Distress, Dissociation, and Embodied Experience: Reconsidering the Pathways to Mediumship and Mental Health

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ABSTRACT *This article explores the biocultural bases of spirit possession mediumship in the Afro-Brazilian religion, Candomblé. After a brief review of the literature, the article moves beyond the biomedical and social-structural explanations that have dominated the theoretical landscape, by attempting to construct an etiology of mediumship that is traced through the interface of individual characteristics with the cultural belief system that forms their context. Data were collected from a total of 71 individuals over the course of a year-long field study in Salvador, Brazil. Analyses of social ethnography, life history and semistructured interviews along with results from psychological inventories, suggest that altered states of consciousness should not be considered the central and defining element of mediumship. An alternative model is proposed, in which the combination of social conditions and somatic susceptibilities causes certain individuals to identify with the mediumship role, and predisposes them to dissociate. However in the context of Candomblé, dissociation is not a pathological experience, but rather a therapeutic mechanism, learned through religious participation, that benefits individuals with a strong tendency to somatize.* [spirit possession, dissociation, embodiment, mental health, Brazil]

INTRODUCTION

A major unanswered question in the study of spirit-possession religions is why certain people become mediums and others do not. Medical approaches to the question have implicated psychological disturbance as a motivational factor for some, yet they fail to explain how and why some psychological disturbances, in some individuals, come to be expressed as spirit-possession mediumship. Social theories suggest that it is oppressed individuals in particular who gravitate toward mediumship, yet fail to explain why many of the socially disempowered do not seek access to social benefits through spirit possession. Through analysis of social and psychological data gathered from participants in the Candomblé religion in Salvador, Brazil this article proposes a model of the pathways to mediumship that integrates the medical and social perspectives.

Using a biocultural approach, I explore the experiential sources of emotional distress on multiple levels, by examining the individual characteristics and cultural belief systems responsible for shaping its interpretation and expression. The premise that dissociation is the biological basis of mediumship is examined critically through the biocultural lens, and an alternative model proposed. The pathway to mediumship is depicted instead as a continuous, fluid interaction between the psycho-social needs of potential mediums, and the parameters of the culturally defined mediumship role, revealing a therapeutic dynamic at work in the process of becoming a medium.

MEDIUMSHIP AND MENTAL ILLNESS REVISITED

The apparent relationship between spirit-possession mediumship and mental illness has been the topic of substantial investigation in the fields of anthropology and cross-cultural psychology (Bourguignon 1979; Crapanzano 1977; Nuckolls 1991; Obeyesekere 1977, 1981; Prince 1979; Ward 1989, 1994). Among the numerous reasons why researchers have posited a connection between the two, the involvement of altered states of consciousness (ASC) stands out. The biological aspects of altered states have contributed to a "naturalizing" tendency in discussions of spirit possession, which has reached all the way to the level of definition. Spirit possession is commonly defined as "a complex of neurophysiological changes underlying the physical expression of trance behavior," which is explained culturally as the result of manipulation by spirits, demons, or deities (Bouguignon 1976; Lambek 1989:38). The assumption that neurophysiology is prior to spirit possession is probably part cause and

part product of a Western, biomedical world-view that treats biology as the foundational layer of the "layer-cake model" of humanity (Geertz quoted in Lambek 1989:46). Thus, trance is treated as an organic phenomenon analogous to disease, which has the same biological basis in every culture, differing only in the details of its expression in response to cultural beliefs and social environment. Consequently, trance, or dissociation, is viewed implicitly as the phenomenon that must ultimately be explained in order for spirit possession to be understood.

This subtle hierarchy of thought, fundamental to the medical model, has shaped understandings of the relationship between spirit-possession mediumship and mental health. Treating trance as merely one element of what it means to be a spirit-possession medium is a first step in re-thinking the nature of that relationship (Lambek 1989). This article treats the mediumship role in its entirety as the outcome of interest, and uses social, psychological, and psychophysiological methods to investigate its causes and origins, or "etiology(s)."[1] How the socio-cultural aspects of the mediumship role influence and are influenced by individual psychological characteristics is explored.

MEDICAL AND SOCIAL MODELS

Spirit possession has been variously classified as schizophrenia, compulsive neurosis, senile dementia, melancholy, epilepsy, hysteria, paranoia, and multiple-personality disorder, to name just a few of the mental illnesses researchers have proposed as the underlying cause of this cultural phenomenon (Boddy 1994; Bourguignon 1979; Lewis 1971). In addition to the fundamental impossibility of finding a single West-ern category of mental illness that corresponds to everything we think of as spirit possession (Bourguignon found spirit possession in 98 per-cent of the cultures she surveyed), more recent investigations of medi-umship and mental illness acknowledge that possession is often socially valued, and therefore should not be broadly characterized as patholog-ical. Many researchers have dealt with this issue by developing tax-onomies that reflect the distinction between "sanctioned" possession, which takes place in a ritual context and is experienced by "autho-rized individuals" (usually mediums), and "unsanctioned" possession that takes place outside of such a context. Only unsanctioned posses-sion is considered pathological (Antze 1992). Unfortunately, this sanc-tioned/unsanctioned dichotomy is frequently reified, and often fails to reflect the socio-cultural reality it claims to describe. For, as Antze points out, any behavior acknowledged by the social group as spirit possession is, by its very recognition, essentially "authorized" (1992). Furthermore,

in both "sanctioned" and "unsanctioned" possession, individuals are able to tap into a source of cultural consensus around the spiritual meaning of their behaviors and characteristics. Such consensus functions both retro- and pro-actively to create for the possessed individual a relatively permanent, socially pre-approved change in identity (Seligman in press).

Whereas in the context of the medical model, diagnosis equals pathology, equals dysfunction, in cultural/spiritual systems "diagnosis" of spirit possession often implies just the opposite: it implies a degree of functionality, and social acceptance of a new role for the affected individual. This is because behaviors corresponding to the cultural models "of and for" spirit possession serve the purpose of expressing emotions and characteristics, including those involving some type of distress, in a culturally intelligible manner (Obeyesekere 1981). Thus the experiences of an individual who becomes a medium are shaped by psychological identification with, and social reinforcement of, the mediumship role.

The social-functionalist perspective on spirit possession was made famous by I. M. Lewis's *Ecstatic Religion: A Study of Shamanism and Spirit Possession.* Most studies of mediumship in the last several decades can be broadly categorized as part of either the medical/psychological, or social-functionalist, schools of thought.Social theorists have generally treated spirit-possession mediumship as a form of resistance accessed by oppressed portions of the population (particularly women) who otherwise have little social power (Gomm 1975; Lewis 1971; Ong 1987). Although such interpretations provide valuable information about the social conditions that foster spirit possession, they tend to be overly reductive. The meaning of possession in a given culture, both in social and cosmological terms, is typically not addressed, nor is the manner in which religious belief systems penetrate individuals' lives and generate the potential to experience possession by spirits. Moreover, such explanations fail to fully account for the role of individual motivations. Social theories often seem to suggest a conscious, strategic use of spirit possession as a social statement, while at the same time neglecting to explain how particular individuals come to be possessed in particular social situations. In other words, by these models one might assume that all individuals who occupy a particular structural position will sooner or later employ possession as a means of social resistance. Because this is not the case, it is necessary to account for the individual characteristics and motives that lead some people to be possessed and not others; in other words, what is missing is a comprehensive etiology of mediumship.[2]
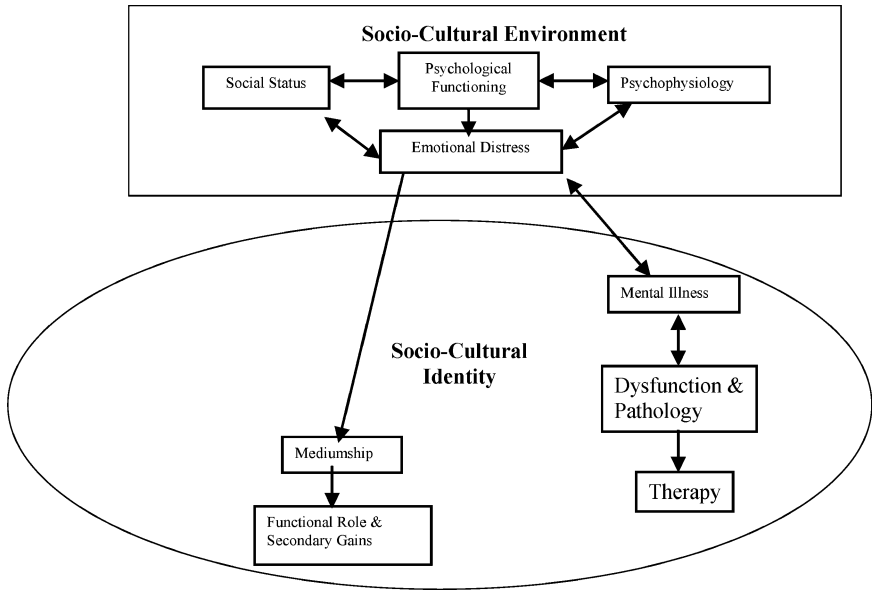
Figure 1. A model of the dynamic interactions between individual and social characteristics, and cultural environment, in defining the pathways to mediumship and mental health in the Candomblé religion.

AN ALTERNATIVE MODEL

The shortcomings of the medical and social models of mediumship can be explained in part by the artificial separation of biology and culture implicit in each. This article attempts to synthesize the medical and social paradigms and bridge the gaps in each by developing an etiology that takes into account both biology and culture. I begin by exploring the idea that mediumship is for some individuals both an expression of, and therapy for, emotional distress produced through the interaction of three main, interrelated factors: 1) social factors, including race, class, gender, and environment (social and physical); 2) psychological factors, including symptoms of anxiety, depression, and dissociative tendencies; and 3) psychobiological factors, in terms of the patterns of physiological reactivity characteristic of mediums. This last aspect, while not an explicit topic of this article, informs the theoretical orientation, which involves the notion that socio-cultural and psychological factors also interact with, shape, and are shaped by psychobiological ones (Simons 1996). Figure 1 presents a model for the interactions of these factors in the pathway to mediumship.

The dynamic interactions among culture, psychology, and psychobiology depicted in Figure 1 demonstrate that an etiology of mediumship must take into account not only the personal experiences and characteristics of individual participants, but also their exposure to the cultural belief system surrounding mediumship. In other words, the etiology of mediumship is shaped, in no superficial way, by individuals' expectations based on the *culturally held* etiology of mediumship. This cultural knowledge becomes embodied by mediums.[3] Part of what it means to become a medium is therefore the process of redefining oneself at every level, by reinterpreting one's past experiences in terms of the culturally defined characteristics of the role. This is a fundamental element of the process of truly becoming a medium, and it is in this transformation that I argue some of the therapeutic possibilities of mediumship exist (for a more detailed discussion of these ideas, see Seligman in press). Data gathered from Candomblé participants during a year of fieldwork in Salvador illuminate the dynamic process by which socio-cultural experience and individual characteristics lead some individuals to identify deeply with the mediumship role.

CANDOMBLÉ: CULTURAL AND SOCIAL ASPECTS

Candomblé participants are primarily individuals with little access to power and resources.[4] Although it is widely recognized that possession mediums throughout the world often occupy such socially marginal positions, the ways in which marginality might contribute to the psychological profiles of mediums has not been thoroughly explored. Obeyesekere insightfully argued that possession forms tend to be suited to a certain range of psychological needs and emotions likely within a given culture, because they are initially borne out of the "socio-psychological" traits of the group (1979). Following on this insight, I investigate the social ecologies and psychological traits of potential mediums and examine them in the context of the culturally defined role of Candomblé medium.

Practice of Candomblé is most concentrated in the northeastern state of Bahia, Brazil, particularly in and around the city of Salvador. Salvador, which has a population of approximately 2.5 million people, has long been considered the most "African" city in Brazil, both in terms of its culture and demographics. The Candomblé community in Salvador consists of approximately 1,500 different centers, each of which has between 30 and 300 members. Members are overwhelmingly poor and Afro-Brazilian. Because of the widespread acceptance of what has been called "the myth of racial democracy," the issue of racism has been viewed by Brazilians (academics and the general public alike) as secondary to the problem of class (Skidmore 2000). Indeed class is a problem of epic proportions in

Brazil; it is among the four countries in the world with the largest disparity between rich and poor (Cooper and Frasca 2003). However, it is certainly no coincidence that Afro-Brazilians are disproportionately represented in the lowest income groups of the country; clearly racial discrimination is, and has been, a major issue in Brazil (Lovell 1994). However, the essence of the myth of racial democracy is the idea that the opportunity for social advancement is available to individuals of all racial categories. The cruelty of this myth is that despite its promise of fluidity, blackness is still associated with the bottom of the ladder, and whiteness with the top. Nevertheless, the myth has contributed to the relative lack of political organization around issues of race (Skidmore 2000). The result is that Afro-Brazilians in Salvador are for the most part "marginal to the formal economy;" that is, unemployed or concentrated in the service or informal sectors, working as vendors, maids, janitors, and doormen for wealthy whites (Greenfield 1990:124).

With jobs mainly in the service sector, Afro-Brazilians are constantly faced with the disparity between their own lifestyle and that of the elites for whom they work. Whereas the elite live in quiet, secure, climate-controlled high-rise apartment buildings, the poor live primarily in run-down, chaotic neighborhoods and *favelas* (shanty-towns). In addition to struggling for jobs, resources, and material comfort, the poor are often exposed to unsanitary conditions, noise pollution, and overcrowding. Such living conditions are known to contribute to negative health consequences through the vehicles of poor diet, exposure to infectious disease, prevalence of harmful behaviors such as smoking, and psychosocial stress (Dressler 1998). Moreover, the living conditions of the poor are not only noxious in and of themselves. Dressler has also shown that stress resulting from the incongruity between the culturally shared model of a desirable lifestyle in Brazil, and individuals' actual achievements, accounts for previously unexplained effects of socioeconomic status on a number of stress related symptoms, ranging from blood pressure to self-reported depression (1998).

In addition to racial discrimination, Afro-Brazilian women are also victims of *gender* discrimination. Thus, Candomblé mediums, who are overwhelming female, come from one of the social groups with the lowest status in Brazilian society, in that they simultaneously occupy not one, but two groups facing social and economic discrimination. Afro-Brazilian women, who actually suffer more from the gender gap in earnings than the racial one, are concentrated in the very lowest-paying sectors of the economy. Women in Brazil are also more likely to be single heads of poor households (Lovell 1994).

Having described the powerlessness and poverty experienced by Afro-Brazilians as a result of class, race, and gender discrimination, it is

important to note that blacks in Bahia have not been helpless victims of such forces. Historically they have focused their efforts not on overt political resistance but rather on the creation and maintenance of an Afro-Brazilian culture (Butler 1998). In particular, the development of alternative social institutions, of which Candomblé has been one of the most successful, has provided Bahian blacks with social resources not available to them in the dominant culture (Butler 1998). As Brown and Greenfield have both demonstrated in the case of *Umbanda*, a related syncretic religion, such institutions provide not only social resources, but also access to a network of patron–client relationships that essentially integrate religious members into an alternative economy (Brown 1986; Greenfield 1990). Furthermore, the Candomblé hierarchy is dominated by women,and as such it represents the rare institution in which Afro-Brazilian women have access to, and even define, the power structure. Finally, it is not trivial to observe the contrast between the aesthetic beauty of the Candomblé religion, and the conditions under which many Afro-Brazilians live.

Practice of Candomblé involves singing and dancing, elaborate dress, sacred ritual, and connection to the gods through trance. Candomblé is an African-derived spirit-possession religion originally developed and practiced in Brazil by African slaves and carried on by their Afro-Brazilian descendants. Although Candomblé, or variants like Macumba and Shango, can be found all over the country, the religion is most intensely concentrated in Salvador, capital of the state of Bahia. Candomblé is a noncanonical religion, meaning that there is no unified hierarchy that cuts across communities and maintains doctrinal uniformity among them. Thus, although the same general beliefs and practices are shared across communities, a richness of variation abounds, and it should be recognized that researchers studying different Candomblé communities are likely to characterize the rituals, beliefs, and practices of the religion in somewhat different terms.

The basic cosmology of the religion involves the idea that the world is occupied not only by humans, but also by a pantheon of deities and lesser spirits. The deities, known as Orixás, are farthest removed from the world of matter, and associated most closely with the spiritual power of the universe, known as *axé*. The lesser spirits, including Indian spirits known as *Caboclos*, child sprits, or *Erê*, and trickster spirits called *Exus*, occupy a space somewhere between the elevated plane of the gods, and the material plane of human beings. All of the spirits and Orixás may occasionally enter the material plane by temporarily occupying the bodies of humans, and acting through them. Human beings are able to access *axé* through their association with the gods and spirits, through observation of appropriate ritual practice, and through acquisition of sacred knowledge.

The approximately 1,500 Candomblé centers in the city of Salvador today are know as *terreiros*.[5] *Terreiro,* which literally means sacred ground, refers to the physical and spiritual home of each Candomblé community. The spiritual leader of each *terreiro*, known as the *Mae* or *Pai de santo* (mother or father of saint), possesses the most spiritual knowledge relative to the rest of the community, including the knowledge and capacity to initiate possession mediums. Mediums, or *Filhos de santo* (children of saint), are individuals who have been chosen as vehicles for the *Orixás,* and through initiation have learned the proper ritual form of trance and techniques for its voluntary induction. There are also two other categories of initiated religious participant within the Candomblé community, known as Ogá (male) or Equede (female). Individuals in these groups fulfill important ritual functions, but do not, or cannot, become possessed. Finally, the bulk of each Candomblé community consists of anywhere from 20 to 200 lay people, or *frequentadors* (literally frequenters). The entire Candomblé social network is not only organized like a family system, but often also experienced as one.

Thus, on a broad level of analysis we can see how Afro-Brazilians, and especially women, might be particularly vulnerable to the development of emotional distress, psychological symptoms, and stress-related health consequences, and how access to the institution of Candomblé might provide an effective buffer against some of these stressors. However, the question still remains: Why do some individuals living under such conditions become mediums and others do not? Similar questions regarding psychological disorders that have their roots in traumatic experience are often asked, and tentative answers have to do primarily with relative susceptibility and resilience (Vanderlinden and Vandereycken 1997). We might investigate whether these concepts are relevant to the etiology of Candomblé mediumship as well, by asking the following questions: What, if any, kind of emotional distress might result from the social conditions described above? Are mediums more vulnerable to such distress than others? and How might Candomblé mediumship help foster individual resilience? This study applies a combination of psychological inventories and ethnographic methods to help answer these questions, and begins to sketch an outline for an etiology of Candomblé mediumship.

METHODS

The broad objective of this study was to investigate why particular individuals become Candomblé mediums, and what distinguishes these individuals from those who do not become mediums. In other words, this

study sought to describe an etiology of Candomblé mediumship, by comparing the interaction between cultural beliefs and individual characteristics and experiences, among mediums and nonmediums. By comparing a group of mediums to nonmediums with varying degrees of proximity to Candomblé and the mediumship role, my goal was to discover whether a general pattern of social, psychological, and psychobiological factors differentiated mediums from other individuals.

The sample of study participants was selected to facilitate this comparative process. The study population was divided into five main comparison groups, based on relationship to Candomblé and proximity to the mediumship role; 71 participants between the ages of 18 and 65 years old were drawn from among these groups. The comparison groups were based on natural groups within the religion itself, with the addition of two control groups, resulting in a total of five different groups: 11 initiated Candomblé mediums, 10 non-medium initiates (5 *Ogás* and 5 *Equedes*), 20 uninitiated religious frequenters, 20 control individuals from outside the religion, who were matched for socio-economic status, and 10 additional control participants from outside the religion who were drawn from a higher SES group. The religious comparison groups were created around the different levels of participation in the religion: those who are initiated and who become possessed form the "mediums" group; the Ogas and Equedes, who are initiated but cannot become possessed, form the "non-medium initiates" group; and all uninitiated religious participants make up the "frequenters" group. Religious participants were recruited from among the membership of three different *terreiros* located in a poor and working-class area of Salvador.

Because it is well known that Candomblé mediums are disproportionately female, the group of mediums recruited reflect this gender bias: two men and nine women were selected for participation. Because the other religious groups do not, in general, have such a disproportionate participation by one sex or the other, equal numbers of males and females were selected for participation from these groups. Control participants in the SES-matched group were also drawn from the same age range as the religious frequenters (over 18 and under 65) and the sample was deliberately divided equally across sexes. Control participants in the group not matched for SES were selected from a higher income group, but were also drawn from the same age range and divided equally by sex.

SES was determined by occupation and level of education. Descriptive statistics show that 80 percent of Candomblé initiates and SES matched controls in the study are unskilled laborers and the other 20 percent unemployed. High SES participants were all professionals with college or post-graduate degrees, or college students.

All study participants were asked for basic background information (age, ethnic identification, schooling, occupation, marital status) after informed consent was granted. Participants from all five comparison groups completed three standardized psychological inventories, all of which were validated and shown to possess acceptable psychometric properties. Psychological inventories were not used to screen for disorders, or as diagnostic instruments, but rather as a means to generate self-report of psychological and affective distress. The Questionario Morbidade Psiquiatrica dos Adultos (QMPA) a Brazilian instrument designed to screen for anxiety and depression was selected as a generalized measure of emotional distress that has been widely used in studies of Brazilian psychiatric epidemiology (Santana 1982). Studies using the QMPA have reported sensitivity of between 75 percent and 93 percent for the scale, and specificity between 53 percent and 94 percent (Almeida-Filho, et al. 1997).

A translated version of the State Trait Anxiety Inventory (STAI), a two-part inventory measuring state (current) and trait (general) anxiety (Spielberger 1983), was applied in order to generate data concerning the tendency toward anxiety within a population hypothesized to be exposed to high levels of stress. Both scales of the STAI have acceptable reliability data; the trait-anxiety scale has a median reliability coefficient of .765 among American college students, and .695 among high school students. The state-anxiety scale has lower test-retest correlations (ranging from .16 to .62) but this is to be expected given that this scale is designed to measure transitory mood states (Spielberger 1983). Finally, a Portuguese version of the Dissociative Experiences Scale (DES), a measure of dissociative tendency typically used to screen for Dissociative Identity Disorder (DID), was administered because spirit possession is thought to represent a form of dissociation. The DES has a test-retest reliability of .84, with good internal consistency and construct validity. The STAI and DES have not previously been validated in a Brazilian population, but both have been used widely in cross-cultural contexts and were selected to facilitate comparison with other populations.

In addition to the psychological inventories, the 31 individuals from within Candomblé also participated in a semistructured interview with a range of questions concerning their religious participation, motivations, life satisfaction, life experiences, and so forth. The semistructured interviews used open-ended questions designed to allow the interviewee the freedom to answer with as much or as little detail as they wished. These interviews were recorded and fully transcribed in addition to being reduced to their simplest form and entered into a database for the purpose of quantification. Quantified versions of the data were used in statistical analyses, and the full answers remain available for clarification,

Table 1. Psychological inventory data for five comparison groups related to Candomblé in Salvador, Brazil.

|	Mean QMPA Scores Emotional	Mean QMPA Scores Somatic Distress	STAI Trait Anxiety	Mean DES Scores Dissociation
Mediums	11.9	4	40.8	11.6
	(SD = 4)	(SD = 1.5)	(SD = 11)	(SD = 12)
Nonmedium	12.8	3.7	37.3	9.3
Initiates	(SD = 7.6)	(SD = 2.1)	(SD = 10)	(SD = 15.2)
Frequentadors	11.4	3.2	43.1	12.4
	(SD = 6.2)	(SD = 2.5)	(SD = 11.1)	(SD = 8.4)
SES-Matched	10.4	2.8	40.2	7.7
Controls	(SD = 6)	(SD = 2.3)	(SD = 9)	(SD = 10.5)
High-SES	4.6	.8	37	2.6
Controls	(SD = 4.3)	(SD = 1.1)	(SD = 9.5)	(SD = 2.5)

and as a source of qualitative detail with which to supplement numerical data.

A subset of *Filhos de santo* were also asked to participate in a life-history style interview with particular emphasis on religious background and experiences. Interviews with *Filhos de santo* and *Ogás* and *Equedes* took place as part of a larger protocol that also included psychophysiological measurement.

Quantitative data from the semistructured interviews and from the three psychological inventories were entered into SPSS (Statistical Package for the Social Sciences, version 10) for data analysis. Comparisons between groups were made using student t-tests and ANOVA. Orthogonal comparisons were also used to test a priori hypotheses concerning group differences. Coefficients were assigned to groups based on hypothetical differences in mean scores on the QMPA and contrast analyses were run using ANOVA. All tests were performed using 95 percent confidence intervals. Results for the psychological inventories for all five comparison groups are summarized in Table 1.

MARGINALITY AND EMOTIONAL DISTRESS

I hypothesized that the social and economic marginality of Candomblé participants and other poor and working class Brazilians might make them especially vulnerable to emotional distress. Results from the QMPA strongly support this hypothesis: all of the religious comparison groups and their SES-matched counterparts reported significantly higher
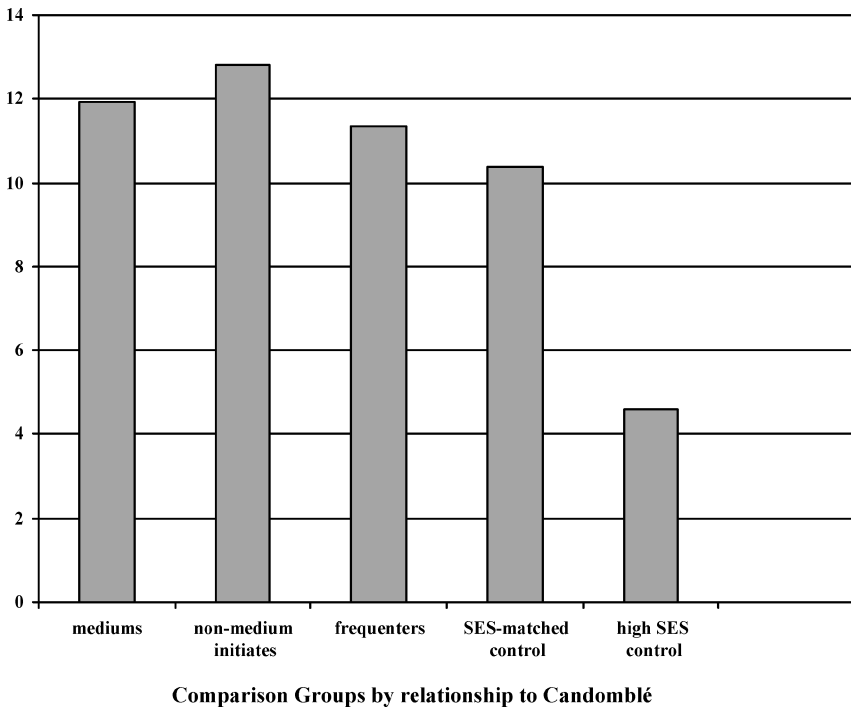
Figure 2. Mean scores on the Questionario Morbidade Psiquiatrica dos Adultos (QMPA) among 71 individuals in five comparison groups related to the Candomblé religion in Salvador, Brazil.

numbers of symptoms than the high SES control group, as shown in Figure 2 (p < .05). Though there are no significant differences among any of the comparison groups on the trait-anxiety scale of the STAI, (Table 1), when compared to normative data from two U.S. populations, the results are suggestive. The scores of nonmedium initiates and high SES controls were closest to normative data for normal U.S. adults, whereas Candomblé mediums, frequenters, and SES-matched controls had trait anxiety scores squarely between those of the normal U.S. adults and normative data for a group of neuro-psychiatric patients. Although the STAI data do not present dramatic differences between groups, along with the results from the QMPA, they suggest that the lifestyles of many poor Afro-Brazilians in Salvador leave them more vulnerable to the development of anxiety and depressive symptoms.

The connection between self-report of emotional distress and lifestyle is further underscored by responses to semistructured interview questions. When asked what aspects of their lives were most stressful and

what they would most like to change, participants' responses consistently included issues of money and housing, the desire to own their own home, to live independently from other family members, and to earn a better living. The desire for a better lifestyle, and the inability to achieve it, is an issue simmering just below the surface of daily existence for many poor Afro-Brazilians. A small follow-up survey conducted among individuals randomly selected from the service sector of the economy (N = 15) confirmed that poor and working class Bahians consider material possessions such as cars, a comfortable and steady income, and home ownership—all things that they generally do not have—to be fundamental aspects of a successful lifestyle. Such qualitative data support the idea that poverty is distressing not only because it means a lack of adequate resources and living conditions, but also because the *awareness* of one's relative poverty is stressful.

RELIGIOUS AFFILIATION

Candomblé devotees and other poor Afro-Brazilians have in common their exposure to the negative effects of poverty, including emotional distress. Those who do not become Candomblé devotees differ mainly from those who do, in terms of the degree and valence of their exposure to the religion—and of course their degree of commitment to other religious faiths. Data from semistructured interviews reveals that 81 percent of initiated Candomblé participants have relatives who also participate in the religion, and 80 percent of frequenters reported originally joining the religion because of friends or relatives. Thus, individuals who have had what I call "positive access" to Candomblé, meaning exposure to the religion in an inviting context, and/or through trusted individuals who positively value it, are most likely to become devotees (Seligman in press).

MEDIUMSHIP AND SOMATIC DISTRESS

I hypothesized that mediums possess some psychological or psychobiological characteristics that distinguish them not only from those who do not participate in Candomblé, but from other Candomblé participants as well. In terms of general levels of emotional distress, mediums do not report significantly more symptoms than any of the other groups, with the exception of the high SES control group. However, the number of *somatic* symptoms reported by mediums on the QMPA was higher than the numbers reported by any of the other groups. For filhos, the mean number of somatic symptoms was 4.0 compared to 2.7 for all other groups

combined (standard deviations 1.5 and 2.3 respectively, $p < .05$). I defined as "somatic" any symptom or set of symptoms on the QMPA involving a form of bodily distress. For instance, headaches, burning of the stomach, ringing ears, and tremors in the limbs are among the somatic symptoms described on the QMPA. Candomblé mediums appear to be more susceptible to such somatic forms of distress. However, the degree of difference is reduced when the high SES group is removed from the analysis. When this is done, the mean number of somatic symptoms for the remaining groups becomes 3.3 (standard deviation 2.2) compared to 4.0 for mediums. Although this demonstrates that poverty is a strong predictor of somatic distress, a trend still remains when SES is no longer a factor, indicating that somatization may be part of the etiology for mediumship.

This finding is further borne out by quantitative analysis of a semistructured interview question asking why individuals initially began to participate in Candomblé: 63 percent of mediums reported being motivated by illness, whereas 60 percent of the individuals from the nonmedium initiates group and 80 percent of the individuals from the frequenters group were motivated by affiliations with participating family and friends (Chi square $p < .05$). These results are particularly striking given that 90 percent of mediums had family members involved in Candomblé, yet still associated their initial participation in the religion not with social ties, but with the desire to alleviate somatic distress.

The content of mediums' life history narratives helps to explain the motivational force of such somatic distress for these individuals. Prior to initiation most mediums report living with high levels of psychosocial stress, and suffering from numerous negative life events—ranging from sexual abuse or the death of a parent or child, to financial insolvency and relationship problems. In addition, the narratives of most mediums include description of a chronic, incurable, and sometimes debilitating illness, from which they suffered before initiation (Seligman in press). Such illnesses were typically accompanied by emotional distress, and the two types of distress often fed off of one another. Becoming ill may have temporarily mobilized some resources for these individuals, such as attention from family and from doctors, relief from some obligations, and so forth. However, the chronic and undiagnosable nature of the illnesses meant that these resources did not last, and the illness itself quickly became part of the stress burden borne by the individual. For example, one medium described the severe illness with which she was struck after the responsibility of caring for three children under the age of four became unbearably stressful. She became so ill she believed she had tuberculosis. After six months without any progress toward a diagnosis or cure, and no relief from her responsibilities, she understandably became desperate.

At the suggestion of friends and family, she eventually sought help from Candomblé.

Members of the other religious comparison groups were less likely to report having suffered negative life events or illnesses,[6] and were less than half as likely as mediums to have consulted a mental health professional at some point in their lives (55 percent of mediums had, compared to 23 percent from the other two groups).

SKETCH OF AN ETIOLOGY FOR MEDIUMSHIP

These findings begin to hint at an etiology of mediumship in the context of Bahian Candomblé. Mediums, like other poor Afro-Brazilians, tend to be vulnerable to poverty-related emotional distress. They appear prone to somatization, and are frequently exposed to sources of psychosocial stress that eventually precipitate somatic crises. The particular forms that such stressors take is further illuminated by data from life history interviews indicating that lack of choice with regard to social roles, and the demands of social roles occupied prior to initiation, were a major source of distress for many mediums. For instance, the medium described above reached an emotional crisis after taking on the socially prescribed role of wife and mother. Several others were unable to hold jobs and forced to move in with parents or other family members. Some felt they had no choice but to defy social expectations surrounding marriage and family because of their sexual orientations.

Although a clear picture of the psychosocial factors involved has begun to emerge, I also argued earlier that the etiology of mediumship is partly shaped by the cultural model for mediumship itself. In other words, there is a certain fit between the characteristics of potential mediums, and the cultural expectations surrounding mediumship, that is by no means coincidental. For example, the mediumship role is to some extent defined by affliction, particularly physical affliction, and potential mediums are individuals who have been afflicted—and whose afflictions, more often than not, manifest physically. It is my contention that this fit is the product of a dynamic process that includes not only the environmental conditions and natural tendencies of such individuals, which draw them to the mediumship role, but also an interaction between their experience of their own natural tendencies and their implicit knowledge of the cultural model for mediumship. In other words, certain aspects of their experience become highlighted, or charged, by the presence of this model in their socio-cultural world. Thus, the meaning of their experiences is a product of the way in which these individuals *attend* to them, which is in

turn influenced by exposure to cultural meaning systems (Csordas 2002; Good and Good 1982).

This iterative process not only serves to shape the expression of individuals' experiences into a form that is culturally intelligible, but also a form that, by its very definition, creates for them an entirely new, highly functional social role. This may be one reason why the mediums in this study exhibited mainly what might be described as "subclinical" levels of emotional distress. Individuals with more extreme emotional disturbances, for instance those suffering from some form of psychosis, would be unable to effectively express their distress in the idiom of mediumship, incapable of an ongoing performance of the mediumship role, and unable to take advantage of its therapeutic aspects.

The therapeutic dimensions of mediumship that have received the most attention by anthropologists in the past are those commonly known as "secondary gains" (Bourguignon 1979; Lewis 1971). This term refers to practical benefits experienced as part of the mediumship role, beyond the "primary gains" of emotional, political, or spiritual satisfaction. Gains include the acquisition of a new social network, an increase in social support, access to power and respect, and even economic gains resulting from immersion in a new economic network as well as income generated from performance of spiritual services. Such secondary gains correspond neatly with common deficits in the lifestyles of poor Afro-Brazilians.

In addition to the reduction in stress, increase in support, and general emotional benefits of these secondary gains, mediums also experience the therapeutic benefits of a fundamental reinterpretation of self that is facilitated by becoming a medium.[7] By internalizing the cultural model for mediumship, individuals are able to explicitly rewrite their own self-narratives in spiritually significant terms, and thereby learn to experience themselves more positively (Seligman in press). One such narrative chronicled a medium's inability to hold down a job and support himself, his bad temper and history of getting into fights, and his failure to conform to social expectations by marrying and having children. However, the theme of his narrative was not one of self-pity or self-condemnation, but ultimately one of transformation; the distress and misfortune he suffered were interpreted as spiritual symptoms, the results of a spiritual affliction caused by his failure to take on the responsibilities of mediumship. He has come to believe that all of his prior existential distress was a message to him from the Candomblé deities.

Whatever form their previous affliction may have taken, whether extreme emotional distress or simply a general malaise, this opportunity for self-transformation has the potential to substantially improve the lives of those who become mediums (Csordas 2002). In fact, this therapeutic function is likely reflected in the results presented above: the numbers of

symptoms reported by mediums on the QMPA and STAI may represent an improvement over the levels of emotional distress they suffered before initiation. The fact that mediums reported crisis levels of emotional distress prior to initiation, and much lower levels on the psychological inventories measuring current levels of distress, suggests that their symptoms have diminished since becoming mediums. This idea is supported by the explicit and unequivocal claims made by mediums themselves, that since becoming mediums their problems have improved. Although such claims might be influenced by a desire to fit the outcomes of their own stories to the dénouement of the prototypical mediumship narrative, nevertheless, mediums still experience themselves as "better off" now than they were before becoming initiated.[8] Moreover, although they displayed a tendency toward somatization sufficient to distinguish them from the other comparison groups, mediums generally did not present major somatic complaints. The lack of major somatic suffering following initiation may simply be a by-product of the social and emotional healing mediums experience as a result of taking on their religious role. However, it seems more than coincidental that individuals who are prone to somatize should take on a religious role that so thoroughly incorporates the soma in belief (possession) and practice (trance). This leads us to the possibility that the somatic or embodied nature of the mediumship role itself has acted to moderate the degree to which mediums experience emotional distress as somatic affliction. In other words, mediums may be able to channel their somatic tendencies into the experience of possession trance.

DISSOCIATION AND SOMATIZATION

The idea that the tendency to somatize is somehow redirected into the experience of possession trance further suggests a nonrandom fit between the characteristics of the mediumship role, and the characteristics of mediums. In fact, there is good reason to believe that not only might somatic affliction be alleviated by possession trance, but even more fundamentally, that the tendency to experience distress somatically might actually stem from the same psychophysiological characteristics that predispose mediums to enter such dissociative states of consciousness. Indeed, clinical psychologists have observed a significant connection between dissociation and somatization among their patients, but relatively few systematic studies of the psychophysiology of dissociation have been conducted (Ross 1994).

Dissociation has been defined as "the occurrence of experiences and behaviors that are thought to exist apart from, or to have been disconnected from, the mainstream of one's conscious awareness, behavioral

repertoire, and/or self-concept" (Krippner 1994). By this definition, the possession trance of Candomblé mediums almost certainly constitutes dissociation: when mediums become possessed, they describe their own consciousness as being "asleep." Moreover, they have amnesia for all that takes place while they are possessed, and they emerge from possession as if "waking up." However, although dissociation technically encompasses experiences as everyday as highway hypnosis, it is typically associated with the more extreme forms that are considered pathological in the biomedical world (Krippner 1994).

As noted above, dissociation is often assumed to be the central and defining aspect of possession mediumship, and I have argued that this helps to explain the perceived association between mediumship and mental illness. However, in the context of Brazilian Candomblé instead of being the key symptom for the "diagnosis" of mediumship, as it would be for diagnosis in a biomedical context, dissociation, or spontaneous trance, is one of many criteria by which potential mediumship may be determined. Other experiences, glossed by one *Mae de santo* as forms of "suffering," are key components of what might be thought of as the "ethno-etiology" of mediumship. These experiences include: chronic, undiagnosable illness; mental problems, especially anxiety and depression; interpersonal problems, especially problems within the family; negative life events or general misfortune, often in the form of unemployment, financial crisis, illness, death, or injury of self, friends or family; and general dissatisfaction.

These criteria are remarkably similar to the social and environmental stressors and forms of emotional distress, to which I argued Afro-Brazilians are particularly at risk. Just as the parameters of the mediumship role seem designed to fit individuals who have been exposed to such "suffering," I believe that there is also a dynamic relationship between dissociative experience and religious beliefs concerning mediumship. Dissociation not only represents one possible motivation for becoming a medium, but also constitutes an embodiment of the belief system. In other words, the direction of causality in the relationship between mediumship and dissociation is not as clear as has typically been assumed: dissociation is not necessarily prior, in either the ethno-etiology or in people's experience.

Results from the dissociative experiences scale (DES) support the idea that a tendency to dissociate is not the defining characteristic of mediums. The mean DES scores for the three religious comparison groups were significantly higher than those of the two control groups, based on orthogonal comparisons using contrast analysis, as shown in Table 1 ($p < .05$). However, there was no association between mediumship and DES score; all Candomblé participants were equally likely to report

dissociative symptoms, and none of the groups had mean scores above the clinical cut-off of 30. Thus, DES score does not represent a criterion by which mediums can be distinguished from other religious participants. This is not to say that trance is not an important part of possession mediumship—certainly being unable to enter a trance state would effectively prevent one from becoming a medium. Perhaps it would be most accurate to say that the ability to enter trance is necessary but not sufficient for becoming a medium.

EMBODIMENT

Most conceptions of embodiment do not include discussion of the body at a biological level. However, memory and cultural knowledge are imprinted on the body at least in part through physiological processes, as when experience shapes the pattern of neuronal connections in the brain, or the action of hormones affects memory formation in the hippocampus (Changeux 1985; Perry 1999). Post-traumatic stress disorder (PTSD) is probably the most dramatic example of how experiences are inscribed in our physiological systems. Triggers in the environment appear to cause the bodies of individuals suffering from PTSD to literally reexperience the trauma they have suffered, through the action of their physiological response systems (Bremner and Narayan 1998; Heim et al. 2000; Perry 1999). Interestingly, the only experience described on the DES to which mediums had a notably stronger response than members of the other groups was the experience of remembering a past event so vividly that they felt as if they were reliving it. Though the difference in their response to this item was not significant, it was sufficiently close to warrant some attention (mean score for mediums 43.64 +/− 39.3, compared to 23.67 +/− 26.5 for all other groups, p < .1). This result is especially notable given the similarities between this DES item and the type of physiological embodiment described above.

The psychophysiological characteristics of individuals who become mediums may make them more physiologically sensitive to stress, giving them a heightened sense of their own bodies, and predisposing them to experience, and reexperience, strong physical reactions to social and psychological events—creating what one might perhaps call a tendency toward "hyper-embodiment."[9] It is obvious how such a tendency might relate to the somatic experience of distress, but it could also be associated with the capacity for deep internalization of experiences and beliefs, as well as the capacity for intense dissociation. In other words, their psychophysiological profiles may not only contribute to their *motivation* for becoming mediums, but might also contribute to their *ability* to

experience themselves as mediums, and to induce the ritual trance states central to performance of the mediumship role.

The interface between the propensity for deep internalization and embodiment of beliefs, and a predisposition toward dissociation, may form the basis especially for early experiences of possession trance. Semistructured and life-history interview data reveal that most mediums had their first dissociative experience *after* they became involved in Candomblé. Approximately half of the mediums interviewed reported entering a trance state on, or immediately following, their first visit to a *terreiro,* and the other half experienced trance after a more prolonged involvement with the religion. Thus for most mediums, dissociation did not take place until after they were exposed to the right environment—an environment in which induction stimuli like drumming, dancing, and singing were present, and in which they were surrounded by an atmosphere of intense spiritual belief.

For individuals who have a tendency to form intense body memories, the patterned actions of Candomblé ceremonies represent powerful material for embodiment. In a typical ritual performance mediums bow and prostrate themselves in greeting to the gods, they perform complex ritual movements, they sing and dance in unison with one another, circling in repetitive motion to the dramatic rhythms created by constant drumming. These ritual stimuli effectively entrain their physiological systems, and do so in a context in which mediums are able to respond freely, and embrace the feelings of intense physical and emotional activation created. Mediums describe the extreme excitement they feel while participating in rituals, they speak of the gooseflesh it gives them, the feeling of dizziness and of falling, of the tremors that pass through their bodies, and they speak of these sensations both comfortably, because they are predictable and even desirable, and with a sense of reverence for what they believe the feelings signify. In other words, in the context of religious ritual, such physiological arousal is experienced very positively.

IS SPIRIT POSSESSION TRANCE REALLY DISSOCIATIVE?

The lack of association between DES scores and the propensity to enter trance states suggests a disconnect between what is measured by this instrument, and experiences of the people interviewed. Closer examination of the concept of dissociation and how it is operationalized on the DES provides some insight. According to the DSM-IV, dissociation involves the "disruption of the usually integrated functions of consciousness, memory, identity, or perception of the environment" (American Psychiatric

Association 1994). Kirmayer argues that the gaps in experience resulting from such disruption are commonplace, but are typically integrated seamlessly into memory through the process of narrative reconstruction; that is, we automatically fill in the blanks as we construct a coherent story about ourselves and our experiences (1994). Pathological dissociative experiences, then, are those blanks that do not get filled in—they are gaps in time, behavior, and identity that, for whatever reason, have not been reconstructed in the continuous process of creating and maintaining a unified sense of self (Kirmayer 1994).

In the case of individuals whose dissociative experiences involve trauma, the failure to fill in the blanks operates as a form of self-protection (Kirmayer 1994). For those whose dissociative experiences have almost entirely taken place in the context of Candomblé, on the other hand, the experiences in question do not fit this pattern of narrative gaps. In fact, dissociation in the context of Candomblé is associated with a specific, culturally salient narrative, ready-made for mediums' use: gaps in memory and experience are understood as periods during which the individual's self-consciousness has been suspended and replaced by that of a possessing spirit. Thus dissociation in the context of Candomblé is seamlessly integrated into the identities of mediums, when their gaps in consciousness are filled-in with this culturally available narrative. Because the experiences described on the DES involve unintegrated, unexplained, narrative-gap forms of dissociation, the mediums simply might not relate their own experiences to those being described—despite the fact that at their cores, both types of experience involve the suspension of integrated consciousness.

Another way to understand the difference between the types of dissociation described on the DES and spirit possession trance is in terms of the experience of volition. Many psychologists conceive of the self as a hierarchical set of subsystems rather than a unified whole (Bowers 1994; Erdelyi 1994). The self is typically experienced as unified because higher-level or executive systems control lower subsystems, resulting in a sense of volitional control. Dissociation, then, is literally the product of the dissociation between lower subsystems and higher executive controls, which contributes to the experience of nonvolitional behavior (Bowers 1994). The fact that possession trance is understood as the occupation of the body by powerful spirits means that volitional control is a nonissue; behaviors, while not experienced as voluntarily performed, are not experienced as involuntary either–they are simply removed from the realm of human choice. In addition, trance typically takes place at predetermined times, in ritual contexts, which also means that there is a sense at least of acquiescence, if not control. Thus, dissociative experiences described on

the DES, which imply lack of volitional control, fail to resonate with the experience of possession trance for many of the mediums in my study.

However, as Csordas points out, religious experiences are attributed to deities because the sense of spontaneity, or lack of control, that characterizes these experiences contributes to the ability to "thematize them as radically other" (Csordas 2002:83). Although becoming a medium provided these individuals with a way to define that "other," the somatic distress experienced prior to initiation might have produced a similar sense uncontrol. What this suggests is that the connection between somatization and dissociation exists not only at the level of psychophysiological predisposition, but also at the level of lived experience. Not surprisingly, there is a clinical association among patients who suffer from depersonalization disorder, a type of dissociative disorder characterized by "persistent feeling of detachment or estrangement from one's self," with somatic concerns (DSM-IV 1994). Thus, the tendency toward "hyper-embodiment" may produce a sense of disconnect between self and experience that is considered pathological in clinical contexts. In the context of the Candomblé belief system, this disconnect predates and presages the experience of dissociative trance for many mediums.

For some mediums, then, an element of the fit between individual characteristics and cultural role is the opportunity to learn to control dissociative experience through induction, and to understand it through internalization of a cultural narrative. For others, becoming a medium involves shaping individual predisposition to fit a culturally defined identity; this process includes the development of a form of voluntary dissociation, which these very same predispositions make them uniquely capable of experiencing as cathartic release.[9] The idea that the same underlying psychophyisological characteristics contributing to dissociation may also cause possession trance to be therapeutic for mediums, is supported by research indicating that the effects of ritual induction techniques and initiation procedures on the nervous system may result in direct physiological benefits (Lex 1979; Prince 1974).

We have classified spirit-possession trance as a form of dissociation because on the surface it seems to fit the definition of dissociation. On closer examination, however, it appears that ritual trance among the mediums of Candomblé at least, is not experienced as a pathological dissociative gap or as nonvolitional, and may in fact represent a beneficial way for individuals to channel a tendency toward hyper-embodiment. Given the disconnect between the way Candomblé mediums experience possession trance, and the qualities of pathological dissociation, whether such trance states should be considered dissociative is a question that may need to be revisited.

CONCLUSION

I have attempted to create a holistic and integrated picture of the pathways leading individuals to spirit-possession mediumship in the context of Brazilian Candomblé. This picture encompasses social, psychological, psychophysiological, and cultural dimensions as well as the interactions among them. Becoming a medium is a dynamic process in which an individual's experience of her own characteristics and predispositions is influenced by cultural beliefs and the ethno-etiology of mediumship. The characteristics of mediums and the characteristics of the mediumship role are uniquely suited to one another because, over time, the mediumship role has developed to suit the needs of individuals from the Afro-Brazilian population. Similarly, some Afro-Brazilian individuals who have been exposed to Candomblé identify with the mediumship role, and come to experience themselves in the spiritual terms associated with that role. Thus in addition to informing biomedical approaches to mediumship, my analysis informs those social-functional theories that imply that all individuals enduring oppressive social circumstances should eventually become mediums; my analysis does so by highlighting the importance of interaction between social, psychological, and cultural factors in creating a fit between mediums and mediumship.

This fit between mediums and the cultural belief system surrounding mediumship is in turn a major factor in the mental health of mediums. The mediumship role provides the social support, status, and aesthetic pleasure that is missing from the lives of most poor Afro-Brazilians. In addition, the poverty of many Afro-Brazilians makes them more prone to emotional distress than others. For those who become involved in Candomblé, the spiritual narrative of the religion allows them to rewrite their own self-narratives in new, more positive terms, and contributes to a therapeutic reduction in existential distress. Finally, some individuals are more prone to experience distress somatically than others, and the embodied nature of the mediumship role provides a positive outlet for this tendency in the form of ritual trance.

It is important to note that for some individuals becoming a medium may not involve the kind of dynamic interaction between individual characteristics and culturally defined role that I have described in these scenarios. Without a doubt, different individuals follow different pathways to mediumship, and for some it is probably primarily a social pathway in which mediumship represents a socially rewarding or politically empowering status. For others, like those I have focused on in this article, it is a pathway of psychosocial motivation and embodiment. The etiology I have attempted to develop is therefore a description of one natural history

of mediumship, presumably among many. However, it is one that I have found to be significant among a sample of Candomblé mediums from a poor and working class area of Salvador da Bahia.

The way we look at the relationship between mediumship and mental illness has been very much shaped by our implicit assumption that dissociative trance is its central and defining feature. Many previous approaches have thus treated dissociation as the primary outcome and mediumship as a cultural interpretation or social response to the individual's entry into altered states of consciousness. By reevaluating this premise, I have demonstrated that dissociation should be shifted from its theoretical place as outcome, and recognized as just one element of the mediumship role as it is culturally defined. This reevaluation not only allows us to treat the mediumship role as a whole as the outcome of interest, but also helps to redefine the investigation itself, in terms of the relationship between mediumship and mental *health*, rather than mental illness.

Accordingly, the ability to dissociate is treated here as a personal characteristic that contributes to an individual's ability and motivation to successfully occupy the mediumship role—a characteristic shaped by the dynamic interactions of emotional distress, somatization, and the cultural meaning system. In fact, the tendency to somatize and predisposition toward dissociation may both have their roots in individual psychophysiology, and analyses of psychophysiological data collected as part of this project lend support to this idea. If this is the case, then learning to induce trance, and experience it as part of a new identity and positive role, may help to buffer against the experience of somatic distress. Ritual trance could, therefore, represent an important therapeutic dimension of Candomblé spirit possession mediumship, as opposed to the type of pathological dissociation defined by the biomedical system.

A potential limitation of this research is the small sample size, which was a compromise necessary to facilitate the use of a range of biocultural methods. At the same time, there is a depth and complementarity to the data gathered through this multimethod approach that helps to balance the potential shortcomings of sample size. Though statistical results are not always significant with a small sample, and interpretation of data can be more difficult, the qualitative and quantitative data gathered in this study reinforce one another, and each provides a context for interpretation of the other.

Overall, the model presented here demonstrates the importance of applying a micro-ecological approach to cross-cultural research—one that integrates the individual, social, and cultural levels of analysis. Such an approach is especially important to research involving issues of illness

and health, therapy and dysfunction, and the causes and origins of related behaviors—if for no other reason than because illness itself is a quintessentially multidimensional, biocultural event. Such an approach has relevance not only to studies of religious phenomena, like mediumship, but is also applicable in biomedical contexts. An integrative approach can inform our understanding of the dynamic processes involved in the discovery, diagnosis, and labeling of physical and mental disorders, as well as the experience and meaning of these processes for affected individuals.

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NOTES

1. Though the word "etiology" is most often used in medical contexts, it is defined as the "study of causes and origins" and it is in this sense that I use it here (American Heritage Dictionary 3rd edition, 1994).

2. Lambek phrases this question in the opposite manner, asking "what motivates some people to *refrain* from trance behavior," but I believe that the reasons why some individuals *do* become mediums are probably more accessible to study (1989).

3. I would argue that this actually applies to mental illnesses as well, as evidenced by the development and rapid spread of new psycho-medical labels, such as ADD and ADHD. Children come to suffer from these disorders through a feedback between their own tendencies and their exposure to cultural expectations, via interactions with parents, teachers, etc.

4. With the exception of several large, famous *terreiros* whose membership includes many of Salvador's elite.

5. To my knowledge there has not yet been an official census of all of the city's *terreiros.*

6. The possibility that consistent reports of negative life events and illness by mediums is shaped in part by cultural expectations with regard to the content of mediumship narratives is explored in depth in (Seligman, in press).

7. Brazilian anthropologists Carlos Caroso and Nubia Rodriguez are currently pursuing research along somewhat similar lines (Caroso and Rodriguez 1997).

8. A longitudinal study design would be ideal for discovering whether, in fact, mediumship does temper emotional distress. However, such a design was not feasible for the current study.

9. This argument is supported by psychophysiological data collected as part of this study (in preparation).

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