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Dissociative and Psychotic Experiences in Brazilian Spiritist Mediums

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Increasing attention is being given to the study of the high prevalence of psychotic and dissociative experiences in the general population and how these differ from symptoms experienced by people with mental disorders (MD) [1, 2]. Many spiritual experiences involve dissociative and psychotic-like phenomena; this often creates difficulties in differentiating between a non-pathological spiritual experience and an MD [3–5]. These difficulties have generated many conflicts between spiritualists and physicians in the 19th and 20th centuries in Europe and the Americas [6]. Currently, it is recognized that dissociative or hallucinatory experiences should not be considered pathological if they occur in a cultural context (usually religious rituals) [5]. Nevertheless, such criteria have not been validated methodologically by rigorous studies, nor are the nature and impact of these experiences on the individual well known. Some of the most interesting spiritual experiences are those considered mediumistic, in which an individual, called a medium, is purported to be in communication with the personality of someone deceased or a non-material entity.

Experiences taken as mediumistic have enormous influence over the people who have them and are found in the Greek, Jewish and Christian roots of western society and even nowadays in religions such as Spiritism, Pentecostalism and the Charismatic movement. In a broad study involving 488 societies throughout the world, institutionalized forms of trance possession states were identified in 251 (52%) of these societies [7].

Mediums are especially useful for the study of dissociative and psychotic experiences in a non-clinical population. We found no work with a sufficiently large sample or standardized tools of evaluation that investigated the psychopathological profile of mediums along with the characteristics which would help to differentiate non-pathological mediumistic experiences from those that are manifestations of MD.

Spiritism is a French offshoot of the spiritualistic movement that developed in the 19th century. In Brazil it is the fourth largest religion and its practices are deeply connected to mediumistic activity. This is not reimbursed but considered charitable voluntary work [8].

We examined the socio-demographic profile, social adjustment and mental health in Spiritist mediums as well as the clinical and socio-demographic characteristics that help distinguish the dissociative and psychotic experiences of a pathological from a non-pathological character.

One hundred and fifteen mediums were randomly selected from different Kardecist Spiritist centers in São Paulo, Brazil. In the early phase of the study, all participants signed a consent form and completed socio-demographic and mediumistic activity questionnaires, the Self-Report Psychiatric Screening Questionnaire (SRQ) [9] as well as the Social Adjustment Scale (SAS) [10]. Those mediums identified by the SRQ as probably having MD ($n = 12$) and a control group (12 subjects randomly selected among the remaining 103 mediums) were interviewed using the Dissociative Disorders Interview Schedule [11] and the Schedules for Clinical Assessment in Neuropsychiatry [12].

The types of mediumship were coded according to the Spiritist classification: embodiment/incorporation (the medium says that the spirit controls his/her whole body), psychophony (a feeling that the medium's speech has an external origin, considered to be a disembodied spirit), hearing (hear the spirits), seeing (seeing the spirits) and psychography (the spirit writes through the medium's hand) [13].

The t test for independent samples, χ^2 for categorical variables and the Pearson test for correlation coefficients were used.

The main results are presented in table 1. The sample had a high educational level, low unemployment rate and was predominantly female; a profile similar to other samples of mediums [14, 15]. The average SAS score was within the range of the general population and better than psychiatric patients [10]. SRQ results suggest a low prevalence of common mental disorders in the sample, lower than in other Brazilian studies using SRQ in non-clinical populations [16, 17]. Unlike patients with dissociative and psychotic disorders [2, 18], these mediums had not experienced a high prevalence of childhood abuse.

Incorporation was linked to better scores of social adjustment and fewer psychiatric symptoms; hearing and psychography were also associated with better social adjustment. Surveys performed over the last decade have shown that dissociative, hallucinatory and purported extrasensory experiences are common in the general population and often not associated with MD [2–4, 15].

The high level of mediumistic experiences was reflected in the high frequency of schneiderian first-rank symptoms for schizophrenia. However, these classic symptoms, in the present sample, had no statistical correlation with other markers of MD (social adjustment, SRQ scores and physical or sexual abuse).

Even considering only the experiences occurring outside spiritist centers, twelve of the 24 mediums interviewed with the Schedules for Clinical Assessment in Neuropsychiatry were diagnosed with schizophrenia by ICD-10 criteria. A diagnosis based exclusively on the fulfillment of objective diagnostic criteria has a series of limitations (in our case regarding mainly spiritual experiences [3]), and especially when dealing with a non-clinical population [19]. Co-morbidities and additional impairment have been proposed as further criteria [19]. On this basis, we tested whether mediums diagnosed with schizophrenia had different MD indicators (SRQ and SAS scores) to those who were not diagnosed as schizophrenic: there were no significant differences. These considerations make the diagnosis of schizophrenia unlikely in this sample.

In summary, mediums included in this study had a high socio-educational level, a low prevalence of MD and were socially well adjusted. The mediumistic process was characterized by dissociative and psychotic experiences that were not related to MD. These results may not be generalizable to mediums as a whole; a bias may have occurred in selecting healthier mediums because, in order to participate as medium in Spiritist centers, candidates are required to attend a 2-year course. Other possible explanations of our findings include the fact that high educational level and religious involvement have been associated with better mental health [17, 20]. Finally, it might be postulated that the mediumistic experiences have functions such as the relief of emotional problems and assigning meaning to life [21]. This hypothesis is reinforced by the correlation found between the frequency of mediumistic activities and better scores in SRQ and SAS. Our findings do not corroborate the view that the mediumistic experiences are less severe symptoms in a continuum with dissociative or psychotic disorders. If this was the case, a directly proportional correlation between the intensity of the mediumistic experiences and psychiatric symptoms or social maladjustment would have been found.

Future prospective and transcultural studies will be fundamental for the advance in the understanding of spiritual, dissociative and hallucinatory experiences in non-clinical populations, as well as the differential diagnosis of these and MD.

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The Validity of the Dissociative Disorders

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Dr. Pope and colleagues [1] argue against the validity of the dissociative disorders by tracking scientific interest based on the numbers of publications in the scientific literature. They compare the frequency of publications regarding repressed memory and dissociative identity disorder with other disorders, including anorexia nervosa, alcohol abuse and schizophrenia. Their final con-

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Erratum

In the paper by A. Moreira-Almeida et al. (*Psychother Psychosom* 2007;76:57-58), the following table was erroneously omitted:

Table 1. Sample description and correlations

Entire sample (n = 115)		Interviewed sample (n = 24)	
Mean age, years (range)	48.1 ± 10.7 (24-73)	Prevalence of Schneiderian first rank symptoms, %	
Female, %	76.50	Number of symptoms per medium	4 ± 2.35
Education: College degree, %	46.5	Thought insertions	87
Unemployment, %	2.70	Feeling insertions	78.3
Length of spiritist activities, years	16.2 ± 12.7	Outside influences affecting the body	78.3
SAS ¹ score	1.85 ± 0.33	Actions controlled by external power	69.6
SRQ ² score	2.7 ± 2.69	Hearing voices arguing in your head	26.1
Subjects above cutoff for MD, n (%)	9 (7.8)	Voices commenting on your actions	26.1
Prevalence of types of mediumship, % (freq./month) ³		Having thoughts which seem to be someone else's	21.7
Incorporation	71.7 (7.3 ± 7.2)	Hearing thoughts out loud	13
Psychophonia	65.5 (6.9 ± 6.5)	Other people hearing your thoughts	4.3
Seeing	62.8 (8.3 ± 7.4)	Thoughts taken out from the mind	0
Hearing	31.9 (13 ± 14.6)	Cases of reported childhood abuse, n (%)	
Psychography	23 (3 ± 1.9)	Physical	2 (8.3)
Average types of mediumship per medium, n	3.5	Sexual	5 (21.7)
Correlations (Pearson's coefficient)			
SRQ × SAS	0.38 ^a		
SRQ × frequency of incorporation	-0.19 ^b		
SAS × frequency of incorporation	-0.22 ^b		
SAS × frequency of hearing	-0.21 ^b		
SAS × frequency of psychography	-0.18 ^c		

^a p < 0.05; ^b p < 0.001; ^c p = 0.058.

¹ Social Adjustment Scale, range: 1 (best) to 5 (worst).

² The Self-Report Psychiatric Screening Questionnaire is a list of 20 common psychiatric symptoms. Cut-off for mental disorders: above 5 (men) or 7 (women).

³ Frequency of mediumistic activity per month (how often he/she manifests each type of mediumship per month).

Unless indicated otherwise, results are expressed as means ± SD.

(bei SD eliminierten)