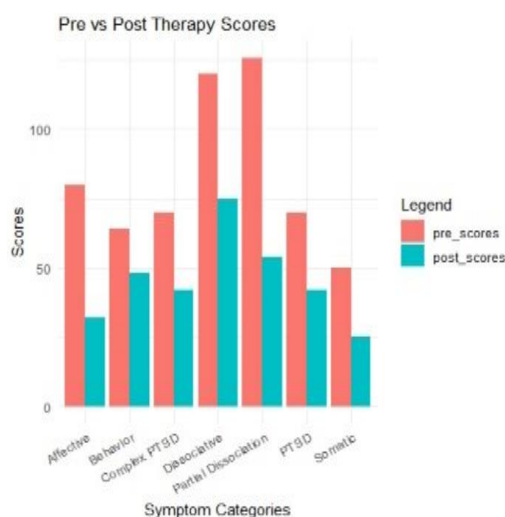
Table 2: Summary statistics

MEASURE	PRE-THERAPY	POST THERAPY	EFFECT SIZE		
Mean score	82.85	45.42	Emotional/Affective	1.14 – 2.00	Large to very large
Standard deviation	28.91	16.21	Dissociative	0.92 – 1.45	Moderate to large
Total score	580	318	Behavioral	0.67	Moderate
			Somatic	1.00	Large

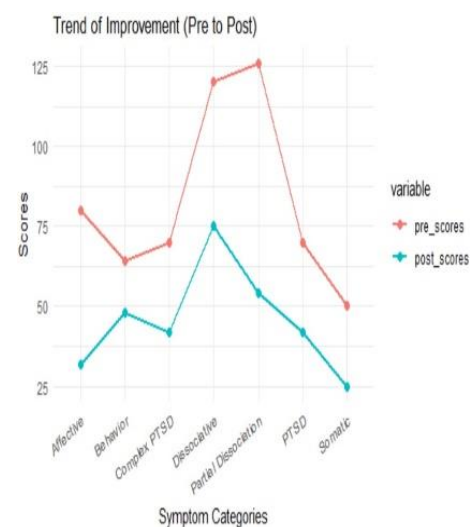
The post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder shows a difference of 28 points with a percentage change of 40. The cohen_d value 1.14 indicates a very large improvement. The dissociative symptom score moves from 120 to 75 showing a less of 45 points with 37.5% reduction. The 0.92 cohen_d value reflects large improvement. The partially dissociated intrusion point moves 72-point minus from 126 to 54 with cohen_d value 1.45 shows very large improvement. The affective symptom score varies from 80 to 32 indicates a change of 48 points with 60% change. Its cohen_d value is 2.00 with best result. A 50% reduction is observed in the somatic symptom score from 50 to 25 with a less of 25 points and cohen_d value 1.00 suggest large impact. Finally, the behaviour symptom also shows reduction scores 64 to 48. It shows a minimum of 16 points with 25% decrease and showing moderate with cohen_d value 0.67.

Thus, it is clear from the summary statistics that there was a great decline in the severity of symptoms after the intervention program along with greater stability and consistency.

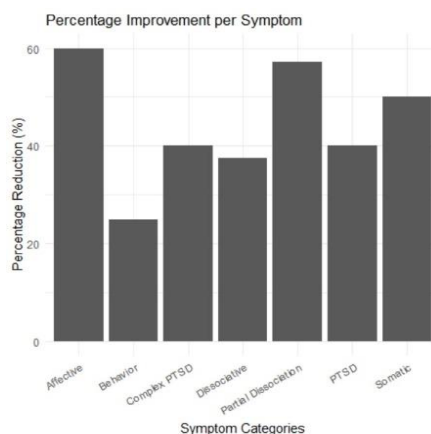
Graph 1



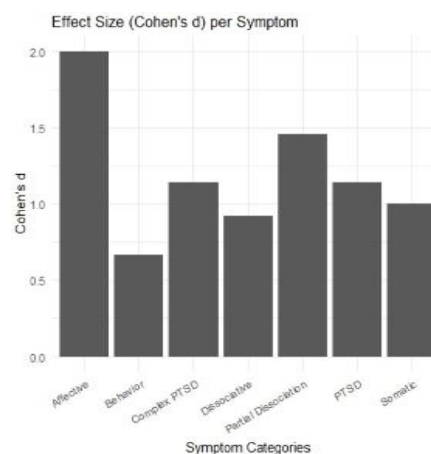
Graph 2



Graph 3



Graph 4



6. DISCUSSION

These results affirm the theoretical flow chart (Figure 1) and revealed that tantric therapeutic practices were effective in reducing symptoms of DID. Specifically, the mean score fell from 82.85 pre-therapy to 45.42 post-therapy, demonstrating clear reduction. To start, the individual had high levels of distress in categories such as trauma, dissociation, emotion, soma, and behavior. The religious setting helped provide emotional solace to the client. According to Hobson et al. (2017), rituals help establish an integration of mind and body. This means that practices like Nirmalya Darshan, Dhara, and Nama Japa could have been useful in regulating emotions and suggest tantric therapy as culturally meaningful and multi-dimensional approach.

7. LIMITATIONS

This study has some limitations. Firstly, it was a case study, which means that generalization cannot be made. Data were gathered using a subjective method. There were no control participants, and statistical analyses were not extensive. In addition, follow-up was done for a relatively short period.

8. CONCLUSION

From this study, it is evident that, tantric therapeutic intervention performed in the Kerala temple setting can reduce the symptom severity of dissociative identity disorder. These findings support the inclusion of spirituality and religion in mental health care and emphasizes the need for an integrated approach.

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