

THE INFLUENCE OF
"ESPIRITISMO"
ON A CASE OF
MULTIPLE
PERSONALITY
DISORDER

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ABSTRACT

Multiple Personality Disorder (MPD) has been studied through individual case studies and large scale clinical studies. The author, in presenting a Hispanic case of MPD, cites needed attention for further research into ethno-cultural phenomena which can interplay with the phenomenology and dynamics of MPD. The article focuses on the relationship of a belief system practiced or believed by many Hispanics which is "Espiritismo" (spiritualism) and the syndrome of MPD. Etiological and belief system factors are elucidated in the case study. Assessment and treatment considerations that emphasize cultural sensitivity are highlighted.

INTRODUCTION

Multiple personality disorder is distinguished from the other dissociative disorders in that alter personalities take executive control over the person and display different behavior patterns. Challenges to the rarity or implied non-existence of multiple personality disorder are being professionally disputed (Putnam, 1989). DSM-III provided MPD with its own diagnostic category in 1980. Research on this syndrome has proliferated since then. Scientific attention to MPD is gaining momentum. Relatively large scale clinical studies have been done (Putnam, Gurolf, Silberman, Barban, & Post, 1986), and the future for continued research in this area appears promising.

MPD has its own unique history- dating back to the 1700s. Phenomena such as demonic possession, spirit possession, mediumships, automatic writing, and hypnosis have all at one time been discussed in connection with the syndrome. In most recent years there has been growing attention to the influence of cults and their impact on MPD (Van Benschoten, 1990).

This present article will emphasize in what manner espiritismo (spiritualism) shaped the phenomenology of the MPD suffered by a Hispanic female. The origin of spiritualism can be traced back to the 19th century spiritist who wrote under the pseudonym of Allan Kardec. Spiritualism has been

designed as:

The core of the belief system lies in the assumption that spirits are able to influence and affect the lives of people in the material world, that is while on earth. Spiritists believe that spirits have both the ability to make people physically and emotionally ill and the power to cure them. (Ruiz & Langrod, 1982, p. 36)

In this case the belief systems of Espiritismo impacted on how the patient and family perceived the condition of MPD. They often used the word possession; this term can be defined in relation to multiple personality as follows:

...a clear differentiated alternate identity, whether human or otherwise, that seems to take over the person... However, the proposed analogy between possession and multiple personality (Kenny, 1981), is limited, not only by the exclusion within the multiple personality literature of the transcendent form of possession...but also by other important differences. For instance, the etiology of multiple personality overwhelmingly involves childhood abuse; such association within possession has not been established. (Carderra, 1988, p. 11)

Ethno-cultural variables are of increasing interest in research; this article attempts to contribute to this area of concern.

"The data on ethnic and socioeconomic status are scanty, but sufficient to allow one to conclude that MPD occurs across all major racial groups and socioeconomic settings. Although most cases involve whites, black (Ludwig, 1972; Solomon, 1983; Stern, 1984; Coons & Sterne 1986) and Hispanic (Allison, 1978, Solomon, 1983) MPD victims have been described" (Putnam, 1989, p. 57).

The relevance of ethno-cultural variables in research are imperative (Rogler, 1989). The study of MPD needs to incorporate a sensitivity to ethno-cultural influences upon the disorder. I am specifically referring to ethnic groups, their cultural contexts, belief systems and in what manner these variables influence the etiology and outcome of MPD.

The traditional Hispanic religious-cultural beliefs addressed in this article are practiced worldwide with a heavy concentration in Latin America and the United States. The two major belief systems practiced are Espiritismo and Santeria, which is also a spiritist tradition. Espiritismo devel-

oped in the 1870s from Europe and its belief system entails spirits being reincarnated several times. Santeria is the worship of saints. It originated in Nigeria and was brought to Hispanola during the slave trade. The syncretic mixture of Santeria involves the African Yorba religion and its Catholic Saints (Berthold, 1989).

The concept of illness and health have different meanings to diverse cultures. The traditional belief systems just described will influence Hispanic patients' perception of an illness and their usage of treatment centers. "Several studies have expressed concern with the paucity of appropriate mental health services to the Hispanic, and in particular to Puerto Rican communities, (Latino Task Force on Community Mental Health Training, 1974; Miranda, 1976; Padilla, E.K., & Padilla, A.M., 1978) clinicians providing services may not be culturally attuned to the clients whom they are serving. This results in underutilization of available services as well as a less than optimal treatment response." (Ruiz & Langrod, 1982, p. 35; See also Abad, Ramos, & Boyce, 1974; Ghali, 1977; Minzio, 1974)

Spiritism and multiple personality have begun to be studied cross-culturally (Krippner, 1987). In the article "Cross-Cultural Approaches to Multiple Personality Disorder: Practices in Brazilian Spiritism," there is mention that not much analogy can be found between mediumistic possession (the incorporation of benign spirits) and MPD, but that there appears to be a closer resemblance to the "involuntary possession" of individuals and MPD. Another study from a different part of the world, but still relevant, was an article presenting an MPD case in India and comparing this with hysterical possession state (Varma, Bouri, & Wig, 1981). In India the possession state was more common, and was attributed to be related to the religious beliefs of polytheism and reincarnation.

Cultural heliefsystems can also impact on the treatment practices. There can be exorcisms, healing sessions, and mediumistic seances. Krippner reports, "Most spiritist practitioners (and their clients) have never heard of MPD, as such, and treat people with dissociative reactions with the same rituals, amulets and brews that have been used for centuries" (Krippner, 1987, p. 276). These herbs and devotional objects can be found throughout stores often referred to as botanicas (Schwartz, 1988).

In the literature one can find articles pertinent to the treatment of Hispanics (Rogler, Malgady, Costantino, & Blumenthal, 1987) and writings on spiritualism often associated with Allan Kardec (Kardec, 1857).

The data base on articles written about Hispanics and dissociation (Alonso & Jeffrey, 1988) is growing. One of these articles, "The Ataque and Multiple Personality Disorder" (Steinberg, 1990), reports that to date there has been only one published report of MPD in Hispanics, that by Martinez-Taboas (1989). Due to cultural differences, the misdiagnosis of a range of psychiatric disorders may occur more frequently among Hispanics than the population in general (Adams, 1984; Marcos, 1979; Mukerjee, Skukla, Woodle, & Olarte, 1983; Rendon, 1974).

Although there are no studies on the incidence of dis-

sociative disorders such as MPD in Hispanics, Rendon (1974) and Steinberg (1990) warn that dissociative phenomena may also be misdiagnosed as schizophrenia in this group of patients.

METHOD

The data base obtained on the case to be presented was from case notes, collateral, and family sessions. A sodium amytal interview (Marcos & Trujillo, 1978), was done with the consent of this patient and was written up with translation into English. There was also a consultation meeting with a spiritualist.

Limitations of the material are that data were obtained from one case (N = 1), with various facets of the study relying on the memory of the patient, family, and collateral sources. There were idiosyncratic aspects in the life of this patient and thus one must be cautious with generalizations. Furthermore, the material was reviewed retrospectively.

CASE DATA

Identifying Information and History

The patient under consideration is a Spanish-speaking Hispanic female who was 48 years of age at the start of treatment. She had resided in the United States for twenty-five years, and during those years she made periodic trips back to her country of origin. The patient was under treatment with the author for an eighteen-month period during 1987 and 1988. Initially she was treated intensely for two months during a psychiatric hospitalization. She was then followed as an outpatient once a week with the possibility of being seen more frequently when in crisis.

Dolores (a pseudonym) informed the author that she was unemployed and her parents were deceased. In the past she had worked as a seamstress. She had presently separated from her spouse of eleven years. The husband was a believer and practitioner of Espiritismo. The patient admitted having beliefs in Espiritismo, but felt this was in conflict with her religious (Christian) beliefs. The patient in the past had consulted with espiritistas (spiritist mediums).

Dolores was born in a politically unstable Latin country. Her parents were first cousins, and they were economically disadvantaged. She was raised in rural sections of the country. Her parents had eleven children. Dolores and her fraternal twin were born after five whet-siblings. The patient described her family as quite religious, but knew her father also was a believer in Espiritismo. The patient was told by family that when an infant she was unable to breast feed. The father is said to have taken her to various doctors. However, the only one who was able to "cure" the malnourishment was an espiritista. Dolores reported that during dissociative states the face of this espiritista would come forth in her mind.

Throughout her life, Dolores endured numerous traumas. She dates the first trauma at age eight. The trauma involved abduction and sexual penetration by a male who was not a relative. Dolores states she was abducted for a three-year period. She states that although her family knew her

whereabouts, they could not intervene because of political pressures. The tragic aspect of the history was first revealed under sodium amytal. The following are excerpts from the interview:

- D: I am afraid of being left alone.
 T: Do you think something will happen to you?
 D: Yes, like when I was a young girl.
 T: How young?
 D: Eight.
 T: What happened?
 D: I was sexually abused. I stayed with that man, a politician, for three years. My parents could not do anything.
 T: Is this the man that enters your body?
 D: Yes, it is the same person.

Dolores also recounted later that she was witness to tortures and deaths which were politically motivated. She was repeatedly informed by her abuser that should she reveal the truth of sexual violation, then the same atrocities would befall her and her family members. Dolores felt that the experiences clinicians might describe as dissociation occurred first when she was eight years of age.

The sodium amytal interview also dealt with issues of Spiritismo. What follows are the excerpts on this theme:

- T: Can you tell us about this other woman who comes into your?
 D: She is very liberal, outgoing and likes men. (here is another one who likes only women. Women are more trustful than men. There is a child who was my unborn baby. Since I never really had any children I attempt to use my dolls as the children I never had. There is also a man who is very good-looking and educated. Each one possesses my body. They are spirits. I have no control over them.
 T: Why your body?
 D: Because they need my body to express themselves.
 T: Do you believe in Spiritismo?
 D: Yes, when I was a baby I was very sick. None of the doctors would help me. A man, an espiritista, was able to help me. I see the face of this man often.
 T: Do you know about Anna Esse?
 D: She is a beautiful spirit with many gold chains and I have used her for some of my works (Trabajo).

Dolores was married a total of four times. She implied that it was an alternate who married two of the respective spouses. All of Dolores' children are deceased. The losses were repetitive traumatic episodes. Two twins died at birth, another child died of hydrocephalus at age two, and the last child died at age three from a motor accident. The last child died twenty-eight years ago.

Recollection of these deaths was quite painful and Dolores developed strong amnesic barriers concerning the loss of the children. In terms of the marriages Dolores did not initially recall marital data, but as the treatment pro-

gressed, she began to recall and attempt some resolution of themes involving rage, anger, and vengeance. Her difficulties with strong affect were apparent in her interpersonal relationships. When Dolores could not handle a stressor, her dissociative states would occur and an alter personality would become dominant.

Below follows a synopsis of other traumatic events in the life of this patient:

- The death of a brother when she was age five.
- The rape of a sister.
- A strong history of violence in the family. A sister killed her own first spouse, for which she was incarcerated. Upon release she remarried and the second husband murdered her. This precipitated the first psychiatric hospitalization for both Dolores and her female fraternal twin.

Personality System

Dolores was found to have a total of four alter personalities. Alternate personalities were mainly called forth in non-hypnotic states (an exception being during the sodium amytal interview). The sodium amytal interview had been conducted to further confirm the diagnosis of multiple personality disorder to gain further access to her mind's repressed psychological content. With the exception of the child personality (which was only identified under sodium amytal) the author caret with all the alternates in the personality system under non-hypnotic states.

In retrospect it is the assessment of this author that in addition to Dolores, only Flor met the full criteria for an enduring persona that gained frequent executive control of the body. The other three personality alters, Esperanza, Encarnación, and Edmundo are assessed to have been personality fragments (Braun, 1986).

Dolores, the host personality, was a shy, soft-spoken female who lived a rather puritanical lifestyle. She frequently reported headaches, feeling confused with intermittent memory lapses. She longed for motherhood and expressed her love of children. Dolores began to share her hate of Flor during the therapy process, and considered the alternate as her opposite. Flor was described as a beautiful blonde who enjoys wearing plenty of jewelry. She said that her life is to seek love. She was flirtatious and attracted to men. She drank, smoked, and was sexually promiscuous. Ultimately she seeks vengeance on men and wanted to destroy Dolores. This alter evidenced aggressive impulses toward children. Flor described herself as an only child and said that she "comes from a far-away place."

Encarnación was a homosexual female, who, out of rage for men, sought comfort with women. Edmundo was a male personality. He was described as a tall, attractive, well-educated man who confided that he wanted Dolores only for himself. Esperanza was described as a little girl who enjoys playing with dolls and attempts to recreate the childhood joys she missed. She seeks to be rescued from her tormented past.

Psychodynamic Assessment of Personality Components

The flirtatious female and the homosexual female alters preserve the sexuality' and aggressive tendencies. The little girl preserves the child-like qualities, but equally the torment. The male alter dominates Dolores' body just as the male who abused her. The domination of the abuse is symbolically evident. It appears that, therefore, one of the patient's defense mechanisms is identification with the aggressor, the aggressor being the person who abused her and subsequently was the stimulus for her developing a male alternate personality. Dolores, the host personality, maintains the "softer" qualities, but is often rigid in her thoughts.

Issues Relating to Espiritismo

During sessions Dolores discussed how she had attended spiritist meetings in the past. She described how the spiritist mediums used their powers either to create or to alleviate problems. The ability to work with good and evil spirits is thought to be at the disposal of the *espiritista*. This patient also perceived that she had some of these powers in using spirits, i.e., Anne Esse, to assist her in performing spiritist works (*Trabajo*) on others.

In this case, some of the alter personalities were similar to the folklore figures, and these were considered spirits invading the body. These entities were discussed by the patient, family, and collateral sources. The following folklore figures were expressed within the context of Espiritismo:

Anne Esse is known to love only women. She was described as beautiful, playful, and wears pearls. When she seeks out men it is only for entrapment. This goddess can be described differently in different Latin subcultural groups.

Papa Candela is the spirit of fire who is very strong in his powers. He enjoys smoking and drinking alcohol. He uses foul language. A spiritualist informed the author that if Candelo enters the body the person will display the habits and behavior of the spirit.

Anne Esse was a spirit goddess frequently mentioned by Dolores. During dissociative states Dolores would see herself as a beautiful blonde who wore much jewelry.

The Flor alter sought love but with a hidden agenda to entrap men. The spouse of the patient expressed that the habits of drinking, smoking, and foul language of this alter was the entrance to the body of Papa Candelo. During one of the marital sessions the patient dissociated, and behaved in this manner. I attempted to have the entity identify itself, but it would not. The spouse stated that to get the spirit to identify itself was similar to a "confession" by the spirit.

The patient, spouse, and family believed that the condition of MPD was best explained by possession, possession implying that external forces enter the body. The family often reinforced these belief systems by indicating that Dolores was a believer of Espiritismo and had become possessed by spirits. During sessions, the patient manifested MPD clinical

manifestations. Her personal belief was that she was possessed.

The present spouse of Dolores, Mr. S., was approximately the same age as his wife, and a devout believer and practitioner of Espiritismo. He was always meticulous in his attire, and upon describing his wife, one got the impression he was referring to a child. It is of note that his father is a medium, and Mr. S. also identified himself as a medium. During sessions with the couple the following data were revealed.

Mr. S. suffered from a chronic pulmonary condition which he claimed interfered with sexual relations. The couple had had no formal courtship.' Dolores states it was not she who married Mr. S. He reported they were separated upon her request, although at the time they were making attempts to salvage the marriage.

In discussing the illness of his wife, Mr. S. stated his awareness of the different personalities: "I believe she has four or five." He said that he wants to be with Dolores, but that he had developed a communication process with the other personas. He said that Dolores' male personality is dominant, and that this is the personality that has knowledge of all the personal data on the alter components. Mr. S. described having access to the alters, and talked of experiencing a group dialogue with them. He believed that as a medium he could summon these spirits, and that it was spirits (*espiritus*) that had invaded the body of his wife.

Mr. S. described the receptiveness of his wife to the spirits as her being a "caballo." Literally translated, Mr. S. was indicating that his wife is "like a horse" whom the spirits mount and enter. He perceived that a true personality transformation was possible only if Dolores maintained her eyes consistently closed during the "switching." He stated that "spirit eyes" do not need to be open in order to view. The husband verbalized that if a complete transformation did not occur, then his wife experienced what he described as a "revelation." This was seen as an evil spirit that seeks entry into the body for a momentary vision but quickly departs. The person then remains to take the blame for the spirit's misdeed.

Mr. S. maintained that western medicine impeded the formation of the spirit into the body. He clarified that water (*agua*), if ingested by the "possessed" body supplies energies to the spirits and should be avoided if attempting to discard a spirit (*despojo*).

ANALYSIS OF THE INFLUENCE OF ESPIRITISMO ON THE CASE

Dolores' MPD could not be understood or treated from a psychological analysis alone. It was essential to comprehend the belief system of Espiritismo in order to work effectively with the patient and her family. The family members continued to reinforce the Espiritismo belief system, and considered Dolores' body possessed by spirits. Dolores continued to consult a traditional *espiritista* and members of the community supported this. Dolores perceived that her problems and symptoms arose and were maintained by external forces rather than internal fragmentation.

Espiritismo was evident in Dolores' life from childhood through adulthood. Her introjected and internalized belief system of Espiritismo was fragmented and aspects of it subsequently personified in alter behavior patterns. Her dissociative fragmentation was shaped by both repetitive traumas and strongly held but dichotomized beliefs in both Christianity and Espiritismo.

As described previously, some cultural folklore figures appear to have influenced the alter's behavior patterns; the spouse was convinced of the similarities of these spirits and the personality transformations Dolores suffered. The spirit guide of Anna Esse is very similar to the Flor alternate. Mr. S. perceived that the habits not pertaining to Dolores as he understood her, such as smoking, drinking, and the use of foul language, were associated with the spirit of Papa Candelo. In the sodium amytal interview the patient also said that the child alter maybe the spirit of her unborn child. The patient believed that it was spirits who had entered her body, and that those entities needed her body to express themselves.

At this point I will briefly reflect upon the spiritist sect of Santeria. This is mentioned in order to provide another viewpoint that might influence the formation of an alter personality, i.e., an opposite sex alternate personality. A cultural-religious analysis in this area can possibly be found in the santeribelief which honors and worships interchangeable dual sex deities, i.e., Santa Barbara and Chango.

Neither does the stunning fact that some of the Orishas (gods) change sex in the syncretic mixture bother the Santeros. Since Santeria is intermixed with spiritualistic beliefs, they explain the change by arguing that their gods existed before all other beings, and that after their mythical deaths they returned to earth reincarnated into new bodies. The idea of reincarnation is an intrinsic part of Santeria (Gonzalez-Wippler 1987, p. 30).

This sex gender dichotomy is over-determined by many factors among which are: (1) internalization and introjection of cultural belief systems; (2) trauma and repression of libidinal states; (3) fragmentation and dissociation; (4) personifications both from within the patient's culture and by identification with the aggressor. Numerous psychodynamic and socio-cultural variables may influence the phenomenology of alter personalities.

It is clear that the belief system of Espiritismo has colored Dolores' perceptions of her illness and the form in which it expressed itself. Although it is inappropriate to generalize from a single case, Dolores' situation suggests we should take into account the variables of ethnicity, belief systems, and the usual phenomena of MPD, and treat these with equal respect.

At least two lines of further exploration are suggested. The first is to study whether a significant sample of Hispanics with MPD (who are believers in traditional-religious practices such as Espiritismo and Santeria) are personifying the internalized beliefs of the folklore figures within the con-

tent of alter personalities' behavior patterns. A second is to investigate why MPD Hispanics are not easily identified within the mental health system. Is it possible that a significant number of MPD Hispanics are seeking treatment with the traditional cultural folk healers, i.e., espiritistas, Santeros?

A PSYCHO-SOCIAL-CULTURAL TREATMENT APPROACH

Studies on cultural factors (Ruiz & Langrod, 1976) have recommended that in treatment the clinicians need "...to take into account the values, beliefs and idiosyncracies of the groups that are being worked with, if they plan to be effective." (Ruiz & Langrod, 1982, p. 38). It has also been reported that the very nature of an illness is influenced by cultural expectations and meanings (Comas-Diaz, 1981).

In the treatment of Dolores, a treatment plan that incorporated both her psychological and cultural profile was developed. As the therapist I began to read extensively on MPD in order to facilitate the assessment of the psychological influences (i.e., trauma, repression, internal fragmentation, defense mechanisms and symptoms). It was also vital to ascertain the cultural influences (i.e., country of origin, socio-political factors, belief symptoms, including the subsequent primary belief of spirit possession). The spiritist belief complicated Dolores' clinical profile. Repetitively I, as the therapist, discussed the clinical manifestations and tried to work with dynamics and the influence of the past on the present. However, the notion of possession remained compelling to the patient and her family.

Within a framework of belief that the cause for the multiple personalities was the invasion of the body by external forces, Dolores was well defended when I encouraged her to deal with internal issues. Prior to the case of Dolores, I had some knowledge of the Espiritismo belief system. However, my efforts on her behalf called for further examination of this belief system. I proceeded to consult with an espiritista and went to a spiritist meeting in an attempt to further appreciate Dolores and her alters. The spiritist consultation and the field observation of a spiritualist meeting assisted me in the assessment process and in taking a therapeutic stance with the patient and her family. To be culturally attuned was imperative. The spiritist consultant was convinced that Dolores was possessed, and he strongly recommended I take precautions against the evil spirits. The recommendation was that I place a glass on my desk filled with water and white flower petals. I dealt with his suggestion by respectfully listening.

In the treatment sessions Dolores manifested certain fears and resistances with strong ethno-cultural dimensions. She feared that I would not understand her belief system, Espiritismo, and would perceive her statements as invalid. She feared the loss of control and the violation of boundaries. Dolores was fearful that my respect for her would be diminished and tarnished by alters' behavior which she perceived as unbecoming to a dona (lady). Dolores was afraid that I would lose patience, and subsequently reject her. These fears were a replica of the experience of past rejections from

family, friends, and significant community members.

It proved crucial to listen and to suspend judgment so that Dolores could express herself in her own way, and gradually begin to trust. Subsequently, she felt more understood concerning both her illness and her cultural beliefs.

The belief system does not have to be reciprocal between patient and clinician. What is pertinent is comprehending a cultural phenomenon, rather than classifying a belief as supernatural or non-existent. I have witnessed clinical situations in which a patient is talking about spirit beliefs and the professional responds in a judgmental manner. Listening and understanding can make the difference for effective treatment.

CONCLUSION

The mental health professions work with a multitude of human problems, among which are child abuse cases. Child abuse is one of the social problems believed to be a major contributor to the formation of MPD (Putnam, 1989; Putnam et al., 1986; Wilbur, 1985). To strengthen our clinical tools we must begin to further examine ethno-cultural variables and how these factors can impact on MPD. We must also learn how to distinguish between cultural formats and patients' idiosyncratic behaviors. Such efforts will enhance our knowledge base on both the etiology and the treatment of MPD.

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