

Comparison of Brazilian Spiritist Mediumship and Dissociative Identity Disorder

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Abstract: We studied the similarities and differences between Brazilian Spiritistic mediums and North American dissociative identity disorder (DID) patients. Twenty-four mediums selected among different Spiritistic organizations in São Paulo, Brazil, were interviewed using the Dissociative Disorder Interview Schedule, and their responses were compared with those of DID patients described in the literature. The results from Spiritistic mediums were similar to published data on DID patients only with respect to female prevalence and high frequency of Schneiderian first-rank symptoms. As compared with individuals with DID, the mediums differed in having better social adjustment, lower prevalence of mental disorders, lower use of mental health services, no use of antipsychotics, and lower prevalence of histories of physical or sexual childhood abuse, sleepwalking, secondary features of DID, and symptoms of borderline personality. Thus, mediumship differed from DID in having better mental health and social adjustment, and a different clinical profile.

Key Words: Dissociation, dissociative identity disorder, mediumship, possession, spiritism.

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The common theme shared by the dissociative disorders is a partial or complete loss of the normal integration of memories, awareness of identity, sensations, or control of bodily movements resulting in suffering and dysfunction (American Psychiatric Association, 1994). Although pathologic dissociation is more prevalent than most people suspect, dissociative phenomena are not necessarily pathologic and their manifestation varies across cultures (Cardeña et al., 1996; Lewis-Fernandez, 1998). For instance, Ross et al. (1990a) found a high prevalence of dissociative symptoms in

1055 subjects sampled from the general population of Winnipeg, Canada. Interest in and concern with dissociative phenomena was very strong around the turn of the 20th century but diminished drastically until some years ago (Almeida and Lotufo Neto, 2004; Cardeña et al., 1996; Hilgard, 1986). Dissociative identity disorder (DID) is considered the most severe and polysymptomatic of the dissociative disorders (Cardeña and Gleaves, 2007).

Besides epidemiological studies with clinical and non-clinical samples, ecstatic religions are also relevant to the study of dissociation. Such religions frequently engage in practices that foster dissociative phenomena that are often called mediumistic by their practitioners (e.g., trance and possession states). A mediumistic experience is defined as one in which an individual (the medium) is believed to be in communication with, or under the control of, the personality of a deceased person or other nonmaterial being (Klimo, 1998; Webster, 1996).

Although the research and medical communities of Brazil, Europe, and the United States tended to classify trance and possession states as pathologic throughout the 19th and 20th centuries (Moreira-Almeida et al., 2005), there is empirical evidence that nonpathologic dissociative and mediumistic states have occurred throughout history in most societies (Cardeña et al., 2008; Lewis-Fernández, 1998). For instance, in a transcultural study of 488 societies worldwide, Bourguignon (1976) identified institutionalized forms of possession and trance states in 251 (52%) of them. At present, these experiences are widespread in Brazil as part of Spiritist and African-Brazilian religious movements and have increased in the United States under the name of channeling (Brown 1997; Klimo, 1998).

In addition to their historical and sociological importance, mediumistic experiences are relevant to both medicine and psychology. Many early luminaries including William James, Pierre Janet, Frederic Myers, Carl Jung, Karl Jaspers, and Charles Richet among others, pointed out the usefulness of studying dissociation, including mediumistic phenomena, to better understand mental and behavioral processes. Without many data, some earlier literature tended to assume that dissociation was necessarily pathologic, thus is important to distinguish nonpathologic religious manifestations and anomalous experiences from psychopathologic ones. Because the manifestation of different identities is common to both mediumship and DID, it is surprising that there are so few

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actual empirical studies evaluating this issue with validated clinical questionnaires (for a review see Cardeña et al., 2008).

In Brazil, Spiritism is the fourth largest religious community (IBGE, 2000) with its practices centered around mediumistic activities. Spiritism is a French branch of the spiritualist movement that developed in Western countries in the 19th century. This movement subscribes to the belief in the possibility of communication between living persons and discarnate spirits through mediums. In Spiritism, mediumship is a not-for-profit, volunteer-based activity (Moreira-Almeida and Lotufo Neto, 2005). Spiritism has had more influence in Brazil than in any other country in the world (Aubré and Laplantine, 1990).

In a previous publication, we investigated several features of the mental health of spiritist mediums enrolled in Brazilian spiritist centers. As a whole, they had a high socio-educational level, low levels of mental disorders, and good social adjustment (Moreira-Almeida et al., 2007). Using data from the same study, we present in this article original findings related to the clinical features of those spiritist mediums and compare them with the scientific literature on DID patients. We hypothesized that mediums and DID patients, although exhibiting some of the same dissociative experiences, would differ in the pathologic expression of dissociation, with DID patients exhibiting greater dysfunctionality and psychopathology.

METHODS

Participants

We carried out an investigation with 115 mediums randomly selected from Spiritistic centers in São Paulo, Brazil. Of the existing 88 centers in the Greater São Paulo area affiliated to a Spiritist federation, 10 were randomly chosen. One did not collaborate, rendering 9 centers in the sample. The senior author (A.M.A.) recruited mediums at the centers. Enrollment rate was greater than 90%, resulting in a sample of 115 mediums, comprised of 76.5% women, mean age for the sample was 48.1 ± 10.7 years; 2.7% of the volunteers were currently unemployed; 52.2% were married; and 46% had a college degree.

Materials

The Self-Report Psychiatric Screening Questionnaire (SRQ) is a self-report instrument developed by the World Health Organization to screen psychiatric morbidity in primary care in developing countries. An abridged version with 20 items that excludes psychotic disorders was validated in Brazil, with a sensitivity of 83% and specificity of 80%. It is considered an appropriate tool to be used in 2-stage screening surveys when it is necessary to screen respondents with psychiatric disturbance for further in-depth evaluations (Mari and Williams, 1986).

The Social Adjustment Scale-Self-Report (SAS-SR) is a 54-item scale used to measure social adjustment. Each item is scored on a 5-point scale, from which the means are obtained, with higher scores being indicative of greater impairment (1 = normal, 5 = severe maladjustment). The

Portuguese translation of the SAS-SR used here has good reliability (Cronbach's $\alpha = 0.85$) and has sufficient sensitivity to differentiate healthy individuals from those with mental disorders such as depression and schizophrenia (Gorenstein et al., 2002).

The Dissociative Disorders Interview Schedule (DDIS) is a structured interview consisting of 131 items that evaluates DSM-IV diagnostic criteria for dissociative disorders, and borderline personality disorder, and has questions about childhood physical and sexual abuse, Schneiderian first-rank symptoms (FRS), sleepwalking, imaginary playmates, and sixteen secondary features of DID (Ross et al., 1989). The DDIS is a widely used interview for studying dissociation in clinical and nonclinical groups (Cardeña, 2008). Although the DDIS has not yet been validated in the Portuguese language, its creator authorized the translation for this study. The first author translated the DDIS into Portuguese, and the second author, who lived some years in the United States, reviewed it. Any disagreement in translation was discussed until a consensual translation was reached.

Procedure

All mediums completed a sociodemographic questionnaire, the SRQ, and the SAS-SR. Mediums with SRQ scores suggestive of a mental disorder (above 4 for men and 6 for women) (SRQ+; $n = 12$) and a matched control group composed of mediums with scores indicating the absence of a mental disorder (SRQ-; $n = 12$) were interviewed using the DDIS. The latter group was randomly selected from the group of mediums scoring below the SRQ cutoff criterion ($n = 103$). All self-reported mediumistic behaviors were categorized according to the Spiritistic "emic" (i.e., from the perspective of the culture being studied, when compared with "etic," from an abstract scientific perspective; Harris, 1976) classification: embodiment (a full trance, the medium asserts that the body is controlled by the spirit), hearing (hearing spirit voices), seeing (seeing spirits), and automatic writing (writing attributed to a spirit) (Kardec, 1986). This study received IRB approval at CAPPesq-HCFMUSP and all participants provided informed consent.

Analyses

Analyses were conducted between the 2 selected groups of mediums, and between those 2 groups combined and data reported on large studies with DID patients. The data were inputted and analyzed using SPSS (Statistical Package for the Social Sciences) 10.0 for Windows. Independent sample t tests were used to contrast means of Schneiderian FRS, types of mediumistic activity, and SRQ, and SAS-SR scores. Spearman's point-biserial correlations (r_s) were used as measures of covariation between Schneiderian FRS and markers of mental disorders such as SRQ. Outliers were identified using Tukey's diagram or Box-Plot. We chose a 2-tailed $p < 0.05$ as a significance value.

RESULTS

Participants

Participants reported practicing Spiritism for an average of 16.2 ± 12.7 years, having a mean of 2.5 different types

of mediumistic abilities (“embodiment” 72%; “seeing” 63%; “hearing” 32%; and automatic writing 23%). Each mediumistic modality was carried out an average of 7 to 14 times a week (Moreira-Almeida et al., 2007). The 24 selected mediums had an average age of 48.5 ± 11.7 years (range 27–72), 79.2% were female and 45.9% had a college degree. The mediums manifested good social adjustment reflected by high educational levels [46% college graduates among mediums vs. 10% among the Brazilian population at large (IBGE, 2000)], low unemployment rate (2.7% vs. 10%), and were predominantly married and had good SAS-SR scores.

Psychological Health

The sample of 115 mediums exhibited a low prevalence of common mental disorders (10.4%) as measured by the SRQ and scored within the normal range on the SAS-SR (1.85 ± 0.33), indicating a normal level of social adjustment (Moreira-Almeida et al., 2007).

Henceforth, results presented refer to the study’s second stage, when 24 mediums were interviewed based on the DDIS. It is worth remembering that half of these 24 mediums were selected because they were above the cutoff for mental disorders at SRQ, thus the levels of distress reported are partly representative of the most pathologic subsample, rather than of the whole sample of mediums. Table 1 presents the main DDIS findings regarding mental health of the mediums studied and of a large sample with DID patients from Canada and United States.

There was no correlation between FRS number and SAS-SR ($r_s = -0.12, p = 0.96$) or SRQ scores ($r_s = 0.19, p = 0.38$), or between FRS number and physical ($r_s = 0.06, p = 0.78$) or sexual ($r_s = 0.09, p = 0.7$) abuses. The mediums showed an average of 2.2 ± 1.8 features associated with DID (Table 2). None of the 24 mediums fulfilled the diagnostic criteria for DID or dissociative fugue; 2 fulfilled criteria for dissociative amnesia and 1 for depersonalization disorder.

Table 3 presents comparisons between mediums above and below the SRQ cutoff for a probable mental disorder to

determine whether these 2 groups differed regarding mediumistic activity. As expected, the groups differed in SRQ and SAS-SR scores, but not in any of the variables related to mediumistic activity, FRS number, nor secondary features associated with DID.

DISCUSSION

One common aspect to our sample and the DID literature was the predominance of women. Whereas this demographic among DID patients may be explained by the higher likelihood of early sexual abuse of women, the predominance among the selected mediums may have been caused by a general propensity for dissociative experiences among women (Cardeña, et al., 2005), or by their inclination to be more religious (Koenig et al., 2001), especially in ecstatic religions like Spiritism (Bouguignon, 1976). We found childhood abuse rates with the 24 selected mediums comparable with those found in the general population from several countries (5%–40%) (Springer et al., 2003) and lower than among DID patients (Ross et al., 1990b). In a Brazilian sample of participants of a prominent Spiritist center, with a majority of mediums, about 90% of the subjects reported no history of childhood abuse (Negro et al., 2002).

When considering the DDIS results from the 24 mediums, it is important to point out that the selected sample for the second investigation stage is not representative of mediums at large, because half of them were chosen because they had the most psychiatric symptoms. Even so, this medium sample differs, in most features, from individuals with DID, except for the high prevalence of reports of FRS, which, on the other hand are consistent with the mediumistic experience (e.g., audible voices and experiences of passivity) (Ross et al., 1990b, 1992). Furthermore, the lack of a relationship between the number of FRS and the scores in the SAS and SRQ suggest, in our sample, the absence of relationship between the FRS and others psychopathologic markers.

We reported earlier a low prevalence of anxiety and depressive disorders among the 115 mediums sampled (Moreira-Almeida et al., 2007), in contrast with a very high frequency among DID patients (Putnam et al., 1986). The numbers of borderline personality symptoms and of secondary features were much lower among mediums compared with DID patients (Ross et al., 1990b). Among the DID secondary symptoms, only 3 occurred in more than 25% of the mediumship sample, and 2 of these features (handwriting changes and hearing voices) compose what the spiritists regard as types of mediumship.

One important distinction between the mediums and DID is that whereas the latter often exhibit impaired functioning (Johnson et al., 2006), the education, employment, and marital status of the mediums compare favorably with the demographics for the Brazilian population at large (IBGE, 2000). Consistent with this, compared with DID patients, the mediums displayed a lower use of mental health services and no use of antipsychotics (Ross et al., 1990b).

According to DSM-IV criteria (American Psychiatric Association, 1994), a DID diagnosis demands the presence of lacunar amnesia and of 2 or more distinct identities or

TABLE 1. Comparison Between Mediums ($n = 24$) and DID Patients

| | Mediums | DID Patients ^a |
|------------------------------------|--------------|---------------------------|
| Borderline personality symptoms | 1.2 ± 2 | 5.1 |
| Schneiderian first rank symptoms | 4 ± 2.35 | 6 |
| Secondary features of DID | 2.2 | 10.2 |
| Sleepwalking | 20.8% | 56.3% |
| Childhood imaginary companions | 25% | 48.5% |
| Childhood abuse | | |
| Physical | 8.3% | 78.3% |
| Sexual | 21.7% | 84.3% |
| History of mental health treatment | | |
| Any psychiatric medication | 59.1% | 86.3% |
| Antipsychotic medication | 0% | 55.9% |
| Psychotherapy | 38.1% | 76.5% |

^aData from 166 DID patients from Canada and United States (Ross et al., 1992), except for history of mental health treatment (102 DID patients from United States and Canada; Ross et al., 1990b).

TABLE 2. Distribution of DDIS Features Associated With DID Among Brazilian Mediums (N = 24)

| Features Associated With DID | Never | Occasionally | Fairly Often | Frequently | Unsure |
|--|-----------------|--------------|--------------|------------|---------------|
| Have you ever noticed that your handwriting changes drastically or that there are things around in handwriting you don't recognize? | 16 ^a | 1 | 4 | 3 | 0 |
| Do you ever have long periods when you feel unreal, as if in a dream, or as if you're not really there, not counting when you are using drugs or alcohol? | 15 | 4 | 2 | 3 | 0 |
| Do you ever have memories come back to you all of a sudden, in a flood or like flashbacks? | 18 | 4 | 1 | 1 | 0 |
| Do people ever tell you about things you've done or said, that you can't remember, not counting times you have been using drugs or alcohol? | 16 | 5 | 2 | 0 | 1 |
| Do people ever come up and talk to you as if they know you but you don't know them, or only know them faintly? | 10 | 14 | 0 | 0 | 0 |
| Have you ever noticed that things are missing from your personal possessions or where you live? | 18 | 6 | 0 | 0 | 0 |
| Do you ever have blank spells or periods of missing time that you can't remember, not counting times you have been using drugs or alcohol? | 19 | 3 | 0 | 0 | 2 |
| Do you ever find yourself coming to in an unfamiliar place, wide awake, not sure how you got there, and not sure what has been happening for the past while, not counting times when you have been using drugs or alcohol? | 22 | 1 | 0 | 0 | 1 |
| Have you ever noticed that there are things present where you live, and you don't know where they came from or how they got there? e.g., clothes jewelry, books, furniture. | 18 | 6 | 0 | 0 | 0 |
| | | | | | |
| | | | Yes | No | Unsure |
| Do you hear voices talking to you sometimes or talking inside your head? | | 13 | | 11 | 0 |
| If you hear voices, do they seem to come from inside you? | | 6 | | 6 | 1 |
| Are there large parts of your childhood after age 5 which you can't remember? | | 7 | | 16 | 1 |
| Do you ever speak about yourself as "we" or "us"? | | 5 | | 17 | 1 |
| Do you ever feel that there is another person or persons inside you? | | 4 | | 19 | 1 |
| Is there another person or person inside you that has a name? | | 0 | | 4 | 0 |
| If there is another person inside you, does he or she ever come out and take control of your body? | | 1 | | 3 | 0 |

^aThese figures indicate the number of mediums who endorsed each item.

TABLE 3. Comparison Between Mediums Below and Above the Cutoff for Mental Disorders (N = 24)

| | SRQ+ | SRQ- | |
|------------------------------|-----------------|-----------------|--------|
| | Mean ± SD (n) | Mean ± SD (n) | p |
| SRQ score | 8.6 ± 2 (12) | 3.2 ± 2 (12) | <0.001 |
| SAS-SR score | 2.1 ± 0.3 (12) | 1.8 ± 0.2 (10) | 0.008 |
| Years practicing spiritism | 16.4 ± 9.2 (12) | 13.3 ± 8.1 (10) | 0.41 |
| Frequency of embodiment | 5 ± 4.4 (8) | 6.8 ± 5.1 (6) | 0.55 |
| Frequency of seeing | 6 ± 6.3 (8) | 6.2 ± 6.8 (6) | 0.96 |
| Frequency of hearing | 8 ± 5.9 (4) | 20 ± 10 (3) | 0.10 |
| First-rank symptoms (FRS) | 4.2 ± 2.1 (12) | 3.8 ± 2.7 (11) | 0.73 |
| Features associated with DID | 2.2 ± 1.5 (12) | 1.7 ± 1.7 (11) | 0.51 |

personality states that recurrently take control of the patient's behavior. Only 1 medium out of the 24 reported the feeling of having more than 1 personality outside of a ritual context, but this other personality did not control, reiteratively, the medium's behavior. Only 2 individuals in our sample claimed the presence of current, lacunar amnesia.

This study has some important limitations. First, the comparisons with the literature on DID refer to data obtained from a different culture (North American countries). None-

theless, it seems unlikely that the difference in such variables as functionality between the mediums and the DID patients could be explained completely or even mostly by cultural differences, and the sample studied also compared favorably with Brazilian data. A more important limitation is that, as with most studies in this area, the data rely on self-report. Future studies would benefit from obtaining additional sources of information, such as actual medical records, evaluations by relatives and friends, and other data that may contribute to a clinical assessment of mediums. Finally, the reliability and validity of the DDIS translation should be determined more thoroughly.

Our data suggest that Brazilian mediumship differs in important ways from DID, besides the fact that they share sharp identity discontinuities. Similarly, Gingrich (2005) found in the Philippines no relationship between DID and the experience of being possessed. Our findings put in question some authors' hypothesis that consider that mediumship or possession/trance represent just another cultural manifestation of DID (Castillo, 1994). In contrast, Lewis-Fernández (1998) emphasizes the need to better elucidate the relationship between DID and possession/trance phenomena. Considering that in this study almost all of the clinical and epidemiological features connected to DID were nonexistent or less frequent within the mediumship cohort, it is likely that

DID and mediumship are different entities. The comparison between mediums above and below the cutoff for mental disorders showed that these 2 groups did not differ in the frequency of mediumistic activity, indicating that these experiences were not associated with psychopathology. Cardeña et al. (1994) stated that, despite the strong temptation to assume that possession is but DID in a different cultural costume, there are possible important diverging points (childhood abuse history, control over the alterations in consciousness, secondary features etc.) between the 2 phenomena. Our results are consistent with that conclusion. To avoid ethnocentric pathologizing, we must differentiate between instances of dissociation that may benefit from clinical intervention and those that are neutral or may even be beneficial to the individual and his/her community, especially considering the proposal for a trance dissociative disorder (American Psychiatric Association, 1994). Dissociative pathology often does not fulfill specific DSM-IV criteria for a dissociative disorder, and especially in other cultures it may fall under the category of dysfunctional trance (e.g., restricted awareness) or possession (e.g., uncontrolled possession in inappropriate contexts). Nonetheless, we have to be careful not to prematurely pathologize culturally accepted religious and cultural expressions (Cardeña, 1992), as evidenced by the results of this study.

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