SPIRIT HEALING, MENTAL HEALTH, AND EMOTION REGULATION

by Joan D. Koss-Chioino

Abstract. Spirit healing is widespread across societies in diverse world regions. Its ritual forms appear in local, popular religions as well as a variety of organized churches. Although aspects of ritual, such as the identification of spirits and use of symbols and paraphernalia, vary with culture and type of religion, there appear to be basic components of ritual healing process shared by its diverse forms. Using data on Spiritist healing in Puerto Rico as a case example, I first examine aspects of the interface between mental illness as defined by psychiatry and spirit healing. I then raise the question: If spirit healing is effective with some emotional disorders (as I have discussed in previous reports), how does it work? Emotional transactions could be considered foundational to most or all spirit healing rituals as they are to some psychotherapeutic and alternative-medicine modalities. One model of emotion regulation is proposed as a lens through which to view specific processes of change in feelings and emotions in the context of culturally specified ritual structures.

Keywords: emotion regulation; psychiatric illness; Puerto Rico; ritual healing process; spirit healing; spirit mediums; Spiritism.

Indigenous healing practices carried out by spirit mediums are widespread in the contemporary world. Many such practices are basic to traditional tribal or popular local healing cults, while others are integral aspects of highly organized religious rituals (see Csordas and Lewton 1998 for a world survey). In this essay I focus on two related questions about spirit healing: What is its relationship to mental illness and psychiatric diagnosis? And how does spirit healing work, and what accounts for its self-reported success with states of emotional disorder labeled by psychiatry as mental illness?

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A series of studies in Puerto Rico,[1] in which I carried out a program to interface Spiritism, a widespread popular healing cult, and the public health system (especially the mental health division) during the 1970s and 1980s, provided some answers to the first question. My answer to the second question of how spirit mediums work with emotional distress and disorders is based on analysis of observations and interviews in Spiritist centers collected over two decades. I first provide a brief overview of the history and healing practices of Spiritism in Puerto Rico, then describe the Therapist-Spiritist Project and briefly discuss how severe mental illness is dealt with in Spiritist healing practices. I then propose a model of emotion regulation as a lens though which to view the basic ways in which spirit healing of persons with preclinical or diagnosed emotional disorders appears to work. In this discussion, the ways psychotherapists work with emotionally disordered clients are also briefly viewed through the model as a comparison with how mediums carry out their healing work.

SPIRITISM (*ESPIRITISMO*) IN PUERTO RICO

Since the nineteenth century Puerto Ricans have been caught in the crossstreams of two cultures, Euroamerican and Latin American, subjected to intensive cultural change yet maintaining a distinct core of cultural traditions. They also are heirs to two equally popular but competing worldviews from the nineteenth century, the "scientific" and the "spiritual." One aspect of this conundrum is represented by the persistence of the widespread religious healing cult known as *Espiritismo*.[2] Its ritual practices center around "working" with spirits in hundreds of small, household-based *centros* (and several larger temples) presided over mostly by female mediums who hold two or more weekly sessions with audiences of 25 to 100 persons. Mediums become possessed by spirits and experience visions in order to heal (*sanar*) supplicants, who bring a wide range of health and social problems (Rogler and Hollingshead 1965; Koss 1975; 1980; Koss-Chioino 1992; Harwood 1977; Garrison 1977; 1978).

In the mid-1970s, most Spiritist centers in Puerto Rico followed the teachings of the spirits as codified by Allan Kardec (pen name of a French scholar, Leon Hippolyte Denizarth Rivail, 1803–1869), who published seven books and a journal translated into Spanish. A few centers followed the revised doctrines of an Argentinian, Joaquin Trincado. Although there is historical evidence for Spiritism in Puerto Rico since at least 1873, its practice has continually met varying degrees of opposition from the Catholic and Pentecostal churches as well as from the biomedical establishment (Koss 1976; 1999).

It is of interest that Spiritism was introduced into Puerto Rico as the new "psychological" science by intellectual elites who studied in France and Spain during the nineteenth century. It almost immediately met op-

position from the medical boards established by Spain in the colonies. In the latter part of the nineteenth century, however, a small group of fervent Spiritists held political power. They were associated with the antitheological Masonic movement; important government officials were known to be Spiritist believers (Koss 1976). With more extensive medical acculturation by North American public health campaigns, subsidies to finance health and mental health facilities, and ongoing modernization of public institutions, Spiritism gradually went underground yet maintained its large base of believers and adherents among both the poor and the elite.

The Therapist-Spiritist Training Project in Puerto Rico

During the early 1970s the Department of Health of Puerto Rico, particularly the Division of Mental Health, expressed an interest in *Espiritismo* (Spiritism) as a "community resource," widespread during the preceding decades. There was a conviction that these popular healing practices were helpful, at least as supportive care, to clients suffering chronic mental illness. This had been concluded by Lloyd Rogler and August Hollingshead (1965) in the late 1950s, when they explored the relationship between family roles and schizophrenia. As mentioned above, from 1976 to 1979 I carried out the Therapist-Spiritist project (see endnote 1) aimed at developing the interface between *Espiritismo* and the Mental Health Division of the Puerto Rican Department of Health.

To briefly describe Spiritist healing practices: Spiritist mediums "diagnose" by "seeing" (inwardly envisioning) the causes of illness and other problems in the spirit world. They do not "heal" in any direct sense but open their bodies to possession by illness or problem-causing spirits who have attached themselves to sufferers. Healing takes place when the spirit medium assists the sufferer to come into harmony with these spirits and forgive them, so as to change his or her emotions, lifestyle, physical complaints, and/or destiny. Spirit mediums counsel clients about relationships, explore the meaning of clients' lives, and prescribe home-based rituals using candles, prayers, and herbs. To become a medium one is selected by the spirits and commonly undergoes an initiatory illness. The resolution of suffering through Spiritism following a diagnosis of "in development," although not a cure, provides the impetus for a client to develop as a medium (Koss 1975; 1992).

The Therapist-Spiritist Project conducted programs consisting of two meetings per week, over a nine-month period, in which mental health professionals, medical doctors, and Spiritist mediums met to exchange lectures and review cases together (Koss 1980; Koss-Chioino 1992). This intensive dialogue between healers and health professionals, repeated over three years in three different communities in Puerto Rico, provided some of the data on which this article is based. It provided material for the

comparison of healing processes, psychotherapeutic and Spiritist, discussed below. As can be readily appreciated, the two approaches to treatment are quite different, even opposite. One interesting difference is that of diagnosis versus recognition. Spiritists "see" and/or feel the quality, nature, and identity of spirits causing distress and use their bodies as vehicles (literally, containers) to bring the spirit causing the distress to the *centro* table and to the client whom it is troubling. This means that temporary possession by a potentially dangerous spirit is central to the healer's part in the healing process. A medium who is advanced in her/his development can call upon spirit-guides as protection against contagion of the disorder. Mediums discuss the real danger of contagion as a vocational hazard (Koss-Chioino 1992).

The widespread fear in Puerto Rico associated with either becoming or being labeled as a "loco" (in the sense of "having *locura*," or madness) acts as a restraint on the ways mediums work with persons whom they perceive to be "crazy" (usually in a psychotic episode). The difference between psychiatric concepts and definitions of mental illness and those of the Spiritists can be appreciated when Spiritists explain "craziness" (severely disordered behavior) as "obsession" by a "perennial thought" that invades the mind, or a severe disturbance of the mind that causes it to malfunction. A number of symptoms having to do with disturbed mental function describe persons in a psychotic state, such as: the mind is "stalled," "turned around," "blocked," "has departed," or "gone blank." Peter J. Guarnaccia and colleagues (1992) report that Puerto Rican informants in New York talk about "*fallo mental*" (hopeless mental breakdown), an equivalent concept that labels the more serious cases of mental disorder.

A condition of madness is attributed by Spiritist mediums to having a spirit interlocked with or hooked onto a client. A distinction is made by some Spiritists between physical madness, caused by lesions in the brain due to injury or severe illness, and spiritual madness, attributed to a failure to know one's own spirit or "who I am." This latter type of madness is often credited to heredity.

Statistical Comparison of Mental Health and Spiritist Cases

The Therapist-Spiritist Training Project provided the resources and opportunity to collect the most frequent complaints from a sample of 770 cases of women either in mental health treatment or presenting for medical complaints at primary-care clinics. These cases were then compared with the most frequent complaints of 220 women receiving help from Spiritist mediums at ritual healing sessions. "Complaints" used in the analysis were those that appeared at least ten times out of an initial list of 753

different complaints that women presented to a therapist or primary-care doctor. For Spiritist clients, it must be noted, these complaints were not expressed by clients but were brought to the table by spirits possessing the medium, which the client was then exhorted to verbally confirm.

In order to create an initial road map we used six higher rank psychiatric diagnostic categories ("major depression," "dysthymia," "schizophrenia," "somatic and dissociative disorder," "anxiety disorder," and "personality disorder") based on the *Diagnostic and Statistical Manual* IIIR (American Psychiatric Association 1987) and two residual categories ("deferred diagnosis" and "no psychiatric diagnosis") to label therapist cases (e.g., mental health workers and medical doctors). The last category, "no diagnosis," was made up of persons who presented with only physical symptoms and were not thought to be emotionally disordered. Of 770 therapist cases, 348 fell in this category.

We then examined the 220 Spiritist cases and used discriminant function analysis to explore all possible complaint profiles to identify those Spiritist clients who were highly likely to have been classified as having a particular higher rank diagnosis. The procedure yielded 57.27 percent overall agreement, a figure considerably above the chance level of 12.5 percent.

The analysis highlighted significant differences between the two types of healers (biomedical and Spiritist) regarding what constituted specific types of mental illness and their etiologies. There were no cases that were reclassified as major depression, and only one as schizophrenia, even though we knew from observing many Spiritist sessions that the mediums saw and worked with these types of cases (formerly diagnosed in mental health care centers). The reason for this discrepancy was quite clear. These diagnostic categories include hallucinations and delusions as important hallmarks of the diagnosis. They are by definition abnormal and the products of a disordered mind. In contrast, given their worldview, these experiences do not exist for Spiritists. Instead, hallucinations, delusions, and all kinds of dissociative states are valid and meaningful experiences of the spirit world (even though not all are considered positive experiences), which is inhabited by spirits of formerly incarnated persons from all times and places.

It might be noted that of the 220 cases of women seen by Spiritists, 104 could not be classified as possible psychiatric disorders; some of these cases represent somatic complaint profiles that may have strong psychological components. Twenty-five Spiritist cases fell into the "deferred diagnosis" category, as did 91 therapist cases. These were likely cases of preclinical emotional disorders. Thus the Spiritists could be thought of as community agents who may prevent the worsening of emotional distress and disorders and who support those with serious mental illness to potentially avoid relapse.

The Psychology of Healing Process

My interest in the way healing works was considerably heightened by the data collected as part of the Therapist-Spiritist Training Project (Koss-Chioino 1992; 1996). Given many rich descriptions of healing rituals across cultures that employ spirits or other extraordinary beings, it is possible to delineate core elements of a common healing process, once cultural elaborations, such as very different mythic worlds, different schemas to identify illness and disorders, and so on, are viewed as elaborations of content rather than process. This appears particularly true for spirit-medium healing, which has similar ritual forms across many diverse cultures: England, the Mediterranean countries, Latin America, the Philippines, and Asian countries.

What I present here as a basic dimension of spirit healing process is offered in a preliminary way for discussion and debate. This subject transcends the issue of cultural relativism versus universalism, if only by aligning the principal characteristics of healing or therapeutic process into two "fuzzy" but closely interrelated categories of behavior—emotion regulation and culturally patterned discourse.

Healing and Emotion Regulation

Before discussing emotion regulation in healing processes, I want to briefly examine the role of emotions as foundational for healing. Although there is a large component of healing process composed of cognitive interchanges and discourse, most prominently made up of symbolic material, my appreciation of spirit healing, after observing hundreds of sessions in Puerto Rico and tens of sessions elsewhere, is that it rests on emotional transactions (Koss-Chioino 1996). In this article I make a case, though to a lesser degree, that this may be also true for many psychotherapeutic modalities. Of special interest is neuroscience research that has demonstrated that our bodies are made up of a psychosomatic network (mind-body system) and that emotions, through widely distributed neuropeptide receptors, play a pivotal role "as a bridge between mind and body" (Pert, Dreher, and Ruff 2005). Studies show that repression or denial of emotions leads to more and more serious symptoms in persons with chronic, life-threatening illnesses. "These intervention studies support the proposition that the healing system (that is, *within our bodies*) . . . is strengthened and balanced not simply by 'good' emotions but by the experience, expression and resolution of all emotions" (Pert, Dreher, and Ruff 2005, 74; emphasis added). Spirit healing amply provides this opportunity in the kaleidoscope of emotions the spirits bring to the table that reproduce what the client is feeling. As I have illustrated elsewhere, the Spiritist session can be compared to a folk drama, in which clients and mediums together image those aspects of the spirit world brought to the table by the mediums on behalf of individual clients (Koss 1979).

I propose that most or all healing processes are based on a set of processes of emotion regulation that can change negative feelings into neutral or positive ones and fosters uninhibited exercise of emotional expression. This is a far from new idea. To name a few precedents: Freud advocated the cathartic method; behavior modification-desensitization techniques reproduce anxiety-provoking stimuli and then aim to reduce the level of anxiety; and experiential approaches, such as Rolfing and Bioenergetics, seek to eliminate affect trapped in body postures. In an overview of traditional and modern healing, Jerome Frank (1961) cited emotional arousal as one of the major effective ingredients of psychotherapy. Thomas Scheff (1979) elaborated on this theme by proposing a theory of catharsis as the most significant dimension of healing process—the therapeutic effect of emotional discharge to balance off emotions that are over- or under-distanced.

At the time of my studies of Spiritism, Scheff's ideas held a certain appeal, because a prominent belief in Latin countries is that extremes of emotions can cause illness and problems. An excess of negative emotion in particular is thought to render persons vulnerable to illness, whether expressed as destructive, aggressive behavior or as withdrawal and alienation. The Spiritist healers I studied espoused the necessary health-restoring and -maintaining effects of intrapersonal, interpersonal, and cosmic harmony. This type of theory of illness and disorder can be found across the world.

However, Scheff's ideas account for only one dimension of more complex processes of emotion regulation. They do not account for cognitive approaches in Western psychotherapies or the symbolic-imaginal aspects of popular healing rituals. The approach to emotional transactions in healing that I suggest is indebted to newer views of emotion regulation defined as "processes by which individuals influence which emotions they have, when they have them and how they experience and express these emotions" (Gross 1998, 275). Emotion regulatory activity can be conscious or unconscious, on a continuum from controlled to automatic. It occurs in all aspects of life experience but assumes a special focus in the context of healing rituals and psychotherapy. Healing rituals systematically manipulate the parameters of the encounters with persons in distress in the service of achieving or restoring the client's well-being. The rituals initiate processes whereby individuals can learn to regulate their emotions toward the positive end of the gamut of culturally shared response tendencies and away from negative, distressing emotions.

Before outlining emotion-regulating processes and illustrating them with aspects of both Spiritist healing and psychotherapy, I might mention that most current formulations of healing or therapeutic process focus on cognitive processes as essential components. Currently, cognitive-behavioral and narrative therapies are lauded as very successful (if very different) modalities in Western psychotherapy. Similarly, in anthropological theories

of healing, it is proposed that healer and client share a "mythic world," and curing is based on restructuring a "disorder" modeled in this mythic world (Dow 1986). The healer is said to "attach" the patient's emotions to transactional symbols which are then manipulated for the client. Thomas Csordas (1983; 1993, 238) comes closer to my formulations with his four-stage concept of cultural rhetoric at work in the "discourse of healing." He lists (1) "predisposition," persuading the subject that healing is possible; (2) "empowerment," persuading the subject that the therapy is powerful through a relationship with the sacred; (3) "negotiation" of alternatives for the sufferers' emotions, cognitions, or behavior; and (4) "transformation," persuading the subject that he or she must change in ways significant to him/her. Csordas (1993) views body-affects ("embodiment" experience) as mediating between the individual and culturally patterned discourse; imagery and memory are modes of embodied consciousness. However, this approach rests on assumptions about the existence of "preobjective experience" as indeterminate, synthetic, and embodied yet impossible to substantiate or test. And, despite a conscious attempt to complement the interpretive, hermeneutic approach in anthropology, much of Csordas' model of healing process focuses on the cognitive, symbolic, and discursive dimensions of healing activity. He asserts that the "supplicant must be persuaded" to change. This is somewhat different from viewing the ritual process as based on a process of emotion regulation prior to and often beyond initial identification of the emotions involved in the sufferer's distress, that promotes belief in being healed through internally experienced change in feelings and emotions.

Healing process can also promote emotional involvement and conscious acknowledgment of specific pain or stress through techniques such as the healer's "holding" the sufferer's feelings of distress until they can be safely taken into conscious awareness—all of which (and much more) impel a suffering client toward further affective involvement in his/her own healing process.

A Model of Emotional Regulation

Emotion regulation, based on a construct of "response tendencies" (Gross 1998) has been modeled as five sets of processes: (1) situation selection, (2) situation modification, (3) attention deployment, (4) cognitive change, and (5) response modulation. The first four processes, as formulated by James Gross (1998; see Figure 1), are antecedent-focused, in that they occur before the emotion is generated. Response modulation occurs after the emotion is generated.

Following the distinction between feelings and emotions made by Robert Levy (1984), it is proposed that the distress that sufferers experience prior to encounters with spirit healing or psychotherapy most often is ex-

perienced as inchoate feelings that receive emotion names and shapes as an outcome of the healing process. If the healer or therapist relates empathically to the client (and this is the way they work), his or her experience of the client becomes the object for intervention. The common practice in psychotherapy is an initial diagnostic process that has the result of reifying feelings as complex emotions. This occurs as the psychotherapist elicits the client's complaints and then rhetorically shapes those complaints to develop a diagnosis.

The distinction between feelings and emotions can be appreciated from examples of spirit healing. In Spiritist healing rituals in Puerto Rico, the sufferer approaches the healing table at the request of one of the healers who has "seen" his or her difficulties as images in the spirit world. Similar to many (perhaps most) psychotherapy patients, the Spiritist client has rather diffuse and confused ideas about what he/she is feeling. The medium-healer then mirrors the client's inner feelings with nonverbal expressions that reflect the client's symptoms within the healer's body (*plasmaciones*). The healer then verbally reports to the client what the healer feels the client is feeling, and why he/she is feeling that way. A typical communication from healer to client is "I capture that you are feeling 'blank-minded' and want to run away from home because you are afraid that you will harm your children" and "You also have sharp pains in your upper legs that keep you from sleeping at night."

Situation selection, often the first phase of emotion regulation in healing, occurs in Spiritism when the medium-healer describes the troubling situation for the client (a husband from a former life wants the sufferer back, and he is causing the dizziness or back pain), a situation revealed by the higher spirits with whom the medium-healer communicates. In a similar way, a picture is drawn of the client's situation by the psychotherapist,

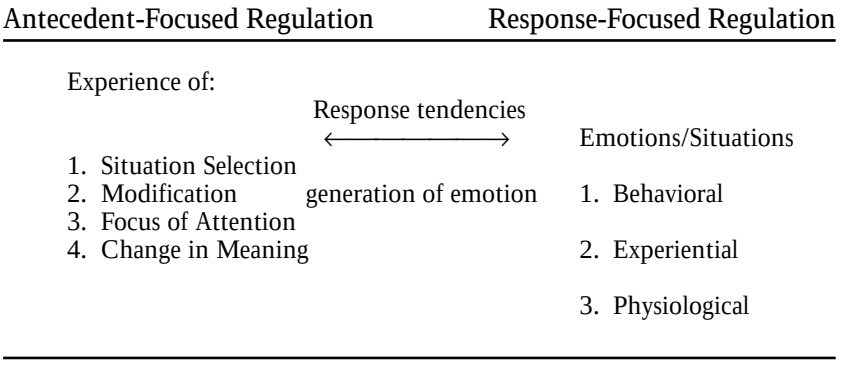

Fig. 1. Provisional Analytic Design of Emotion Regulation Process (adapted from Gross 1998).

according to what the psychotherapist considers important or relevant (dictated by his or her theory of psychic functioning). The therapist works to reframe the causal situation ("situation modulation"), a second phase, in the service of diverting attention away from negative feelings and toward positive feelings through an interpretation that is aimed to promote cognitive change in how the client views him/herself. An example would be the young client who says she feels "stupid" because she has recently been laid off from her job, and the therapist points to the woman's achievements at work or school. In spirit healing the medium reconstructs the situation as one caused by spirits of the dead (usually but not always from a past life), not by the sufferer's actions, and then "deploys attention" toward aspects of the client's distressful feelings that forecast the possibility of meaningful, cognitive change.

Thus, both types of healers will focus the attention of the client in a positive direction toward achieving cognitive change and/or response modulation. The Spiritist healer might, for example, say that the spirit molesting the sufferer is the spirit of her dead grandmother who seeks to gain the sufferer's attention so that the spirit can be accepted as an intimate and protecting guide. This spirit seeks to be recognized as aiding the spiritual development of her granddaughter as a medium-healer. This requires rather extensive "response modulation," in the sense that distressful feelings are converted into positive emotions of contentment and security in the knowledge of, and contact with, the grandmother's spirit.

The final phases, "cognitive change" and "response modulation," depend upon which emotions are identified and which response—behavioral, experiential, and/or bodily—is selected if the "transformation" (or "adjustment," or "awareness") phase of healing is to be attained according to the particular goal of the healing system or modality. Culturally specific meanings are integrated into all emotion regulatory processes but especially into the stage of cognitive change when emotions (defined here as cognitive and social) are identified and described. Threaded throughout emotion-regulating processes are those symbols, metaphors, and images of mythic worlds meaningful to sufferers in particular cultural contexts.

The Structure of Healing Process

I have briefly described a basic aspect of healing process in terms of a set of processes that regulate emotion, and I have hypothesized that these processes can be recognized in a majority of healing/therapeutic encounters. Following Gross and others, it seems clear that processes of emotion regulation are inherently social and cultural, responding to models of self and relationship, as well as psychophysical (see also Mesquita and Walker 2003; Mesquita and Markus 2004). I propose further that two aspects of healers'/therapists' work are equally important: being well versed in the rheto-

ric that promotes emotion regulation and being endowed with sacred power and/or special agency. Both are necessary to facilitate the healing process.

In spirit healing, inner experience related to the spirit world is the basic material for the work of the healer-client relationship, used in the service of transforming clients' distress into feelings of well-being. In both spirit healing and some psychodynamic psychotherapies, the healer has formerly experienced transformation in his or her own emotions and continues to do so in the context of being a healer. The goal of the initial phase of healing process, as reported by both healers and clients, is a mutual tuning-in and sensitization to feelings and emotions that flow between healer and client. The spirit healer's imaginal world then speaks for both healer and client. In spirit healing the healer-sufferer relationship is expressed as an affective interchange aimed at removing barriers to the awareness of separateness between healer and client (Koss 1986). Barriers between the conscious self and the world of spirits are breached through the medium-healer's acting as intermediary and vehicle.

In contrast, I suggest that the therapist-client dyad, especially when there is unequal power and authority, is not as effective as the triad of healing relationships in spirit healing in which sufferers are brought into direct contact with the extraordinary and/or sacred forces in their life-worlds. Discussion and research into the therapist-patient relationship report effective ingredients as being highly diverse, from the psychologically intimate transferences and countertransferences of Freudians to the empathic, caring, and attentive characteristics advocated by Carl Rogers and his followers. The authority that is carried by the person of the psychotherapist plays a pivotal role in the therapeutic relationship and often takes the entire burden of responsibility for the outcomes of healing. In psychotherapy, a client's discouragement over failure to positively change can lead to the client's loss of trust in the therapist as well as to the therapist's losing a sense of credibility in him/herself. The spirit-medium healer, however, is careful to point out that he/she is not the source of healing but only the vehicle for or intermediary to sacred or spiritual power that heals.

There is perhaps an even more important reason for the requirement of a sacred source of power as part of the therapeutic relationship. The sufferer, in order to maintain cognitive changes (defined here as the context for and experience of positive emotions), must gradually overcome dependence on the therapist or healer. To be healed he/she must be able to independently employ emotion regulation in the service of positive emotional states, given the future occurrence of negative situations that can lead to negative feelings. If healing process depends on emotion regulation, the ideal of healing process is the transfer of healing power to the sufferer, which involves his/her incorporation of a personal sacred other (Csordas 1993). In Spiritist healing practice this transfer is symbolized by the acquisition of powerful spirit guides who protect, advise, and/or impart

knowledge of the spirit world and can lead the suffering client to develop as a healer who knows, at a deep level, how to down-regulate negative emotions resulting from negative life experience and express a multiplicity of feelings on behalf of clients (Koss 1975).

CONCLUSIONS

I have proposed that a widespread basis for healing process is emotion regulation through healer-client interactions, as has been recognized since the beginning of psychoanalysis and psychotherapy. In spirit healing these interactions are facilitated by a dual therapeutic agency: a corporeal guide who can manipulate ritual practices and set parameters for change in feelings and emotions, and a sacred agency who empowers both healer and client to change emotions and shift moods and who carries the primary responsibility for healing. A common adjunct of emotion regulation in healing is that the context for healing or therapy is almost always a space- and time-venue set apart from daily life. This promotes awareness of a sacred, extraordinary, or very special source of healing and also distances one from the negative situations of daily life so that emotions are at a steady state uninfluenced by new, external events.

Research in positive psychology that includes demonstrations of the health-promoting effects of positive emotions (Seligman and Csikszentmihalyi 2000) and neuroscience research that suggests that the central circuitry of emotion is plastic and diffuse throughout the body (Pert, Dreher, and Ruff 2005) promise psychophysical corroboration through future research for my proposal of emotion regulation as the basis of healing process upon which cognitive and behavioral changes are built.

NOTE

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1. Four studies were funded by the National Institute of Mental Health: *Therapist-Spiritist Training Project in Puerto Rico*, 1979–1980 (MH-15992-01), Health Department of Puerto Rico, Rio Piedras, Puerto Rico; *Therapist-Spiritist Training Project in Puerto Rico*, 1976–1979 (MH-14310-03), Health Department of Puerto Rico; *Social and Psychological Aspects of Spiritism in Puerto Rico*, 1969–1970 (MH-179701); and *Social and Psychological Aspects of Spiritism in Puerto Rico*, 1968–1969 (MH-14246-01).

2. These descriptions apply to an ethnographic present of the last decades of the twentieth century, particularly the 1970s and 1980s. I have not yet been able to assess the present situation, which may be changed because of the greater popularity of Santería (a Cuban cult) and New Age alternative healing systems. Spiritism, in a form that has integrated aspects of the Cuban cult and other folk healing alternatives, continues to thrive in the Northeastern United States.

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