

- 2 Moreira-Almeida A, Neto FL, Cardeña E. Comparison of Brazilian spiritist mediumship and dissociative identity disorder. *J Nerv Ment Dis* 2008; **196**: 420–4.
- 3 Moreira-Almeida A, Lotufo Neto F, Greyson B. Dissociative and psychotic experiences in Brazilian spiritist mediums. *Psychother Psychosom* 2007; **76**: 57–8.
- 4 Menezes Junior A, Moreira-Almeida A. Differential diagnosis between spiritual experiences and mental disorders of religious content. *Rev Psiquiatr Clin* 2009; **36**: 75–82.

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Author's reply: Professor Moreira-Almeida's study showing that Brazilian spiritist mediums who are not suffering from any current mental disorder may have a high prevalence of first-rank symptoms is an important addition to the debate on just how specific/non-specific such symptoms are to the diagnosis of schizophrenia. In this light, making any judgement about a prophet such as Ezekiel who lived more than 2500 years ago and basing it on only a few verses from the Book of Ezekiel (which many scholars believe he wrote himself) would seem at best to be a highly dubious exercise. Nevertheless, in the setting of a mental illness, particularly a psychotic episode, the presence of first-rank

symptoms usually does point to a diagnosis of schizophrenia and in this context may have a helpful discriminating function.

However, I believe that in Ezekiel's case these were genuine first-rank symptoms of schizophrenia. This is because there is other corroborative evidence that he suffered from mental illness. Thus there is good evidence of two catatonic episodes, one lasting for 340 days and a second shorter period lasting 40 days, and also that he had a variety of different types of auditory hallucinations as well as several visions. Although any one of these phenomena taken separately can be explained away as being due to the religious experiences in a devout person, the combination of having first-rank symptoms, catatonia, auditory hallucinations, as well as probable visual hallucinations all of a schizophrenic type, can only really be explained by the individual actually having schizophrenia. Perhaps it would have been more coherent to have written a single article on all aspects of Ezekiel's illness, but because of the space restrictions of the *Journal's* fillers, Ezekiel's phenomenology cannot be revealed to readers all in one go, only as several smaller items. Interested readers should therefore watch this space and read the forthcoming fillers!

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Corrections

Dissecting the phenotype in genome-wide association studies of psychiatric illness. *BJP*, 195, 97–99. The ninth member of the Cross-Disorder Phenotype Group is Thomas G. Schulze (the middle initial was omitted from the original publication).

Impact of childhood exposure to a natural disaster on adult mental health: 20-year longitudinal follow-up study. *BJP*, 195, 142–148. Table 3 (p. 145), columns 2 and 3: the values for PTSD current among bushfire survivors with PTSD symptoms arising from the 1983 bushfires are: 3 (0.9%). These values were erroneously reported as zero in the original publication.

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