

LITERATURE REVIEW

In this chapter I will present a review of studies about **Espiritismo** that have been written since the 1960's. I have organized this literature in five research areas: healing dimensions of **Espiritismo**; collaboration between health professionals and mediums; possible anti-therapeutic elements of spiritist practices; spirit possession; and the process of becoming a medium. Research on **Espiritismo** has been oriented to the study of the first four areas.

Healing Dimensions of Puerto Rican **Espiritismo**

Most of the researchers on **Espiritismo** have concluded that these healers are effective in the treatment of Puerto Rican clients (Comas-Díaz, 1981; Delgado, 1978; Garrison, 1977b; Harwood, 1977; Koss, 1975; Lubchansky et al., 1970; Mercado, 1974; Morales-Dorta, 1976; Ruíz and Langrod, 1976a; Saavedra de Roca, 1969; Salgado, 1974; Seda-Bonilla, 1973). These authors have compared **Espiritismo** with Western psychotherapeutic approaches in order to explain and understand why spiritist healers successfully heal. First, I will discuss the similarities that have been suggested

between **Espiritismo** and modern therapeutic approaches.

Some authors have described the role of the spiritist healer as a cultural variation of Western mental health professionals (Comas-Díaz, 1981; Seda-Bonilla, 1969; Singer, 1984). Spiritist healers have been compared with social workers (Delgado, 1977), psychologists (Sánchez, 1980), counselors (Salgado, 1974), and psychiatrists (Rogler and Hollingshead, 1961) in terms of how they diagnose, treat and cure several kinds of disorders.

Similarities have also been suggested between spiritist healing and different Western psychotherapies in terms of the techniques employed. It has been argued that the spiritist meeting has therapeutic elements because it functions like a psychodrama (Garrison, 1977a; Morales-Dorta, 1976; Seda-Bonilla, 1969). Seda-Bonilla (1969) argued that "conceived as a psychodramatic performance, the spiritualist session enacts the intrapsychic conflict of the patient in a drama in which the spirit demands reparation for unfulfilled promises" (p. 493). According to Seda-Bonilla the spiritist healer plays the role of the auxiliary ego by enacting clients' unconscious conflicts, helping them to externalize conflicts and to express repressed emotions.

Similarly, others have mentioned that the spiritist meeting functions as a kind of group therapy because clients

recognize they share the same kind of problems with other people and receive support from members (Fisch, 1968; Pérez and Mena, 1977; Rogler and Hollingshead, 1961). In addition, it has been suggested that many of the approaches to alcohol treatment utilized in **Espiritismo** parallel techniques used in family alcoholism therapy (Singer, 1984). For instance, spiritist healers view families as interacting functional units, encouraging each member of the family to be involved in treatment. Treatment is directed at the alcoholic family rather than the individual problem drinker.

The healing process in **Espiritismo** has also been explained using psychodynamic concepts (Lubchansky, et. al., 1970; Mercado, 1974; Garrison, 1977a). Lubchansky et. al. (1970) described the case of a girl who saw a medium because of problems with her father. He interpreted the girl's meeting with the medium by paralleling the concept of good spirits and evil spirits with the concepts of superego and id respectively:

She was encouraged to encapsulate her ego-alien symptoms by releasing her sexual impulses through trance possession in a controlled setting, the seance. When the medium entered into a trance, he attempted to act as her superego while she played the role of the observing ego. When the medium saw that the technique was failing, he reversed it, representing her id. A reciprocal reversal occurred in the girl who in this latter confrontation was assaulted by superego anxiety (p. 318).

Following Lubchansky's argument, Garrison (1977a) argued that both the spirit guide and the superego have the function of guidance and psychological punishment. She also related the concept of the id with the ignorant spirit because both of them represent unsocialized forces and aggressive impulses. On the other hand, Garrison recognized that the most important difference between these concepts is their physical location. In **Espiritismo**, ignorant spirits and spirit guides are located outside the individual, while in psychoanalysis the id and the superego are located within the organism of the individual. She also made an excellent point in declaring that neither the psychoanalytic concepts nor the spiritist concepts have a location in exclusively internal or external space, and that the belief in these concepts is a matter of faith in both theoretical systems.

Seda-Bonilla (1969) translated spiritist concepts to psychodynamic ones by explaining that the ignorant spirits represent the unconscious and repressed feelings of clients and the process of educating ignorant spirits is an attempt to work through the client's "resistance".

Finally, it has been mentioned that spiritist healers use several techniques that are similar to the ones employed by modern psychotherapists. For instance, researchers have noted that spiritist healers utilized these therapeutic

techniques: reframing (Garrison, 1982), rehabilitation therapy (Garrison, 1982), abreaction and catharsis (Harwood, 1977; Lubchansky et. al., 1970), role playing (Lubchansky et. al., 1970), crisis intervention (Harwood, 1977; Garrison, 1982), confession and review of past history (Harwood, 1977), therapeutic paradoxes (Koss, 1975), hypnotic techniques and suggestion (Delgado, 1979-80).

It seems to me that the analysis of similarities between spiritist healing and modern therapeutic approaches is important because this analysis may help us understand the therapeutic implications of **Espiritismo**. However, this analysis may also prevent us from a full understanding of **Espiritismo** as an indigenous healing system (Katz and Núñez-Molina, 1986). One may conclude that spiritist healers are effective because they are very similar to modern psychotherapists. But comparing healing systems of different cultures involves the danger of emphasizing similarities at the level of psychological concepts without considering the importance of the differences at the level of the cultural and social dimension. There is a tendency to "psychologize" **Espiritismo** without considering the unique healing elements of this system.

The other approach that has been utilized to explain the effectiveness of **Espiritismo** is the consideration of major

differences between this system and modern psychotherapeutic approaches. Some of the differences that have been identified are:

1. Spiritist healing, unlike Western psychotherapy, is congruent with basic premises of the Puerto Rican culture. Healers take into consideration and utilize cultural concepts that are essential in the Puerto Rican community such as the extended family and the godparents (Ruíz, 1976; Singer and Borrero, 1984). Healers are actively engaged in bringing about therapeutic results, often offering direct advice (Delgado, 1978). In this sense healer and client share similar expectations because it has been found that advice and medication are the principal forms of treatment expected by Puerto Rican patients (Gaviria and Wintrob, 1979). Healers like to prescribe herbs and baths which represent a kind of medication for the clients (Morales-Dorta, 1976). In addition, most lower-social class Puerto Ricans do not believe that they can resolve their problems through psychotherapy. They do not expect to be questioned about or to discuss their psychic conflicts (Gaviria and Wintrob, 1979). Spiritist healing fulfills this expectation by involving the client in different activities, giving

little emphasis to talking as a way of achieving insight (De los Santos, 1982). Purdy et. al. (1972) described spiritist healing as "exorcism by action as opposed to exorcism by thought and insight" (p. 78).

2. The sociocultural distance between spiritist healers and their clients is minimal (Singer and Borrero, 1984). Healers share the subculture of their clients (Harwood, 1977; Rogler and Hollingshead, 1965). They live in the same community as their clients, sharing "the day-to-day frustrations of ghetto living: unemployment, lack of adequate sanitation, housing and medical care, and estrangement from the outside world" (Ruíz and Langrod, 1976a, p. 394). All of this provides the spiritist healer with a better understanding of the client's problems.
3. Spiritist healers communicate in a manner that is similar to the communication patterns of their clients (Claudio et al., 1972; Delgado, 1979-80). They use short sentences to describe symptoms, immediately identifying the cause of the problem. Most of the times healers prefer to divine the client's problems by posing several questions which require only a "yes" or "no" response. Consequently, clients do not necessarily need verbal skills in order to get help

(Stewart de Socarrás, 1982). According to Koss (1982) spiritist healers "utilize symbolic pathways to manipulate emotions in their clients" (1982, p.5).

4. In spiritist healing the client's problem is not a stigmatizing phenomenon (Rogler and Hollingshead, 1961). Usually the client's symptoms are not seen as the manifestation of mental illness but as the signal that the client is developing faculties. The healers interpret the client's symptoms as a gift. This is very important for Puerto Rican clients because they are afraid of being labeled "locos" (mentally ill).
5. Spiritist healers are highly accessible to their clients (Singer, 1984; Ruíz, 1977; Delgado, 1977a). Spiritist centers are located near the community they serve (Koss, 1965; Harwood, 1977). Usually healers provide assistance any time of the day without the need to make appointments. In addition, spiritist healing is characterized by a lack of impersonal or bureaucratic procedures (Rogler and Hollingshead, 1961). The services of healers are very inexpensive and most of the time the payment for services is based on a free-will offering. Furthermore spiritist clients have a knowledge of criteria for evaluating the healer (Harwood, 1977). In the community people know

who the good healers are.

6. Spiritist healers attribute mental illness to external sources, relieving the client of guilt feelings (Morales-Dorta, 1976; Harwood, 1977; Delgado, 1977).

In addition to compare **Espiritismo** with Western psychotherapy, researchers have suggested that **Espiritismo** has several functions as a community healing resource. First, **Espiritismo** has been conceived as an institutionalized outlet for the therapeutic discharge of frustration, anxiety and aggression. It also has been seen as a social organization which helps the schizophrenics to cope with their illness (Rogler and Hollingshead, 1965; Saavedra de Roca, 1969). Second, this healing system has been conceived as a mechanism for the attainment of power and control over the environment (Delgado, 1977). Third, **Espiritismo** functions as a natural support system and a natural network therapy (Delgado, 1982; Garrison, 1978). Fourth, **Espiritismo** provides a method of adaptation for many Puerto Rican immigrants, offering them extensive emotional support (Pérez y Mena, 1977; Ruíz, 1979). In the spiritist meetings clients experience a sense of community and belonging (Salgado, 1974). Spiritist centers also function as voluntary organizations providing job referrals, recreational opportunities and social contacts outside the family

(Harwood, 1977). Spiritist healers also serve as a link between the population and community resources (Salgado, 1974). Fifth, spiritist meetings offer the opportunity for the expression of creativity (Koss, 1979).

Collaboration Between Spiritist Healers and Mental Health Professionals

Recognizing the therapeutic value of **Espiritismo**, researchers have recommended that mental health professionals need to collaborate with spiritist healers in order to provide more effective treatment to their clients (Claudio, Palleja & Vélez, 1972; Comas-Díaz, 1981; Delgado, 1977, 1979-80; Fisch, 1968; Garrison, 1977b, 1978, 1982; Harwood, 1977; Koss, 1980; Lubchansky et al., 1970; Ruíz, 1976; Ruíz and Langrod, 1976a, 1977; Sánchez, 1980). However, very few of these researchers have discussed the problems of collaboration (Delgado, 1979-80; Harwood, 1977). In order to make a liason with the healers, the following areas should be further explored: What does it mean to "collaborate" with spiritist healers?; What criteria will be used to select the healers?; Where and when should this collaboration take place?; What kind of impact will this collaboration have on the traditional and professional healing system?

A formal collaboration between spiritist healers and mental health programs may involve the healers in different kinds of tasks: 1) making presentations and doing case consultation to professional groups; 2) receiving and making referrals; and 3) working on a case together with a mental health professional (Delgado, 1979-80). Different projects have been created to implement these three kinds of collaboration with healers. In New Jersey, Garrison (1982) has created the Inner-City Support System Project with the ultimate goal:

...to develop an optimal relationship between the folk healers and the orthodox care system which will maximize the benefits, minimize the risks, and reduce the conflicts for patients of the coexistence of alternative independent systems of conceptualization and management of the same or similar conditions (p. 59).

Similarly, Koss (1982) developed a project in Puerto Rico called The Therapist-Spiritist Training Project in which spiritist healers and mental health workers met over a 10 month period to exchange ideas, discuss cases and present lectures to one another. As a result of the project, some therapists and spiritist participants began to use each other's system for dealing with their problems. In addition, some of them began to bring their relatives to practitioners in the other system. They also referred patients to the alternative system. It seems that as a consequence of the

project, some participants developed a more open attitude toward using and collaborating with an alternative healing system.

Another example of collaboration between spiritist healers and health professionals was described by Ruíz (1976), a Cuban psychiatrist and director of a mental health program in Bronx, New York. Ruíz and his collaborators hired a number of well-known mediums to work at the Lincoln Community Mental Health Center as community mental health workers (Ruíz and Langrod, 1976a, 1976b, 1977). A pre-service training program was designed to familiarize the staff with the approaches utilized by spiritist healers. In addition, Ruíz wanted to organize a "formal training program for folk healers which would acquaint them with the medical aspects of mental health and illness, and perhaps lead to their credentialed status as assistant therapists" (1976, p. 275).

Several issues should be considered before any attempt is made to collaborate with spiritist healers. First, trying to integrate spiritist healers into a community health center may be detrimental to the work of spiritist healers (Katz, 1982d). They work within a ritual context that is difficult to create in a mental health center or a psychiatric hospital (Harwood, 1977). Spiritist healers who work in a mental

health center may be absorbed by the professional system into a low status position. Both healing systems should learn from each other, but the boundaries between them should be respected (Katz & Núñez-Molina, 1986).

Second, the use of spiritist healers by a mental health center may be resisted by a number of groups: mental health professionals, spiritist healers and community residents. Some mental health professionals and spiritist healers may be opposed to the idea of working together (Delgado, 1979-80; Harwood, 1977). Mental health professionals may feel that spiritist healers are not qualified to help people and they may not agree with the diagnosis and treatment made by spiritist healers. Some spiritist healers may not like to share their "secrets" and healing traditions with professional helpers. Commenting on this issue in relation to the Navaho healers, Youcha (1981) wrote:

One medicine man was shocked when Navahos at a conference demonstrated sand painting, a sacred technique he felt should be kept a mystery. He also objected when a psychiatrist with whom he had cooperated in the treatment of many patients asked about the ritual he used to prepare himself for treating a sufferer. "You don't have to dance my way", the medicine man said. "You do it your way. It makes sense for you. You have yours" (p. 115).

This story may contain an essential recommendation for the planning of an effective liaison with spiritist healers.

Both healing systems can "dance" together, but each should have their own rhythm and style of dancing. The complexity of collaboration can be appreciated when we realize how difficult it is to dance with another person when he or she is dancing to a different rhythm.

Another element that one needs to consider is that some spiritist healers do not wish to work in hospitals or mental health centers because "they view many patients as suffering from harmful spiritual influences of various sorts, and they fear that upon going into trance in such an atmosphere they might be overwhelmed by these malevolent spirits" (Harwood, 1977, p. 206). I think that often the best thing to do is to take the client to the spiritist center or to the place the healer uses to work. The healer's effectiveness will be increased if they can work with clients in their own environment (Harwood, 1977).

In order to implement formal collaboration with spiritist healers one has also to consider that community residents and religious groups may be opposed to the idea of any relationship between a mental health center and spiritist healers (Delgado, 1979-80; Harwood, 1977). One should know that a great number of Puerto Ricans do not believe in **Espiritismo**. The Roman Catholic and Pentecostal churches consider mediums as being in league with the Devil.

Community residents who are against the practice of **Espiritismo** may then protest or boycott mental health centers. They may decide not to attend an agency that is supporting the work of spiritist healers. As Harwood (1977) argues: "In light of this opposition, any formal relationship with spiritist healers would seem to be out of the question for any truly community-oriented health program in a Puerto Rican neighborhood" (p. 207).

This kind of resistance was experienced in the projects developed by Koss (1980) and Ruíz (1976). The Catholic Church published articles criticizing the Department of Health for supporting Koss's project in Puerto Rico. In the case of Ruíz, community residents protested that the mental health center use of their money to establish collaboration with spiritist healers.

Third, it is essential to know the spiritist healer very well in order to work in collaboration with him or her. From the literature on **Espiritismo** one gets the impression that all spiritist healers are equally effective. But this generalization does not take in consideration that the intervention of some spiritist healers may be more harmful than therapeutic to the client's life. Healers should be carefully evaluated in terms of their skills before any working relationship with one of them is established. Mental

health professionals who refer some of their clients to the first spiritist healer they know may be doing a disservice to their clients. Garrison (1982) has begun to evaluate the practice of spiritist healers through ethnographic observations, interviews, and clinical skills assessments.

If mental health centers want to develop a formal relationship with spiritist healers they have the responsibility to select them. However the development of appropriate criteria for screening healers is a very difficult task. Harwood (1977) recommends that instead of developing criteria for selecting healers, "the preferable course of action would seem to be to let patients choose their own therapists" (p. 207).

There are also references in the literature describing individual efforts by mental health professionals to develop a working relationship with spiritist healers (Comas-Díaz, 1981; Mercado, 1974). There is a tendency to present only cases of successful collaboration and leave out cases in which the liaison was not effective. One may learn a lot about collaboration with healers if non-successful cases are described and discussed in order to understand the nature of these "failures".

Possible Anti-Therapeutic Elements of Spiritist Practices

The possible detrimental effects of spiritist practices have been a matter of concern for different authors (De La Cancela and Zavala, 1983; Fisch, 1968; Purdy et al., 1972; Figueroa, 1981; Garrison, 1977b; Harwood, 1977; Koss, 1977c). It has been argued that the spiritist healer can make "antitherapeutic interventions" such as making incorrect assessments, discouraging clients from using medical services, advising clients to stop medication, contradicting the diagnosis of a physician and delaying or not making referrals.

One of the first researchers who suggested that spiritist practices may be more harmful than beneficial was Fisch (1968):

Mediums may not always refer patients to physicians when their problems are "material" in origin, and a serious medical problem may go unattended, perhaps with fatal consequences (p. 381).

Similarly, Purdy et al. (1972) after discussing five cases in which the intervention of spiritist healers was effective, warned us that:

Unfortunately, however, many patients who suffer from mental disorders do not receive adequate, or, in some instances, any psychiatric treatment because of their involvement with spiritism (p. 78).

But neither Fisch (1968) nor Purdy et al. (1972) presented

evidence or cases to support their statements that spiritist healers may not refer their clients to a mental health professional or a physician when it is needed.

There are two major studies which provide some understanding about these antitherapeutic elements (Garrison, 1977b; Harwood, 1977). Garrison's long-term study describes the help-seeking behavior of a Puerto Rican neighborhood in New York City (South Bronx). It is based on participant observation made in 14 spiritist centers, interviews with the leaders of these centers, long-term participant observation in one of the spiritist centers, tape recorded transcripts of spiritist meetings, and statistical data on residents, spiritist clients and psychiatrist outpatients. Harwood's (1977) study is based on participant observation in five spiritist centers and open-ended interviews with healers over a period of two and a half years in New York City. The purpose of his research was to "...gather basic data on the etiological and nosological system underlying spiritist therapy, the kinds of problems brought to these therapists, their treatment procedures, and many other pieces of information necessary to an understanding of their activities in community health" (1977, p.4).

What did Garrison and Harwood find related to the detrimental effects of spiritist practices? First, Harwood (1977) found the following in relation to the issue of

referrals by mediums:

In cases involving somatic problems, our data have shown that mediums do not generally object to their clients' use of physicians and that indeed they may prepare clients for medical treatment by allaying some of their fears (p. 204).

Harwood (1977) also said that "only very rarely in my experience did mediums actively discourage their clients from seeking medical help" (p. 205). He found that in general, spiritist clients do not seek the help of a healer for the treatment of organic disorders but they tend to go first to a physician.

Similarly, Garrison (1977b) studied 24 spiritist clients who reported a diagnosed chronic disease finding evidence that supports Harwood's conclusions:

The majority of those afflicted with chronic diseases continue to seek medical help for their organic disorders and seek the help of spiritists with mood and feeling states associated with the illness or for matters quite distinct from their organic diseases. In some cases the mediums divined these conditions among their symptoms probes, but in no case did they consider them "spiritual" or offer any treatment for them other than advice about diet, instructions to go to the doctor, reinforcement of the doctor's advice, or the prescription of patent liniments, in the cases of arthritis, or vitamins, in the cases of anemia (pp. 130-131).

However, both Garrison and Harwood commented that there are some individuals who do not receive needed medical

treatment due to their involvement with spiritist practices though this proportion of clients seems to be low. Harwood (1977) mentioned that his data contains only one example in which a medium advised a client not to seek medical help but this client had already been treated by several sources of medical care without any relief. Garrison (1977b) presented two cases which suggest that some spiritist healers may prevent clients from necessary surgical intervention, explaining to them that some spirits "want to cause unnecessary operations".

What about the argument that spiritist healers may advise clients to stop their medication for physical conditions? According to Harwood (1977) sometimes healers may discourage clients from taking their medication but this phenomenon is uncommon:

In the most extreme case of this phenomenon uncovered in our research, a medium had convinced a diabetic to discontinue insulin, because he interpreted the client's symptoms as a **prueba** (p. 203).

However in a footnote Harwood explained that in this case there was not any adverse effect for the client because insulin was found to be ineffective and it was withdrawn from the market several years later.

Up to now, I have discussed the possible detrimental effects of spiritist practices for clients with organic

problems. There is evidence to support the idea that the majority of spiritist client's complaints are related to moderate psychiatric disturbances (Garrison, 1977b). It is this kind of population that spiritist healers feel themselves competent to treat. Most of them will not consider the idea of referring clients with moderate psychiatric disturbances to a mental health worker. As Garrison (1977b) argued, the competition of spiritist healers is not with physicians but with mental health professionals.

Do spiritist healers advise clients who are suffering from psychiatric disturbances to stop taking psychotropic medication? Here the evidence is contradictory. Harwood (1977) mentioned that this was a very common practice among the spiritist healers he studied. On the other hand, Garrison (1977b) studied 20 spiritist clients who were taking psychotropic medication, reporting that "in none of these cases had the client been advised to stop taking such medication by a spiritist" (p. 129). It is important to say that all of the spiritist clients studied by Garrison were visiting the same spiritist center. One may conclude that some spiritist healers have a negative attitude toward psychotropic drugs while others do not. This is an issue that needs further investigation.

After having discussed in detail the issue of referral

from spiritist healers and their intervention in medical treatment, I want to discuss elements of spiritist healing ideology that some have argued may be antitherapeutic for clients. De La Cancela and Zavala (1983) stated that the belief system of **Espiritismo** and other folk healing systems promote passivity, alienation from the social and political sources of problems and dependency on spiritist healers. They explained that the ideology of **Espiritismo** helps to maintain the oppressive social and emotional conditions in the Puerto Rican community:

Folk healing ... may function to placate the action potential of angry and frustrated individuals by offering mystical and magical explanations and solutions to what are long-standing consequences of structural inequities within our society. Folk practices may displace anger ... and encourage the acceptance of one's lot in life as a **prueba** from God. In these ways, therefore, these practices and beliefs function not as healing, but possibly as a "new colonialism" which retards or inhibits an individual's development and acquisition of viable solutions towards self and social empowerment (1983, p. 267).

De La Cancela and Zavala see traditional healing systems as an instrument for resisting social and political change within a community. The weakness of their paper lies in the lack of evidence to support their position. They did not present any case to back up their argument, nor make any mention of having done any formal research on **Espiritismo**.

Although I agree that the ideology of traditional healing systems like **Espiritismo** may contain oppressive elements, it is essential to investigate how this ideology actually guides people's actions in their daily life. It is from this kind of data that one may begin to understand the issue in all of its complexity.

To my knowledge the only research on how the ideology of **Espiritismo** promotes or discourages social change was done by Figueroa (1981). Figueroa's goal was to determine the role that **Espiritismo** plays in enhancing or diminishing both national self awareness and working class consciousness. His data come from participant observation in a spiritist group, analysis of case studies and a description of a collective action by the spiritist group. He found that in spiritist meetings participants have the opportunity to discuss their experiences of discrimination and social injustice:

People can express their discontent and hatred before, during, and after the spiritual seances ... Through spiritism, in one way or another, Puerto Rican working class people get to discuss their experiences with welfare, courts, offices, factories, etc. (Figueroa, 1981, p. 152).

Although Figueroa recognized that spiritist participants see their problems as caused by spiritual forces rather than social forces, his analysis of four case studies show spiritist meetings contributing to resistance more than to

accommodation. He argued that the spiritist believe in a dialectical relationship between the material world and spiritual world: the spiritual world can affect and shape the material world as much as the material world can affect and shape the supernatural world.

Figueroa described in detail how a group of tenants used **Espiritismo** in order to act collectively against a landlord who did not want to heat their apartments and maintain the building. During one of their spiritist meetings they organized a rent strike and prepared for a demonstration in front of the landlord's home. Spiritist rituals were also used in order to ask for the help of good spirits. A **limpieza** (spiritual clean up) was given to the building and a **trabajo** (spell) was put on the landlord. The tenant's actions pressured the landlord to agree to their demands and the day after the demonstration their apartments were warm.

Figueroa (1981) summarized his argument as follows:

This, of course, does not mean that spiritism serves only as a force for social change. There are opposite tendencies working within the spiritual setting. In some instances spiritism becomes an escapist or an accommodating activity and at others it becomes a creative or progressive force.

These two dimensions of **Espiritismo** should be a matter of concern for future studies of spiritist centers. Evidence from case studies of **Espiritismo** needs to be gathered and

analyzed in order to achieve a deeper understanding of how this healing system promotes or discourages social change. Without further research, it is impossible to know the real effects of this ideology in the lives of **Espiritistas**.

Some authors have also argued that spiritist healing may contain elements detrimental to the mental health and personal growth of their clients (Claudio et al., 1972; Garrison, 1977b; Koss, 1977c). Claudio et al., (1972) criticized **Espiritismo** arguing that as a result of spiritist treatment a client may become more helpless and insecure:

The concept of **protecciones** (spirit guides), for example, is an interesting case in point ... It provides them with a strong, yet unrealistic faith that life will get better or that at least it cannot get worse, simply because their **protecciones** will not allow it. So the people, in spite of all their sufferings, must "earn" their **protecciones** as though they are not innately good enough or have not suffered sufficiently to merit them automatically. The **espiritistas** don't encourage people to strengthen themselves but to give strength to their **protecciones** by performing certain prescribed rituals. In this sense, **espiritismo** both feeds on their insecurities and enhances them (p. 6).

The evidence does not support the way in which Claudio et al. (1972) interpreted the function of the **protecciones** in Puerto Rican **Espiritismo**. According to **Espiritismo**, people are born with some **protecciones**, so they do not need to "earn" them (Harwood, 1977). However in the process of

development as a medium, a person needs to have other **protecciones** in order to be effective as a healer. A medium will develop other spirit guides depending on his/her moral behavior and commitment to the healing work. Besides, the argument that the **Espiritistas** do not encourage people to strengthen themselves does not consider the point that in order for a client to fight the influence of ignorant spirits, he or she has to develop spiritual strength and moral character. Mediums with whom I have talked emphasize in their work that clients need to develop strength in order to control the influence of spirits.

Other authors have mentioned that the relationship between the leader of a center and the spiritist clients is characterized by a high degree of dependency (Comas-Díaz, 1981; Delgado, 1977; Koss, 1970). Delgado (1977) for instance, declared that:

Mediums, as a result of their supernaturally ordained powers, are viewed by their followers as omnipotent. Bolstered by these sanctions, the medium takes an authoritarian attitude toward clients by fostering a passive dependency similar to that found in childhood, thus providing a sense of security and protection (p. 457).

Although, these authors understand that this dependency is therapeutic one may argue that in some cases it can be detrimental to the personal growth of clients. De La Cancela

and Zavala (1983) warned that "...these aspects of folk healing are certainly not empowering for they may replicate, at best, patronizing transferences, and at worst, foster an oppressive, colonial or elite hierarchical relationship which in culturalistic terms amounts to making culture responsible" (p. 265). On the other hand there are studies which do not support the notion that spiritist healers promote dependency on their clients (Figueroa, 1981; Garrison, 1982; Salgado, 1974). For instance, Salgado (1974) described the relationship between a spiritist healer and her clients as follows:

The process was accomplished by a definite plan of action that required commitment and effort on the part of the client with the support and encouragement of the spiritist. In helping families she taught them how to work with their problems rather than working out solutions for them (p. 203).

Related to the issue of dependency is the argument that spiritist healers encourage the attitude that clients are not responsible for their problems because they are caused by ignorant spirits (Comas-Díaz, 1981; Harwood, 1977). It has been mentioned that this is therapeutic because it relieves the client from their guilt feelings. On the other hand, this treatment approach can reinforce the idea that an individual does not have any control over his/her life or the power to change his/her behavior. Harwood (1977), trying to

reconcile this apparent contradiction, distinguished between responsibility for the problem and responsibility for the cure in the spiritist healing. He wrote that the spiritist healer denies the client's responsibility for the problem but encourages responsibility for its resolution. Spiritist healers usually make an effort to involve the client in the healing process through activities such as rituals, baths and prayers, transmitting the attitude that the client is responsible for the treatment outcomes (Garrison, 1977b; Singer, 1984).

A deeper analysis demonstrates that sometimes clients are also seen as responsible for their problems in **Espiritismo**. The cause of a problem does not have to be perceived inside oneself for one to be held responsible for it. Sometimes the wish of an ignorant spirit to harm a client is explained as being caused by the client's bad actions against this spirit in a past life. In this sense the client is responsible for the problem because it was a consequence of his or her actions. As Garrison (1977b) expressed:

...in the spiritist **centro** identification of these spirits does not generally relieve one of responsibility but rather relieves one of guilt for the past while inculcating responsibility for the future. "Spirit" manifestations, once identified, are "controllable" if not "curable" and future manifestations of the spirit are the

responsibility of the sufferer (p. 155).

Data from this thesis suggest that several spiritist mediums emphasize the need for the clients to take responsibility for helping themselves. For example, one of the mediums said: "People cannot become dependent on you because then you are not really helping them." Another spiritist medium declared that the major purpose of **Espiritismo** is "to teach people how to develop their own spiritual powers in order to become better human beings".

Koss (1977c) examined the long-term effect of spiritist cult social process on those who become healers finding that cult socialization may threaten their adjustment and mental health:

As a spirit worker progresses, the sources of danger to his person multiply. The more good work the medium performs, the more extensive his contact with evil spirits; nevertheless he must do such work to build his personal spirit repertorie in order to progress to "salvation". He is therefore constantly revealing his identities in the service of petitioners and at the same time expanding his vulnerability. In addition, he must surpass his own performances by attempting more difficult ones... In short, the more powerful he becomes the more self-sufficient he must be in looking after his own needs. Thus viewed, "progress" becomes a matter of renouncing dependency on all but personal spirit guides. Obviously this can be difficult for the committed spiritist adherent. What resource can he find in times of personal crisis? (pp. 465-466).

Koss argued that the vulnerability experienced by the

spiritist healers is not helpful because it brings a high degree of stress and anxiety, disturbing the person's psychological balance and causing some of them to withdraw from the spiritual world.

Finally, another element of spiritist healing that may be anti-therapeutic is the prescription of plants that can be harmful to the client's health (De La Cancela and Zavala, 1983). It has been found that some plants can cause delirium, convulsions and death if taken in large doses (Hirschhorn, 1968). This is another area in which research is needed because none of the studies on **Espiritismo** have described systematically the kinds of plants used by healers in their work.

The most helpful approach for investigating this important area is to try to avoid generalizations. Certainly there are some healers who do not make appropriate interventions with their clients but this does not mean that spiritist practices are detrimental to the health of the Puerto Rican community. One cannot arrive at the conclusion that psychotherapy is detrimental because there are some therapists who have been harmful to their clients. The idea that all spiritist healers treat clients similarly has to be discarded. They are different in their degree of clinical skills and knowledge. Spiritist healers are also different

in their capacity to help people. One may find contradictory results if one compares the effectiveness of different healers. The therapeutic or detrimental effects of **Espiritismo** depends on the healer who is practicing it.

Spirit Possession in Puerto Rican **Espiritismo**

In this section I will examine the literature about the experience of possession in Puerto Rican **Espiritismo** using two different frameworks: the psychiatric and the therapeutic. In the literature about spirit possession the framework that has received the most attention is the therapeutic; the primary interpretation offered is that spirit possession is a normal and therapeutic experience which is similar to role playing and/or psychodrama (Garrison, 1977a; Koss, 1975, 1979; Morales-Dorta, 1976; Seda-Bonilla, 1969a, 1969b). This group of researchers has also argued that spirit possession is a "technique" used by the medium during the treatment process. The psychiatric framework has explained possession as a pathological symptom.

The therapeutic framework

Koss analyzed ritual possession trance as a "culturally institutionalized precondition for creative thinking within a group setting" (1979, p. 400). She argued that possession trance offers an opportunity for the expression of creativity and artistic productivity because it is an "excellent theatrical technique" (1979, p. 406). Spirit possession is seen by Koss as a dramatization: performers enact various kinds of scripts in which conflictive situations are externalized and objectified. In other words, Koss is suggesting that spirit possession provides a structural opportunity for the emergence of a psychodrama.

Koss (1975) also analyzed spirit possession as an important element in the development of significant personal relationships in the spiritist meeting using the concept of "paradoxical directives" as developed by M. Erickson. She argued that the spiritist cult leader regularly structures a situation of trance by confronting the medium with a number of "paradoxical directives":

The cult leader first directs the medium to bring his protecting spirits to the table for the purpose of opening the medium's body to receive bad spirits on behalf of clients. The contradictions are apparent: The medium must become possessed to protect himself against subsequent contact, through possession, with dangerous, evil spirits. The medium is

directed to protect himself and at the same time to place himself in a dangerous position (1975, p. 167). The medium is blamed yet ultimately not responsible; he must develop control over his behavior and at the same time submit to being controlled by the cult leader; he must be dependent in order to achieve independence (1975, p. 170).

Michtom (1975) emphasizes the use of trance possession to break habitual association patterns. She conceived of possession trance as a:

...ritualized means of defining attainable goals and of rehearsing behavior to achieve them. Individuals learn behavior and acquire attitudes in trance which they later transfer into real life situations (1975, p.319).

Through trance, the medium has the opportunity to practice problem-solving on a symbolic level. In other words, Michtom is also suggesting that spirit possession is a kind of role playing.

The psychiatric framework

The psychiatric framework appears in the study of Puerto Rican **Espiritismo** in a subtle form. Some researchers who seem to support the therapeutic framework of possession suggest in their analysis that the possessed individual is experiencing some kind of emotional disturbance. These researchers seem in fact to be moving between the therapeutic and psychiatric frameworks in their interpretation of spirit

possession (Garrison, 1977a; Seda-Bonilla, 1969a, 1969b). They have differentiated between "voluntary" and "involuntary" possession states, suggesting that voluntary spirit possession is therapeutic because it is similar to role playing, while involuntary or uncontrolled spirit possession is a sign of psychiatric disturbance.

For example, Seda-Bonilla (1969a, 1969b), using a psychoanalytic perspective, explained involuntary possession as a condition in which the repressed impulses overwhelm the individual's ego. He defined involuntary possession as the "folding of the ego by a return of the repressed" (1969, p. 493). He argued that the individual who is experiencing uncontrolled possession states is losing the capacity to repress and to control the primary process. On the other hand, Seda-Bonilla considers that voluntary possession states of fully-developed mediums are psychodramatic performances which are used for catharsis and abreaction:

The protagonist in a psychodrama presents a problem, which the auxiliary egos help to translate into a drama, relating the symptoms to the conflicting situation experienced by the patient... In the spiritist session role-playing is performed in the name of the spirits that possess the patient and the mediums. These spirits express depressive states of mind, torrents of guilt feelings, symptoms of distrust, and feelings of aggression, fear, and love. Expressions of emotional states and their diagnosis may be represented by the mediums in a way analogous

to what has been called "soliloquy-double techniques" in psychodrama (Seda-Bonilla, 1973, pp. 116-117).

Similarly, Garrison (1977a) related uncontrolled spirit possession to the "Puerto Rican Syndrome", a psychiatric term that has been used to describe a condition characterized by seizure, dissociation, aggressivity and partial loss of consciousness that seems to be predominant among Puerto Ricans (Mehlman, 1961; Trautman, 1961). As I understand Garrison's argument, she suggested that the process of mediumship development is therapeutic because the involuntary regression associated with the Puerto Rican Syndrome becomes "regression in the service of the ego" (1977a, p. 440). From Garrison's analysis, one gets the impression that the mediums have not been "cured" of the "Puerto Rican Syndrome" but have instead learned how to control the "symptoms" in a more effective way. The spiritist medium continues to suffer from this psychiatric condition in spite of transforming it as "regression in the service of the ego".

Garrison (1977a) also interpreted spirit possession as role playing, using the following declaration of a medium to support her hypothesis: "Now, very often I do it without any spirit on me". Garrison commented on this statement in the following way:

This is not to say that she is deceitful or **charlatan**. She knows how these spirits manifest themselves and can enact them whether or not they actually come. She does not tell this to her clients but in her opinion (and in mine) this is not actually deceit; it is merely a necessity for the treatment situation--it is the professional role (1977a, p. 437).

According to my experience, what Garrison considers the "professional role" is viewed negatively by many **Espiritistas**. They criticize those mediums who are just role playing spirits, considering this behavior immoral, dishonest, and deceitful. **Espiritistas** censure the mediums who are not giving "authentic" spirit manifestations.

The above medium's statement can be understood in another way. When she says: "Now very often I do it without any spirit on me", the medium is not necessarily saying that she is playing the role of spirits. Perhaps she is saying that she often does not need to be possessed by spirits because she can receive their communication from the outside without "passing or taking the spirit" through her body. This latter interpretation is more congruent with the ideal culturally constituted reality of the medium, considering the meaning that healers give to possession.

The only study that directly and explicitly supports the psychiatric framework is that of Espino-Navarrete (1981). This author studied a sample of 60 Hispanic outpatients (95%

Puerto Ricans) with the purpose of exploring the characteristics of patients reporting "spiritualistic experiences" and possession states. Using the Rorschach, she found that out of the nine patients reporting possession states, eight showed serious failures in reality testing, confusion, and "bizarre preoccupation with body image distortion" (1981, p. 123). All but one were experiencing possession states outside any ritual activity. This study suggests that possession states are related to a high degree of psychopathology. Espino-Navarrete recognized that it is impossible to generalize these results to Hispanic patients who are experiencing possession states within spiritist meetings, and most importantly, they cannot be generalized to non-patient Hispanics. This study was also limited by the use of the Rorschach test to determine the mental health of the Hispanic outpatients. The cross cultural validity of this test has not yet been demonstrated and any conclusions derived from the result of it should be taken very cautiously.

The psychiatric and the therapeutic framework: A comparison

In spite of the apparent differences between the psychiatric and the therapeutic framework, there are

similarities in the approach that both frameworks employ for the study of spirit possession. First, the researchers who apply the therapeutic and psychiatric frameworks to the experience of possession make the implicit or explicit assumption that spirits do not have objective reality and proceed from there to make their analyses of possession without much consideration of the phenomenological reality of spirit possession for the individual who believes and experiences it. Once they assume that spirits do not have objective reality, the researchers proceed to explain spirit possession using psychological constructs, putting aside the validity of another culture's world-view. Any experience with spirits is explained as being the product of defense mechanisms like projection and displacement (Crapanzano, 1980). For the psychiatric and the therapeutic framework spirits are metaphors for intrapsychic and/or cultural conditions.

Both frameworks have been interested in the study of spirit possession as a psychological byproduct but not as an experience in itself. The psychiatric framework has explained possession as a psychological disturbance similar to hysteria, neurosis or schizophrenia, while the therapeutic framework has interpreted possession as role playing, psychodrama, regression in the service of the ego and as a

mechanism for the expression of pathology. Both frameworks emphasize the search for similarities between spirit possession and Western psychological constructs, trying to translate the experience of spirit possession to familiar psychological states like role playing, dissociation, regression, etc. Both the therapeutic and the psychiatric models base their analyses in etic categories without sufficient consideration of the emic.

As a result of the orientation of these two frameworks, we know very little about the experience of possession from the perspective of the spiritist medium. I have argued about the need of studying possession using a phenomenological perspective, searching for the meaning that mediums give to this experience (Núñez-Molina, 1985). It is important to study spirit possession as it reveals itself to the medium in all its concreteness and particularity and to describe the essential constituents fo the phenomenon without trying to impose our ideas, preconceptions, or prejudices.

The Process of Becoming a Medium

The value of life-stories and the importance of emic view-points have been recognized in the last years (Katz, 1981; Langness and Frank, 1981; Runyan, 1984). One of the

critical limitations of the literature on Puerto Rican **Espiritismo** is that spiritist healers have not received sufficient attention as individuals with unique life experiences and world views. To my knowledge only one study (Michtom, 1975) has explored the process of becoming a spiritist healer. Michtom studied this process by using the life histories of six mediums and employing Anthony Wallace's (1956) concept of "mazeway resynthesis" to explain mediumship development. According to Michtom, mazeway resynthesis is "the restructuring of learned cognitions during periods of social stress and intense emotional conflict, often occurring via hallucinatory trance experiences as psychotherapeutic responses" (1975, p. 3).

Michtom (1975) argued that the process of becoming a medium can be divided into three stages: 1) dissonance; 2) training and reinterpretation; and 3) resynthesis. In the first stage, the medium experiences conflict and stress due to "cognitive dissonance". According to Michtom, this cognitive dissonance is caused by one or more of the following areas: similarity between mediumship phenomena and symptoms of mental illness; conflicts between spiritist and Catholic beliefs; and the association of **Espiritismo** with the "lower class". The second stage, training and reinterpretation, involves learning "a variety of beliefs,

rituals, and styles of trance behavior" (Michtom, 1975, p. 246) and the reintegration of dissonant elements. In the last stage, the medium achieves a cognitive transformation, developing a new personal identity.

Michtom explained the process of becoming a medium as one that involves the resolution of cognitive dissonance through mazeway resynthesis. The limitation of this position is that Michtom is assuming that in the beginning of their development all the mediums experience cognitive dissonance. However, the three sources of cognitive dissonance that she described may not necessarily cause dissonance for all the mediums. For example, those mediums who have been socialized as **Espiritistas** since they were children will not interpret their first experiences with the spirit world as symptoms of mental illness, therefore not experiencing any cognitive dissonance. In addition, for a great number of spiritist mediums there is no dissonance in being Catholic and **Espiritista** (Harwood, 1977). The last source of cognitive dissonance mentioned by Michtom, the association of **Espiritismo** with the "lower class", only applied to middle-class mediums. My study suggests that although some mediums may experience cognitive dissonance, others do not experience dissonance or the intense emotional conflict characteristic of the process of mazeway resynthesis. We will

come back to this issue in the analysis chapter.

Another point that has to be considered in evaluating Michtom's findings is that she based her analysis on data from only six healers. Moreover Michtom only presented the life-history of three of them. The reader is unable to evaluate whether the other three mediums experienced cognitive dissonance in their initial development as healers. In addition Michtom focused her study on the role of trance possession, giving little consideration to other dimensions of the process of becoming a medium such as relation to the community and family, childhood experiences, and the evolution of healing practices, among others. My study has the goal of exploring these areas.