



RESEARCH ARTICLE

OPEN ACCESS

## MEDIUMSHIP AND MENTAL HEALTH: TENSIONS FROM ETHNOPSYCHIATRY/ ETHNOPSCHOLOGY

\*Fabio Scorsolini-Comin

Department of Psychiatric Nursing and Human Sciences, University of São Paulo at Ribeirão Preto College of Nursing, University of São Paulo

### ARTICLE INFO

#### Article History:

Received 14<sup>th</sup> June, 2019  
Received in revised form  
18<sup>th</sup> July, 2019  
Accepted 20<sup>th</sup> August, 2019  
Published online 30<sup>th</sup> September, 2019

#### Key Words:

Ethnopsychology; Spirituality;  
Religion and Psychology.

\*Corresponding author:  
Fabio Scorsolini-Comin

### ABSTRACT

**Objective:** To discuss the phenomenon of mediumship in its interface with health, using ethnopsychiatry/ethnopsychology as a theoretical prism of analysis and reflection. **Method:** Theoretical study, supported by a narrative review of the scientific literature. **Results:** Studies in the area of religiosity/spirituality (R/S) indicate the importance of this dimension to promote health, but still with little space for the consideration of phenomena such as mediumship, especially with reference to religions of African matrix like umbanda and candomblé. The need for a non-medicalizing approach to cultural and spiritual phenomena such as the trance of possession, characteristic of mediumship, is emphasized, offering an insight into the ethnotheories present in religious communities about these events. Two main movements were observed, one associating mediumship with psychopathology and another with mediumship as mediator of mental health care. Although religious spaces also offer a kind of informal health care through psychic consultations with incorporated spirits, there have been few interventions in the literature regarding this perspective of care. **Conclusion:** The production gap in the area of mediumship in its interface with the promotion of mental health unequivocally demonstrates the innovative nature of the field of study that relates mediumship to a perspective of care and acceptance that must cross the incorporation of R/S in the most varied health practices.

Copyright © 2019, Fabio Scorsolini-Comin. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Citation:** Fabio Scorsolini-Comin, 2019. "Mediumship and mental health: tensions from ethnopsychiatry/ethnopsychology", *International Journal of Development Research*, 09, (09), 29957-29962.

### INTRODUCTION

The way in which religion, religiosity, and spirituality are present in human life has represented a complex subject, constituting a field of knowledge and powers that dialogue with elements of health and education and which, therefore, constitute a legitimate phenomenon with which the classical and contemporary researchers, as well as from different areas, seek dialogue.<sup>1</sup> The connection of the human being with his transcendent has been presented as both a way of giving meaning to life experiences and also a way of developing repertoires for situations considered difficult, stressful, and delicate handling, as in processes of illness, death, mourning, and coping with adversity. In spite of the semantic and epistemological approximations and distances between the terms religion, religiosity, and spirituality, the combined terminology of religiosity/spirituality (R/S) has been adopted as a way to give the area greater unity and, possibly, expansion in the field of mental health. Understanding that we do not always approach a single religiosity or spirituality, we have also suggested the spelling of these terms in the plural, that is,

religiosities and spiritualities. Studies on the way R/s crosses health and care practices in different communities and services is a recurring subject in the scientific literature of both Nursing and social sciences. The R/S denomination, therefore, is due to the difficulty of distinguishing these terms and is consonant with the health literature.<sup>2</sup> For the purpose of a better dialogue with the literature on mental health, the present study will use the combined term, abbreviated as R/S. A dense international literature has drawn attention to the need not only to incorporate R/S into the practice of health professionals, but also to the challenges that address nursing care and also to the Nursing training processes, highlighting ethical and administration in Nursing. Studies with nurses and students are frequent with the development of protocols and strategies aimed at promoting a professional practice consistent with the challenges proposed by the World Health Organization (WHO) in bringing R/S into a holistic and systemic conception of being human.<sup>3,4</sup> The definition of health in progress makes R/S stand out without, however, delimiting drivers not only to listen to this dimension in the health-teaching process but also

to its incorporation in professional practice.<sup>2</sup> Although these definitions are not only scientific but also carry political meanings in health work, R/S is considered a dimension that has been proposed as relevant, which has promoted both a movement to increase knowledge in area as to the position of questioning the need for this construct in health care. Based on these two distinct positions, R/S can be considered as having a prominent place in the discussions on contemporary health care, even though this reflection is not univocal. Also in the Brazilian scenario, several R/S studies have been conducted, much devoted to the experiences of nursing professionals and the way this dimension has crossed care, for example, in specific areas such as palliative care, psychiatric care or performance in hospitals.<sup>5</sup> Studies with students and/or focusing on the teaching of R/S in health courses are also frequent<sup>6</sup>, considering that the training component has been one of the pillars of scientific production in Nursing. Therefore, it becomes plausible to know and question how this dimension has been encompassed in formal educational spaces. Issues associated with spiritual suffering also emerge in the recent literature, as well as the concept of spiritual *coping* related to coping with adverse situations arising from illness processes.<sup>5,6</sup> So, R/S is a dimension that has been shown to be important in the promotion of Nursing care, also representing a challenge in terms of training that accompanies the need to offer knowledge aimed at sustaining solid practices, supported by the scientific point of view, committed and critical socially, ethically, and politically.

Thinking Nursing as the science of care and that R/S often emerges as a dimension associated with both mental suffering and the promotion of mental health, we explored the possibility of a more focused reflection on the phenomenon of mediumship or the mediumistic trance, often questioned when discussing R/S expressions in different religiosities. Thus, the objective of this theoretical study is to discuss the phenomenon of mediumship in its interface with health, resorting to ethnopsychiatry/ethnopsychology as a theoretical prism of analysis and reflection. To do so, this study is based on an extensive review of the literature conducted in index databases/electronic libraries such as LILACS, SciELO, PePSIC, PsycINFO, CINAHL, MEDLINE/PubMed and Wiley Online Library, as well as from classic books of the area, notably translations of important works by foreign authors such as Roger Bastide, François Laplantine, George Devereux, Tobie Nathan and Ernesto De Martino, just to mention some of the exponents of the ethnopsychological background that stitches the object under consideration. We hope, in this way, to systematize and produce knowledge about the phenomenon of mediumship in its interface with health.

**Mediumship and psychopathology:** Mediumship as a phenomenon present in different religions and mystical practices has always been tied to a discussion in the field of psychopathology. Besides the recognition of a religious event, several scholars, at different times and attending to different epistemologies, sought to confirm, refute or even reflect on how mediumship may or may not be associated with psychic illness. Throughout the ages, mediumship also represented a synonym of illness, meaning a clear expression of a psychopathology, a "disturbance" or a "psychic disorder" that suspended the subject from his psychic faculties considered normal, conscious or that could be controlled. These investigations have always had as the purpose the attempt to explain the phenomenon in terms of its causalities as well as

its psychosocial repercussions and for the life of the individual, the medium. Thus, the movements of approach and distance between psychic phenomena and the issues of psychic illness are suggested by several studies in the scientific literature, dealing with events such as the first psychotic outbreak and dissociation<sup>7</sup>, for example, with investigations that sometimes elect target audience the adherents of spiritist religions and of African matrix<sup>8</sup>, with great emphasis on studies conducted in the Brazilian scenario<sup>9</sup> as a privileged empirical field. Brazil, by its own ethnic matrix, despite being a predominantly Catholic country, with a great rise of evangelical religions in recent years, presents a privileged space for the development of religions and practices of spiritists, Umbandists and Candomblé, these cults with a strong mediumship in its most different expressions.

National studies have highlighted the way in which the association between psychic phenomena and R/S has been neglected in contemporary studies<sup>10</sup>, opening up a range of possibilities for investigating these aspects along with mediums of these religions. Beyond these associations, the life trajectories of these mediums, especially in relation to the developmental aspects that may or may not elicit questions of the mental health order, do not seem to be the focus of contemporary investigations<sup>11,12</sup>, opening possibilities for narratives about sociability and the way mediumship can cross them.

The phenomenon of mediumship, recovering the tradition of the area, has always represented a legitimate interest on the part of mental health researchers in Brazil and in the world<sup>10,13</sup>, whether through investigations that prioritize the biological and neuropsychological aspects of the medium trance experience<sup>10, 14</sup> in different religions, or by studies that explored the phenomenon from a more psychosocial bias of the mediumistic experience.<sup>12</sup> In the field of health, however, the first movement has been prioritized, reinforcing a tendency to discuss how mediumship can approach or distance itself from psychopathological phenomena, in a resonance of the biomedical model still in force. From this perspective, they attempt to understand the causes and consequences of mediumship in physical terms, and the phenomenon is understood as something that can be isolated, analyzed (possibly in experimental terms and basic research) and fragmented, in search for an investigation that, in fact, can explain how and why a certain expression occurs. These investigations are also of interest in the associations of psychic manifestations with depressive symptoms, stress, depression, as well as with traits related to panic and personality disorders, for example. These studies and perspectives start from the idea that, in isolation, mediumship could be better understood and, depending on the findings on its consequences, be treated, medicalized, and finally controlled, in associations with expressions considered pathological.

In another perspective, more associated to the human and social sciences and in a more psychosocial view of mental health work, the focus would be on mediumship as a social, cultural and sacred expression of a particular people, community or creed, representing a phenomenon of order of the divine that cannot always be accessed by usual research instruments, but from methods such as observations, ethnographies, descriptions and reflections based on the experiences of researchers and subjects. In this theoretical prism, questions about the reality of the phenomenon (whether it exists or not) or about the moral aspects (whether it is correct

or not) possibly associated with the event or the people expressing this mediumship (mediums) would not fit. As a perspective that considers religious expressions as an aspect that makes people belong to a certain group and feel anchored and represented, mediumship would therefore be a manifestation consistent with the mystical and religious propositions, being a performativity that keeps a relation to their context and their religious prism. In terms of studies on mediumship, Brazil has always been considered a historically privileged empirical field<sup>9</sup> because it encompasses different religious manifestations, many of them characterized by events related to mediumship, as in the experiences of possession trance present in rituals such as umbanda, candomblé, and Kardecist spiritism. Additionally to these religions we also observe questions of mediumship in catholic and evangelical cults, albeit under different perspectives and explanations. As for the religions of African origin, here represented by candomblé and umbanda, obviously these movements do not originate in the Brazilian scenario exclusively, but come from, for example, the African continent, finding in the national space a field of application and also of transformation and construction of new expressions of this mediumship.

The articulation between foreign researchers dealing with typically Brazilian events promoted a dense space for dialogue between researchers from different countries, promoting as a result the greater dissemination of national studies, conducted by Brazilian researchers, in foreign journals, as well as the dissemination of studies of foreign researchers in national vehicles. This movement can be observed, for example, in the *Handbook of Contemporary Religions in Brazil*<sup>15</sup>, which presents the religions present in Brazil from Brazilian and foreign researchers, highlighting candomblé and umbanda. Mediumship has already been heavily investigated by the social sciences, especially by anthropologists interested in describing the various performances associated with the sacred and how humans could communicate with the world of the dead. Similarly, but in a less expressive number, modes such as magical practices and trances of possession are present in healing rituals and act towards the restoration of balance and health, for example, they have already been the targets of classical studies conducted by researchers.<sup>16,17</sup> Most of these investigations reveal the need to understand mediumistic phenomena beyond health-related records in a search for explanations of the order of context, mixing social, cultural, and historical elements that are embedded in the social practices of care. Thus, a movement is developed, more contemporaneously, in the sense of refusing the medical and psychopathological explanations that associate the mediumistic expressions with the conditions of psychic illness. Although the trances of possession can be observed in different religious traditions, great prominence is conferred to religions of African matrix like candomblé, umbanda, catimbó, among others, responsible for preserving the ethnic patrimony of their ancestors<sup>18,19</sup>, representing a movement of resistance that involves the search for religious expressions with psychic and fantastic elements that face the ethnic and cultural oppression that marginalizes certain populations and communities.<sup>20</sup> Thus, this study selects the religions of African matrix as privileged field of study in relation to the phenomena of mediumship.

**Mediumship and religions of African matrix:** Scientific production in the field of Afro-Brazilian religions, or religions of African origin, is not a recent movement.

Several researchers abroad were interested in umbanda and candomblé, fundamentally through the bias of the trance of possession, using the Brazilian context as an empirical field to construct theses on the mediumistic phenomena and on the cultural manifestations present in these religions, a movement responsible by consolidation of several international research lines that were based on the Brazilian religious scene.<sup>21</sup> Next, we will present the scientific production related to candomblé and umbanda as a way to show how these religions have been listed by the academic media as an empirical field for reflections in the field of mental health and health care associated with social, cultural and historical elements that constitute us in different communities. Umbanda, considered a "genuinely Brazilian religion"<sup>22</sup> (p. 147), has aroused the interest of researchers since the twentieth century both in its origin and in the way it is permanently composed and recomposed by elements derived from Catholic, Spiritist, and candomblé, also interweaving characteristics of the Brazilian people and their white, indigenous, and African matrices. Although there are disagreements and impasses regarding its origin, in this religion a strong influence of the oral tradition stands out, as well as the presence of cultural elements that refer to the very ethnic origin of diversity of the Brazilian people and their miscegenation.

National studies on umbanda have established a series of theoretical and empirical understandings carried out in terreiros, allowing a reading about the transformations that have occurred in this religion over time<sup>20</sup>. These studies involve descriptions and anthropological and psychological readings about the Umbandist pantheon entities such as pombagiras<sup>23</sup>, caboclos, and baianos<sup>24</sup>, as well as proposals that highlight aspects such as corporeity, participative methodologies<sup>20,25</sup>, relationships with health practices and care<sup>26,27</sup>, historical resonances<sup>18,22</sup> and social processes such as marginalization, vulnerability and resistance through religious expressions. Umbanda, rather than expressing mystical aspects of relation to the sacred, involves social positioning and tension, since it represents the very origin of the Brazilian people, its ills such as slavery and the genocide of indigenous peoples, as well as their social dramas which involve racism, problems arising from migration, as well as attention to marginalized populations, and social vulnerabilities. The initial interest in the study of these Afro-Brazilian religions came from foreign researchers. This course was undertaken by classical authors of Anthropology, such as the Frenchman Roger Bastide<sup>28</sup> and more contemporarily with Veronique Boyer,<sup>29</sup> of the École de Hautes Études en Sciences Sociales in Paris, just to mention two emblematic examples in the area. Both are exponents of ethnopsychological reference and they produced solid knowledge that theoretically and methodologically subsidize the ethnopsychological investigations in the field of health. Boyer's study<sup>29</sup> specifically dealt with the "caboclocandomblé", discussing the specific cult of caboclos in Pará, also known as "caboclos from Amazônia". Bastide<sup>28</sup> has already built a solid work on candomblé and umbanda, investigating phenomena such as the trance of possession by orixás and also the oneiric universe of these communities. In studying dreams, one was interested in understanding the ancestry of peoples in relation to their origins and how these aspects were represented in dreaming. Another notable example in the area is Fernando Brumana<sup>30</sup>, an Argentine scholar who investigated Jurema in the national context, weaving basic considerations to understand how religiosity has been embedded in the experiences of the

Brazilian people. In the 1970s, Bastide proposed a reading about the umbanda that placed it between the European tradition and African culture, being a mestizo tradition, bringing white elements into a black pantheon, promoting a reading of this religion as being interstitial.<sup>28,31</sup> This character is reinforced by authors dealing with the so-called Umbandist plurality, mixing white, black, and indigenous elements<sup>32</sup>, enabling a reading of this religion beyond its institutional aspects and envisaging a relationship with the universe of historically and culturally produced meanings. To study umbanda, in this sense, is also to investigate Brazilianness and the way the Brazilian people are interpreted in a multifaceted pantheon of references.<sup>27</sup> In this analysis perspective, umbanda occupies a prominent place precisely because it represents the miscegenation of the Brazilian people, which is also intertwined with our mystical and religious references.

The interest in the study of umbanda, as it occurs in the context of candomblé, is not exclusive to Brazilian authors, which can be observed by a relevant international production, although it is highlighted the mismatch with the local production about this religion.<sup>33</sup> More contemporaneously, we find religious expressions of umbanda in other countries, such as Portugal, the United States, Argentina, Uruguay, and Spain,<sup>34</sup> which also maintains contextual specificities, making comparisons with the national scenario difficult. It can be said that umbanda retains a diversity within the Brazilian scenario, which tends to widen when we consider other countries, other cultures, and dialogue between contexts. Thus, both umbanda and candomblé practiced in Brazil have specificities, which also applies when we analyze the different Brazilian regions and their nuances in terms of religiosity and mystical practices.

Although much of the knowledge produced about Afro-Brazilian religions is based on the social sciences, through a tradition of research in religions spaces and the use of observational and participatory methodologies, it is emphasized that Psychology has also appropriated this field, approaching these discussions to the psychic and developmental universe that surrounds these phenomena.<sup>12,31,24,27,35</sup> In this perspective, mediumship can be understood not only as a cultural phenomenon but also as a psychological phenomenon, since it positions subjects, the self-other relationship, the personality of the medium, and the personality of the embodied entity, among other aspects. The ethnopsychological framework, delimited in many of these interventions, has been important for comparing reflections on the way in which native ethnotheories can be understood as a worldview that should not be reduced to the ethnocentrism that sometimes marks the research with local communities or that represent a world knowledge quite different from the one brought by the researcher.<sup>28,36</sup> In searching for ethnotheories that explain and describe the phenomenon of mediumship, there is a native understanding that breaks with the academic-scientific attempt prioritized in the biomedical and positivist model that aims to isolate the object and fragment it. To describe the phenomenon of mediumship, from a psychosocial and cultural perspective, is to surpass traditional and hegemonic models, in search of a reading that, in fact, breaks with the tendencies towards the pathologization of cultural expressions.<sup>27</sup> Ethnopsychiatry/ethnopsychology legitimizes reference communities as holders of a knowledge that must not only be heard, but respected and valued, in constant dialogue with scientific knowledge. Producing science in this perspective is to rescue local references in search of evidence

or evidence that may subsidize a "inward" understanding of the phenomenon and not external to it, as widely criticized in more hegemonic approaches. The studies on umbanda and candomblé that try to approach the ritual aspects of the cultural elements in the reference communities give continuity to a series of investigations of international character. Mageo, in Samoa, investigated typical possession trances of the region, promoting a reading about the myths and their relationships with the subjective experiences of that population.<sup>37</sup> Similar positions are brought in research in Sudan, Sri Lanka<sup>38</sup>, Niger, Cuba, and Mayotte, in France, promoting the emergence of an intelligibility that brings religious and cultural expressions closer together as a dimension of the constitution of peoples, making it necessary to immerse them in these cultures and customs for the apprehension of what, in fact, is the order of the cultural or the field of attention in mental health. In Brazil, the possession trance was and it has been investigated by both national and foreign authors.<sup>39</sup>

Religious spaces such as umbanda and candombléterreiros are approached in many studies as spaces for emotional reception and health promotion.<sup>40</sup> Although religious spaces cannot be considered as formal health equipment, the search for help ends up attracting diverse followers, so that they do not need to join these religions in order to receive aid, a fact that is very recurrent in Brazil, where many terreiro and spiritistcentres present themselves formally as Catholics or even evangelicals. A recent study showed that many of the followers of these religions seek spiritual protection for psychic illness.<sup>41</sup> This suggests that the experiences of mental illness can find in these spaces a direction that must be understood more deeply - is mental health understood and promoted in these religious spaces? As the experience of mediumship, in its most different manifestations, can mediate a care promoted in these spaces?

Religious experiences as promoters of practices considered therapeutic have been suggested by a relevant literature with studies on candomblé, umbanda and spiritism<sup>26,42</sup>, both in the national and international contexts. What these studies suggest is that, often, religious spaces can function as places of emotional reception, a welcome that is not always possible in formal health equipment that may not be prepared to receive users/patients/clients with religious and spiritualities that are dissonant in relation to the standard or, in other words, to the existing hegemonic Christian context in Brazil. Obviously, it is not a matter of listing religious spaces as spaces of formal care, but rather of spheres in which the subject can be more widely accepted, accepted and respected in his identity and in his belonging, which often embraces the notion addressed by R/S. So, mediumship can and should be understood in the interim, representing a movement that seeks to know and respect the subject based on their anchorage, their ancestry, the knowledge conveyed in their community of reference, in their identity, in their belonging. It is within this interface that recent R/S studies can and should develop strategies and repertoires, enhancing not only R/S consideration in health care, but in what way different religiosities and spiritualities, especially non-hegemonic ones, can compose a range of references for the promotion of health and well-being.

By the analysis undertaken in the scientific literature retrieved here and widely published in Brazil and abroad, we can affirm that mediumship has essentially two distinct positions in relation to mental health. A certain portion of studies links psychic expressions to certain pathological symptoms, so that

mediumship is considered, in part, as synonymous with mental illness. Roughly, manifesting in a medium way would be equivalent to having some associated symptomatology, being necessary to investigate which would be more prevalent and why. This aspect is supported by biomedical studies classically disseminated in the last decades and in a tradition of research that is currently being questioned in the area of mental health.

The other existing positioning presents mediumship as a mediator of mental health care, that is, mediums would use the different mediumistic expressions to pay attention in mental health through consultations, blessings, and different rituals that would have as a final objective to restore the balance of the subject and their mental health. As a vehicle or tool of healing or care, mediumship would be placed at the service of mental health. Research addressed under this second aspect are more aligned with ethnopsychiatry/ethnopsychology, which has been shown as a potent perspective in the sense of not pathologizing the culture, although it considers that mental health issues should be approached in all contexts. It is not therefore a matter of disregarding that there may be demands for mental health in people who resort to spiritist centers and terreiros, for example, but that the way of interpreting mediumship can and should pass through a more cultural and social understanding of the phenomenon, favoring an attention that considers the local knowledge, that respects the traditions of the community and that, for that very reason, apprehend a subject less fragmented and more integrated in terms of mental health. Considering these references is, in fact, promoting health care politically and ethically.

**Final considerations:** In contemporaneity, mediumship has been presented as a phenomenon discussed in a health and care perspective, rejecting a medicalizing and psychopathological discourse that has persisted for many years in research on possession trances in Afro-Brazilian cults, for example. The mediumship seen from the perspective of ethnopsychology/ethnopsychiatry recovers an aspect of health and well-being promotion precisely by considering the subject in his context of reference, in his belonging, and in his identity, in a holistic, systemic, and integrative perspective. If mediumship is part of the experiential repertoire of the subject, it must be analyzed from that milestone, not as something external, pathological, and that must be extirpated. From ethnopsychiatry/ethnopsychology, this subject is considered inserted, belonging, full of with meaning, being able to express himself, to worship his creeds, to respect his ancestralities, and to anchor himself in the aspects that dialogue with his dignity and his existence. When we promote health we need, unequivocally, to consider these expressions, which includes a critical reflection on mediumship, should this element emerge in the caring process. Some questions are relevant at this point: do the formal health practices open space for dialogues about possible mediumistic expressions in the clientele served? Or is mediumship already presented with a heavy burden of prejudice that associates it with psychic illness?. From the vast literature consulted, it is important to point out that the Brazilian empirical field related to religions of African origin is privileged, which has been mentioned even in international studies.<sup>42</sup> Although there is this recognition and the consideration that these spaces can be potentially promoters of health, shelter, and care, we do not find reports of ethnopsychological interventions in these communities, which points us to a production gap that intends to be answered by future studies.

The existing research and mentioned here retrieve that the religious space itself can be therapeutic by accepting demands of mental health in informal health equipment (umbandaterreiros and candombléôças, for example), and there are no initiatives that, in fact, lead to reflections about how these religious spaces can also receive formal care by health professionals. The literature referred here brings to light the mediumistic care as care proposals, as well as the networks of interpersonal relationships that are formed in terreiros as networks of social support. Interventions conducted within these spaces by health professionals were not mentioned in the literature. This gap unequivocally demonstrates the innovative character of the field of study that relates mediumship to a perspective of care and acceptance that must cross R/S incorporation into the most varied health practices. In this way, the invitation is directed so that this phenomenon can be appreciated in its complexity, which does not exempt us from a discussion sometimes crossed by questions of psychopathology. However, recognizing the importance of this phenomenon, especially in African-based religions, there is scope for less stereotyped, less medicalizing, and more flexible understandings precisely because they narrate a subject that belongs and means not only in individual terms, but fundamentally in groups, in their collectives, and in their communities of reference.

**Limitations:** Among the limitations that can be mentioned in this study it is the very characteristic of the narrative review of not systematizing the results in terms of a characterization of the results according to the profile of the publications. Profile studies are important to find gaps and trends that may be important for research in this field. As the objective of the study was to reflect on important aspects in the production that relates mediumship and mental health, a narrative design was chosen, prioritizing the classic references, and the most contemporary studies without the need to establish or portray a single truth, but rather contribute to the ever-present debate on this subject considered controversial in mental health. Other more systematic delineations for the revision can be undertaken in the future, respecting other epistemological objectives and positions. Obviously the discussion on the subject is still broader and must be resumed in both theoretical and empirical studies. Greater investment in ethnopsychiatry/ethnopsychology research is suggested, expanding the repertoire of knowledge at the interface between mediumship and mental health.

**Financing:** This study was supported by the National Council for Scientific and Technological Development (CNPq).

**Conflicts of interest:** There are no conflicts of interest.

## REFERENCES

1. Koenig HG. 2012. Religion, spirituality, and health: the research and clinical implications. ISRN Psych. 278730.
2. Scorsolini-Comin F. 2018. A religiosidade/espiritualidade no campo da saúde. Rev CiênSaúde., 8:1-2.
3. Giske T., Cone PH. 2015. Discerning the healing path: how nurses assist patient spirituality in diverse health care settings. *J Clin Nurs.*, 24(19-20):2926-35.
4. Jun WH., Lee G. 2016. The mediating role of spirituality on professional values and self-efficacy: a study of senior nursing students. *J AdvNurs.*, 72(12):3060-67.

5. Lavorato-Neto G., Rodrigues L., Campos CJG., Turato ER. 2018. O espírito solto: significados de espiritualidade por equipe de enfermagem em psiquiatria. *Rev Bras Enf.* 71(2):301-09.
6. Silva JB., Aquino TAA., Silva AF. 2016. The relationship between spirituality and care according to nursing students designs. *Rev Enf UFPE.*10(3):1029-37.
7. Delmonte, R., Lucchetti, G., Moreira-Almeida, A., & Farias, M. 2016. Can the DSM-5 differentiate between nonpathological possession and dissociative identity disorder? A case study from an Afro-Brazilian religion. *J Trauma & Dissoc.* 2016;17(3):322-37.
8. Menezes Jr. A., Alminhana L., Moreira-Almeida A. 2012. Perfil sociodemográfico e de experiências anômalas em indivíduos com vivências psicóticas e dissociativas em grupos religiosos. *Rev Psiq Clin.*, 39(6):203-07.
9. Krippner S. 1987. Cross-cultural approaches to multiple personality disorder: Practices in Brazilian spiritism. *Ethos.*, 15(3):273-95.
10. Moreira-Almeida A. 2013. Pesquisa em mediunidade e relação mente-cérebro: revisão das evidências. *Rev Psiq Clin.*, 40(6):233-40.
11. Rabelo MC. 1993. Religião e cura: algumas reflexões sobre a experiência religiosa das classes populares urbanas. *Cad Saúde Públ.* 9(3):316-25.
12. Scorsolini-Comin F., Campos MTA. 2017. Narrativas desenvolvimentais de médiuns da umbanda à luz do modelo bioecológico. *Est Pesq Psic.*, 17(1):364-85.
13. Osborne G., Bacon AM. 2015. The working life of a medium: A qualitative examination of mediumship as a support service for the bereaved. *Ment Health, Relig Cult.*, 18(4):286-98.
14. Bastos Jr. MAV. et al., 2015. Mediumship: review of quantitative studies published in the 21st century. *Arch Clin Psych.*, 42(5):129-38.
15. Schmidt BE., Engler S. 2016. Handbook of contemporary religions in Brazil. Boston: Brill.
16. Crapanzano V. 1977. Introduction to case studies of spirit possession. In V. Crapanzano, V. Garrison (Orgs.), Case studies of spirit possession. New York: John Wiley.
17. Csordas T. 1987. Health and the holy in African and Afro-American spirit possession. *J SocSci Med.*, 24(1):1-11.
18. Prandi R. 1990. Modernidade com feitiçaria: candomblé e umbanda no Brasil do século XX. *Tempo Soc.*, 2(1):49-74.
19. Silva VG. 2005. Candomblé e Umbanda: caminhos da devoção brasileira (2ª ed.). São Paulo: Selo Negro.
20. Bairrão JFMH. 2002. Subterrâneos da submissão: sentidos do mal no imaginário umbandista. *Memor.* 2:55-67.
21. Lépine C. Répresentations de la maladie dans le Candomblé au Brésil. *Bull. Ethnomed.* 1983;25:21-49.
22. Negrão LN. 1993. Umbanda: entre a cruz e a encruzilhada. *Tempo Soc.*, 5(1-2):113-22.
23. Barros ML., Bairrão JFMH. 2015. Performances de gênero na umbanda: a pombagira como interpretação afro-brasileira de “mulher”? *Rev Inst Est Bras.*, 62:126-45.
24. Macedo, A. C., & Bairrão, JFMH. 2011. Estrela que vem do Norte: Os baianos na umbanda de São Paulo. *Paidéia.* 21(49):207-16.
25. Rafael UM., Maggie Y. 2013. Sorcery objects under institutional tutelage: magic and power in ethnographic collections. *Virt BrazAnth.*10(1):276-342.
26. Costa-Rosa A. 2008. Práticas de curamístico-religiosas, psicoterapia e subjetividade contemporânea. *Psic USP.* 19(4):561-90.
27. Bastide R. 2016. Transemístico, psicopatologia e psiquiatria. In O sonho, o transe e a loucura. São Paulo: *Três Estrelas*; p. 105-127.
28. Boyer V. 1992. “De la Campagne à la Ville: La Migration du Caboclo”. *Cahiers d'Études Afric.* XXXII(125):109-27.
29. Brumana FG. 2005. A propósito de la jurema: reflexiones sobre el campo religioso brasileño. *Antrop.* 48(2):423-71.
30. Macedo AC. 2011. Encruzilhadas da interpretação na umbanda. Tese de Doutorado em Psicologia, Faculdade de Filosofia, Ciências e Letras de Ribeirão Preto. Universidade de São Paulo, Ribeirão Preto, SP.
31. Concone MHVB. 1987. Umbanda, uma religião brasileira. São Paulo: CER/EDUSP.
32. Lundell EA. 2016. Exú's Work: The Agency of Ritual Objects in Southeast Brazilian Umbanda. *J Ethn Folk.* 2016;10(1):43-69.
33. Godoy LG. 2016. Umbanda and healing: experience in Uruguay and Spain. *Rev San Greg.* 13:41-8.
34. Zangari W. 2005. Uma leitura psicossocial do fenômeno da mediunidade de umbanda. *Bol Acad Paul Psic.*, XXV(3):70-88.
35. Nathan T. 1994. L'influence qui guérit. Paris: Jacob.
36. Mageo JM. 1996. Spirit girls and marines: ethnopsychology as historical discourse in Samoa. *Am Ethnol.*, 23(1):61-82.
37. Obeyesekere G. 1981. Medusa's hair: an essay on personal symbols and religious experience. Chicago, United States: University of Chicago Press.
38. Goldman M. 2012. O dom e a iniciação revisitados: o dado e o feito em religiões de matriz africana no Brasil. *Mana.* 18(2):269-88.
39. Gomberg E. 2011. Itinerário terapêuticos e narrativas. In Hospital de orixás: encontro terapêutico em um terreiro de candomblé. Salvador: EdUFBA; p. 113-39.
40. Lucchetti A., Lucchetti G., Leão F., Peres M., Vallada H. 2016. Mental and Physical Health and Spiritual Healing: An Evaluation of Complementary Religious Therapies Provided by Spiritist Centers in the City of São Paulo, Brazil. *Cult Med Psych.* 40(3):404-21.
41. Stone E. 2015. An Alternative Healing Paradigm: A Case Study of Spiritual Therapy in Umbanda. *Luso-Braz Rev.* 52(2):174-94.

\*\*\*\*\*