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Artículo de investigación

Kierixiet + , the Drunkennes of the Divine: a Culture-bound Syndrome

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Introduction and Background

Indigenous peoples include approximately 350 million people in more than 70 countries in the world, encompassing more than 500 cultures and languages (1).

Nowadays, the indigenous population of Mexico is over 10 million people, distributed in 24 states of the country. This population includes 62 ethnic groups, who speak around 85 languages and dialects, accounting for almost 10% of the population of the country (2). Four large ethnic groups constitute 51.4% of indigenous language speakers: the Nahua, the Maya, the Mixtec, and the Zapotec (3).

Out of ten indigenous language speakers, six live in towns with fewer than 2,500 inhabitants, and the rest live in urban areas.

The indigenous language-speaking population is concentrated in the south and the southeast of Mexico (the states of Oaxaca, Chiapas, Veracruz, Puebla and Yucatán), where 60.9% of this population lives.

The indigenous groups found in the state of Jalisco are the Nahuas, the Coras and the *wixaritari*. The latter represent 0.5% of the indigenous population of Mexico. The de-culturization process induced by governmental policies and by migration has had an effect on the pace of life of these ethnic groups, and it has gradually modeled their social structures (4).

Each of these indigenous groups displays a variety of diseases with a specific ethnic meaning, as well as different approaches to therapy. Traditional medicine, administered by "the apothecary, the midwife, the osteopathist, the healer and/or the shaman" is supported by knowledge obtained through revelation: "they heal through the grace of a god, or supernatural forces". Divination and treatment are based on mystical experience and empirical observation (5).

Pélicier mentions the need to adjust the data from Western science to the concrete scenarios of the populations being studied, due to the increasing pathologies linked to

Resumen

Este artículo describe al kierixiet, un síndrome ligado a la cultura, visto desde tres dimensiones: transe por posesión o *kieri*, histeria colectiva y brujería chamánica debido a las violaciones al "el costumbre". El kierexiet+ se ha encontrado en los albergues de jóvenes de la comunidad wixarika de Cajones, Nueva Colonia y Pueblo Nuevo, en la región norte del estado de Jalisco, en México. Al tratar de integrar al grupo étnico wixarika dentro de la corriente principal de la cultura mexicana, ha tenido un abrupto proceso de transformación. Este proceso ha creado un desequilibrio en su tradicional dinámica social. Este estudio etnográfico retrospectivo se realizó de 1998 a 2003. El síndrome de la "Embriaguez de lo Divino" es visto bajo la óptica socio-cultural del *wixárika.*

Palabras clave: kierixiet, wixárika, wixaritari, grupos étnicos, shamanic

Summary

This paper describes *Kierixiet*+, a culture-bound syndrome located in three dimensions: trance by possession or *Kieri*, collective hysteria, and shamanic witchcraft due to violations of *el costumbre* (the custom). *Kierexiat*+ has been found in the youth hostels of the *wixárika* community of Cajones, Nueva Colonia, and Pueblo Nuevo, in the northern region of the state of Jalisco, in Mexico. Trying to integrate the *wixárika* ethnic group into mainstream Mexican culture has led to an abrupt transformation process. This process has created an imbalance in their traditional social dynamics. This retrospective ethnographic research was conducted from 1998 to 2003. The "Drunkenness of the Divine" syndrome is approached from the socio-cultural framework of the *wixárika*

Key words: kierixiet, wixárika, wixaritari, ethnic groups, shamanic

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migration and deculturization. A cross-cultural approach allows us – starting from a clinical history – to conceive the variability and the permanence of disease, thus making semiology relative. Scientifically speaking, no culture may be judged or evaluated based on a scale of values alien to it (7).

The Wixaritari

The *wixaritari*, a plural noun meaning diviner, physician or feather, as they call themselves in their own tongue, are an ethnic group regarded by several experts as one of the most fascinating and genuine in Mexico and the whole world (8). Forty years ago, this group was still inaccessible to tourists and social workers due in part to the difficult geography of the areas where they live.

The *wixaritari* have managed to maintain a large part of their pre-Columbian cultural heritage. However, due to the increasing intervention of governmental and other agencies, the *wixaritari* have been faced with an accelerated transformation of their social dynamics. These swift socio-cultural changes often play an important role in the etiology of their psychopathology (9).

Indigenous education boarding houses ("*Albergues escolares indígenas*") were first created in 1960 with the participation of civil society organizations, governmental and private agencies, with the alleged aims of fighting the lack of education in indigenous zones and communities, as well as fostering the development and improving the quality of life of indigenous peoples (10). The *Albergues* were supposed to provide housing and meals from Monday to Friday, to support teaching, health care, training for agricultural and artisan work, and to help rescue and value their cultures (11).

This retrospective ethnopsychiatric research analyzes a culture-bound disorder found in the Albergues of Nueva Colonia, Pueblo Nuevo and Cajones, all part of the community of Santa Catarina, in the municipality of Mezquitic, Jalisco, Mexico. This problem has not been solved yet despite the efforts made by the National Indigenous People Institute (Instituto Nacional Indigenista) and the Health Secretary of the State of Jalisco (Secretaría de Salud de Jalisco).

The notions of health and disease among the wixaritari

The *wixaritari*, like any other social group, has systematized their knowledge of the health-disease process.

Their etiological and therapeutic explanations are based on the supernatural, as is the case in most indigenous groups in Mexico.

Three elements are considered sacred in their religion: the deer, peyote, and corn, which are all regarded as deities.

Wixaritari therapy is based on shamanic rituals and the compliance of the diseased person with certain actions intended to please the offended deities. They also use medicinal plants, but to a lesser extent than other indigenous groups in Mexico.

Some basic concepts in the *wixaritari* approach to health are worthy of special mention:

K+puri is the human soul, and *iyari* is the heart, which besides being an organ of the body has an immaterial aspect for thoughts and memory. To nourish spiritual life, the *iyari* must be strong and healthy.

Niurika is the power of supernatural vision, and *Tukari* is the energy of life.

Another important element in the *wixárika* culture is the number 5, a sacred number that often appears in different aspects of their life. There are five colors of corn, five cardinal points, five "children" or elements of *k+puri*, five years of preparation and five the journeys to *Wirikuta* (Sacred Place) required to become a *mara'akame* or shaman (12).

Causes of disease according to the wixaritari

In the *wixárika*'s view, the cause of all diseases and death that are not directly attributable to old age are to be found in the supernatural. The increasing contact with modern medicine seems to have had little impact on these beliefs.

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For the *wixárika*, the source of health and long life is to follow what they call "*el costumbre*" (the custom), or *Wixárika ra yexeiya*. There is a belief that some offended deities send disease as a punishment for having missed a ritual they were due.

A second cause of disease is witchcraft or evil magic. The witchcraft may be because of the evil purposes of the witch or to favor an enemy of the victim. In both cases the patient is said to have been "stricken by the arrow of disease".

A third health hazard for life and health is the "loss of the soul". A person's *k+puri* may wander when the person is asleep and be captured by a hostile witch or an animal spirit ("robbery of the soul"), or it may go out and get lost, or it may be abducted or "eaten" by evil beings controlled by witches. This third hazard is most likely the *wixárika* version of the "fright", an illness that has been described in papers about the Nahua Indians (13,14).

The wixárika's attitude towards disease and death

In general, the *wixárika* accepts disease and death with submission, due perhaps to the supernatural causes attributed to them. This conscious acceptance often makes the *wixárika* uninterested in getting well. What they can do to seek relief is to try to make amendments to the offended deity through rituals, prayers, offerings, abstinence, fasting, journeys to sacred places, ritual baths, animal sacrifices, celebrations, etc.

Diagnosis and healing by the mara'akame

The first thing the *mara'akame* does is track down the cause of the disease. If the cause is supernatural, the healing must be pursued in the same realm. Most *wixaritari* will see the intervention of the *mara'akame* as desirable so the patient can make a full recovery, even if the patient is also undergoing a modern medical treatment and responding well to it. The *mara'akame* usually asks a few routine questions, which may be applied to all diseases. Then he starts the healing by running *muwieri* (sacred feathers), usually over the abdominal area of the patient, after having rubbed the area vigorously with saliva.

Shamanism and trance

Shamanism is widespread among the indigenous tribes of the Americas. Though a trance, the shaman will establish communication with beings in the netherworld. The shaman has a high rank within tribal societies, where he is feared and respected. His role is not only to heal disease, but also any misfortune that might befall the community.

The trance is a common phenomenon among the *kawiteru* (the members of the council of elders) and among the *mara'akate* (shamans) during *wixárika* ceremonies, because it is in this way that they can communicate with their gods. The trance may be attained through the consumption of *Híkuri* (*Lopophora williamsi*) and maintained by music, chanting and the atmosphere of the ceremony. Ingesting hallucinogenic substances leads to fantastic journeys through culturally structured universes. In the case of the *wixaritari*, one of their young men, attracted to shamanism, will eat peyote, a cactus worshipped as the emissary of a deity, until he has the intended dreams or visions, reaching a state filled with concentrated images of corn, peyote or deer, or until he sees *Kayumarie*, the sacred deer, who acts as an assistant spirit. Once he becomes a shaman, or *mara'akame*, peyote will let him achieve a state of fusion associated with the power of origins, and will reveal to him the diagnoses, thus helping him to release imprisoned souls.

Behavior disorders among the wixaritari

The *wixaritari* do not see mental disease as isolated from the body, because for them a human being is not a fragmented object. However, there is among them a word that might be translated as "insanity": *Mayaxiákame* (pronounced mayarriákame or mayarriákate, in plural).

One of them describes it as "a person who suddenly loses his/her mind and his/her senses wander off (…) without knowing what he/she is doing" (15).

A person may be born *mayaxiákame*, and another may suffer it because of head trauma or a violation of "*el costumbre*". It may be transient, because a deity has chosen the "patient" to be a chanter or shaman, because he has eaten *kieri* (*Datura stramonium*), another sacred and powerful plant, or because of alcoholism. The behavior identified with a *mayaxiákame* may be divided broadly into three aspects:

1. Speech: the *mayaxiákate* speak incoherently, of things that do not exist, of what they imagine, of the visions they have, and sometimes they speak to themselves or cannot answer questions.

2. Actions: they "act incoherently", walk as if guided by their thoughts, run, run away from others, "walk around naked", do not bathe, chase children, and may provoke accidents.

3. Feelings experienced: they report feeling odd, persecuted, and ashamed.

Other manifestations of the disease reported by the *wixáritari* are fear of death, convulsions, being "unwell in their thoughts", and losing consciousness ("soul") (15).

The *wixáritari* refer to other types of mental illness classified by their etiology:

1 – *Nierikaxiyá*

A disease of the *nierika*, which is responsible for supernatural vision, this disease is brought about by the spell of an evil spirit (*Iteuqui*), causing sadness and lack of communication.

2 – *Kierixiyá* or *kierixiat+*

It consists of being "possessed" by *kieri*, a psychotropic plant that has been attributed evil powers by many *wixaritari*. Frequently endemic, it is prevalent among teenage girls. "Possessed" persons go through periods of hysteria, supposedly followed by loss of consciousness.

3 - *+r+xiya*

A disease produced by a relative's *+r+kame*. The *+r+kame* is a small stone where a person's soul is crystallized five years after he or she died. There is a belief that this disease appears mainly because the accustomed commemoration five days after the person died was not celebrated, or was celebrated improperly. The disease supposedly involves morning fevers, when the sun rises. The patient feels a desire to be among deer, as if they were telepathically calling him or her to be with them. The *+r+kame* makes the person ill

because it wants the relatives to go to "*venadear*" (hunting for deer), and it usually appears on middle aged or elderly persons. The treatment consists of shamanic healing and the offering of an arrow to bring the *+r+kame* back and thus remain near the deer.

4 – *Niwenama mepucax+ri*

The name translates literally as "the children fell down". In the *wixárika* belief system, the *k+puri* is located in the "whirlpool" of the person's head. The *kúpuri* is formed by five "children" who are in harmony. The *mara'akame* can see this five "children" as five small clouds. When a person receives a blow to the head, they fall into disharmony and are dispersed. The *mara'akame*, with his *muwieri*, restores the lost harmony.

5 – *K+puripiya* or *k+purikwiniya*

It involves the robbery of the soul through a magic spell from an evil spirit (*iteuquí*). The *mara'akame* materializes the stolen *k+puri* in a drop of water that he places on top of the patient's head. Otherwise, the patient will die.

6 – *Tawekame*

It is also the *kaka+yari* (deity) of drunkenness. If the traditional ruler (*tatowani*) or the *mara'akate* do not fulfill their obligations to the gods, this disease appears as a punishment.

7 – *Kwitapurixiyá*

From the word *kwitapuri* (green beetle). In the *wixárika* belief system there is a close link between green beetles and epilepsy, because during a convulsive crisis a patient will move like an "upturned" green beetle. Epilepsy strikes children because their father or grandfather violates "*el costumbre*". When there is a convulsive crisis, it is because *N+ariwame* (mother goddess of the rain and responsible for epilepsy) is angry. The healing ritual requires the *mara'akame* to extract with his hand a green beetle from the head of the patient (16).

Description of a culture-bound syndrome in the wixárika community

In January 1998, in the *albergue* of San Miguel Huaixtita, a girl who had visions stopped attending school, became weak, and finally died. In February of the same year there was a similar case in San Andrés. In both cases the problem was solved by the *mara'akate*.

On May 18, 1998, in the *albergue* of Cajones, four girls were afflicted with this phenomenon. The first one, aged 13, arrived to the *albergue* one day after classes began because she had been ill. She looked tired, withdrawn and tearful. Later she became very agitated to the point that she had to be isolated from the other students.

A few hours later, for no apparent reason, three other girls showed signs of agitation. They ran and said that two animal-persons (a phenomenon similar to that of the so-called *nahuales*, individuals with a double animal) were chasing them to kill them. The number of afflicted children increased to almost 50, twenty of whom fell ill at the same time. Their ages ranged from 7 to 14 years. Two cooks and the school principal were also afflicted.

During the night, the children reported feeling the presence of this animal-persons (dogs, wolves and tigers) who tried to attack them with knives and pulled at their hair to catch them. The attackers' faces were covered with feathers, which made it impossible to identify their faces.

The attacks made the children run out of their rooms towards the forest, exposing them to accidents when they climbed rocks or ran down steep paths screaming. Sometimes there were even children who turned up tied to trees in pairs in the morning. They looked as if they were asleep, panting, with their mouths open and their tongues protruding.

The community believed that this had been the result of witchcraft, because the children had found arrows and ritual vases around the *albergue*.

No agency was informed of this situation because the *wixaritari* regard these attacks as a punishment from their gods for failing to carry out some of the rituals demanded by "*el costumbre*". It is not clear to us if the problem was caused only by the witchcraft, or if it is linked to the violations of "*el costumbre*", or both.

Thanks to the intervention of the community's *mara'akame* on May 24 1998, they were able to identify the alleged culprit of the problem: another *mara'akame*, who was called by the authorities of Cajones to put an end to his evildoings. The accused *mara'akame* first denied the accusations against him, but after being tied by his forear-

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ms to a tree and tortured he admitted taking part in it and pointed to another *mara'akame* as his accomplice, who at first denied being guilty, but also admitted his participation after he was tortured.

The tortured *mara'akate* took turns to rid the place of the spells and search for the arrows used to cast the evil spell, but their efforts were to no avail. They invited another *mara'akame* to help them, but the problem continued. On June 13, all the authorities from Santa Catarina were invited to lend their support to another "*limpia*" ("cleansing") ceremony. The *mara'akame* initially accused was in charge of "chanting" that night. When they arrived to the school, six of the children who were at that time afflicted attacked the chanter and beat him to death. The necropsy indicated that his death was caused by the multiple blows he received, and the nature of the injuries showed that he used his hands to defend himself from kicks and punches. Once the internal alternatives had been exhausted, the local authorities decided to hire a *mara'akame* from the community of San Andrés, who charged them 5,000 pesos to do the job.

After three nights of chanting, on June 15, 18 and 22, this *mara'akame* was able to stop the altered states the children were in, but he warned them that his job could be guaranteed only for a period of one year.

The second *mara'akame* accused managed to flee the place, and he filed a lawsuit on July 8, denouncing the death of his fellow *mara'akame* to the Ministerio Público (the equivalent of a U.S. District Attorney) of the town of Huejuquilla. It was then that the National Institute for Indigenous Peoples (INI) learned about the incident, and it immediately took actions to counsel and ensure that the investigations were according to Mexican law, respecting the rights of the indigenous persons involved. They also began to provide care for the afflicted children.

Around this time, the children had school vacations and their symptoms subsided, not showing this behavior when they were at home.

On August 31 1998, when the new school term began, the phenomenon manifested itself in an even more acute form, and it was decided to take 16 of them to the city of Guadalajara, accompanied by two adults. They were admitted in the Psychiatric Hospital of Jalisco on September 19, and remained there until October 4.

In that hospital they underwent a full physical examination, a psychiatric interview, blood tests, toxicology tests, X-rays and an EEG.

The interviews were conducted with the help of an interpreter. The indigenous children were always suspicious, and they pretended not to understand any Spanish. During their time in the hospital two of the children, both seen as leaders of the group, showed a modified state of consciousness, especially in the afternoons and evenings. At first they were physically inhibited; then they hyperventilated, were sad, isolated and extremely quiet. This was followed by a psychomotor agitation: the children ran around and screamed in their language. They cried and had auditive and visual hallucinations, which they later described as zoomorphic images that chased them. They were also extremely frightened, and had olfactory and kinestesic hallucinations, and loss of personality. During the physical exploration they showed an accelerated heartbeat, stereotyped defensive and self-injuring autonomous movements. Their pain threshold and their physical strength had increased. They beat their heads against the walls or tried to hang themselves by the neck. After the crisis, they reported vertigo, headache, fatigue and feeling stunned.

They were prescribed fluoxetine and risperidone. The symptoms subsided, but according to the physician who administered them, the drugs may have had a placebo effect. Oxcarbamazepine was used in two cases where, according to the EEG, there was brain disrythmia.

The drugs used were considered non-specific therapeutic elements, because the symptoms continued with or without them.

A team of psychiatrists went to the *albergue* in Cajones on October 4 and 5, to evaluate a new group of children who had showed symptoms of the same disorder on September 28 and 30, while the other group of children was still at the Psychiatric Hospital of Jalisco. In this group, six girls, four boys and one of the cooks were afflicted. The problem began with two girls on the first day, three the following day and eleven by the end of the week. The symptoms appears up to three times a day, at any time. The phenomenon lasted from 30 to 60 minutes in each individual, and began in one of them first, spreading to the others one by one. The characteristics of the phenomenon were identical to those described above. What called our attention was the presence of contagion during physical contact with the diseased, which caused panic among the children around him/her, and the fact that during the modified state of consciousness those afflicted by it had illusions with a delirious interpretation.

Once again, the children showed no symptoms during the weekend, when they were at home with their families. One thing that both groups had in common was that they had had the same teacher at the time they first showed the symptoms.

On October 5, 1998, the children who had been hospitalized came back. The possibility of dissociative crises was considered, and they were diagnosed as being in a trance. Physical or mental illness and the use of some psychoactive substance were ruled out.

Since the crises continued, it was decided to send a psychiatrist, who arrived at the *albergue* on October 19 and stayed there until October 24. During his stay there, he found that one of the teachers at the *albergue* exerted a strong influence over the children, sensitizing them and unleashing in them the ethnopsychiatric condition that afflicted them.

When the teacher was underwent a psychological evaluation, it was concluded that he suffered a paranoid disorder, had a history of serious emotional disorders that had led him to two suicide attempts, had been an alcoholic, and still suffered major depression. A change of the faculty in that school was decided as a strategy to solve the problem. The problem was also approached from a medical, an anthropological and a legal perspective. Medical treatment was provided to those who needed it, compliance with "*el costumbre*" was enforced, the number of children housed at the *albergue* was reduced, and more recreational and sports activities were scheduled for those who stayed, as well as

better communication with their families. According to some researchers, this is what made the problem at Cajones disappear.

From January 20 to 23 1999 there was a new outbreak, this time in the *albergue* of Nueva Colonia. In February, the faculty at the *albergues* asked for training in diagnosing and handling the children who were suffering this supposed disorder of trance and possession, because until then six children had been afflicted by it in Pueblo Nuevo and ten girls in Nueva Colonia, and had to be physically restrained by their teachers.

The symptoms appeared predominantly at night, between 8 and 9 p.m. They decreased on February 20. Apparently, the attacks decreased and the children became calmer after the meeting.

On September 22 1999, eight children from the *albergue* of Pueblo Nuevo had started having more frequent and intense crises, which included self-aggression (they bit the inner part of their lips and cheeks, producing profuse bleeding). Their parents and teachers requested support form the National Institute for Indigenous Peoples (INI), which sent a physician who found out that at night an individual left the *albergue* and went to a nearby creek, where he found a plant whose leaves he cut, eating some and putting some more inside his clothes. It was believed that the plant, known as *Kieri* (*Datura estramonium*), was the cause of the disorder, because this individual made the children eat it. The plant contains scopolamine.

On November 16 1999, the INI asked for the assistance of the psychiatric team at the Psychiatric Hospital of Jalisco to study and provide treatment for 12 children in the *albergue* of Pueblo Nuevo. The team was there from November 22 to 24.

The teachers mentioned that the symptoms had begun in October 1998, but that they were able to manage them until 18 of the children were afflicted by them.

On November 22, the team of psychiatrists observed the phenomenon and saw two boys and two girls whose symptoms began at 7 in the evening, including psychomotor inhibition, hyperventilation, hypothermia in their limbs, tachycardia, isolation, unwillingness to speak, crying, stereotyped movements, decreased reactivity to their environment, altered state of consciousness, increased pain threshold, self-aggression (biting their inner lips and cheeks until they bled) and increased muscular strength. They were selectively unwilling to speak, and had amnesia and headaches after the attacks. The team also saw a cook with similar symptoms.

Those afflicted by the symptoms were found to have visual and auditory hallucinations. Some children reported seeing the figure of an indigenous man who offered them *kieri*. They pointed out that they must run and stay away from that man, because otherwise they would die. This led to the stereotyped movements of struggle and self-defense displayed during the attacks.

Other afflicted children had silent crying crises, rejecting visual contact and avoiding any physical contact with other people not afflicted by the symptoms. They muttered unintelligibly, moaned, and tended to hold hands with others similarly afflicted. Some girls displayed mannerisms and held their thorax and abdomen, reporting thoracic and abdominal pain and dysphagia. The adults' response to such symptoms was boredom, and the response of the children who showed no symptoms was mockery.

Two students and the teacher at the "TeleSecundaria" school of Pueblo Nuevo were afflicted as well. The students were part of the index cases that had been hospitalized at the Psychiatric Hospital of Jalisco.

A *mara'akame* from the community was interviewed. He claimed that he could learn the reasons for the persistence of the disease through his dreams. He said he knew what the deities wanted: three ceremonies in the places where the *kieri* grows, which must include offerings of ritual vases filled with the blood of a wild boar, an iguana and a deer. He perceived the children as covered by some "yellow powder", resulting from eating the sacred plant, so the disease was a punishment for violating "*el costumbre*". He complained about the lack of interest and participation of the children's parents, of the community at large, and of the other *mara'akate* who should have performed the required ceremonies. He remarked that the most severe punishment would be the disappearance of five of the children, who would be taken away to *Wirikuta* to pay the penalties inflicted by the gods.

The physicians were expelled from the place, and the possibility of closing the *albergue* was discussed in order to avoid another tragedy similar to the one in Cajones, because there had already been some rumors of witchcraft (17, 18).

As Dr. Blanca Padilla pointed out, "The phenomenon appears as a form of cultural resistance to a period of cultural transition, rather than a medical problem. It calls for the intervention of a figure who can teach and promote the preservation of the cultural heritage as a basic means to solve the phenomenon, because it is not possible to eliminate it pharmacologically. It is crucial to rely simultaneously on traditional medicine and Western medicine to solve this problem at it roots" (19, 20, 21).

Since the year 2000 there have not been any new cases recorded in Cajones, but the children in Pueblo Nuevo and Nueva Colonia are still afflicted by the symptoms. The community no longer wants the Ministry of Health to intervene, because its participation has had ephemeral results and the problem has not been solved.

Conclusions

As we can see, it is not easy to make this culture-bound syndrome fit in the current classification of the Latin American Guide for Psychiatric Diagnoses (GLADP – Guía Latinoamericana de Diagnóstico Psiquiátrico), which was evidently not prepared in its entirety on anthropological terms. However, we may consider the following diagnoses:

- Dissociative (conversion) disorders F44, which may include Hysteria, Conversion Hysteria, Hysterical Psychosis and Conversion Reaction.
- Trance and Possession disorders F44.3
- Disorders in which there is temporary loss of personal identity and full awareness of the environment, even though it is pointed out that these include only involuntary or unwanted trance states that take place outside religious or culturally accepted situations. The latter rules out the cases described, but the GLADP offers no other diagnostic options.

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To describe the psychological dimension of the trance, a recent notion increasingly used is that of "modified states of consciousness", which conveys especially the idea of a potentiality of trance as part of the psyche, which presupposes the intervention of society to take effect.

While the notion of modified states of consciousness coincides with a psychological observation, the notions of "possession" and "trance" have to do with a cultural order (23, 24).

We find a type of possession, according to the community's own version: possession by a deity, the god of kieri, the psychotropic plant described.

As for considering the phenomenon as a case of collective hysteria, it would be advisable to rid hysteria of its pejorative connotation and to give it a more profound sociocultural significance. We must keep in mind that collective beliefs have a fundamental role in the social production of trances (25).

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