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Cross-Cultural Approaches to Multiple Personality Disorder: Practices in Brazilian Spiritism

STANLEY KRIPPNER

In 1840, the French physician Despine published a monograph describing his successful treatment of dual personality in a young woman named Estelle. Despine claimed that Estelle's secondary personality directed her treatment with guidance from a benign "spirit." Although this approach is not in vogue among Western psychotherapists, it would not be considered unusual among the mediumistic healers of Brazil's three major spiritist sects, Candomblé, Kardecismo, and Umbanda.

This paper will review the development of spiritism in Brazil and describe how some Kardecismo practitioners deal with a condition referred to as "multiple personality disorder" (MPD) by Western psychotherapists. MPD in the United States is uncommon but not rare (Watkins and Johnson 1982). Many people who suffer from the

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condition do not receive appropriate therapy until some unusual or violent experience calls attention to their actual condition (p. vii).

MPD is often referred to as a “dissociative reaction,” other examples being amnesia and fugue states. It is not considered to be a psychosis, but it does represent a more severe psychological disturbance than those conditions classified as neuroses. In MPD, a large segment of the psyche, including behaviors and feelings, has been “split off,” apparently to eliminate an unwanted or painful part of oneself (Watkins and Johnson 1982:6). However, in MPD this “alter” segment of the psyche acquires a life and identity of its own, one of which the “host” is unaware.

It would be tempting to regard mediumistic possession, the incorporation of benign spirits, as analogous to MPD. Yet this would be far from accurate. Mediums are quite aware of the process and even when they claim to be amnesic for the experience, there are always colleagues eager to describe the session for them. Rather, the diagnostic category of MPD in Western psychotherapy most closely resembles the spiritist description of “involuntary possession” used to describe those unfortunate individuals whose aberrant behavior is said to be due to long-term habitation and control by malevolent or immature spirits. Sometimes these spirits represent personalities from the victim’s own “past lives” while at other times they represent “earthbound” entities who prefer not to leave the familiar earthly setting once they die.

ORIGINS OF BRAZILIAN SPIRITISM

The first African slaves were brought to Brazil in about 1550 to work on plantations in the northeastern part of the Portuguese colony. Many of them were appropriated, often with the complicity of avaricious people from their own tribes, from the West African coast, home of the Yoruba culture. Permeating the Yoruba belief system were stories about the spirits or “orishas.” Powerful and terrifying, but so human that they could be talked to, pleaded with, and cajoled through special offerings, the orishas were part of the tradition brought to Brazil by the slaves. Upon their arrival, the slaves were baptized as Christians and forced to attend the Roman Catholic mass. They were allowed to hold their own religious services but encountered difficulty if the priests did not find pictures of Jesus, Mary, and the saints upon the slaves’ altars.

So it was that the slaves cleverly adopted the Christian spirits, combining them with their own orishas. Olorun, god of creation, was thought of as God the Father, or Jehova. Obatala, god of the heavens and of purity, merged with Jesus Christ. His daughter, Yemanjá, merged with the Virgin Mary, and her children with St. George, St. Sebastian, St. Catherine, and various other Christian saints. There was no direct counterpart for Satan in Yoruba mythology. The closest that could be derived were the *ifás* and the *exus*, messengers of the gods and guardians of the temples who were quite mischievous, sometimes mixing up people's prayers and granting them someone else's request.

A few additional spirits eventually entered the panoply. The Wise Old Black Slaves (*os prêtos velhos*) were archetypal parent images, and the Indians of the Seven Paths (*os caboclos*) embodied the best traits of the indigenous native Americans and their part-Caucasian descendants. Both categories of spirits were considered to be very important in healing ceremonies (Leacock and Leacock 1972). As *crianças* were babies who died at an early age, while any number of a practitioner's ancestors could surface during a worship session.

The slaves were freed in 1888, not long after Brazil declared its independence. Fifteen generations of Brazilians had heard the stories of the orishas, of death by the evil eye, of illnesses cured by spirit counsel, and of marriages saved by spirit intervention. In 1830, three black freedwomen had bought an abandoned millhouse to set up Brazil's first Candomblé center. The three former slaves became mediums or "mothers of the saints," and their apprentices became "daughters of the saints." Both groups resurrected and adapted the Yoruba traditions, using the original names of the orishas, and "incorporating" the spirits as they sang, danced, and beat their drums. They also learned about herbs and about the special teas and potions needed by the sick and infirm (McGregor 1962).

In 1818, a group of mediumistic practitioners was organized around the principles of homeopathy. Later, this group eagerly translated a book by Allen Kardec, a French spiritualist, which had been brought to Brazil from Europe in 1858. In it, they found a faith more sophisticated than Candomblé; it circumvented the drum beating and most of the orishas. Yet, Kardecismo upheld the importance of incorporating spirit guides in healing services and religious ceremonies (Krippner and Villoldo 1976).

Umbanda was initiated about 1904; its founders claimed to be in contact with an American Indian spirit guide who taught him how to “purify” the African rites. Some Umbandistas use drums and make sacrifices, but others do not. All, however, emphasize the importance of spirit incorporation, and all venerate Jesus Christ. In addition, Christian names are used for the saints rather than the African appellations (Herskovits 1937).

There are other mediumistic (or “spiritist”) movements as well, but Candomblé, Kardecismo, and Umbanda are the three major syncretic groupings. Their ceremonies differ and their rituals vary, but they hold several beliefs in common: (1) humans have a physical body and a spiritual body; (2) discarnate spirits are in constant contact with the physical world; (3) humans can learn how to incorporate spirit guides for the purpose of healing.

In contemporary Brazil, the spiritist healer may be a local medium, a hospital psychiatrist, or a clinical psychologist. Each would consider the possibility of spirit “possession” and/or past-life evocation as the explanatory principle of some if not most cases of MPD. In my six trips to Brazil, I have had the opportunity to observe many exorcisms, healing sessions, and mediumistic séances. In addition, I have interviewed spiritist healers regarding their views of MPD etiology and treatment.

It must be recalled that MPD as a diagnostic category represents a model of the psyche promulgated by Western psychotherapists. The Brazilian practitioners who have most eagerly adopted MPD as a convenient label include orthodox psychiatrists and psychologists who employ drugs, hypnosis, and the other modalities currently in favor among Western psychotherapists. Most spiritist practitioners (and their clients) have never heard of MPD, as such, and treat people with dissociative reactions with the same rituals, amulets, and brews that have been used for centuries.

A third group, however, has emerged—primarily among the followers of Kardec. These practitioners have accepted the Western diagnostic category of MPD and have adapted their procedures to treat it. Their clients may or may not be familiar with the MPD label, depending on their level of education and sophistication. However, all the clients would be familiar with the notions of past lives and spirit possession. The notion of “selfhood” is quite different in Brazilian society, especially those aspects of it that are closer to the

Afro-Brazilian traditions in which reincarnation and spiritism are an integral part of the worldview.

Although there is no uniformity of practice, Kardecismo therapy may involve the exorcism of offending “earthbound spirits,” the integration of intruding “past-life personalities” into the client’s behavioral repertoire, or a compromise in which some of these personalities retain their identity but emerge only on circumscribed occasions. The latter alternative is often utilized in the case of clients who have been encouraged to undergo mediumistic training. Once they have become mediums, their other personalities can be of assistance in their vocational duties.

At the same time, these practitioners may refer some MPD cases to a psychologist or psychiatrist, claiming that the etiology of the dissociation is physical or sexual abuse as a child rather than the appearance of past-life personalities or offending spirits. I have seen this discrimination made in the case of other disorders; the more eclectic of the spiritist practitioners claim that spirit possession is one of many possible causes of dysfunctional behavior. Indeed, there are spiritist clinics and hospitals where a physician, nurse, social worker, or psychologist might be called in to supervise a case. At the same time, it is held that a painful childhood experience can produce a proclivity to later spirit possession or emergence of a past-life personality.

E. C. MENDES AND “PSICO-SINTESE”

Eliezer Cerqueira Mendes is a retired surgeon who heads a therapeutic community on the outskirts of São Paulo. He also sees clients at a São Paulo office on an outpatient basis, and has organized therapeutic communities in four other Brazilian cities. At both locations, he specializes in treating epileptics, schizophrenics, and MPD cases, especially those allegedly resistant to conventional therapy. Inspired by Kardec’s writings, Mendes’s basic assumption is that many of these individuals are psychically sensitive, and that the manifestations of their sensitivity are often ignored or misinterpreted (Mendes 1982, 1985).

Etiology. In the instance of MPDs, Mendes is of the opinion that the disorder can often be understood in terms of his clients’ past lives. He believes that everyone’s past lives are omnipresent, often exhibiting themselves as subpersonalities or emerging under special

conditions such as illness and inebriation. For MPD cases, however, Mendes believes a hypersensitivity exists, often (but not always) triggered by traumatic childhood experiences. He finds more female than male clients suffering from MPD, supposedly because women are more emotionally sensitive, and therefore more vulnerable to past-life manifestations.

According to Mendes, the onset of MPD for both sexes is generally between the ages of 16 and 25 but he claims to have seen cases in which MPD is apparent much earlier. In an interview with me, he described one case he had treated that involved a 12-year-old girl who, at the onset of puberty, began to play boys' games in the street. At the same time, she started to criticize her rapidly developing female physiology. Mendes consulted a group of mediums he refers to as a "superteam" because of their alleged proficiency in diagnosis. The "superteam" reported that the client had been a male in a previous life and that this former personality had been evoked by the biological changes accompanying puberty. After about three months of psychotherapy, the alleged alternate (or alter) male personality had merged with the host female personality. The girl's gender was accepted by what Mendes referred to as the client's "psychological center," a deep-seated aspect of the psyche underlying all personalities, both host and alter.

Of the more than 20,000 clients Mendes had seen by the time of my interview in February 1985, over 1000 were diagnosed as epileptic and about 300 manifested MPD. Most of the remainder were said to be schizophrenic. Among MPD cases, three or four personalities were typically observed but it was not unusual for the number to reach eight, nine, or ten.

DIAGNOSIS

To diagnose a case of MPD, Mendes relies on his "superteam" of three mediums. They place the client in an altered state of consciousness, typically through music and movement. Mendes finds that musical pieces by such "minimalist" composers as Philip Glass and Steve Reich are the most effective for this work. In making this choice, he departs from the rhythmic percussion music common to the typical Afro-American ceremonies found, for example, in Candomblé. While the client dances to the music, the "superteam" attempts to contact the alter personalities. As they do so, the client's movements, voice, and facial expressions are observed, as they typ-

ically change from personality to personality. The “superteam” records in writing its observations concerning each personality that manifests itself.

Mendes feels that mediums are useful diagnosticians because MPD cases often have mediumistic abilities themselves. Trained mediums present a unified personality structure, however, which can be set aside during a *séance* when they attempt to contact a disembodied spirit entity. MPD cases, on the other hand, do not demonstrate this unity and are unable to function easily either as a medium or in any other social role.

TREATMENT: EARLY PHASES

Mendes refers to his therapeutic approach as “psico-sintese” because he attempts to synthesize various aspects of his clients’ psyches. (This term evolved independently from Robert Assagioli’s “psychosynthesis” in Italy and Salvador Roquet’s “psicosintesis” in Mexico, although all three therapies exhibit certain commonalities.) Psico-sintese encourages MPD clients to display their various personalities, and each personality is given its chance for attention.

In MPD, Mendes asserts, each personality “lives in its own apartment,” but therapy encourages them all to “enter the dining room.” Psico-sintesis stresses an affective approach to treatment, hence the emotional life of each alter personality is explored and compared with others. This comparison is made by the clients themselves, by the psychotherapists, by the mediums, and—in the therapeutic community setting—by other clients.

In the case of people whose alter personalities represent former lifetimes, the goal of therapy is a merging of personalities by bringing them all into what Mendes calls the “psychological center.” This merging first occurs emotionally as linkages are formed between personalities. One personality may have emotional strengths that the other personalities lack; the eventual synthesis can result in a fuller, more complex personality structure than what was earlier available for any of the personalities. Mendes claims that these alter personalities from former lives typically emphasize one of four styles: emotional, instinctive, intellectual, or spiritual. These styles roughly correspond to the Jungian typology of feeling, sensing, thinking, and intuition.

Clients are told that the rate of their integration is dependent upon them and their own efforts to effect a “psychological synthe-

sis” of their various personalities. However, if there is the intrusion of a malevolent personality—from a past life or from another source—exorcism rather than merging is advised.

If it is difficult for a personality to manifest, one of the mediums may encourage it to appear through him or her. Mendes spoke of one case of a 42-year-old woman whose alternate personality spent more time in the medium’s “energy field” than in the client’s “energy field” for close to two years. Mendes claimed that this was actually beneficial for the alternate personality as it was able to reach a level of development with the medium, also a woman in her 40s, that had not been attained with the client. When the alternate personality returned to the client, it was easier for the integration to occur.

Mendes observed that the alter personalities are typically suppressed by the client’s family when they make an early appearance. Later, if the client sees a conventional psychotherapist, the alter personalities are again suppressed by medication and/or electroconvulsive therapy. Mendes feels that behavior therapy treats the symptoms rather than the problem itself.

Mendes claims that he follows the affective aspect of his treatment with an “instinctual” approach. This next phase of the treatment is characterized by assisting the alternate personality to express itself physically through deep breathing, exercise, massage, painting, dance, and dramatizations. Birthmarks and phobias of the presenting personality are thought to give clues as to his or her past lives. For example, a scar on the neck could represent death by beheading in a former life; a fear of swimming could be related to a fatal drowning.

TREATMENT: LATER PHASES

The final foci of treatment are “intellectual” and “spiritual,” at which time all of a client’s alter personalities are addressed. Their concurrent needs are stated and compared; this lays the groundwork for a possible “psychological synthesis” of the personalities.

Mendes feels that it is important that each of the alter personalities manifests itself. In the *psico-sintese* process, the weakest of the personalities is the first to merge with the presenting personality. As the weaker personalities disappear, the stronger alter personalities are given more attention. A medium works with the psychotherapist because the medium is often able to evoke the alter personality with

more facility. It is Mendes's position that mediums tend to understand alter personalities better than do most psychotherapists.

Mendes claims that, at times, an alter personality may speak in a foreign language or with a pronounced accent due to the language spoken in its former life. When that language or accent disappears, the therapist knows that the alternate personality is beginning to merge with the presenting personality.

Integration is not desirable in all cases. If the alter personality represents someone else's former life, it may need to be expunged rather than merged. The alter personality might also represent a nonhuman "low spirit," such as an *ifa* or an *exu*. Or it might be an alter personality of someone currently alive, such as a sorcerer. In these cases, exorcism may be practiced. Again, a team of mediums knowledgeable in such procedures can be used to dispel the intruding entity.

Another alternative is taken in the instance of those clients who become mediums and may retain one or more alter personalities to assist them in their profession. Mendes discussed one case in which a medium would allow an alter French personality from a former life to take control. This personality purportedly spoke in French and was able to obtain cultural information which purportedly was not available to the presenting personality.

Mendes conceptualizes the alter personality as living in a "parallel universe"; thus, it can be harbored in a way that poses no serious problem to the medium who, in fact, is able to evoke it when it is needed. This type of client moves from involuntary possession by the alternate personality to a voluntary incorporation of a personality from a former life.

GROUP THERAPY

Mendes prefers the advantages offered by his therapeutic community to seeing clients individually. He considers a nondairy, vegetarian regimen optimal for his clients, and diet can be carefully monitored in the residential setting. Mendes finds dance therapy more effective when there are several participants because of the reactions which occur. Mendes refers to the large rooms where the dancing, dramatizations, and exercise sessions take place as the "mad-o-drama" rooms.

Both the psychotherapists and mediums are present during the group therapy sessions to facilitate the process, to "channel" the

crises that occur, and to pay attention to the alter personalities that become manifest. Sometimes, MPD cases are combined with epileptics and schizophrenics in the “mad-o-drama” rooms. One person’s manifestation of an alter personality might stimulate the uncovering of unconscious material by someone else.

Visitors and relatives are urged to join the melee because the inclusion of nondisturbed people is felt beneficial to the “energy field” that develops during each therapy session. Folk healers may be invited into group therapy sessions to attempt a “laying-on” of hands for receptive clients. Homeopathic practitioners may visit the therapeutic community and prescribe specific remedies for individual clients.

If a client’s condition deteriorates or does not improve, he or she is sent by Mendes to one of the hospitals run by Brazilian spiritists. In these hospitals there is an acceptance of the notion that the emergence of past-life personalities and/or possession by a discarnate entity can produce multiple personality disorders. In this section, both individual and group therapy is practiced; clients are again reminded that they are ultimately responsible for the rate of their own healing process.

RESULTS

Mendes claims to be able to rehabilitate 70 percent of his MPD cases, the average length of treatment being about three years. He purports to have an 85 percent success rate with epileptics, many of whom are trained to control their seizures by becoming mediums and incorporating spirits. With schizophrenic clients, Mendes claims only a 30 percent success rate.

Despite the larger number of clients Mendes has treated over the years, Mendes is not allowed to present his work at medical association meetings in Brazil. Other physicians consider psico-sintesis to be controversial and untested. In addition, according to Mendes, his therapy is too closely associated with Brazilian spiritist teachings to win medical support, despite his own medical background.

Nor does Mendes fare better with Brazilian psychologists. He is not allowed to use the term “clinical psychology” to describe his work. Instead, he refers to himself as an “applied parapsychologist.” In the meantime, hundreds of new clients find their way to Mendes for individual or group treatment every month. As a result, there would be no shortage of potential research participants for

clinical studies, including the follow-up of clients once they are dismissed.

CASE STUDY

Sonia was an 18-year-old client from the city of Salvador who could not establish long-term relationships with men. Her sexual behavior was characterized by a series of one-night-stands in which she engaged in intercourse but could not achieve orgasm. Sometimes she was told that she had fought bitterly with these men, but she had no memory of the conflicts. One evening, three men arrived at the same time for a date but Sonia only recalled accepting an invitation from one of them. In despair, she unsuccessfully attempted suicide on several occasions. She went in and out of hospitals where she was given electroconvulsive therapy and heavy doses of medication.

Sonia was referred to Mendes by a friend. During her first interview with the "superteam," Sonia reportedly began to speak in French, a language she had never studied. A voice emanating from Sonia introduced herself as "Violetta," one of Sonia's former lives. Violetta claimed that she had lived in the 18th century. Furthermore, she frankly stated that she wanted to kill Sonia because she would have more freedom if she could completely control Sonia's body. Violetta wanted to be more, rather than less, sexually promiscuous. It was Violetta who had fought with men who did not please her, and who had accepted multiple dates only to embarrass Sonia. Further, Violetta stated that she attained orgasm easily and did not care whether Sonia was orgasmic or not.

The goal of Mendes's therapy focused upon limiting the power of Violetta while attempting a "psychological synthesis" of the instinctual side of her personality with that of Sonia whose instinctual aspects were poorly developed. Sonia was treated in Mendes's office rather than in the therapeutic community because she worked during the day.

After six treatments, the host and alter personalities allegedly had merged to the extent that Sonia was able to achieve orgasm. Sonia's intellectual abilities were further developed by Mendes and sharpened to give her greater self-awareness and self-control.

However, another alter personality from the 16th century emerged, that of Sarah, a Jewish housewife. At first, Sarah's appearance complicated the treatment, but it soon became evident

that Sarah provided the emotional maturity that both Sonia and Violetta lacked.

Sonia continued to be orgasmic and soon got married. Her husband began to attend the therapy sessions, learning how to communicate with Violetta and Sarah. Another personality, Chen, then manifested itself. A male entity, Chen was introduced by Sarah as an initiate of a Chinese spiritual discipline.

Chen brought a spiritual tranquility into Sonia's life just as he had supposedly performed the same function for Sarah centuries earlier. Because Sarah had refused to renounce her Jewish faith, the Spanish Inquisition had burned her at the stake as a witch. Indeed, shortly after Sarah's appearance, Sonia developed spots on her body that resembled small burns. Sonia also developed red rings on her wrists where Sarah claimed she had been tied to the stake. Sonia wanted to wear her new swimming suit to the beach but feared that the burns had disfigured her. But Sarah said that the burns had served their purpose, correctly predicting that they would disappear in 48 hours.

Sonia claimed to recall seeing all three of the alter personalities when she was a child, and considered them to be her spirit playmates. When she told her mother about them, she was scolded, told that she was "crazy," and warned never to talk about them again. The recall of childhood experiences appeared to accelerate Sonia's therapy. A merging took place after 18 months of work with Mendes, and the "psychological synthesis" reportedly was still intact three years later.

Mendes commented that all three of the alter personalities were intelligent entities, making the therapy much easier. When an alter personality is a child or a retarded person, therapy becomes a more difficult process because of these entities' limited social maturity, speech, and intelligence. In the case of Sonia, however, two of the alter personalities represented Sonia's past lives, and the third was an entity known to one of them. According to Mendes, when the alter personality is somebody else's past life or an "obsessive spirit," therapy is considerably more time-consuming.

H. G. ANDRADE AND THE PERISPIRIT

Hernani Guarmaes Andrade, an engineer who lives in São Paulo, has been observing and studying spiritist phenomena since 1932.

Like Mendes, he is affiliated with Kardec spiritist movement. Andrade (1984) compares his model of the human psyche to an onion with several layers. Each of the concentric layers represents the same basic "spirit" animated in different forms. Andrade insists that each alter personality has its place in the psyche's "organizing model," and can be evoked during the host personality's lifetime if there is a need for it.

Andrade told me about Fiona, a Kardecist medium he had treated. For several years, she had allowed herself to incorporate various discarnate entities. However, in one instance the entity was not a spirit guide but her own past life as Carmen, a Spanish gypsy. Fiona purportedly exhibited xenoglossy, speaking a dialect common among gypsies on the Iberian peninsula, but one with which Fiona had no apparent previous knowledge.

Andrade noticed several characteristics he claimed were typical of past-life incarnation. During Carmen's appearances, Fiona's eyes would open and she would gesture wildly. Under ordinary circumstances, Fiona would close her eyes and remain quite still during a spirit incorporation. Another unusual behavior was the way she took a gold coin offered her and bit it to determine if it was real, supposedly a gypsy trait. When she reverted from Carmen to Fiona, she reported being very sleepy, another uncharacteristic trait.

Carmen also was puzzled by electric light bulbs, tape recorders, and airplane noises, but was familiar with mirrors. In this manner, it was concluded that Carmen had lived in a previous century; she could not name the present year. Asked for her age, Carmen replied that she was 18. She described her home as a gypsy tent and her favorite pastime as dancing. Eventually, Fiona learned to cohabit with Carmen rather than attempt a merging. Carmen was extremely useful during Fiona's mediumistic sessions, and did not manifest unless she was needed.

Andrade estimated that he has treated over 1000 cases of spirit "obsession" or "possession." In "obsession," a spirit entity influences an individual's behavior, producing repetitive thoughts, compulsions, phobias, and psychosomatic illnesses. In "possession," the entity is said to actually take control of the individual for short or long periods of time (Lyra 1984). Andrade stated that about 3 percent of these cases could be best classified as multiple personality disorders.

What Kardec called the “perispirit” (or “spiritual body”) Andrade (1967) refers to as the “biological organizing model,” purportedly an electrodynamic field that surrounds and penetrates all living organisms. This is the “spiritual” component of an individual and contains memories of one’s former lives. Psychotherapy, exorcism, homeopathic treatments, and other attempts to assist an afflicted individual must influence the “organizing model” to be effective. Therefore, spirit entities themselves must be contacted, something that medication, electroconvulsive therapy, and conventional psychotherapy do not attempt.

OBSESSION

In the treatment of “obsession,” the “obsessing spirit” expresses itself through a spiritist medium in all of its anguish, pain, and ignorance (Kardec 1950, 1973). Another medium holds a dialogue with the “obsessing spirit,” encouraging it to leave the client. If this procedure is not successful, the medium is more forceful, using hypnosis or various rituals to dismiss the spirit. In some cases, the medium claims to go into the past lives of the obsessor to determine the most productive therapeutic approach. In one case, the obsessor claimed to have been mistreated by a medium’s client in a past life, and the obsessing spirit was attempting to take revenge in its victim’s current life (Franco 1979).

POSSESSION

The diagnosis of “possession,” in cases of MPD, is a more serious matter. In these instances, the “possessing spirit” takes over a person’s body for various amounts of time. One procedure Andrade has used is to arrange for a group of mediums to form a circle around the client. One of the mediums “incorporates” the offending entity while another one speaks to it. The client is sent to a different room. The “incorporating” medium then expunges the spirit from its own body, sending it into another dimension in such a way that it will not return. If the spirit entity does not leave easily, other mediums will tempt it to enter their bodies. As it attempts to do it, a “psychic shield” is placed in front of the mediums’ bodies, protecting them at the same time the offending spirit is expelled from the world of human beings.

Once the offending spirit has been expelled, considerable follow-up is warranted to protect the client against “obsession” or “pos-

session" by other spirit entities. Special foods, herbs, and purgatives may be accompanied by rituals, prayers, and/or imagery exercises. Most of the procedure used by Andrade (as well as by Mendes) closely follow the explicit suggestions given by Kardec (1968, 1973) in the 19th century.

C. A. JACOB AND THE "INTRUDERS"

Carlos Alberto Jacob is an anesthesiologist who taught in the Medical School of Triangulo Mineiro for several years. When I interviewed him in Belo Horizonte in 1987, he described the etiological model on which his treatment is based. For Jacob, illness can have three causes: problems in one's current life, "karmic" problems from a past life, and problems originating in the spirit world or in the client's spiritual development. In the first instance, his treatment may include allopathic medicine, homeopathic medicine, acupuncture, and/or conventional psychotherapy. In the second instance, past-life therapy is needed. In the third instance, spiritual exercises (for example, exorcism, magnetic passes, "chakra cleansing," mediumship training) are required. Jacob believes that many people who have been institutionalized in mental hospitals are "sensitives" who would derive more benefit from spiritual exercises than from medication.

Jacob takes the position that MPD has either a "karmic" or spiritual causation. He holds that in about 30 percent to 40 percent of MPD cases, the alter personalities represent intrusions of the client's past lives, and that in about 60 percent to 70 percent of MPD cases, the alter personalities are spirit "intruders." Moreover, these "intruders" can be factors in all three types of illness, and exorcism is a frequent concomitant of Jacob's treatment. He takes the position that childhood traumas may have untoward consequences but does not feel that they are a significant factor in the development of MPD.

Jacob claims that he has treated about 30 clients suffering from MPD since 1979, finding up to three alter personalities in most of his cases. For Jacob, an important diagnostic clue is the costume that someone wears during Carnival, the festive Brazilian holiday preceeding Lent, characterized by parades, balls, and other events where flamboyant apparel is ostentatiously displayed.

Jacob told me about Isabel, a case of MPD whom he had recently treated. At 16 years of age, Isabel was referred to him by her mother.

The young woman would be found wandering in the streets wearing gypsy clothes and earrings, professing her desire to find a band of gypsies and live with them. Isabel was amnesic for the experience and professed not to recall putting on the colorful garments or leaving the house. However, gypsy clothes had been her costume of choice during Carnaval for several years in a row.

As therapy proceeded, Jacob discovered that Isabel's mother was extremely possessive and protective of her daughter. Isabel felt that she should have more freedom but was reticent to confront her strong-willed mother. Through hypnosis, Jacob took Isabel back to the 19th century where she recalled her past life as Catalina, a French gypsy. Catalina's life had been a happy one, and she told Jacob that she spent a great deal of time singing, dancing, and traveling. However, she had chosen her incarnation as Isabel to add strength to her character as she knew she would have to fight to obtain a modicum of independence in her Brazilian home environment.

Jacob's therapeutic approach was to merge the two personalities. As a result, Isabel became stronger and more capable of confronting her mother openly. Isabel's mother would not accept Jacob's diagnosis, and was unhappy when her daughter began to challenge her dictates. As time went on, Isabel began to take responsibility for her own decisions; she also reported that she enjoyed life more than she had before therapy, despite the conflict with her mother.

DISCUSSION

Like MPD, spirit obsession and possession are not to be considered as unquestioned diagnostic entities. They represent aspects of a particular worldview and are intrinsically linked to social structure, religious philosophy, and theories of health and illness. Conventional medical thinking in industrialized societies is ethnocentric in viewing possession states and other alterations in consciousness as necessarily abnormal if not pathological (Ward 1980). Indeed, such terms as "possession" lack culture-free, objective definitions.

A provocative point of view has been taken by Lewis (1971) who describes "central possession" the way that the Brazilian spiritists describe "incorporation." Lewis sees the function of "central possession" as upholding a social group's established power and morality. It is generally temporary, voluntary, and reversible. It is ex-

hibited in the context of religious ceremonies and is attributed to sympathetic spirits. "Peripheral possession," by contrast, is taken to denote experiences that provide no direct support of the society's moral code, is typically long-lasting and involuntary, and results in dysfunctional behavior. It is likely that "peripheral possession" is sometimes associated with cases of MPD among the Brazilian spiritists.

Bourguignon (1973) distinguishes between "possession" and "possession trance." For her, "possession" does not involve alterations of consciousness but refers to such conditions as illnesses caused by malevolent spirits. In "possession trance," there are spirit-induced alterations of consciousness without subsequent recall. During such episodes, the behavior and speech of various possessing entities can be observed, whether the entities are benevolent (as in the case of mediums who incorporate spirits) or troublesome (as in the case of MPD victims who manifest the possessing entities). Bourguignon uses the term "trance" to refer to profound altered states of consciousness that are not linked to cultural ideas of possession.

Ritual spirit incorporation, of course, differs from involuntary spirit possession, such as the MPD cases alleged to be caused by "intruders." Herskovits (1949) was one of the first to conclude that the phenomenon of ritual spirit incorporation could not be equated with specific neurotic or psychotic conditions. Indeed, spirit incorporation may be therapeutic in some cases as it can release inhibitions and provide a source of esteem for the medium as well as emotional catharsis for the group (Ward 1980). Herskovits (1949) claimed that Latin American spiritists who practiced spirit incorporation functioned better in society than their peers.

It has even been suggested that the eclipse of concepts such as possession and exorcism was a factor in the rise of MPD in industrialized nations (Ellenberger 1970). However, if the diagnoses of MPD reported to me were accurate, this does not seem to hold true in Brazil. Incorporation ("central possession") exists side by side with possession by malevolent spirits ("peripheral possession"). This type of possession has been found to be distributed among various disorders, for example, depression, epilepsy, hysteria, and schizophrenia as well as MPD (León 1975; Ludwig 1965; Yap 1960). Ward (1980) comments that there is no single condition associated with "peripheral possession" because it is a cultural *expla-*

nation for a variety of disorders rather than representing a *determinant* of a specific disorder. Those investigators (for example, Allison 1980; León 1975; Sargent 1974; Ward 1980) who have studied the efficacy of exorcism and associated forms of treatment for possession have found them, at least on a short-term basis, to be highly effective.

The spiritist concept of MPD (in at least some of its manifestations) differs sharply from that of most psychiatrists and psychologists who assume that the client is one individual, albeit one whose peculiar defensive structure manifests itself in “split-off” parts of the psyche. Therapeutic approaches use techniques developed for group and family therapy, with selected aspects of transactional analysis, Gestalt psychology, behavior modification, and hypnotherapy (Confer and Ables 1983). However, there have been minority points of view among psychologists and psychiatrists that more closely parallel the spiritist viewpoint dating back to William James (in Taylor 1983) who urged that the “possession hypothesis” be taken seriously. Beahrs (1982) argues that under some circumstances it is useful to look upon an individual constituted of several parts, each with its own identity. Beahrs argues that the spectrum of dissociative states ranges from fluctuation in mood changes through changes in role (or “ego states”) to MPD.

Van Dusen (1974), in his practice of clinical psychology, discovered that he could communicate with his client’s apparent hallucinations by accepting them as objective realities. Most of these entities stated they were attempting to “possess” the client so that they could live through the client in whatever way they pleased. But Van Dusen has also encountered “higher” entities that respect the client’s right to self-determination and attempt to be of assistance. Allison (1985) has observed this phenomenon with MPD cases, referring to them as “higher helpers.” There is a case in the psychiatric literature of a preoperative transsexual who visited a physician just before his sex-reassignment surgery. The physician announced that the client was “possessed” by 22 spirits, and performed an exorcism. After some additional sessions with a faith healer, the client regained his male identity and had not regressed with follow-up two years later. The case reported concluded that this patient “who was clearly a transsexual by the most conservative criteria . . . assumed a long-lasting masculine gender identity in a remarkable short pe-

riod of time following an apparent exorcism" (Barlow, Abel, and Blanchard 1977:394).

Anderson (1981) has reviewed instances from the psychotherapeutic literature where exorcism was successfully used by therapists including some who did not believe in the existence of discarnate entities. Anderson notes that this treatment is especially effective with disorders of the dissociative type, for example, MPD and hysterical dissociation. He observes that these

are all disintegrations of normal personality involving the splitting off of certain behavioral patterns from the patient's customary mode of conduct. These "splinters" are then either interpreted by the patient as "spirits" or are educated to assume that role by the therapist. . . . Once convinced of their spirit identity, these bothersome obsessors behave according to the implanted expectations of the therapist. As earthbound spirits they can then be "exorcised" . . . by persuading the manifesting entities that their own happiness lies elsewhere. [1981:106]

A dissenting view has been expressed by Greaves (1986) who takes issue with the practice of exorcism on the grounds of objects relations theory (for example, Kohut 1977). In the "introjection-internalization" process described by some theorists, the internalized object becomes an integral part of the client's psychological apparatus. As such, it finds its way into the individual's memory-identity system, presumably with its own neurological encoding. Greaves claims that for the well-being of those individuals, there is little sense in trying to "drive out" (or exorcise) that which is an integral part of the personality. Exorcism, in this sense, would be the precise opposite of integration. Greaves claims that

In our early work with multiple personality cases . . . attempts to extricate persecutor personalities were only followed by renewed fury by these elements and vigorously-renewed acting out. . . . Fortunately, we were subsequently able to tame and integrate these persecutor states. [1986:3]

Taking the opposite position, Crabtree (1985:258, 261), in his psychotherapeutic practice, has dealt with cases in which the concept of possession appears to him the most parsimonious explanation of the observed phenomena. For him, possession is the creation of a personality within an individual by a self other than that of the individual, whereas MPD involves the emergence of a personality manufactured within the psyche. Allison (1980:183), a psychiatrist, feels that the alter personality appears to serve a definite and practical purpose, especially to defend against trauma or abuse. On the other hand, Allison observes, "Repeatedly I encountered aspects of

entities of the personality which were not true alter personalities. . . . I have come to believe in the possibility of spirit possession.”

For Allison (1980:4), the discovery of an alter personality that does not serve a recognizable purpose presents a diagnostic problem. Allison notes that these entities often refer to themselves as “spirits,” and he remarks, “Over the years I’ve encountered too many such cases to dismiss the possibility of spirit possession completely.” Allison has proposed several types of possession cases in MPD that bear a remarkable similarity to the categories proposed by Brazilian spiritists:

1. *Grade One Possession* is an obsessive-compulsive neurosis in which a client is controlled by an idea, obsession, involuntary act, compulsion, or addiction. This category resembles the spiritist description of “obsession” that results when an invading spirit controls much of a person’s behavior but the victim retains his or her basic identity.

2. *Grade Two Possession* is the result of the influence of a negative alter personality developed by a person with a hysterical personality syndrome. Many Brazilian spiritists would argue that these cases may represent possession by one or more of an individual’s past-life personalities. They may also represent splits within the individual’s psyche; it must be recalled that Mendes, Andrade, Jacob, and their colleagues do not claim that *all* MPD cases are produced by intruding entities.

3. *Grade Three Possession* occurs when the controlling influence seems to be the mind of another human being. Spiritists would conceptualize these cases as “telepathic” influence by a practitioner of witchcraft or sorcery.

4. *Grade Four Possession* is control by the deceased spirit of another human being. Spiritists would see this category as possession by “earth-bound spirits” who inhabit someone else’s body because of their reluctance to move into higher spiritual dimensions.

5. *Grade Five Possession* is control by a spirit that has never had its own life history and identifies itself as an agent of evil. Brazil spiritists would view these as the “low spirits” who never lived on earth (*ifias* and *exus* in Candomblé and Umbanda terminology). Allison has since modified his point of view on this issue (Greaves 1986:3), but many of his followers hold to his original formulations.

Brazil's spiritist practitioners would have little difficulty in accepting the *DSM-III* definition of MPD as a dissociative disorder in which

the essential feature is the existence within the individual of two or more distinct personalities, each of which is dominant at a particular time. Each personality is a fully integrated and complex unit with unique memories, behavior patterns, and social relationships that determine the nature of the individual's acts when that personality is dominant. [American Psychiatric Association 1980:257]

Such standard MPD phenomena as "switching," the ignorance the host personality has of alternate personalities, and the knowledge that alternate personalities frequently have of each other (for example, Baldwin 1984; Braun 1984; Greaves 1980) have been observed by spiritists as well.

It can be seen that Brazilian spiritists both agree with and differ from the concepts of MPD held by most academic and medical psychotherapists. However, these differences should serve as a reminder that the notion of the individual self should not be taken for granted. Most native people live in a matrix of social and kinship relationships that leave little room for a concept of a singular, isolated self.

It also appears that the human being is extremely malleable. People can create personalities as required to defend themselves against trauma, to conform to cultural pressures, or to meet the expectations of a psychotherapist, medium, or exorcist. This malleability has both adaptive and maladaptive aspects. One of the beneficial results of renewed interest in MPD and dissociative reactions is to illustrate the urgent need for more information in these areas, and to illustrate the important role that cross-cultural research can play in this quest.

NOTE

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