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From Affliction to Affirmation: Narrative Transformation and the Therapeutics of Candomblé Mediumship

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Abstract Through the presentation and analysis of a prototypical mediumship narrative, this article shows how individuals initiated into the Candomblé religion of north-eastern Brazil come to alter their own self-narratives by learning and internalizing the cultural model for an established social/religious role: that of the medium. As individuals come to identify with this 'role model,' they are able to reinterpret their own life histories in terms of the model's structure and its symbolic content. This article also demonstrates how the social articulation and cognitive internalization of this new self-narrative act therapeutically, to foster a positive transformation in self-understanding that facilitates positive behavior.

Key words Brazil • mental health • religious healing • self-identity • spirit possession

MEDIUMSHIP AND MENTAL HEALTH

Anthropologists have long been fascinated with spirit possession mediumship, partly because of its presence in so many disparate cultures, and partly because, despite this ubiquity, it continues to be unfamiliar, mysterious and exotic (Boddy, 1994). Among the attempts to understand mediumship two of the most popular types of explanation have been

social–functional and psychological theories. The social explanations, made famous by I. M. Lewis' *Ecstatic Religion: A Study of Shamanism and Spirit Possession*, have generally treated spirit possession mediumship as a form of social protest, available to groups of individuals (particularly women) who are otherwise disenfranchised (Gomm, 1975; Lewis, 1989; Ong, 1987).

Psycho-medical approaches to mediumship have ranged from the equation of spirit possession with various mental illnesses, to more nuanced approaches which view peripheral or unsanctioned possession as a cultural expression of, or explanation for psychopathology (Bourguignon, 1992; Cardena, 1992; Devereux, 1980; Harvey, 1980; Shekar, 1989; Ward, 1989a, 1989b). Some psychological approaches to mediumship have also explored the relationship of mediumship to healing. The role mediums play in healing others is well known (AvRuskin, 1988; Greenfield, 1992; Kearney, 1978), and possession itself has been viewed as a vehicle for cathartic release by distressed individuals. Researchers have also explored the roles of exorcism and its antithesis, initiation into mediumship, in healing sick or distressed individuals (Kapferer, 1991; Prince, 1974; Ward, 1989a).

Relatively few studies have examined the therapeutic dimensions of the mediumship role itself. Finkler (1985) has shown that Spiritist mediums in Mexico tend to have more emotional distress and negative life experiences than others, and that becoming a medium increases their sense of well-being even when it does not entirely heal them. Bourguignon (1979) demonstrated how possession allows individuals in Haiti to express their repressed desires, thereby facilitating therapeutic 'regression in the service of the self' (p. 282). In the same vein, Obeyesekere's nuanced 'psycho-cultural exegesis' of spirit possession in Sri Lanka demonstrated how a culturally patterned idiom is manipulated to express individual personality and to relate to individual needs and experiences (Obeyesekere, 1977, 1981). Similarly, though he analyzes mediumship primarily in terms of its communicative function, Lambek's (1981) study of mediumship in Mayotte illustrated how becoming a medium may improve social relationships and facilitate personal growth.

This article builds on such prior work, exploring the therapeutic potential of the mediumship role. I also attempt to reconcile some of the older approaches by examining mediumship at the social, communicative level and the individual, psychological level, at once. I describe the process through which individuals come to identify with the mediumship role, and demonstrate how, by accessing the collectively defined, cultural model for this role, individuals in Salvador, Brazil are able to reconstruct their identities, reinterpret their experiences, and redirect their actions. In this sense, the mediumship role itself acts therapeutically, as a structure around which

new identities are formed. Ritual initiation, articulation of revised self-narratives, and positive social expectations combine to give motivational force to this culturally structured identity, and allow individuals to behave differently – as spiritually empowered, rather than spiritually afflicted people.

SETTING AND METHODS

The following analyses are based on data collected during a year-long study of the Candomblé religion that took place in the city of Salvador. Salvador is the capital of the north-eastern state of Bahia, which is considered the most 'African' state in Brazil, in terms of both its culture and demographics. Not surprisingly, Salvador can also be thought of as the spiritual capital of the Afro-Brazilian religion Candomblé, because practice of the religion is most concentrated in Bahia, particularly in and around the city. The Candomblé community in Salvador is comprised of approximately 1500 different centers, or *terreiros*, each of which has between 30 and 300 members. Candomblé cosmology involves the belief that a pantheon of deities and lesser spirits occupy the universe along with humans, and that the gods and spirits may take physical form within the bodies of chosen individuals, who act as their mediums. Within each *terreiro* membership is divided among several different religious roles: the *Mae* or *Pai de Santo* (mother or father of saint) is the spiritual leader of the group; initiated mediums, known as *Filhos de Santo* (sons and daughters of saint), are vehicles for the deities; *Ogas* and *Ekedes* are male and female initiates who occupy important ritual roles but do not become possessed by deities; and finally, *frequentadors* are the lay people of the religion.

The general membership of the *terreiros* is made up mostly of poor and working class individuals of Afro-Brazilian descent. Though there are a few better educated, better-off participants who might be thought of as lower middle class, for the most part, members are either unemployed, or labor in the service industry as domestics, manicurists, janitors, fishermen, taxi drivers and the like. There is a wide age distribution among the communities of the two *terreiros* in which I conducted my research, and attendance at a typical *feira* (a type of public ritual) can include individuals in their 70s, all the way down to children of 8 and 10 years old. Formal participants in my study ranged from 18 to 65 years old.

Between them, the two *terreiros* in which I worked have a total of approximately 40 initiated members: 25 *Filhos de Santo*, 20 of whom participated regularly in the rituals and public events of the *terreiros* during the period when I was there, around 10 *Ogas*, and 5 *Ekedes*. Like the rest of this religious community, the initiated members are overwhelmingly poor and black, and vary widely in age. As a result of

discrimination, Afro-Brazilians are disproportionately represented in the lowest income groups of the country (Lovell, 1994). *Filhos de Santo*, who are overwhelming female, come from the social group with possibly the lowest status of all, in that they simultaneously occupy not one, but two groups facing social and economic discrimination. Women, who are subject to lower pay for equivalent jobs and other forms of economic discrimination, are also concentrated in the lowest paying sectors of the economy. In fact, the gender gap in earnings actually affects Afro-Brazilian women more than the racial one (Lovell, 1994). Women in Brazil are also more likely to be single heads of poor households, and within the *terreiros* in question, almost all of the female *Filhos de Santo* occupy such a position.

The wider study from which the data presented here are drawn involved 71 participants, including members of the religious community at all levels of involvement as well as individuals from outside the Candomblé religion entirely. I focus here on just the mediums, or *Filhos de Santo*. In depth, unstructured interviews with *Filhos de Santo* were conducted as part of a larger methodology that also included psychological inventories, semi-structured interviews, and psychophysiology measurements. Narratives of mediumship were elicited in both the semi-structured interviews, conducted with 10 *Filhos* and 3 *Maes/Pais de Santo*, and the unstructured interviews, conducted with 6 of the original 10 *Filhos*. In all interviews, participants were simply asked to tell the story of how they came to be initiated into mediumship.

As is typical throughout the Candomblé community, female *Filhos de Santo* outnumbered males in my sample; 82% of the mediums who participated in my study were female, and only 18% male. There is a well-known stereotype that male *Filhos de Santo* are homosexual, and although this is certainly not true of all male *Filhos*, it is the case that all of the male *Filhos de Santo* who participated in my study are gay. As a result, like Afro-Brazilian females, they also occupy a difficult position within the Brazilian social framework. The ways in which their social status helps to position such individuals to become mediums is discussed further later in the article.

NARRATIVE IDENTITY AND CULTURAL MODELS

In order to understand the relationship between mediumship and mental health, and more specifically, the potential therapeutic benefits of mediumship for some individuals, it is necessary to examine what Bradd Shore (1996) has called 'the life of cultural forms at the juncture of the public and private' (p. 39). Mediumship is a cultural form that demands to be understood as a social role, the meaning of which is defined and understood at a group level, as well as at the level of individual experience.

Moreover, in trying to discover how individual psychology might influence or be influenced by such a cultural role, it is imperative that the public and private be taken equally seriously. After all, it is the way in which individual experience and public culture complement, moderate, and shape one another which promises to tell us the most about people's real lives. In Shore's view, the project of understanding the dual life of culture, in the individual and the collective, requires 'a cognitive view of culture and a cultural view of mind' (Shore, 1996, p. 39). Cultural models provide a framework for investigating culture from both these points of view. Cultural models, briefly defined, are simplified, cognitive representations of socio-cultural domains which allow people to construct meaning and select actions based on their knowledge of 'how things work' (Dressler, 2000; Shore, 1996). However, these models are not simply 'a personal cognitive resource for individuals,' they are also representations shared across individuals within the same culture, and their internalization by individuals is shaped by social norms (Shore, 1996, p. 47).

Through the presentation and analysis of an prototypical mediumship narrative, I demonstrate how individuals reinterpret their past experiences in terms of the cultural model for mediumship, and organize their memories within the structure of a narrative template based on this model. The cultural model for mediumship is encoded in the narratives of mediums, and as such, the narratives are both vehicles for, and articulations of, the incorporation of this model into the individual's sense of self. In fact, narrative is viewed by some personality psychologists as a primary means by which human beings make sense of themselves and ultimately create identity (Howard, 1991; Kirmayer, 1998; McAdams, 1989). It is important to note that I use the term identity to refer to the way an individual understands and perceives herself, as well as the way she is viewed by her social group. Current social theory often conceives of identity as constantly in flux, shifting according to specific social demands (Kondo, 1990). However, my use of identity here assumes a relatively stable self-concept, which nevertheless does not exclude the possibility of strategic shifts in the emphasis on, or expression of, a particular aspect of self understanding, depending on social context. As McAdams (1989) puts it, 'identity is a life story . . . the internalized narrative integration of the past, present, and anticipated future which provides lives with a sense of unity and purpose' (p. 161).

Thus, we can view narrative as a way in which individuals organize their intentions, behaviors and memories, and thereby actively construct their own identities. The 'truth' of an individual's narrative, or the objective reality of actual events and behaviors, is largely irrelevant, as narrative identity captures belief, intention, imagination and desire – the things that *together* with events and behaviors ultimately combine to form lived

experience. Thus, narrative is in some respects, as McAdams argues, a 'mythological integration of setting, scene, character, plot, and theme' (p. 162; emphasis added).

The idea of self-identity as a story that is constantly being revised and amended is an intriguing and potentially useful one. However, what is mostly lacking from the formulations of the personality psychologists is the fact that much of what might be thought of as 'setting, scene, plot, and theme' is heavily influenced by culture, just as the symbols that make up a myth are. Thus, narrative can be viewed as a type of personal mythology, but the personal experiences of which it consists are, as Obeyesekere (1981) puts it, 'filtered through a cultural sieve'. That is, personal identity is constructed not only of individual experiences and innate personality traits, but also learned cultural models. Different individuals within a culture are differentially motivated by the same cultural models depending on how such models are learned, and the social and affective dimensions of this learning help determine the extent to which individuals come to identify with particular models (Holland, 1992; Strauss, 1992).

Although he does not speak in terms of cognitive models, Obeyesekere's work resembles cognitive anthropology in that it also represents an attempt to understand the relationship between culture at the collective and individual levels simultaneously. His notion of 'personal symbols' provides a useful tool for conceptualizing the way that individuals differentially relate to the content of cultural models. Personal symbols, which might be thought of as subsets of cultural models to which they are cognitively linked, are cultural images that are given life when an individual uses and imbues them with personal meaning, manipulating them according to individual need. Like the cultural models to which they relate, they are at once public and private, and the two uses are simultaneous and mutually reinforcing (Obeyesekere, 1981). Individuals may use these cultural forms to express their individual needs and emotions, but the forms themselves tend to be suited to a certain range of needs and emotions likely within that culture, since they are initially borne out of the psychological traits of the group (Obeyesekere, 1977).

Thus, narratives can be thought of as structures, both cognitive and expressive, which allow experience to be organized and communicated in both personally and culturally intelligible ways. In order to be culturally intelligible, behaviors must correspond to the cultural models of and for possession; they must be 'socially legitimated' in order to constitute the manifestation of possession (Obeyesekere, 1977). For this reason, the story of how an individual came to be initiated is doubly informative, in that such accounts tell us not only about the life history, personality traits and motivations of the individual, but also about the cultural conventions and social expectations of the community into which the individual must fit

his or her behavior, and ultimately his or her story. The social/cultural template into which potential Candomblé mediums must fit themselves is articulated, at least partially, in what can be thought of as the 'diagnostic criteria' used by spiritual leaders to detect who has the potential to become a medium. Three different spiritual leaders were interviewed as part of this study, about the criteria they use to determine who has the potential to become a medium.

The most common criterion cited was explicit communication from the deities through divination, but the spiritual leaders also described various other criteria, the first of which is also the most obvious sign of potential mediumship – that is, spontaneous entry into a trance state and possession by a spirit. The other criteria include other slightly more subtle clues, all glossed by one spiritual leader, or *Mae de Santo*, as forms of 'suffering.' These include: chronic, un-diagnosable 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 finally, general malaise.

Not surprisingly, analysis of the narratives about initiation into mediumship revealed that all are structured loosely around these diagnostic criteria. In addition to these core elements, the mediumship stories also tend to follow a common dramatic arc, including an exposition, climax and dénouement. I have selected a 'prototypical' narrative to present and analyze in detail. Though more or less emphasis is placed on different elements of the broader narrative scheme by each individual, the case that follows is representative of the accounts collected from mediums within the communities where I worked. Elements of other narratives are introduced to supplement the main case and to emphasize overlap, and point out relevant differences, among the various narratives.

A MEDIUMSHIP NARRATIVE: JALITA'S STORY

Jalita is a 54-year-old mother of seven. Her husband died of cancer 10 years before I met her, and she has never re-married. She has a junior high school education and worked as a manicurist for many years, though she is currently unemployed. Jalita owns her own home in a neighborhood that is one step up from a *favela*, or shanty-town, and shares it with her sister and five of her children. She has spent 26 years within Candomblé, and currently acts as the *Mae Pequena*, or second-in-command, at a local *terreiro*. She is a socially graceful woman who appears to be very competent, relatively satisfied with her life, and who enjoys very good relationships with all of her children.

In what can be thought of as a prototypical mediumship narrative, Jalita described the events leading up to her initial involvement in Candomblé in the following manner: she was married at the age of 24, and by the time she

was 28, she already had three children under the age of 4. It was around this time that she became what she describes as 'very stressed,' and began seeing a psychiatrist who prescribed medicine for her for 'maluco' (craziness). As she puts it,

I went to the psychiatrist and he told me to take this medicine, and so I took it. I mean to say, if a child had cried at that time, and I had had a knife in my hand, I would have had the desire to shut him up – but there was something that controlled me . . . that's why I had to seek out Candomblé – I was already passing those kinds of limits.

So one day she went to a Candomblé, never having attended one before despite the fact that her husband was a participant. As soon as she got to the *terreiro*, she went into a trance state referred to as *bolação* (a special type of trance that signals the need to become initiated). When she awoke from her trance, the *Pai de Santo* there informed her that she needed to be initiated. This made her weep, because at that time she did not like Candomblé and was afraid of it. So she left the *terreiro*, despite what the *Pai de Santo* had said, and went home. By the time she got home, she had become very ill. She had a cough, fever, a headache and 'everything.' She became so ill that she was convinced she had tuberculosis. She had three young children to raise, and could not afford to stay sick, and so she soon went to see the doctor about her illness. According to Jalita, over the next 6 months, her doctor 'tested for everything,' but could find nothing wrong with her.

Eventually, Jalita sent her sister to a Candomblé practitioner whom they both knew, in order to have the cowries thrown. The cowrie shells agreed with what the other *Pai de Santo* had told her, that she needed to be initiated. In the meantime, her illness was worsening, so her husband finally went back to see the *Pai de Santo* in whose *terreiro* she had gone into trance. The *Pai de Santo* instructed that she must return to his *terreiro* for a spiritual cleansing. Jalita agreed to the spiritual cleansing, and after he had performed it, the *Pai* told her she must return to the *terreiro* again in eight days. When she returned, there was a *caboclo festa* going on at the *terreiro*, and she immediately entered into trance and once more experienced a *bolação*.

While she remained in a trance state, she says that they moved her to a room somewhere in the *terreiro* where she awoke from her trance 3 months later. She describes it in this way:

After 3 months the *Pai de Santo* finally demanded that the saints leave me, and I woke up. After I woke up, I passed my hand over my head – and in those days I had a lot of hair, very big and well cared-for – I passed my hand over my head and didn't feel my hair . . . I had already been initiated! I was already an *iao* (*filho* novice) and I knew already the things I should know – what things I shouldn't do, and what I could . . . what I couldn't eat. . .

Although she awoke from her trance state already possessing such ritual knowledge, she nevertheless claims complete amnesia for the time she spent

in trance. After that she stayed in the *terreiro*, in seclusion, for another 3 months, for a total of 6 months of initiation, despite the fact that she had three young children at the time, one of whom was only 3 months old when she entered the *terreiro*. Though it was difficult, and her sister had to care for her children during this time, she thinks of her initiation as 'a great blessing' because she has never had another thing wrong with her since then.

A LIFE HISTORY IN THE NARRATIVE TEMPLATE

Analysis of Jalita's narrative reveals the interplay between two of the main building blocks upon which narrative identities are constructed: the memories of life experience, and the cultural model of identity that the individual has come to absorb. Several themes derived from the cultural model, articulated above in terms of the spiritual leaders' 'diagnostic criteria,' play a major role in Jalita's narrative, and the details of her life history are organized according to the structure of the cultural model for mediumship. She describes herself as suffering from both chronic, undiagnosable physical illness, as well as mental illness at the time of her initiation. She also speaks of experiencing several episodes of spontaneous trance. In her case, the 'suffering' she experienced prior to initiation centered around her family relationships, and in particular, the care of her children (i.e. 'if a child had cried and I had had a knife in my hand'). According to Jalita, the psychosocial stress brought about by her recent, and rather abrupt, transition into the role of wife and mother (Jalita went from a single young woman of 24 years, to a wife and mother of three, in less than 4 years) had reached a crisis point by the time she was initiated.

In fact, this kind of life-stage-related psychosocial stress, brought about by uneasy social role transitions (or, in the case of some other narratives, failure to make appropriate transitions) recurs in the narratives of the mediums in this study. Although such transitions may not be inherently stressful, they seem to play a crucial role in creating the crises that often precede initiation. However, the fact that these transitions are considered normal elements of the life course and are not experienced as stressful by most members of the society, helps to set up a situation in which these individuals must struggle to find a culturally appropriate way to both express and relieve this stress. In fact, transitions involving shifts in social role that affect an individual's sense of identity have been associated with the use of culture specific idioms of distress in other cultural contexts as well (Nichter, 1981; Witztum & Goodman, 1999). For individuals in the Brazilian context who occupy socially marginal positions to begin with (women and gay men of Afro-Brazilian descent), there is very little flexibility in the cultural models for the life course: there exist few life-course

alternatives, and few built-in mechanisms for mobilizing support when life-course transitions do not go smoothly. It is not surprising, therefore, that what follows is often the onset of illness.

Whether we view the somatic symptoms reported by many mediums as idioms of distress (Kirmayer, 1998; Nichter, 1981), or interpret them as physical manifestations of psychosocial stress (Cacioppo, 1994), somatization places individuals into a special social category – that of the afflicted. Entry into this category makes individuals eligible for certain types of intervention, in this case primarily medical intervention, as well as temporarily preventing them from being labeled as deviant. However, the fact that the physical illnesses suffered by these individuals are typically medically un-diagnosable, and therefore incurable, means that the mainstream interventions mobilized by physical affliction ultimately remain unsatisfactory. Furthermore, illness may even exacerbate the stress such individuals undergo, as it did in Jalita's case. Similarly, while symptoms of mental distress may temporarily allow individuals some escape from the source of their stress by mobilizing some type of social support, anything beyond temporary expression of such distress automatically positions individuals as deviant.

The narrative of another medium, Dona Lucia, provides an example of the way in which negative experiences may disrupt social role transitions, culminating in psychological affliction.

Dona Lucia is a 62-year-old, unmarried *Filha de Santo* who works at a museum of Afro-Brazilian culture in Salvador. She began the story of how she came to be initiated in the following way:

I realize now, that things I saw and heard were signals that I would have a connection to this supernatural world – not because I wanted to, because nobody ever wants to, but somehow destiny was bringing me to this thing . . . For example, during my adolescence, I rebelled . . . they brought me to see the *orixas*, but my head was like the head of any other young person – I studied and I fought – I didn't have time for that side of things . . . So in order to be brought to Candomblé, there had to be a door, and the door was a very serious problem: I caused the death of my father.

Lucia had become very politically active in her late teens, during the time of the military dictatorship in Brazil. After several narrow escapes from the military police she became increasingly anxious about being apprehended and imprisoned, or worse, by the authorities. Eventually, her anxieties caused her to drop out of college and take a job.

Around the same time, Dona Lucia's father suffered a stroke and lost the capacity to care for himself. Lucia and her older brother, along with their mother, shared the burden of caring for her father. She blames herself for her father's death because one night while she was supposed to be watching

over him, she fell asleep. That night he suffered some sort of crisis, possibly another stroke, and had to be admitted to the hospital where he died not long after. After that, Lucia says, she never went back to normal. She describes herself as barely able to function, crying all the time, and eventually she went to a psychiatrist who prescribed several medications. During this period she also had surgery to remove several large tumors from her uterus. Lucia explains that she was so nervous before the surgery that she went into what she would later come to understand as a spontaneous trance state.

At some point she began to suffer from delusions, often feeling as if she were being followed, and experiencing frequent visions of her father. At times she would throw fits, screaming and shouting, and throwing objects at her mother. She began to fear that her family would have her committed, and she knew that if she were committed, she would kill herself. Finally, a friend suggested that maybe her problems were not mental, but spiritual, and took her to a *Pai de Santo* to have a *consulta* performed. The *Pai de Santo* did indeed pronounce her problems to be spiritual in nature, and informed her that she must travel to Bahia to be initiated. Lucia followed his instructions and went to Salvador, to the *terreiro* he recommended, where she remains a *Filha de Santo* to this day. According to Lucia, at the beginning of her initiation the *Pai pequeno*, or second in command of her *terreiro*, told the *Pai de Santo* that he must keep her on her medication while she remained in seclusion, or she would 'finish his house, or finish herself.' However, her *Pai de Santo* had 'unlimited faith' and put aside her medicines, giving her herbal remedies of his own instead. She made it through her initiation, and became the 'tranquil person' she is today.

Like Jalita, Dona Lucia's affliction had reached a point of crisis by the time she was initiated. She had experienced multiple hardships, which led to her psychological distress, and which prevented her from undergoing expected social role transitions. Lucia had never married and probably could not bear children (as a result of her uterine surgery), both of which were fundamental aspects of the normative life course for a Brazilian woman at the time of her initiation. In Dona Lucia's social context, higher education and a career track seem to have been viable life-course alternatives, and yet she dropped out of college. These factors could only have served to exacerbate the mental distress she already suffered, just as her psychological distress contributed to her inability to undergo these social role transitions. Furthermore, her fears about being committed indicate that Lucia experienced stress resulting from an awareness of her own social deviance, and its potential consequences.

In the Brazilian context, particularly in Salvador, affliction can also position people as potential Candomblé mediums, which allows them to avoid deviance and dysfunction. However, the narrative of a male medium named Pedro demonstrates that not all mediums suffer from a dramatic

physical or psychological affliction culminating in a crisis that precipitates initiation. Instead, Pedro suffered from a series of negative life events, and a prolonged sense of dissatisfaction with his life that likely related to social marginalization he experienced as a result of being a gay man in Brazil. This left him aggressive and angry much of the time, but did not lead to an obvious physical or mental crisis.

Pedro was aware of Candomblé even as a child, as he had several relatives involved in the religion. However, he grew up a practicing Catholic until his late teens, when he lost interest in religion and became something of a full-time beach bum. At the age of 22, Pedro began to have problems. He was drinking too much and began to get into fights on a regular basis. He began frequenting a *Mesa Branca* house (a variant of the syncretic Afro-Brazilian/Spiritist religion Umbanda) but the religion did not hold his interest for long. He almost became initiated while living in Rio, but backed out at the last minute due to his mother's disapproval of the plan.

He soon drifted away from Candomblé again, and recounts that he developed a terrible infection in one of his teeth while living back in Salvador. Although it took some time to heal, the abscessed tooth was eventually cured with antibiotics. Pedro went back to drinking and fighting. He could not hold down a job, and was eventually forced to move back in with his parents. He began frequenting a *terreiro* in the neighborhood, where he agreed to undergo a preliminary initiation. However, when the *Mae de Santo* told him that he needed to be fully initiated, he resisted. According to Pedro, he fled from the *terreiro*, and fainted in the street outside. When he awoke in the *terreiro* once more, he reluctantly consented to be fully initiated, and has been a *Filho de Santo* for 9 years.

It is interesting to note that Pedro includes in his narrative the details of the infected tooth, despite the fact that the tooth was healed with the use of medicine prescribed by his dentist, well before his initiation. Pedro's inclusion of the tooth anecdote signals an understanding on his part that such affliction is part of the narrative template for mediumship, and represents his attempt to fit his own story into the narrative structure. As a result, he has come to reinterpret his infected tooth as one of the symbols of his own spiritual affliction, despite the fact that it did not lead directly to his initiation. Furthermore, Pedro's story clearly shows that 'affliction' is a matter of degree, and of interpretation: although Pedro never suffered from a somatic crisis, he has still come to reinterpret any and all distress he suffered prior to initiation as evidence of his spiritual disturbance. In fact, this speaks to a larger point concerning the notion of affliction as it is used here. This term is not intended to medicalize the experiences of mediums, but rather to represent the range of negative life events, and the various forms of existential distress (social, emotional and otherwise), experienced by many individuals and articulated as symbols of the

spiritual disturbance that precipitated their initiation. After all, the social status of Afro-Brazilian women and gay men in Salvador places these individuals in a position to incur high degrees of such existential distress as a result of poverty and discrimination.

As already mentioned, the suffering experienced by mediums prior to their initiation is viewed within Candomblé as a form of spiritual affliction, inflicted by the gods upon those who have failed to develop their mediumship potential. Thus, an extremely important element of the mediumship template is the notion that individuals do not choose mediumship, rather they are chosen for it. Underscoring this aspect of the mediumship template is the claim, standard in most narratives and clearly articulated in both Jalita and Pedro's stories, that the individual not only did not want to become a medium, but actively resisted becoming initiated even in the face of negative consequences.

While the experience of distress or affliction is a common element in the narratives of these mediums, in order for it to take on the significance of a personal symbol that resonates with the cultural model for mediumship, individuals must first have what I term 'positive access' to information about Candomblé. By 'positive access' I mean exposure to religious content in a positive context or through others who have positive associations with it, in order to tap into the cultural template for mediumship. The narratives of most Candomblé mediums include mention of the source of this 'positive access' in their lives; in Jalita's case, her husband's involvement in Candomblé allowed her to access the cultural model for mediumship, and to match her own sense of affliction to that of the mediumship template. For Lucia, it was the suggestion that her problems might be spiritual, and the introduction to a spiritual leader by a close friend, that allowed her to begin fitting her own experiences of distress into this cultural model. Despite the fit between their stories and the template for mediumship, however, these women could not alone pronounce their stories to be those of the spiritually afflicted, and thereby declare themselves undeveloped mediums. Rather becoming a medium is a profoundly social phenomenon, which almost always begins with the suggestion by friends, family or acquaintances that one should seek help in Candomblé, as well as subsequent diagnosis of undeveloped mediumship by a *Mae* or *Pai de Santo*, and ultimately a ritual of initiation.

INITIATION, IDENTITY AND IDENTIFICATION

We have seen how individuals' stories can be re-interpreted by themselves and others to fit the mediumship template, but what *motive* do individuals have for fitting themselves into this role? Secondary gains, or practical benefits associated with the mediumship role, beyond the presumably

deeper spiritual, emotional or political gains typically attributed to spirit mediumship, likely provide some of the motivation (Finkler, 1985; Lewis, 1989; Walker, 1990). In the context of Candomblé, there are many such benefits, not least of which is the immediate and prolonged removal of the individual from her social situation. In the case of individuals who are suffering the negative consequences of profound psychosocial stress, removal from the sources of this stress during up to 6 months of initiation must be viewed as very beneficial indeed. Furthermore, individuals are not removed to some impersonal, institutional context, but rather to a context in which they are given an entirely new network of social support, in the form of the religious community.

Other secondary gains associated with taking on the mediumship role within Candomblé include the power and respect that come with being a ritual expert, as well as the responsibility. But beyond the secondary gains it offers, I believe that benefits associated with the narrative translation of one's affliction into the terms of the religion, is an especially important, and often overlooked form of therapeutic benefit afforded by the mediumship role. The burden of affliction is transformed into a benefit when it comes to legitimate the individual's role as medium through the vehicle of the narrative. No matter what the type of distress suffered by the individual prior to initiation, once it is reinterpreted in the terms of the religion, it no longer reflects on her. Instead, the distress of the individual prior to initiation becomes a symbol of the medium's calling, visited upon her supernaturally.

Thus, the reinterpretation of one's past in terms of the religion becomes a vehicle through which a classic process of symbolic healing may take place; personal experiences are linked to religious symbols and their meanings become transformed (Dow, 1986; Kirmayer, 1999). Dona Lucia, who often intellectualized her own experience, explicitly acknowledged the importance of coming to terms with her own story through her involvement with Candomblé:

After I became initiated, I became a different person. I went through a process of re-learning. I succeeded in re-interpreting that part of my life – that I never went to college, that I went through everything I did – as a learning experience, I learned to value other things that I hadn't valued before.

By accepting as the source of their affliction the deities of the Candomblé religion, individuals incorporate their affliction into their new identity, while at the same time distancing themselves from it. In this sense, affliction itself occupies something of a liminal position in the self-narratives of mediums – it is simultaneously understood to have its source outside of the individual, but also functions as a primary symbol of their spiritual legitimacy.

Carole Cain (1991) described a similar phenomenon in the context of the Alcoholics Anonymous 'personal story'. Through the vehicle of the AA personal story, individuals learn to identify themselves as alcoholics, and to admit their own 'lack of power in the face of their alcoholism' (Cain, 1991, p. 213). They simultaneously learn to claim their affliction, as it defines their new identity as alcoholics, while at the same time accepting a disease model of alcoholism, which distances them somewhat from the source of their previous behavior. She argues that an individual's identity is ultimately transformed through AA storytelling and the re-interpretation of one's behaviors based on a (sub)cultural template.

However, contemporary research in cognitive anthropology has shown that identity can be transformed by a cultural model only when an individual truly *identifies* with it. As Dorothy Holland (1992) demonstrated, identification with a cultural model requires both that the model be salient for the individual, and that the individual possess expertise in the model; as she puts it, 'emotional involvement and identification come with competence'. Drawing on the theories of Spiro and Dreyfus, as well as the developmental theory of Vygotsky, Holland argues that identification, expertise, and salience 'develop together as an interrelated process – a process that [is] continually supported and shaped in the context of social interaction' (p. 79).

Similarly, Spiro argues for a developmental process, in which learning and belief are fostered simultaneously, through a social process of indoctrination (in Holland, 1992). He outlines five stages of cognitive salience through which an individual must pass before a cultural model (Spiro writes specifically about religious belief systems) becomes motivating: (i) actors learn about the doctrines, (ii) actors come to understand the meanings of the doctrines as they are interpreted by specialists, (iii) the actors believe that the doctrines are true, (iv) the doctrines come to structure the actors' perceptual worlds and guide their actions; and (v) the doctrines come to instigate their actions (Spiro, in Holland, 1992).

Claudia Strauss (2003) argued that the learning which contributes to this cognitive salience often has its source in 'extrapersonal factors,' such as 'positive social discourse, teaching to induce strong emotions, repeated modeling, and facilitating institutions.' However, Strauss adds that only when such social learning is combined with various 'intrapersonal factors' including 'personal identity,' 'pleasure' from the model behavior, and 'relevance of the model to self,' do individuals ultimately come to identify with a model sufficiently to be motivated by it. Thus not only does one have to believe in the system, one has to believe in the concept of *oneself* in the system (Holland, 1992).

The learning process through which individuals come to internalize and identify with cultural models often takes the form of gradual socialization

by friends and family, in school or at work, and so forth (Harkness, Super, & Keefer, 1992; Holland, 1992; Mathews, 1992). However, such learning can also take a much more intensive form when it comes through the vehicle of a rite of passage, or ritual of initiation. While traditional theories of rites of passage recognize them as means for the intensive education of individuals in the ways of the culture, as well as a means for transitioning individuals from one role to another, the focus has typically been on the group level function of such rites (Schwartz & Merten, 1968). Since Van Gennep (1909/1960), theorists have tended to be most concerned with the ways in which rites of passage mark the social role transitions of individuals for the group, thereby easing the potential impact of such status transitions on the social system. However, as Schwartz and Merten (1968) have pointed out, such theories typically neglect to address the question of how such rites impact the identities of individuals. Rites of passage and similar rites of initiation can be thought of as special means through which the process of social learning, necessary for cultural models to gain salience and motivational force, may be accomplished with particular rapidity and effectiveness.

Schwartz and Merten (1968) argue that the transformation of individual identity during initiation is accomplished through a process of 'identity diffusion,' and subsequent 'reconstitution.'¹ Cain uses the notion of identity diffusion to explain the transformation undergone by alcoholics as they learn to articulate the AA model of alcoholism in the context of the personal story.² Identity diffusion acts to disrupt an individual's previous sense of self, opening the individual to the possibility of 'radical reintegration of self' (Cain, 1991, p. 218). Cain argues that identity diffusion begins even before an individual enters AA, as the individual 'comes to realize that she is not what she thought she was, a "normal drinker"' (Cain, 1991, p. 218). In Salvador, identity diffusion may begin for some mediums before initiation as well, since individuals often come to be initiated because negative life events and physical or mental distress have disrupted their sense of self.³ The first stages of initiation, corresponding to Van Gennep's 'separation' and 'liminal' stages, further the disruption in identity as they remove the individual from her usual social context, and place her into one that is radically different (Van Gennep, 1909/1960). In Candomblé, individuals enter the *terreiro* for a period of relative isolation, which may last up to 6 months.

Identity diffusion is followed by identity reconstitution (Schwartz & Merten, 1968). During this phase the initiate acquires a new identity, and detaches herself from the old. In the Candomblé rite of initiation, reconstitution takes place when the behaviors associated with the mediumship role are articulated and modeled for the initiate, and she is introduced to the mythology, song and dance which allow her to enact and embody the

symbols of the religion. Furthermore, this learning all takes place within the context of an affectively charged atmosphere, and, as Kirmayer (1999) points out, strong positive expectations about the ability of a ritual to affect change have an important effect of their own. Individuals who become mediums have already had what I referred to as 'positive access' to Candomblé, which serves to create such expectations even before the initiation process has begun.

The initiation process also resonates deeply with Strauss' 'extrapersonal factors' introduced earlier, identified as factors which help to give cultural models motivational force: the 'positive social discourse, teaching to induce strong emotions, repeated modeling, and facilitating institutions' can easily be found in the context of a rite of initiation. Phrased in terms of the concepts of cognitive anthropology, identity diffusion represents a process in which the individual's self-concept is weakened, and the cultural models of self with which she previously identified are cast into doubt. During identity reconstitution, the initiate gains expertise in a new cultural model, the symbols of which come to inhabit a newly forming sense of identity. Thus, after 3 months, Jalita recalls awaking from her altered state of consciousness already possessing the ritual knowledge of her new role, and already identifying deeply with that role.

TRANSFORMATION AND THERAPY

In the context of Candomblé, the fact that ritual initiation into mediumship gives the individual a new social role, facilitating the internalization of the model for this role into her sense of self, is demonstrated by the structure of the narrative template itself, and the transformation that is built into it. While an individual learns to reinterpret her past in terms of spiritual affliction, the process of initiation, and the identity 'reconstitution' inherent in this process, move the individual into the role of medium; the individual's story reflects the shift from one who was spiritually afflicted to one who is spiritually attuned. This transformation is encoded most obviously in what can be thought of as the resolution phase, or denouement, of the mediumship narrative, in which the individual typically reports that after initiation she has 'never had anything wrong with her again.' Since I have argued that the narrative is both a social articulation as well as an internal, cognized version of personal identity, it stands to reason that this narrative transformation also becomes a part of self-understanding, with the power to shape behaviors and influence emotion. In the context of Candomblé, the mediumship narrative is therapeutic precisely because it is at once a vehicle for altering self understanding, and an index of an individual's ability to behave differently: as a medium, not an afflicted person.

As emphasized earlier, only those cultural models with which individuals identify deeply have the capacity to motivate action. Because initiation is a powerful way of creating such identification, it can be thought of as an important means by which individuals can disrupt negative behavior patterns. Without a way to positively structure negative life experiences, individuals can become trapped in cycles of counter-productive action and negative self-appraisal. Changing the narratives that accompany negative experiences can serve as a basis for positive changes in all aspects of an individual's 'personal reality' (Witztum & Goodman, 1999).

There are obvious similarities between the therapeutic dimensions of the process of identity transformation that I have described, and the process of psychotherapy. The goal of psychotherapy is often to translate negative personal narratives into psychological terms, thereby creating not only a new narrative, but also heightened self-awareness. As Kirmayer (1999) puts it, psychotherapy 'aims to translate "mythological narratives" into ideological ones – in which the narrative structure depends on an overarching logic of causality based on psychological truths' (p. 454). However, accounts of this process have usually assumed that patient and therapist share essentially the same cultural worldview that allows the narrative to be effectively translated into the 'intrapsychic terminology' of psychotherapy. Recent narrative approaches to psychotherapy have tried to address this problem and make it more culturally inclusive (McLeod, 1997). For example, in their work with Ultra-Orthodox Israeli Jews, Witztum and Goodman (1999) developed a therapeutic approach, which attempts to combine this 'post-modern' approach to psychotherapy with a strategic, cognitive constructivist approach to narrative therapy.

Witztum and Goodman's therapeutic approach involves using their patient's own symbolic language in order to help them construct a positive resolution to their problematic narratives. They believe that this 'narrative symbolic strategic approach' facilitates rapid resolutions for individuals who have become psychologically impaired, while indirectly influencing underlying intrapsychic processes. In addition, Witztum and Goodman use ritual enactments to manipulate their patients' symbol systems, which they believe can help to alter cognitive schemas and promote changes in patients' behavior. This therapeutic approach may help to restore a sense of agency to the individual by allowing them to take an active role in ritual performance, giving them a sense of responsibility (Kirmayer, 1999).

The most obvious difference between what Witztum and Goodman describe and the therapeutic process of mediumship I have presented, is that the process of initiation and identification with the mediumship role seems to accomplish what the therapists must strive to facilitate. In other words, the narratives of mediums have already been transformed through

the incorporation of the cultural model for mediumship, whereas the therapists must work to construct a model for their patients' new narratives. Whereas the illness narratives of Witztum and Goodman's patients lack coherence, meaning and closure, the narratives of the Candomblé mediums do not; the mediumship narratives are not 'broken.' Although the mediumship narratives are heavily idiomatic, they cannot be thought of as idioms of distress, because they incorporate both the distress and its resolution. The mediumship narratives represent the articulation of the same type of cognitive transformation Witztum and Goodman attempt to create in their patients, and they encode the cultural model which helps them to define themselves and give meaning to their experience. The shared nature of this cultural model is one of the sources of difference between the situations of Witztum and Goodman's patients, and the Candomblé mediums; mediums are able to access a model widely shared by a large Brazilian subculture, into which they may fit their experiences and behaviors. The social acceptance of this model means that the self-protective use of its symbols to reinterpret experience, and thereby avoid the label of mental illness, works in a way that it does not in the context of the Ultra-Orthodox Jewish community Witztum and Goodman describe.

Initiation and participation in subsequent rituals allow individuals to acquire the sense of agency and responsibility Witztum and Goodman discuss; ritual allows the shift from spiritual affliction to spiritual empowerment to be embodied by the individual. In addition, the process of initiation allows individuals to enact the cultural model in a way that facilitates both their own identification with it, as well as the social acceptance of their new identity. The embodiment of this more active, positive identity through ritual facilitates the adoption of this stance in other areas of life as well, and the social acceptance of the individual's new role helps to support the continuation of this change across time. Thus, there is some sense in which the transformation of becoming a medium is the ultimate therapy. It is not a private exchange between therapist and patient aimed at healing mental illness by manipulating individual identity. Instead, mediumship allows a shift in identity which operates on both the individual and the group level. By virtue of the fact that the mediumship role is culturally defined and socially supported, the individual is able to redefine personal identity in the terms of a third category: not as a patient, not as who they were before, but as medium.

CONCLUSION

This article has presented an prototypical mediumship narrative and has demonstrated in the content of the narrative, a synthesis of cultural model and individual experience in the context of personal identity. In addition,

it has argued that the marriage of memory and self-understanding to a pre-defined, culturally legitimated role may have a profoundly therapeutic effect. Effective internalization of the cultural model for mediumship is facilitated by the initiation process, and this internalization is cemented by the construction and articulation of a self-narrative that is structured by this 'role model.' Thus, absorption of the cultural model for mediumship results in the transformation of personal identity, which in turn forms the basis for positive changes in patterns of behavior. Cultural models have the capacity to motivate action when individuals truly identify with them; it follows that a cultural model around which a new identity is actually constructed must have extraordinary motivational potential. Furthermore, the fact that this new identity is formed around a shared model means that social expectations and individual motives are likely to complement one another, which serves to create a supportive environment for self and behavior.

The fact that taking on the mediumship role appears to have the capacity to accomplish the same things as psychotherapy suggests that emulation or incorporation of elements of the ritual process has the potential to lead to uniquely effective therapies in the context of cross-cultural mental health work. Religious idioms and ritualized behavior have the power to help individuals express and resolve existential distress, by offering a vehicle for self-transformation. The availability of powerful non-stigmatizing cultural models of identity is especially important for individuals whose social status or psychological predispositions make them vulnerable to emotional distress and social deviance. Moreover, no matter what the particular type of distress suffered by individuals prior to the process of identity transformation – whether social or familial problems, alienation, financial desperation or psychosomatic illness – this type of transformation still facilitates their ability to change the way they think and act. The opportunity to reinterpret experiences in a more positive light, to rewrite one's self-narrative, and to change the perceptions and expectations of others has a therapeutic potential that is not limited to individuals with just one type of affliction.

NOTES

1. An element of ritual transformation found in the Candomblé initiation rite involves ritual shaving and painting of the initiate's head.
2. The fact that Cain uses the language of initiation, despite the fact that AA does not involve a ritual of initiation in the traditional sense, underscores the fact that such rites represent a particularly effective means for facilitating the internalization of cultural models.
3. It should be noted that this is not necessarily the case with all mediums; there

are no doubt a variety of reasons why individuals come to be initiated, and some never learn to articulate those reasons in terms of spiritual affliction in the context of their mediumship narrative. It may be that those for whom identity diffusion did not begin prior to initiation do not come to internalize the cultural model for mediumship as part of their own identity to quite the same extent.

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