

Recognition and Treatment of Psychotic Symptoms: Spiritists Compared to Mental Health Professionals in Puerto Rico and Brazil

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This article expands psychosocial and cultural perspectives on the experience and expression of psychotic symptoms and the treatment of schizophrenia by exploring how Spiritism, a popular religion in Latin America, provides healing to persons with severe mental illness. Beliefs and treatment by Spiritist healers of persons with psychotic symptoms, some diagnosed with schizophrenia, are described. Reactions by mental health professionals (psychologists, mental health technicians and psychiatrists) to this alternative treatment are described. Qualitative data have been collected through in-depth interviews with 49 Spiritist mediums in Puerto Rico, and case histories of 22 patients and their family members, all of whom gave informed consent. In Brazil, interviews were conducted with a sample of 115 Spiritist mediums, with their informed consent. These mediums responded to semi-structured interviews and standard measures of social adjustment and mental health. As expected, beliefs and practices of Spiritist healers regarding psychotic symptoms, whether manifested by themselves or by clients diagnosed with schizophrenia or other disorders, differ substantively from conventional psychiatric constructs and treatment approaches. According to patients' self reports and researchers' observations, spirit healers often achieve positive results with persons manifesting psychotic symptoms or diagnosed with schizophrenia in that symptoms become less frequent and/or social adjustment improves. We suggest psychosocial mechanisms to explain these findings and raise questions for future research.

Recent studies describe how persons with schizophrenia and other severe mental illness cope with their distress through religious faith and spirituality, especially when experiencing existential crises or when attempting to reestablish a sense of self (Sells, Stayner, & Davidson, 2004; Tepper et al., 2001; Wagner & King, 2005; Weisman, 2000). These studies are related to an increasing recognition of the relevance of spirituality to mental health issues (Moreira-Almeida, Lotufo Neto, & Koenig, 2006) and to a broader perspective on schizophrenia and

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psychosis, which has partly shifted in the last four decades from investigating individuals subject to a common pathological process, to biopsychosocial models that include families, communities, and cultural contexts, as well as consideration of both the expression of the disorder and responses by relative/caretakers (Carpenter, 2006; Guarnaccia et al., 1992a; Katz et al., 1988; Lopez et al., 1999; Murphy, 1981). Although it is now widely accepted that there are core biological elements in these disorders, it is also acknowledged that behavioral and expressive aspects vary with cultural context. In this exploration we raise questions regarding the effects on severe mental illness when the cultural environment includes popular healing systems as alternatives or complements to mental health treatment.

The International Pilot Study of Schizophrenia (IPSS; Cooper & Sartorius, 1977) originally suggested three factors to explain cross-cultural differences in outcomes for persons diagnosed with schizophrenia: 1) variation in patterns of organization of families and communities with regard to socioeconomic arrangements, such as work and wages; 2) different biological bases of the disorder in patients similarly diagnosed; and 3) differences in treatment modalities, including traditional medicine. Critics have pointed to the relative lack of detailed ethnographic data on how social arrangements respond to and in turn affect severely mentally ill persons (Cohen, 1992; Hopper, 1992). A more recent WHO study, the International Study of Schizophrenia (ISoS), recruited subjects from the IPSS. It examined the long-term history of outcomes in developing countries compared to developed countries and explored cultural factors. For 2 years prior to enrollment in the study, more than 40% of the subjects had no psychotic symptoms and 60 to 70% worked full time (Hopper et al., 2007). Those with an episodic (as opposed to a chronic) course had more favorable outcomes. More time in a psychotic state predicted future symptoms

and disability. Differences between developing and developed countries related to better versus worse outcomes (such as extent of symptom remission and social adjustment) were not explained because accounting for cultural factors proved too complex.

Ethnographic studies of ethnic groups in the United States have investigated cultural conceptualizations around expressions of schizophrenia, interpretations of the meaning and valence of symptomatic behavior and the nature of the illness (Corin, 1998; Garrison, 1978; Guarnaccia et al., 1992b; Jenkins, 1988a; 1988b; 1991; Koss-Chioino, 1992; Koss-Chioino & Cañive, 1993; Swerdlow, 1992). These studies are based on direct observations of patterns of interactions with and around the schizophrenic patient (including evaluating the cultural relevance of standard diagnostic assessments as in Guarnaccia and colleagues, 1992a), and the actual or potential impact of these interactions on the nature and/or course of the disorder. As noted by Guarnaccia et al., (1992a, p. 100), the content of “normal experiences and those labeled ‘madness’ vary widely across cultures.”

Despite a considerable expansion of information on the factors that may affect the course and prognosis of schizophrenia, set within a broader social and cultural frame, relatively few studies systematically explore the impact of treatment alternatives, such as non-conventional treatments by spirit healers, and the role they may play in the course of the disorder. Although the complementary use of traditional and medical healers by persons in psychotic states has been documented for a number of societies for some time (Koss-Chioino, 1999; Lambo, 1978; Redko, 2003; Zacharias, 2006, among others), how the use of these treatment modalities, simultaneously or sequentially, might impact on the recognition and treatment of psychotic symptoms, and on the course of schizophrenia or other disorders, has rarely been sys-

tematically examined (Edgerton, 1980; Garrison, 1978).

There are a number of studies of religion and spirituality in relation to psychosis (e.g., Corin, 1998; Kelly & Gamble, 2005; Koenig, 2007; Sullivan, 1998), but reports of a recent study by Mohr and colleagues (2006) and Huguelet and colleagues (2006) are of special interest. These researchers see the role of spirituality as a resource for finding meaning and hope, as well as “a key component in the process of psychological recovery” (Mohr et al., 2006, p. 1952). To demonstrate this assumption, they recruited a sample of 120 patients diagnosed with schizophrenia in four outpatient clinics in Switzerland in a design that explored religious beliefs and activities, religious and spiritual coping, and adjustment to life events. They found religion to be important in the lives of 85% of the patients; 71% used religion as a positive way of coping and 14% as a negative way of coping. For two-thirds of the patients, religion gave meaning to their illness, mainly through positive connotations. (See also Koenig’s [2007] broad review on religion and psychotic disorders.)

This paper explores the use and effects of the concepts and practices of Spiritism, a popular religion in Puerto Rico and Brazil, on the expression and labeling of psychotic symptoms, the behavior of persons diagnosed with schizophrenia, and the form and effects of spirit healing practices on persons who seek help from Spiritists. It briefly considers how mental health professionals in those countries have views that differ from those of Spiritists. It is not a systematic comparison of Spiritist phenomena in Puerto Rico and Brazil, but rather the presentation and integrated discussion of two groups of studies (carried out in Puerto Rico and Brazil) that investigated how Spiritists frame opinions and treat people reporting psychotic symptoms.

DATA SOURCES

In Puerto Rico, the second author recorded the cases of 53 persons diagnosed with schizophrenia (according to DSM-III-R criteria [APA, 1987]) in three community mental health clinics; twenty-two of these patients consulted Spiritist healers. The ways Spiritist healers recognized and treated symptoms in identified patients were systematically observed; the Spiritist healing sessions where these patients were treated were tape recorded. Cases treated by Spiritists were then compared to conventional mental health treatment (provided by a staff of clinical psychologists, psychiatrists, and mental health technicians) of similarly diagnosed patients that were discussed in case review conferences between mental health professionals in the public health system and Spiritists (Koss-Chioino, 1992). The first author conducted investigations of a sample of 115 mediums recruited from randomly selected Spiritist centers in São Paulo, Brazil. That study investigated medium-healers’ concepts regarding psychosis, and explored characteristics related to the mental health of those mediums who manifested identified “psychotic symptoms.” Through interviews and standard questionnaires (Self-Report Psychiatric Screening Questionnaire – SRQ; Social Adjustment Scale Self-Report – SAS-SR; Dissociative Disorders Interview Schedule – DDIS; and Schedules for Clinical Assessment in Neuropsychiatry – SCAN) with Spiritist healers, he was able to establish categories that distinguished normal from abnormal behavior in these persons, even though aspects of their behavior resembled psychosis (Almeida, 2004; Moreira-Almeida et al., 2007; 2008). Written informed consent was obtained from patients, mental health professionals, and mediums in both sets of studies.

The descriptions of interactions between mental health professionals and spirit healers in Puerto Rico, and between spirit healers and their patients, have been reconstructed from observations and case materials collected in the Therapist-Spiritist Project in Puerto Rico (Koss-Chioino, 1992).¹ Interactions have been investigated in Brazil through documents on the historical relationship between psychiatrists and Spiritists (Moreira-Almeida et al., 2005), conceptualizations of mental disorders reported by Brazilian Spiritists (Moreira-Almeida & Lotufo Neto, 2005) and the mental health relevance of what might appear as psychotic and dissociative experiences among Spiritist mediums (Moreira-Almeida, et al., 2007; 2008). These data provide a wide phenomenological, interactive perspective in which schizophrenia, psychotic symptoms and their popular equivalents are described through patients' and healers' reports, researchers' observations, and historical documents.

BACKGROUND ON SPIRITISM IN PUERTO RICO AND BRAZIL

Spiritism is a French branch of the spiritualist movement that developed in Western countries in the 19th century. It was developed between 1855 to 1869 by Allan Kardec (1804-1869), a pseudonym for a French intellectual who performed a scientific investigation on supposed manifestation of spirits. After considering several possible alternative explanations, he thought that at least some mediumistic experiences were best explained by the survival hypothesis (a

discarnate personality could communicate through a medium). After comparing and analyzing mediumistic communications obtained through hundreds of mediums from different countries, Kardec organized the information into a spiritualist philosophy he called "Spiritism." Spiritism supports the survival of consciousness after death (called spirits), reincarnation, and the possibility of communication between living persons and discarnate spirits through mediums. There is a strong emphasis on ethical behavior (in line with the essence of Jesus's ethics) as the way to happiness and a balanced life (Kardec, 1986; 1996; 1999).

A few years after starting in France, Spiritism spread to Europe and Latin America. Since that time, it has waxed and waned in social and political importance but has remained a popular healing alternative for persons from all social classes in Brazil and Puerto Rico. Organized groups of Spiritist practitioners can now be found in at least 39 countries, including the United States (International Spiritist Council, 2008). Currently Brazil is the country where Spiritism is most widespread and is one of the most important religions (Aubr e & Laplantine, 1990; Moreira-Almeida & Lotufo Neto, 2005). The healing centers and hospitals that identify as Spiritist are usually organized and supported by middle and upper class persons.

In Puerto Rico the majority of the centers are embedded in lower class communities and most frequently found in rooms or annexes attached to believers' homes. Historical and descriptive accounts of Spiritism and its practices among Puerto Ricans on the island and in the northeastern United

1. Four studies were funded by the National Institute of Mental Health and sponsored by the Department of Health of Puerto Rico, Joan D. Koss-Chioino, P.I. 1979-1980 *Therapist-Spiritist Training Project in Puerto Rico*, National Institute of Mental Health (MH-15992-01), Health Department of Puerto Rico, Rio Piedras, Puerto Rico. 1976-1979 *Therapist-Spiritist Training Project in Puerto Rico*, National Institute of Mental Health (MH-14310-03), Health Department of Puerto Rico, Rio Piedras, Puerto Rico. 1969-1970 *Social and Psychological Aspects of Spiritism in Puerto Rico*, National Institute of Mental Health (MH-17997-01). 1968-1969 *Social and Psychological Aspects of Spiritism in Puerto Rico*, National Institute of Mental Health (MH-14246-01). See Koss-Chioino (1992; 1996) for details on the projects and the subject. I wish to acknowledge my appreciation to the Department of Health of Puerto Rico who sponsored the projects and to the National Institute of Mental Health who funded them. They are in no way responsible for what I report here.

States can be found in Koss (1975; 1976), Koss-Chioino (1992), Garrison (1977) and Harwood (1977).

In spite of a strong, initial opposition from medical societies and the Catholic Church (in Europe and Latin America), Spiritism has become an important but understudied aspect of Brazil's health care systems (Almeida, 2007; Moreira-Almeida et al., 2005). There may be as many as ten thousand Spiritist centers that provide free counseling, emotional, spiritual, and material support, and free spiritual and medical treatments. All Spiritist centers are entirely based on charitable, voluntary work (Sampaio, 2004). In addition, there are approximately 50 Spiritist psychiatric hospitals (Figueiredo & Ferraz, 1998). All of these psychiatric hospitals offer a combination of orthodox medical/psychological care and Spiritist therapies. The level of integration of these approaches and the importance attributed to Spiritist therapies varies among these different institutions (Puttini, 2004). In contrast, in Puerto Rico, except for the project described below, there has not been a formally structured integration of medicine and Spiritism, which can be traced to the influence and domination of the conventional medical model of treatment according to United States' standards of care. There are medical doctors (approximately 60, according to data collected over the past year) who are also Spiritists. However, those who have developed as spirit mediums keep their medical and Spiritist practices separate and do not share their beliefs with colleagues or patients.

SPIRITIST CONCEPTS OF MENTAL DISORDER AND TREATMENT

The Spiritist view of mental disorders, as derived from Kardec's writings, accepts fully the biopsychosocial model for the etiology and treatment of mental disorders but

adds a spiritual component to this model. As is also the case for Puerto Rico, the persistent negative influences of disincarnated spirits (called "obsession") or trauma experienced in previous lives are considered etiological to mental disorders, in association with psychosocial and biological factors. The presence of an obsession is detected during mediumistic meetings when the obsessing spirit communicates through mediums or when a spiritual guide manifests through a medium and explains the cause of the patient's problem. Given their "bio-psycho-socio-spiritual" model of mental disorders, Spiritist séances for dis-obsession are recommended, as well as "passes" (laying on of hands), prayers, and injunctions to live according to ethical principles. In treating a client considered obsessed, the focus is on dissuading the obsessing spirit of its purpose of doing harm to the distressed client by means of dialogue between the medium(s) and the distress-causing spirit. The obsessing spirit is brought to the table and possesses a medium for this purpose. Another major aspect of Spiritist healing is helping the patient regain his or her spiritual balance through fostering moral growth, prayers, readings, and "passes" (Moreira-Almeida & Lotufo Neto, 2005).

Spiritist treatments are always (and by proscription) free of charge, both in psychiatric hospitals and Spiritist centers. Unlike Puerto Rico, where there is separation between medical and mental health care services and alternative healing practices, many Spiritist centers in Brazil also provide free medical treatment for physical or psychiatric ailments. In Brazil, compared to Puerto Rico, Kardecist Spiritist centers (as contrasted with Umbanda, a Brazilian syncretic religion developed in the beginning of 20th century) tend not to include Catholic, indigenous Native American or African-derived religious beliefs and practices. However, they do speak about God and follow Jesus' teachings.

TABLE 1. Identification and Treatment of Schizophrenia by Spiritists

Conceptual	<p>a. <i>loco tranquilo</i> vs. <i>loco loco</i> (quiet versus out of control crazy persons)</p> <p>b. fear of appearing crazy: social stigma and social conformity</p> <p>c. belief in the hereditary: one “has nerves” in the family</p> <p>d. two types of <i>locura</i> (craziness):</p> <ol style="list-style-type: none"> 1. brain lesions 2. spiritual (one does not know oneself)
Experience	e. “mind” can be disordered, absent, goes blank, stalled, warped, running on, turned over (also many auxiliary complaints, such as depression, nervousness, family and marital problems)
Causality	<p>f. spirit is interlocked with or hooked onto person</p> <p>g. severely “obsessed”</p> <p>h. a perennial thought invades the mind if person has a large emotional burden or great tension</p> <p>i. vulnerability subsequent to a “nervous shock”</p>
Treatment	<p>j. <i>passes magneticos</i> take off molesting spirit(s)</p> <p>k. healing mediums lend bodily energy to evict the obsessing spirit; intense empathic/emotional support</p> <p>l. restore patient’s own spirit</p> <p>m. tranquilizing rituals (use of <i>balsamo</i>-spirit magnetized water); calming by protector-guide spirits)</p> <p>n. reinterpretation of visions (corrective spirit experiences)</p>

IS MEDIUMSHIP RELATED TO EMOTIONAL DISORDERS?

The investigation of 115 mediums in Brazil found a mean age of 48 years, 76.5% were female, 46.5% had a college degree, and all had a low prevalence of childhood abuse (Moreira-Almeida et al., 2007). Except for educational level, this profile is very similar to that of mediums in Puerto Rico. Mediums in the Brazilian study had a sound social adjustment score, a low prevalence of mental disorders, but a high level of dissociative and psychotic experiences. Although these mediums reported a high frequency of Schneiderian First Rank Symptoms of schizophrenia, these symptoms did not correlate with childhood abuse, other psychiatric symptoms on the SRQ, or poor social adjustment. Such findings strongly suggest that reported experiences that look like psychotic or dissociative symptoms among mediums are not necessarily indicators of mental disorders.

Interestingly, frequency of full trance mediumistic experiences during last month correlated with better social adjustment scores and lower numbers of psychiatric symptoms. Brazilian Spiritist mediums also differed from dissociative identity disorder patients in most clinical features (Moreira-Almeida et al., 2007; 2008).

BASIC CONCEPTUAL DIFFERENCES BETWEEN SPIRITISTS AND MENTAL HEALTH PROFESSIONALS

A number of expressions having to do with disturbed mental function describe what psychiatry identifies as psychotic symptoms: the mind is “stalled,” “turned around,” “blocked,” “has departed,” or “gone blank.” The condition of “madness” is often attributed by Spiritist mediums to having a spirit interlocked or hooked onto a cli-

TABLE 2.

Therapist Cases		Spiritist Cases (Reclassified)	
Complaint	Frequency	Complaint	Frequency
Schizophrenic disorders	<i>n</i> = 53	Schizophrenic disorders	<i>n</i> = 1
Sleep disturbances	46.0	Feels depressed	100.0
Hostility	47.0	Nervousness	100.0
Hallucinations	45.0	Family problems	100.0
Intranquility	38.0	Marital problems	100.0
Headaches/head problems	34.0		
Crying jags	26.0		
Nervousness	26.0		
Feels depressed	19.0		

Source: Compiled by author.

ent. A distinction is made between “physical madness” (i.e., craziness caused by lesions in the brain due to injury or severe illness) and “spiritual madness” (attributed to a failure to know one’s own spirit or “who I am”). The former type of madness is often credited to heredity (see Table 1).

However, we could not identify cases of schizophrenia using statistical measures of symptom expression in the Puerto Rican Spiritist sample compared to mental health patients. This led to understanding a significant difference between Puerto Rican Spiritist perceptions of severe distress by “obsession” (roughly equivalent to severe emotional disorder) and the ways schizophrenic disorders are perceived and diagnosed in mental health clinics. “Sleep disturbances,” “hostility,” and “hallucinations/delusions” are the most frequent complaints of women diagnosed with schizophrenia in the mental health clinics. These complaints can be viewed as key discursive symbols in semantic and behavioral complexes that typify the experience of schizophrenia in a community mental health sample in Puerto Rico. Although these complaints also appear in other symptom profiles of higher rank categories, in combination they appear to express a common experience of schizophrenia among patients. (see Table 2).

Experiences labeled hostility and hallucination/delusions in particular are of highest frequency in the symptom profiles of those diagnosed with schizophrenic disorders. As observed by the psychologists and a psychiatrist consultant to the research team, the content of hallucinations and delusions appears associated with deep fears over lack of control and self-sufficiency, that is, the ability to survive on one’s own.

The greatest conceptual difference between Puerto Rican Spiritists and mental health professionals is that practicing Spiritist mediums do not identify a category of symptoms or experience labeled “hallucinations/delusions.” Bentall (1990) points out that several authors have questioned whether hallucinations need always be considered pathological. He notes that in cross-cultural studies hallucinations are not always indicative of pathology but rather perceived to be valued experiences (see Al-Issa, 1978, for example). Guarnaccia and colleagues (1992b) assert that for Puerto Rico, what may be identified as a hallucinatory experience needs to be assessed for cultural consonance, given the prevalence of the kinds of religious experiences described earlier.

A key issue may be that of control over the experience rather than the type of experience itself, which seems to be what Spiritist mediums focus on when they decide if

the individual is obsessed by a spirit to the point of being different from other distressed persons. In the Puerto Rican study described earlier, persons diagnosed with schizophrenia were recognized by Spiritist mediums as spirit-obsessed and unable to control the effect of the spirit on their bodies and behavior. However, it appeared that not all spirit-obsessed persons were in out-of-control states. As described in the case of Celia presented below, even those who were diagnosed as schizophrenic before seeing the spirit healers were not considered continually obsessed since they seemed to recover “normal” behavior after spirit treatment.

This view by Spiritists of the non-persistent role of what is labeled in psychiatry as hallucinatory behavior, and the attribution of spirit agency to these experiences, has important implications for persons labeled “schizophrenic.” It implies and focuses on the lack of agency and fault on the part of the person suffering an emotional disorder; it also provides a cultural category (i.e., a meaning) that negates the involvement of the distressed person’s sense of self and identity, since such persons are not considered responsible for their behavior (which is attributed to spirits). This view of the etiology of the illness also helps mitigate feelings of guilt and shame on the part of the sufferer, countering some of the stigma associated with severe mental illness.

For Spiritist believers, there is a non-physical reality composed of spirits who may manifest at any time. For example, one woman, whom we knew had been diagnosed with schizoaffective disorder, was described by a medium as having her own spirit “outside her body,” “totally subjugated,” so that she was vulnerable to invasion by molesting spirits. Distortions of reality expressed by this patient were not attributed to her, but instead to spirit invaders. Reality distortions are not perceived as “fixed false beliefs” or unreal perceptions, given the Spiritist concept of self as one’s own spirit—an integral,

observing entity. In other words, the client’s own spirit was not present in order to be credited with disordered thoughts! In some cases, however, when visions of the spirit world do not conform to expectations (they have a limited pattern), they are rejected as “true” experiences of spirits. They are instead attributed to “mental confusion” introduced into the person’s mind by molesting spirits.

KARDECIST SPIRITISM IN BRAZIL: SOMEWHAT DIFFERENT VIEWS

It is worthwhile noting that the denial of the existence of hallucinations/delusions is not shared by prominent Brazilian Spiritists or by the founder of Spiritism. Kardec (1861) published a paper entitled “An essay about the theory of hallucination” where he recognized that hallucinations originate in patients’ brains, but he also proposed a category called “true visions,” considered to result from actual spirit perceptions. The main difference between true visions and hallucinations is that the former convey accurate information unknown to the individual, information that is later confirmed. A similar distinction was proposed by the psychiatrist Ian Stevenson (1983). Hufford (2008) describes “visionary experiences” as based on perceptions that are not hallucinatory because they entail certain facts; that is, the person has an immaterial self that can leave the body and still retain awareness.

Brazilian mediums often expressed concerns about discriminating if their perceptions were products of their minds or actual spiritual experiences. However, many reported experiences that convinced them that they have actual spiritual perceptions (Almeida, 2004).

Kardec, as well as prominent Spiritists in Brazil, did recognize the existence of schizophrenia or organic psychoses and wrote that the prevalence of obsession among mentally disordered patients is not infrequently

overstated. However, it is also assumed that many cases considered psychotic by psychiatrists may be obsession caused by spirit influences (Moreira-Almeida & Lotufo Neto, 2005).

FAMILY MATTERS

Spiritist healers in Puerto Rico specifically recognize negative over-involvement in the parent-child relationship and the isolating, painful (and fearful) dependence on an ambivalent or rejecting parent. With regard to one young woman, who appeared to be in a psychotic state, a healer said, "If one doesn't know oneself than it is like it is with machines ... [they] chew and chew and when they are empty there is the machinist who returns to fill them again. This is the case with this sister; everything she has done is through the machinist, who is her mother." Another healer, who also worked with this patient, pointed to her problems in failing to achieve autonomy, feeling abandoned and rejected, and rejecting her mother in turn. This healer harangued that neither mother nor patient was able to bring their deep anger to the surface in order to deal with their conflict-ridden and highly distressful feelings.

The Case of Celia: An Illustration

The above comments refer to a 26-year-old woman who had her first psychotic episode, post-partum, at the age of 16. She had been involved with an older man, a drug addict, whom she married. Her mother engineered a divorce, to which Celia (a pseudonym) did not agree. Mother insisted that Celia move in with her. Shortly after the birth of a son Celia was hospitalized for twenty days at Bellevue Hospital in New York City. After being advised by the attending doctor that Celia could not care for an infant, her mother gave the child to

Celia's brother and his wife. Although enraged when she was discharged, Celia could not protest. This pattern was repeated twice more, with other relatives adopting Celia's children, until a fourth child was born, whom the mother agreed to raise. After that birth, Celia consented to having a tubal ligation. Shortly afterwards Celia became very disturbed, exhibiting the whole gamut of psychotic symptoms (according to her records), including delusions, visual hallucinations, incoherence, illogical thinking, loosening of associations, and violent, aggressive behavior. Hospitalized at the main psychiatric hospital, Celia frequently engaged in fights with other patients and was strictly disciplined by attendants. Her mother was so upset at the way her daughter looked that she sought several 15-day passes for her. During the second pass, her mother managed to take her to a Spiritist center, even though Celia was very delusional and had several negative symptoms. The healers placed her at the center of their circle, gave her "passes," and concentrated on using their "body energy" to help her. They said that she was in a "nervous crisis outside of reality" and therefore subject to the deleterious effect of backward (illness causing) spirits. By the second session, she appeared much calmer, and by the fourth session she was giving appropriate answers to questions and had appropriate affect. One of the medium-healers also saw her every evening at her home. She prayed with her and gave her "passes." During this time Celia's mother managed her daughter's discharge from the hospital and enrolled her in a day care program at the mental health center. She was continued on antipsychotic medication for about six months until her therapist, in coordination with the healers (Celia became a test case for coordination of mental health and Spiritist treatment), stopped her medication. She steadily improved over the course of a year but then began to skip sessions in both the Spiritist center and the day care program. Upon questioning, Celia attributed her

improvement to the Spiritists. However, 15 months after we first saw her she had another love affair and some of her symptoms re-occurred, leading to a brief hospitalization and a return to medication. We followed her for about five years. She continued to do well and attended the Spiritist center regularly but did not routinely attend day care. (We could not get an accurate medication history, however.)

Issues: Treatment and Interface

Puerto Rican Spiritists who work with persons diagnosed with schizophrenia specifically recognize their emotional and cognitive limitations. If the patient appears to be in a disordered state, they are not told that they are “in development” as a medium, nor are they asked to communicate with the possessing spirits usually brought to the session to be confronted by the sufferer. Instead, work with patients expressing psychotic symptoms often takes on a distinctly maternal quality in two ways: 1) The healer may come to the home or even take the patient into their home for brief periods, when the family reports difficulties in coping with their relative. Moreover, there is often continuity in the relationships between healers and patients and their families over years. The relationship is reactivated at the first signs of relapse and heightened agitation in the patient. This treatment can be characterized as “soothing” or tranquilizing the patient and taking pressure off the family. 2) Special support is provided to the families of patients, relieving guilt or shame for them by crediting spirits with the illness. However, this does not relieve the family of the burden of presenting themselves to “be worked on” at the session, which involves those spirits who have attached themselves to family members and may be affecting the patient. In these settings the patient receives support in terms of acceptance within a special social network that is not stigmatizing (Garrison, 1978). In fact, between psychotic episodes, when the healers observe that the patient’s own spirit

is present (i.e., viewed by the mental health system as in remission), he or she is not seen as disordered or crazy. As noted above, in Puerto Rico, there doesn’t seem to be a Spiritist equivalent of the concept of chronic mental illness unless the patient is judged to be mentally ill through heredity; this lessens the impact of stigma on the patient and provides hope for the family. Moreover, Spiritist healers express the idea that all persons are vulnerable to spirit invasion, but most are also capable of dealing with this vulnerability through awareness of the role of the spirits in the sacred plan of universal life. The spirit-obsessed person loses both self-awareness and control over spirit manifestations.

Treatment Considerations

These aspects of Spiritist treatment can be complementary to treatment provided by mental health professionals, as we demonstrated in an experiment in Puerto Rico where patients were cross-referred. However, treatment by Spiritists differed in one important aspect; many Puerto-Rican Spiritist healers did not approve of antipsychotic medication and would advise patients to stop taking it. They felt that when patients are “*endrogada*” (intoxicated by drugs of any type) they are especially vulnerable to being taken over (“obsessed”) by illness-causing spirits. Patients’ own spirits are absent and the person is less able to “know who they are” because antipsychotic drugs “cloud the mind.” This practice differs somewhat from Spiritism in Brazil where, although many Spiritists also disapprove of antipsychotic medications, this is not the view of prominent Spiritists involved in the mental health system (Moreira-Almeida & Lotufo Neto, 2005). Spiritist mediums in Brazil often follow Kardec who wrote: “Men have often mistaken for cases of possession what were really cases of epilepsy or madness, demanding the help of the physician rather than of the exorciser” (Kardec, 1996, p. 250).

TREATMENT MECHANISMS

We have presented a brief descriptive overview of some of the many complexities of investigating the impact of Spiritist healing on persons with psychotic symptoms and/or schizophrenic disorders. The fact that the spirit healers were willing to enter into continuous, close relationships with patients and families made them an excellent community resource with much availability. They model uncritical acceptance, control, and lack of fear for the families of patients. Much of their work parallels guidelines suggested by psycho-educational methods (such as those based on the Expressed Emotion formulation) for treating families. The healers' influence on family members' perceptions and behavior towards the ill person may be a key to lower rates of relapse.

In a recent study, Weissman and colleagues (2000; 2003) noted that among less acculturated Latino families of schizophrenics, those relatives who responded with compassion towards their ill family members often offered to help them cope with their illness. They accepted the illness as legitimate, viewed causality as due to interpersonal problems or other stressors in the environment, or attributed the illness to God but also turned to religion in adjusting to the patient's illness. This is another confirmation of the role of religious beliefs in familial response to the difficulties experienced in association with a relative with psychotic symptomatology. These attributions indicate that there are positive emotions in the family and may, as is the case of the Spiritist healers, help sustain low conflict in the family environment.

Another recent set of studies (Breitborde, Lopez, & Nuechterlein, 2009) demonstrated that there is a significant difference between the perceptions of high EE and low EE caregivers regarding their ill relative's agency over the disorder; this difference predicted the course of the illness. High EE caregivers feel that their ill relative has agency, that is, he or she can control the expression of symptoms and the course of the illness. Spiritist healers believe and demonstrate to both the family and the ill person that the spirits have primary agency in almost all cases of illness (especially in schizophrenia or other psychotic state, since one's own spirit has been displaced by an obsessing spirit or spirits). This belief and the associated rituals seem to relieve stress on the patient because caretakers do not perceive their ill relative as having agency over his/her illness and its course.

In Brazil, it might be noted that obsession by a molesting spirit is not as common a Spiritist etiology of what psychiatry labels "severe mental illness" as in Puerto Rico. Those who read Kardec find that the sufferer is believed to maintain agency over all illnesses, even in cases of obsession. However, the well-known Brazilian medium Divaldo Franco (2005, p. 111) comments: "Allan Kardec divided obsession into three parts; 1) simple obsession which is a subtle disturbance, a form of confusion; 2) obsession through fascination, which can lead us to obsessive disturbances with loss of logical reason and lucidity; and 3) obsession through subjugation which can be compared to conditions such as profound depression, schizophrenia, etc."²

The difference between Puerto Rican mediums and those in Brazil seems to be that the Brazilian Spiritists are more involved in

2. It must be noted that the best known Brazilian Spiritists, such as Divaldo Franco, say that the spirits do not enter into mediums' bodies but rather attach themselves to the perispirit (*spiritual body*) of those who suffer from obsession. Divaldo Franco (2005; p. 80), perhaps the best-known Spiritist medium in Brazil today, explains: "The spirits that disturb us . . . do not enter our body, as some people precipitously suppose. As the spirit irradiates itself throughout all of our circulatory system and the modeling field within all of our cells, it exteriorizes itself through the luminosity called aura." Those who practice a type of Spiritism that includes AfroCaribbean beliefs and practices (for example, most of those mediums the first author studied in Puerto Rico) speak of their bodies as vessels (*cajas*) that receive the spirits on behalf of sufferers. The sufferers themselves are affected as Franco describes above.

Kardec's original writings than most of the Spiritists studied in Puerto Rico. However, we might note that Spiritist practices in many centers of both countries are not much influenced by Kardec's writings. Spiritist mediums in the Puerto Rican study generally followed the main tenets of Spiritism as set forth by Kardec, but they also incorporated a wide range of folk beliefs and practices. A few centers in Puerto Rico, during the mid and late 20th century, were similar to those of the educated and professional classes in Brazil; centers with educated believers who follow Kardec's ideas are currently expanding in both countries.

DIRECTIONS FOR FUTURE RESEARCH

Apart from case material, we do not have studies that systematically measure the effect of healer intervention or the effect of belief in intermittent spirit causality on outcomes (associated with a belief that severe mental illness may not be chronic, that is, endure for a lifetime). This issue is important because there may be an effect on outcomes of feelings of hopefulness that Spiritists convey through their commitment to an inevitable "progress of the spirit" and associated lack of belief that severe mental illness is always chronic. This may encourage greater self-esteem in a patient following an episode, which, in turn, may contribute to a better prognosis in the future (Koss-Chioino & Cañive, 1993). To our knowledge, the only double-blind, controlled clinical trial aimed at assessing the efficacy of Spiritist mediumistic treatment has been carried out by Leão (2004; Leão & Lotufo Neto, 2007) who ran the study on mentally disabled patients.

On the other hand, although Spiritist healers can be advised to permit the continuation of medication, and do agree when its role is explained, their temporary support may have mixed effects if patients are withdrawn from medication when an episode is

resolved. In this regard, the relationship between the highly maternal, caring, personal support of a healer and relapse could be assessed. Does this kind of intervention affect the role, amount, and effect of medications? In Brazil many Spiritists have a more favorable view of psychiatric concepts and treatments; it would be worthwhile to study and compare conceptualizations and approaches to mental disorders among Puerto Rican and Brazilian Spiritists and relate them to outcomes. These issues remind us to be aware of differences in beliefs and practices within the same religious healing traditions in different cultures.

Numerous other questions arise. What types of social interventions are most efficacious with persons with schizophrenia? Although families may be over-involved, as EE studies suggest (in the presence of overt criticism and hostility), will a caring, extra-familial adjunct to the family, such as a healer who relieves their burden at certain times of crisis and has a positive outlook, make a difference in outcomes?

In regard to spirit healing, which has been suggested to have therapeutic effects by several authors referred to in this paper (i.e., Harwood, 1977; Garrison, 1977; Koss-Chioino, 1992), the normalized, ritual role in a healing center seems to assist the diagnosed patient to feel less stigmatized, and consequently can possibly lead to better social integration. This is aided by the various mechanisms we have discussed in this article, such as helping family members to be less critical of the emotionally ill member and leading significant family members to believe that spirits are responsible for their relative's illness rather than assigning agency to the distressed person. Spiritist practices actually demonstrate that the ill member does not have full control over his or her symptoms since a spirit is obsessing him or her and he or she is not self-motivated to behave in crazy and difficult ways. Moreover, we might consider that many patients are led to feel that their hallucinations and delusions are valued and therefore not necessarily a source for fear or

low self-esteem. Miller, O'Connor, and Di Pasquale (1993) reported that slightly more than half of their patient sample believed that their hallucinations had adaptive value. Spiritist belief provides a socially acceptable meaning for the experience of hallucinations or delusions, and also provides a way to cope with the discomfort raised by disparagement on the part of family members or the stigma of abnormality often invoked by mental health professionals.

There are hundreds of studies investigating the relationship between religious

involvement and mental health, most showing salutary effects (Moreira-Almeida et al., 2006). However, the pathways to this association are still poorly understood. From our observations of Spiritist treatment among persons diagnosed with schizophrenia or expressing psychotic symptoms, we have been able to delineate a complex interplay of social, affective, and cognitive processes within a special type of culturally patterned, interpersonal arena.

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