

Sociodemographic and anomalous experiences profile in subjects with psychotic and dissociative experiences in religious groups

Perfil sociodemográfico e de experiências anômalas em indivíduos com vivências psicóticas e dissociativas em grupos religiosos

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Abstract

Background: Non-pathological psychotic and dissociative experiences are frequent in the general population, particularly in religious groups. There are few studies on the profile of non-clinical populations with these experiences, and on criteria for differential diagnosis. **Objectives:** To identify the sociodemographic profile and anomalous experiences (AE) among people who sought help in spiritualist groups. **Methods:** We interviewed 115 people who sought assistance in six spiritualist groups in the city of Juiz de Fora/MG due to psychotic and/or dissociative experiences. Semi-structured interviews investigated sociodemographic data, AEs reported and presence of criteria that have been proposed to identify non-pathological spiritual experiences. **Results:** sample was mostly composed by women (70%), middle age, high educational level, whose AEs started in childhood (65%) and adolescence (23%). The most frequent AEs were visual (63%) and auditory (54%) hallucinations, “spiritual perception” (53%), “paranormal dreams” (38%) and out-of-body experiences (31%). Most of the sample reported that these AEs were not related to socio-occupational impairments, were short, episodic, and beneficial; however, reported emotional distress and lack of control over the experiences. **Discussion:** The high frequency and diversity of AEs reported, as well as their theoretical, clinical, and public health implications point to the urgency need of more attention to this topic.

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Keywords: Psychotic disorders, diagnosis, mediumship, religion and psychology, spirituality.

Resumo

Contexto: Vivências psicóticas e dissociativas não patológicas são comuns na população geral, especialmente em grupos religiosos. Há poucos estudos sobre o perfil da população não clínica com essas vivências, bem como há dúvidas sobre critérios para o diagnóstico diferencial dessas experiências. **Objetivos:** Identificar o perfil sociodemográfico e de experiências anômalas (EA) entre pessoas que buscaram ajuda em centros espíritas. **Métodos:** Foram entrevistadas 115 pessoas que procuraram auxílio em seis centros espíritas de Juiz de Fora/MG por causa de vivências psicóticas e/ou dissociativas. Entrevista semiestruturada investigou dados sociodemográficos, experiências anômalas apresentadas e a presença de critérios propostos para identificar experiências espirituais não patológicas. **Resultados:** Predomínio de mulheres (70%), de meia-idade, com alta escolaridade, ativas ocupacionalmente e cujas EA começaram na infância (65%) ou adolescência (23%). As EA mais frequentes foram alucinações visuais (63%), auditivas (54%), “percepção espiritual” (53%), “sonhos paranormais” (38%) e experiências fora do corpo (31%). Para a maioria da amostra, essas EA não traziam prejuízos sócio-ocupacionais, eram curtas, episódicas e benéficas; entretanto referiram sofrimento emocional e falta de controle sobre elas. **Conclusão:** A alta frequência e diversidade de EA encontradas, bem como suas implicações teóricas, clínicas e de saúde pública, indicam a urgência de maior atenção a esse tópico.

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Palavras-chave: Transtornos psicóticos, diagnóstico, mediunidade, religião e psicologia, espiritualidade.

Introduction

Although psychotic and dissociative experiences have traditionally been considered in psychiatry as symptoms of mental disorders, there is growing recognition that these experiences are relatively common in the non-clinical population. Research has been conducted in an effort to explore the distribution of these experiences in the population, as well as to define characteristics that may distinguish the extent to which they are indicators or otherwise of mental disorders. Religious groups, given they often foster psychotic and dissociative experiences such as trances, ecstasies and hallucination, constitute ideal populations for the investigation of these phenomena in non-clinical populations¹. Studies have shown however, that there are doubts over whether experiences occurring in these groups are non-pathological spiritual experiences or indicative of mental disorder with symptoms of religious content².

Grof and Grof created the concept of *spiritual emergences* to refer to psychospiritual crises in which spiritual experiences can

manifest in a peaceful manner (spiritual emergence) or a disturbing way (spiritual emergency)³. DSM-IV created the category “religious and spiritual problems” to stimulate studies that clarify the distinction between spiritual experiences and mental disorders⁴. Spiritual problems were defined as conflicts involving the relationship with transcendental issues or those stemming from spiritual practices, including the sudden manifestation of experiences considered paranormal⁵⁻⁷.

Anomalous experience (AE) is a term proposed to designate, without assuming psychopathological implications, unusual experiences or those that are deemed to be out of the ordinary or defy plausible explanations: hallucinations, synesthesia and experiences interpreted as telepathic etc.⁸. These AEs can be investigated without necessarily sharing the beliefs they involve, allowing their study as subjective experiences⁹.

A recent review on the criteria proposed in the literature identified nine possible criteria for distinguishing between non-pathological spiritual experiences and mental disorders which required further

empirical validation. Based on these guidelines, the following aspects are suggestive of non-pathologic AEs: absence of emotional distress, no socio-occupational impairments or comorbidities, short-lived and episodic experience, controllable, compatible with a cultural tradition, experience that promotes personal growth, centered on others, and associated with a critical attitude regarding the objective reality of the experience².

Spiritism, as a religion that strongly emphasizes AEs, has become a key focus of studies on dissociative and psychotic experiences in the non-clinical population. People often seek Spiritist centers for AE where they are often interpreted as mediumship¹⁰. Mediumship can be defined as a group of experiences in which an individual (the medium) claims to be in contact with or under the control of a personality of a deceased individual or other immaterial entity¹⁰. Spiritism, akin to other religions worldwide, represents an important yet understudied provider of mental healthcare^{11,12}.

Several studies have been conducted investigating practicing mediums at Spiritist centers¹³⁻¹⁵. These studies indicate a predominantly female population with a high educational level and good mental health and social adjustment. However, to the best of our knowledge no studies are available investigating the profile of individuals seeking assistance at Spiritist centers for psychotic or dissociative experiences. Therefore, the aim of this study was to determine the sociodemographic profile and AEs experienced by individuals who sought help at Spiritist centers due to psychotic and dissociative experiences. In addition, the presence of nine proposed criteria for characterizing AEs as non-pathological was verified.

Method

This cross-sectional study is part of a longitudinal survey on the differential diagnosis between spiritual experiences and mental disorders. Individuals that presented psychotic and/or dissociative experiences who sought assistance at six Spiritist centers in the city of Juiz de Fora/MG and subsequently identified as mediums were assessed between May 2009 and August 2010. A total of one hundred and fifty individuals were initially contacted, of whom 120 agreed to take part in the study and signed an informed consent form. Of this total, valid data was obtained from 115 subjects. The initial contact and interviews were carried out by two psychologists (A.M. and L.A.).

Instruments employed

Sociodemographic interview: age, gender, color, schooling, occupational condition, marital status, mental health history (using question: "Have you ever had a psychological/psychiatric problem before?").

Assessment interview for anomalous experiences: qualitative, semi-structured interview exploring the anomalous experiences presented by the subject (such as visual and auditory hallucinations, out-of-body/depersonalization and derealization experiences), which were explained as mediumship in the religious setting. The instrument also qualitatively verifies the presence of nine criteria considered suggestive of non-pathological AE.

Analysis of results

The quantitative data were shown using descriptive statistics (means and percentages).

The qualitative data from the interviews on AE were analyzed using the Bardin's Content Analysis method¹⁶: a first read of the texts was done allowing the first interpretative hypotheses to be determined; themes that most repeated were identified as indices for identifying thematic categories; and categories identified were classified and counted. Subjects were identified using an alphanumeric code formed by gender of interviewee (F or M), age (numbers) and lower case letter (a, b, c, d) where necessary, to differentiate subjects of the same gender and age.

Results

Sociodemographic Data

The sample studied contained predominantly women with high educational level who were occupationally active (working or studying, and had a mean age of 37 years, ranging from 18 to 73 years. Two-thirds reported an individual income of less than or equal to two minimum wages (Table 1).

Table 1. Sociodemographic variables (n = 115)

Variable	%
Gender	
Women	70,4
Educational level	
Primary (concluded or unconcluded)	9,4
Secondary (concluded or unconcluded)	35
Higher (concluded or unconcluded)	39,3
Post-graduate	16,2
Marital status	
Single	40
Married/stable union	44,3
Separated/divorced	13,9
Widow(er)	1,8
Cohabits with	
Spouse/partner	40
Parents	33
Alone	13,9
With children	11,4
With siblings	1,7
Occupational situation	
Employed	58,7
Student	17,2
Homebuilder	8,6
Unemployed	6,0
Retired	9,4
Individual income	
No personal income	30,4
Up to two minimum wages	33
Up to ten minimum wages	33,9
Over ten minimum wages	2,6

Anomalous experiences reported

The anomalous experiences mostly began during childhood (65.2%) and adolescence (23.5%). Experiences began in adulthood in only 11.3% of individuals. Table 2 depicts the frequency of AEs reported by the subjects in the sample. The AEs, in decreasing order of frequency, were as follows:

1 - Clairvoyance: reported as the experience of seeing spirits. The majority of subjects reported that their visions were clear: "I saw and conversed with a person wearing a company uniform, believing them to be a real person of flesh and blood" (F53a). Others saw only a shadowy figure: white (F31b), dark (F52a) and even yellowish (F39b). Some visions were grotesque: "a demon" (F44) and "a man in the wall disfigured with no legs" (F25b). Other visions were more fragmented: "two hands clapping" (M46) and "a cow's head" (F22).

Table 2. Frequency of anomalous experiences reported (n = 115)

Anomalous experience	n	%
Clairvoyance	73	63,5
Spiritual hearing	62	53,9
Spiritual perception	61	53,0
Anomalous dreams	43	37,7
Out-of-body experience	36	31,3
Premonitions	24	20,9
Inexplicable energy drain	23	20,0
Embodiment	22	19,1
Intuition	21	18,3
Spiritual perception of odors	18	15,7
Physical effects with spiritual cause	11	9,6
Psychography	10	8,7
Telepathy	7	6,1
Spiritual healing	5	4,3

2 – Spiritual hearing: involves reports of hearing spirits or noises not produced materially. Voices are heard calling them (F22a, F53b, F58), “making comments about what I am doing” (F53b, F25a and M38a), cursing (F22a and F29a), or “suggesting the right thing to do” (F18a and M21a). Sometimes the words are not distinguishable (F33a) or nonsensical (F19a). Noises may also be detected, “as if they were messing with the things in the home” (M41) or like “finger snapping” (F55b).

3 – Spiritual perception: the act of intuitively perceiving the good or bad vibrations of different places, people or spirits. Subjects reported feeling “what the people and the environments are like” (F19a, F53d, F42c, F24c, M025, F21c, F25d), sensing when a person has “bad intentions” (M18), or that “does not think well of me” (F50). They reported the sensation of the presence of spirits, within the environment in general or even behind (F32 and F73) and alongside (F43 and F36d) the person.

4 – Anomalous dreams: dreams to which subjects attribute a paranormal nature. Dreams were reported as premonitions about accidents that later came to pass (M21a, M37, F53c, F42c, F24a, F22 and F52b), as possible out-of-body episodes whereby the subject experienced being taken to places they did not know (M39c, F25b and F20a), met with a spiritual mentor (M39b and F25b) or with deceased relatives (M45). Some dreams were reported as being like recollections of past lives (M43a and F21c).

5 – Out-of-body experiences: denotes the experience of feeling outside one’s own body. This experience is most commonly felt “as if hovering over the body” (F39a, M31, F42c, F18c and F21c), but some people even feel they have gone to other places (F42a and F43c). For other subjects this experience was preceded by sensations like “feeling frozen unable to move a muscle” (F36a, F30a and F36c), feeling a “tingling sensation in the body” (F29a and M51) and hearing “background sound, noise in the ear” (F43b).

6 – Premonitions: involves premonitions about the future in a wake state. The premonitions about the future can be about bad things, such as accidents and deaths which are going to happen (F30a, F53c, M21b, F24a), or about everyday events such as foreseeing meeting someone (F36b, M41 and M28).

7 – Inexplicable energy drain: feeling of sudden loss of strength with no apparent organic explanation for this. The person begins to feel drowsy (F39a, F19a, F31a, M37, F52a, F45, M22, F43b, M40, F52b and F35) or dizzy (F39a, M37, F36b, F48a, F59 and F26). Unpleasant physical sensations emerge: “feeling ill” (F39a, M37, F35), tachycardia (F21a and F48a), hot sweats (F31a), “cold and shivering” (F36a and F36b), stomach cramps (F26), headaches (F32) and “blurred vision” (F36b). Psychological symptoms were also reported: “not knowing what I was doing” (M26, M34 and F36b), sensation of “not being there” (F21b), being “detached” (F32).

8 – Embodiment: concerns the experience of feeling like a spirit is controlling one’s own body. A subject (F47a) stated that, when I went out to a bar I felt different and upon returning home, “I felt something leaving my body”. Another subject, when trying to direct someone, felt odd and started talking such that they didn’t know what they were going to say next and afterwards felt as if they were coming back to one’s self (F33b). Other subjects, claiming to be possessed, displayed aggressive behavior, making animal noises (F45a), trying to strangle oneself (F18b) and threatening suicide (F43c).

9 – Intuition: concern sudden insights which have not stemmed from observation or personal reasoning. The intuitions reported describe inspiration on practical matters, such as how to do or not to do certain things (M25, F53d, F48b and F32), take a given path or another (F43b and M40) and having the right choice of words to express something to someone (F25).

10 – Spiritual perception of odors: this concerns detecting foreign smells which have not physically emanated from the environment. These smells were sometimes pleasant such as fragrances of perfumes (M25, F29b, F45, F43c, F52b and F52c), flowers (F31a, F29b and F39c), incense (F22) but could also be unusual smells such as of goat (M30), sulphur (F29b), tobacco smoke (F31b), hens (F26) or “something burning” (F52d).

11 – Physical effects with spiritual cause: refers to reports of the occurrence of physical manifestations occurring around the person that are not produced mechanically. The subjects reported “rocking chair moving on its own” (M30), “light coming on without touching switch” (F29b), “door opening and closing in the absence of breeze” (M21b), “television set turning on and off at will” (F20a), “plates and cups shattering inexplicably” (F42b and F28b), “mattress sunken alongside with nobody there” (F59 and M22).

12 – Psychography: denotes the experience of writing while feeling inspired by the spirits. People report a flood of ideas coming to them and a burning desire to put pen to paper (F29d), expressing content about which they had no prior knowledge (F58), sometimes written in a hand writing style other than their own (F53a).

13 – Telepathy: involves reporting the thoughts of others. This was described as predicting what the person was about to say (F29d), see another person’s thoughts “like a signboard” (F53a), or even being able to talk mentally with visible spirits (M27).

14 – Spiritual healing: concerns reports of healing others using spiritual resources. The healing processes reported include use of prayer (F32, F58 and F73), laying on of hands (M51) and visualizations (F19b).

Criteria for non-pathological AEs

I – Absence of emotional distress: 59.1% of subjects reported that the experiences, when taking place, were unpleasant, having reported feelings of fear, being scared, anguish and/or physical discomfort, where these led to some degree of suffering.

II – Absence of social or occupational impairments: 55.7% of subjects reported no problems regarding their relationships. Of the remaining 44.3% that did have relationship problems, the most impaired were loving, social and familial relationships in descending order. With regard to occupational performance, 56.6% reported no interference in their everyday activities. However, the most affected activities were domestic and work activity, with some subjects reporting substantial lack of enthusiasm and wellness to execute them.

III – Short and episodic experiences: in terms of duration of experiences, these lasted seconds in 23.5% of subjects, minutes in 49.6%, hours in 18.3% and days in 7.8% of subjects. For frequency of experiences, these occurred daily in 22.2% of subjects, weekly in 55.7%, and monthly in 20.0%.

IV – Critical attitude to objective reality of experience: overall, 84.3% stated they were sure the experiences were objective real and not a figment of their imagination.

V – Experience compatible with cultural tradition: the selection criteria for the present study was having AEs interpreted as mediumship by Spiritist centers. Among the subjects studied, 78.1%

had benefited from clarifications and guidance given at Spiritist centers; of this total, 50% reported a better understanding of their experiences, 17.5% of subjects reported having learned how to better control them, 17.5% reported learning more positive attitudes to life and 15% reported having gained a deeper understanding of spiritual life in general.

VI – Absence of comorbidities (other disturbances): 78.3% of subjects reported emotional disturbances not directly related to the occurrence of AEs: of this percentage, anxiety and worry were reported by 56.5%, sadness and depression by 36.5%, anguish by 11.3%, and irritability by 8.7%.

VII – Control over experiences: 54.8% of subjects reported not having control over the experiences; 19.1% reported having partial control and 26% reported having total control over the experiences. Those who reported having control often used prayer to achieve this.

VIII – Experiences and personal growth: 66.1% of subjects reported benefitting from their experiences in as far as, owing to them and the consequent spiritual understanding of life, they felt better prepared to lead their lives and become better people.

IX – Experiences benefitting others: 62.6% of the subjects reported that their experiences benefitted others through advice given to relatives and friends and via the assistance given during social work provided by the centers.

Discussion

Elucidating the profile of this sample has great clinical value since it involved a group of individuals that sought religious help to deal with AEs, predominantly of a psychotic and dissociative nature. These AEs may be indicative of mental disorder or constitute non-pathological and even beneficial experiences^{10-12,13-15}. Given the individuals studied sought help to deal with psychic experiences, it is useful to compare the profile of this sample against patients of community-based mental health units. The results revealed a sample comprised predominantly of middle-aged women with high educational level. Also, 44% were married or part of a stable relationship, while 52% were employed. Income level was found to be equally distributed across the three categories of no wage (30%), up to 3 minimum wages (33%), and up to 10 minimum wages (34%). With the exception of the low income observed, the sociodemographic profile of this sample closely resembled that of the Brazilian Spiritist population and of other studies on mediums conducted in Brazil¹³⁻¹⁵. The subjects in this sample had a high proportion of higher education compared to both the general Brazilian population¹⁷ and users of secondary mental healthcare services in Brazil¹⁸⁻²⁰. The rate of paid employment in this sample was comparable to that of the Brazilian population at large (58%)²¹ but higher than levels of users of mental healthcare services¹⁸⁻²⁰. These data show that, despite seeking help for these AEs, the individuals studied exhibited good indicators of social functioning (schooling, occupation, marital status), which proved far superior to those of patients of mental health outpatient clinics.

The sample showed a high prevalence and diversity of AE, with those involving changes in sensory (particularly visual and auditory) perceptions being the most frequent. In a study by the World Health Organizations involving 52 countries, 32% of the general Brazilian population reported at least one psychotic experience in the past 12 months, and 16% reported strange occurrences that others found difficult to believe, 14% hallucinations and 10% control by an external force²². The majority of the AEs identified in the present study had previously been described in earlier studies involving practicing Spiritist mediums^{10,23}. In contrast to previously reported study populations, the present group comprised individuals seeking spiritual help for AEs. Part of this group most likely constitutes individuals who shall become practicing mediums within the spiritual centers. In studies of AE, it is important to stratify individuals into cases with recent onset and those with a longer history of AE that have integrated these experiences into their lives, so as to allow separate analysis of the groups. Those with recent onset are learning to deal with AEs, a process which entails facing doubts, fears and the unknown^{13,22}.

There is an urgent need for greater exploration of these two groups of individuals with AE in the non-clinical population.

Regarding the criteria proposed for determining the non-pathological nature of AE, the majority of the subjects studied reported the following: absence of socio-occupational impairments, short and episodic experience, compatible with a cultural tradition, and an experience promoting personal growth that is centered on others.

The emotional distress associated with AE reported by most of the sample may indicate the lack of a cognitive framework within which to assign meaning to and integrate AEs^{24,25}. The prospective follow-up of this sample currently underway may identify whether the distress associated with AE can be attenuated through seeking out religious groups that offer a setting which both accepts and integrates these experiences.

Concerning the compatibility of AEs with the Spiritist tradition, it should be reminded that the criterion for selection of this study was having AE interpreted as mediumship by Spiritist centers. However, it should be noted that, even for the religious group, the AEs reported may not be considered healthy spiritual experiences, but cases of spiritual emergencies as defined by Grof³, or spiritual problems as proposed by the DSM-IV⁴.

Comorbidity was evidenced mainly by reports of “anxiety” and “depression” in the majority of subjects. It is important to point out that these reports do not represent clinical diagnoses, and may reflect a spectrum of conditions ranging from depressive and anxious disorders to non-pathological depressive and anxious responses to AE yet to be integrated. Notwithstanding, these data are consistent with the high prevalence of depressive and anxious symptoms observed among users of outpatient health services, in which a prevalence of between 27.9% and 36.1% of mood disorders has been documented¹⁸⁻²⁰.

Finally, more than half of the subjects in this survey reported not having control over their AEs, one of the reasons that led them to seek guidance at a Spiritist center. A study of mediums found that participation in medium training courses was not associated with higher frequency of AE but instead with greater control over them¹³.

This study highlighted the complexity and diversity of AEs of psychotic and dissociative nature experienced by individuals from the non-clinical population that sought assistance from religious groups. The present study sample likely comprises individuals with non-pathological and potentially positive AEs together with individuals with mental disorders requiring treatment from healthcare professionals. A deeper understanding of this population can shed further light on AEs and advance the search for criteria to differentiate between the two groups. In addition, given that individuals with mental disorders seek assistance at religious groups, these may serve as an important tool for screening and supporting individuals with mental disorders^{14,15,26}. Several areas in this field which warrant further research include: 1) profile of AEs in the general population; 2) characteristics of AE among different religious, non-religious and clinical groups; 3) test criteria for assessing the pathological nature or otherwise of AEs; and 4) the role which religious groups can play in the screening or treatment of AEs.

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