

SPIRITUAL TREATMENT FOR DEPRESSION IN BRAZIL: AN EXPERIENCE FROM SPIRITISM

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Background: Spiritism has been strongly connected with mental health in Brazil. However, there is a lack of descriptions of spiritual treatment provided by thousands of Brazilian Spiritist centers. The present study aims to describe the spiritual care for depression provided by one large Spiritist center in São Paulo, Brazil.

Methods: This is a descriptive study carried out in 2012 at “São Paulo Spiritist Federation.” Authors visited the “spiritual intervention sections,” observed the therapies provided, listened to the “spirits’ communication,” and interviewed two patients.

Results: The assistance consists on a 90-min “Spiritual healing” session which includes educational lectures, “disobsession”

(spirit release therapy), “passe” (laying on of hands) and person advice. Both patients had remitted depression when they were interviewed.

Conclusions: Further studies would be necessary to report other religious/spiritual treatments in order to improve our understanding of the available practices used by patients and optimize the integration of conventional care with spiritual treatments.

Key words: depression, transcultural treatment, spiritism, religion and medicine, complementary therapy, spiritual treatment

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INTRODUCTION

Although depression is one of the leading causes of disability worldwide,¹ few patients receive any form of standard care and, even fewer receive a therapy that is in accordance with the latest guidelines.² Several barriers to depression treatment have been identified including lack of health insurance, medication costs and tolerability, the stigma of mental illness, mistrust of mental health providers, ethnical aspects (i.e., racial differences) and cultural aspects (i.e., characteristics of patients/communities and differences in the perspectives of patients and clinicians).^{3,4}

Against this background, some complementary therapies in depression (used in conjunction with conventional medicine such as, cognitive psychotherapy and/or antidepressant medication)² have been widely used by patients worldwide⁵ showing promising results in patient care⁶ and health outcomes.⁷ Recent surveys show that an estimated 40% of

patients in the United State use some type of complementary therapy⁸ and, at least 13% use spiritual healing or prayer.

In fact, most studies have shown that there is a high prevalence of spirituality and religiosity (S/R) involvement by patients.^{9,10} In addition, higher S/R is often associated with better mental health, including lower prevalence of depression, anxiety, suicide attempts and use of drugs, and faster recovery from depression and drug use.^{11,12}

Noteworthy, a large amount of the world's healthcare is provided by faith-based organizations with evidence of positive impact on health outcomes.^{13,14} However, few studies have assessed the role of spiritual therapies in mental health outcomes, such as depression.¹⁵

In Brazil, Spiritism is the third largest religious denomination and 3.8 million Brazilians declare themselves Spiritists (2010 census).¹⁶ Also another large portion of the country's population share some believes with Spiritists (such as life after death, reincarnation, and spiritual obsession), attend Spiritist meetings and read Spiritist books.¹⁷

Since its origins in the XIX century in France (through the works of Allan Kardec), Spiritism, has been strongly connected with mental health issues¹⁸ and, especially in Brazil, a large network of Spiritist psychiatric hospitals were created.^{14,19}

Within this context, several studies have been investigating the relationship between “spirit-possession religions” and mental health issues. Moreira-Almeida et al.²⁰ have examined Brazilian Spiritist mediums and compared with

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data from North American dissociative identity disorder (DID) patients and found mediums differed in having better social adjustment, lower prevalence of mental disorders, lower use of mental health services, no use of antipsychotics, and lower prevalence of histories of physical or sexual childhood abuse, sleepwalking, secondary features of DID, and symptoms of borderline personality.

Seligman²¹ has evaluated mediums in an Afro-Brazilian religion (Candomblé) and found that social conditions and somatic susceptibilities causes certain individuals to identify with the mediumship role, and predisposes them to dissociate. Nevertheless, according to the author, dissociation should not be considered a pathological experience, but rather a therapeutic mechanism, learned through religious participation, that can benefits individuals with a strong tendency to somatize.

In view of these studies, clinicians should be aware of these cultural contexts to appreciate when behavior is cognitively or socially deviant or problematic. When dissociation escapes from these scripts or is out of context, it may be a sign of psychopathology.²²

Other important aspect of Spiritism is the spiritual treatment for mental and physical health disorders.^{10,23} A considerable percentage of population make use of the Spiritist centers for spiritual treatment in order to cure or relieve their symptoms through “spiritual therapies” such as “passe” (laying on of hands), disobsession (spiritual release therapy), and fluidotherapy (magnetized water).²⁴ In a recent study,²⁵ evaluating the characteristics of the complementary religious treatment conducted by Spiritist centers in the city of São Paulo (Brazil), there were on average 261 people per week attending spiritual sessions in each center, totalizing approximately 15,000 attendees per week in the 55 centers analyzed.

In 1987, Koss has compared reported expectations and outcomes of mental health center patients and patients of Spiritist healers in Puerto Rico. She found the outcome ratings of Spiritists’ patients were significantly better than those of therapists’, but this difference could be accounted for by the higher expectations of the Spiritists’ patients.²⁶

Recently, descriptions of the treatments provided by Spiritist psychiatric hospitals in Brazil have been published,^{19,27} but there is still a lack of descriptions of spiritual treatment provided by the thousands of Spiritist centers scattered all over Brazil.

In view of the importance of Spiritist treatments in Brazil and their potential implications for public health, this investigation could help us to understand the mechanisms and the impact over patients. A better knowledge of those services would be helpful in planning and referring to the care of people with mental suffering, as well as, improving the integration of conventional and complementary therapeutic approaches.

Therefore, the present study aims to describe the spiritual care for depression provided by one large Spiritist center in São Paulo, Brazil.

METHODS

This is a descriptive study carried out in 2012 at “Federação Espírita do Estado de São Paulo” (FEESP) (São Paulo Spiritist Federation), located in the city of São Paulo, Brazil.

FEESP is a Brazilian Spiritist institution founded in 1936, and is currently responsible for the assistance of 7000–10,000 persons a week from different cultural and religious backgrounds who seek spiritual help for a variety of human suffering (mental, physical, and spiritual).²⁸ Their approach consists of the use of a Complementary Spiritist Therapy, which comprises prayer, laying on of hands (“passe”), fluidotherapy (magnetized water), charity, Spiritist education, and disobsession (spirit release therapy).^{19,24} Depression treatment was chosen because there is a high number of persons treated for depression at this institution and because FEESP has a specific spiritual intervention section for depression.

The assistance takes place in five different places in the city of São Paulo, but the main building is located in downtown São Paulo. Figure 1 presents some physical amenities of FEESP.

FEESP missions are divided into three distinctive activities:

1. Religious: to assist the individual spiritually, help his/her moral progress and find a solution to social and personal problems, guided by the principles available in the “Gospel according to Spiritism”; promote the study, practice, and dissemination of Spiritism in its triple aspect: religious, philosophical, and scientific.

2. Social: to promote social assistance for those in need, providing protection and support to vulnerable groups such as families, children, adolescents, youth, pregnant, and older people.

3. Educational: to promote education, inspired by the principles of liberty and human solidarity, aiming to help those in need to exercise their citizenship and have a professional qualification.

According to FEESP, the spiritual treatment for depression started in 2002, through a necessity of helping those with mood disorders. Since then, the treatment has been continuously providing assistance for those in need. All spiritual treatments in FEESP are provided by volunteers and free of cost.

Authors asked a permission to visit the “spiritual intervention sections” as observers and listened to the “spirits’ communication.” From approximately 70 patients attending the section, two patients were randomly selected to be interviewed (according to their position in the spiritual treatment queue), in order to illustrate the spiritual healing treatment. We used the DSM IV criteria for depression and the Beck Depression Inventory (BDI)²⁹ to investigate depression and depressive symptoms, respectively. We have also assessed therapy credibility and patient expectancy for improvement through the credibility/expectancy questionnaire.³⁰ In this questionnaire, patients were asked four questions: “At this point, how logical does the therapy offered to you seem?” (Not at all logical to very logical), “At this point, how successfully do you think this treatment will be in reducing your symptoms?” (Not at all useful to very useful), “How confident would you be in recommending this treatment to a friend who experiences similar problems?” (Not at all confident to very confident) and “By the end of the therapy period, how much improvement in your symptoms do you think will occur?” (0–100%). This instrument was adapted and translated into Portuguese and used by previous Brazilian studies.^{31,32}



Figure 1. Physical amenities of 'Federação Espírita de São Paulo': (A) main building, (B) spiritual healing depression treatment building, and (C and D) 80-seat room for the lecture.

Patients signed a consent form authorizing the case report (medical care, gender, age, and medical history) without mentioning their names, addresses or pictures (not revealing their identity).

All pictures in this article are representations of the actual spiritual healing sections. FEESP workers served as volunteers to show how they perform the treatment. No patients were shown in these pictures.

FEESP also approved the publication of the descriptive results of this study, without any restriction or interference.

RESULTS

Treatment Setting

The treatment takes place in a small building at FEESP (Figure 1B). A room for 80 people is used for the lecture (Figure 1C and D) and an additional room is used for the disobsession sections (spirit release therapy) (Figure 2). Usually 70–75 people are treated at each section.

Spiritist Views of Depression

According to some authors, there is no clear consensus on the Spiritist views of depression.³³ Nevertheless, these spiritual healers believe that this mental disorder is caused by several factors (based on "The Gospel according to Spiritism,"³⁴ main book in the treatment of these patients):

Life experiences (family problems, job loss, sickness, disability, addiction)

We ask each one whose heart has been hurt by vicissitudes or deceptions, to study their own conscience closely; to go back, step by step, to the origins of each misfortune which is torturing them. Like as not they will be able to say: if I had done, or not done, such and such a thing, I would not be where I am now. Who then is responsible for Man's afflictions if not Man himself? So then in a great number of cases he is the cause of his own misfortunes.

—Allan Kardec

The Gospel according to Spiritism—Chapter 5³⁴

Past causes of afflictions

Although there are misfortunes in this life caused by Man himself, there are also others which seem to be completely strange to him and which touch him like fate. For example: the loss of a loved one or the bread winner of a family; accidents which no amount of foresight could have prevented; reverses in fortune which precautions and judicial counseling could not avoid; natural disasters; infirmities from birth, specially those which make work or the earning of a livelihood impossible, such as deformities, insanity, idiocy, etc.

Those who are born with restricting conditions like those mentioned, have done nothing in their present life to deserve such a sad fate, which they could not avoid and



Figure 2. Spiritual interventions in FEESP. (A) Educational and Gospel lectures; (B) “disobsession group.” Patient was asked to pray from himself; (C) disobsession group starts its work without the presence of the patient; (D and E) “Passe group.” A worker apply the “passe” (laying on of hands) in the patient; (F) “fraternal assistance.” Patient is re-evaluated, advised to think positively, pray, and to cultivate their spirituality at home.

are totally impotent to change, which leaves them at the mercy of public commiseration

—Allan Kardec

The Gospel according to Spiritism—Chapter 5³⁴

Spiritual influences

Obsession is the persistent action which an inferior or bad spirit exercises over an individual. It may present many varied characteristics, from a simple moral influence with no perceptible exterior signs, to a complete organic and mental perturbation.

—Allan Kardec

The Gospel according to Spiritism—Chapter 28³⁴

Missing the spiritual life

Do you know why sometimes a vague sadness fills your heart, leading you to consider that life is bitter? This is

because your Spirit, aspiring to happiness and liberty, on finding itself tied to the physical body which acts like a prison, becomes exhausted through vain efforts to seek release. On recognizing that these attempts are useless, the soul becomes discouraged, and as the body suffers the influence of the Spirit, it feels itself weary, apathetic, full of despondency and it is then that you judge yourself to be unhappy.

—Allan Kardec

The Gospel according to Spiritism—Chapter 5³⁴

Spiritist Healers

A total of 30 volunteers run each Spiritual healing section. From these, 23 work with disobsession, one person is responsible for the reception of patients, four persons are responsible for fraternal assistance (patient counseling and evaluation) and two persons are responsible for lectures on depression education and Spiritist issues.³⁵

Spiritist healers training

"Spiritist healers" undergo a course of seven years in which they learn the fundamentals of working with mediumship, disobsession, and other Spiritist treatments through theoretical and practical classes. Having completed this course, they are authorized to act in the capacity of healers within Spiritist Centers. In order to be included in the "depression treatment team," the workers undergo a three months additional-observership period, in which they learn the basic characteristics of depression, common symptoms, how to address depressive patients, and spiritual treatment structure and routine. They start their training helping with the reception of patients and watching educational lectures. Then, they move to the "passe" and "desobsession" group and finally, they help in the fraternal assistance (described later). After completing this observership, they are included in the work.

Treatment Structure

Patients with depression (diagnosed by a physician and/or using antidepressants) are included in this treatment. If the patient reports depression without a medical diagnosis, his/her name goes to a "mediumship meeting" and during this meeting it is decided whether he/she is going to be included or not in the treatment section.

Once the patient is included in the treatment section, he/she selects the most appropriate attendance day (Monday, Thursday, or Saturday). There are four possible time schedules for 90 min treatment sections available during the week and each section comprises approximately 70–75 patients.

The treatment intervention cycle consists of 8 treatment days (once a week). After the first eight weeks of treatment, in the end of the eighth section, patients go to a re-evaluation and one volunteer is responsible to evaluate the following criteria: (a) if patients are well (according to the "healers," they believe patients are well if they "have become happy," "without any complaints," "do not cry anymore," "have a better relationship with their family," and "increased their interest or pleasure in daily life activities"); (b) if their doctors have maintained the same dose of medication ("stabilization") and; (c) whether they did not have a relapse. If they fulfill all criteria, they continue to attend the treatment section for additional eight weeks without the disobsession section. If they did not improve in the first eight weeks (most cases according to FEESP workers), they continue for another eight weeks attending the disobsession section. After that, they are re-evaluated again. Patients may repeat the treatment cycle until they reach a remission. In average, patients stay in treatment for 6–12 months.

Complementary Spiritist Therapy

The treatment consists of three main aspects: education, disobsession, and passe (laying on of hands).

Education. Basically, Spiritism adopts a dualistic concept of the human being. It postulates that we are, essentially, immortal spirits that temporarily inhabit physical bodies for several necessary incarnations to attain moral and intellectual improvement.¹⁸ After one's life on Earth, the individual essence remains, the "spirit" goes to a spiritual world, and

sometimes, he is able to communicate with its family or others (mediumship).

According to Spiritism, "the main purpose of a spirit to return to a body of a child is to be educated again"³⁶ and "The cure may be slow, for the causes of the malady are many, but it is not impossible. It can only be effected, however, by going to the root of the evil, that is to say, by generalizing education; not the education which merely advances men in knowledge, but that which improves them morally."^{24,37} Based on these assumptions, the speakers try to cultivate Jesus' ethics lessons regarding love, humility, purity, peace, goodness, mercy, benevolence, compassion, and good feelings, among others through lectures.

Educational content: The lecture is a way to receive patients through words of consolation and avoiding despair. They aim to guide patients through recovery.

All lectures are provided by the workers (most are not health professionals) and the educational content is based on two issues:

- Understanding depression: 30-min interactive lectures with audio-visual resources giving information about depression in its various aspects (biological, psychological, social, and spiritual). They address several issues such as: "Thinking and Depression," "What is Depression?," "Depression and Religion," "Depression and Family," "Depression Treatment," "Substance Abuse," "Spiritual Care," "Neurotransmitters and Depression," "Depression and Reincarnation," "Depression and Inner change" and "Causes of Depression."
- Spiritist lectures: 60-min-interactive lectures based on the "Gospel According to Spiritism."³⁵
 1. Gospel at Home
 2. Blessed are those who mourn—Chapter V—Items 6–10
 3. Seek and you shall find—Chapter XXV—items 1–5
 4. Blessed are the meek and the peacemakers—Chapter IX—Items 1–10 and one can see the kingdom of God without being born again—Chapter IV—items 18–22
 5. Faith carrying mountains—Chapter XIX—items 1–5
 6. Nobody can see the kingdom of God without being born again—Chapter IV—items 25 and 26
 7. Serving God and Mammon—Chapter XVI—Items 6–14
 8. Ask and you will obtain—Chapter XXVII—items 1 and 15
 9. Love your neighbor as yourself—Chapter XI—items 1–4 and 8–13
 10. Love your enemies—Chapter XII—items 1–10
 11. Christ The Comforter—Chapter VI—items 1–3

At this point, we should highlight a remarkable characteristic of these lectures, there are two distinct approaches. The first (Understanding depression) is a more scientific approach and the second (Spiritist lectures) is a more religious/philosophical approach. This is an important aspect of Spiritism, which can be partly explained by the fact that Allan Kardec during his life, always strove to link experimental science with religion and defined Spiritism as "a science which deals with the nature, origin and destiny of Spirits, as well as their

relationship with the corporeal World.”³⁸ Therefore, most Spiritists consider Spiritism a religion, a science, and a philosophy altogether.³⁹ Since then, several authors (Bezerra de Menezes, Inácio Ferreira, and Joanna de Ângelis) have developed theories concerning the Spiritist perspective on mental disorders and advocated a model of spiritual etiology without rejecting the biological, psychological, and social causes of mental disorders.³³

Disobsession. This is a Spiritist term used to summarize the spirit release treatment (“removing” harmful spiritual influences). According to Spiritism, mental disorders include the negative influence of embodied or disembodied spirits (“obsessors”). Therefore, disobsession is defined as the removal of a persistent action which an inferior spirit exerts on a certain individual.³⁵

Although promoting a “spirit release,” disobsession also focuses on the moral and intellectual improvement of the sufferer (“obsessed”), and those who are close to him or her, all being urged to revise their views of life and habits. Leaving selfishness, pride and attachment, and guiding life through ethical and moral values.

Spiritism believes that the offending spirits, once reminded (or advised) of the inappropriateness of their actions may leave the obsessed patient. The offending spirit, once leaving the obsessed patient can then return to the path

of development. At the same time, the patient can feel relieved and start thinking in a positive way. Figure 2B and C and Figure 3 show a representation of this session.

In FEESP, the “disobsession teams” are composed of two groups of four to five mediums: one incorporates the “spirit” (trance mediumship), one dialogs with the “spirit” for the “spiritual release” and two or three pray for the sufferer (Figure 3). All participants are volunteers and all treatments are provided free of cost.

Passe (laying on of hands). According to Spiritism,²⁴ “passe” is defined as “a transfusion of psychic energy”⁴⁰ and is applied by a trained spiritual healer. In other words, it is a type of laying on of hands with alleged connection with a spiritual dimension. There are two groups that are responsible for applying the “passe” to the patient after the disobsession (Figure 2D and E).

How Spiritual Healing Sessions Work?

During the educational lectures (“Understanding depression” and “Spiritist lecture”) (Figure 2A), the patient is conducted to the disobsession group. First, the patient is asked to pray from himself—40–60 s (Figure 2B). After that, the patients are moved to another group called “Passe group” (Figure 2D) and the disobsession group starts its work without the presence of

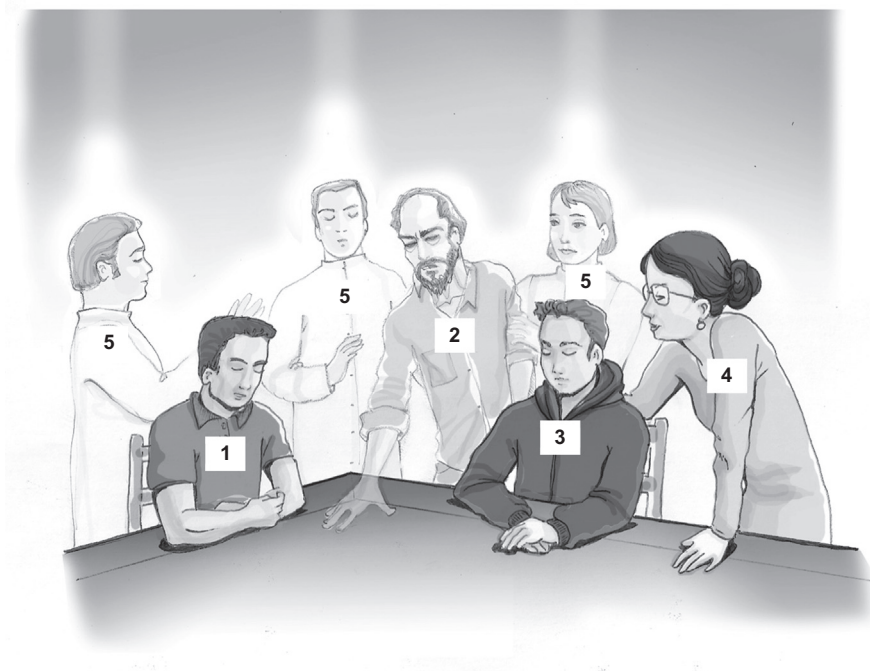


Figure 3. Figure representing the process of disobsession according to the Spiritism (by Marjorie Aun). Legend⁵⁰:

1. Irradiation: members of the group who send vibrations of love and tranquility to all those who suffer
2. Obsessor spirit: causes the obsession
3. Trance medium: medium who incorporates the suffer spirit
4. Counseling medium: responsible for counseling addressing the unhappy spirit manifesting through the trance mediums
5. Spiritual mentors (spirits): guide the session, sustain the harmony of the meeting and protect the strength of all working mediums.

the patient. The mediums try to “convince” the “obsessing spirit” to give up the “bad feelings and intentions towards the patient”¹⁹—80–100 s (Figure 2C). Concomitantly to the disobsession, one volunteer applies the “passe” on the patient—40–60 s (Figure 2D and E). The treatment takes approximately three minutes and the medium is constantly in trance during these activities.

Finally, the patient is advised to think positively, pray and to cultivate their spirituality at home (fraternal assistance) (Figure 2F).

Number of Patients Treated

Currently, 250 patients are under treatment. According to FEESP representatives, since its beginning in 2001, more than 1800 patients have already been treated and approximately five new patients start the program each week.

Follow Up

The volunteers identify clinical improvement subjectively. Unfortunately, no formal measure or scale for follow-up is performed. In general, volunteers believe that 80% of patients improve their symptoms (based on personal impressions). The institution recommends all patients to follow a treatment with a psychiatrist and to continue using their medication prescribed by a physician.

Case Reports

In order to illustrate the treatment, we selected two patients with depression that were under treatment in FEESP.

Case 1. Male, 34 years old, single. He was diagnosed with depression in 2009 and treated with escitalopram with a remission. After that, in April 2012, he presented depressive symptoms (depressed mood most of the day, diminished interest or pleasure in all activities, decrease in appetite nearly every day, excessive guilt, fatigue, and loss of energy nearly every day). In August 2012, he went to a psychiatrist and, since then, is using desvenlafaxine, receiving psychotherapy, and attending the spiritual healing depression treatment.

We evaluated this patient in January 2013 (five months after beginning the spiritual treatment). The following dialog is supposed to have occurred between the counseling medium and the obsessor spirit during a disobsession session (January 2013):

Obsessor spirit: “I am a little bit better, but I am still depressed.”

Counseling medium: “I am glad you are better. The good spirits will bring you medicine. Follow them.”

Obsessor spirit: “I don’t know. I have been here so many times. I believe I should return here again another time.”

Counseling medium: “No problem. If you think you should return, we will wait for you here. Now, why don’t you follow the good Spirits?”

End of medium communication.

Below, we describe the clinical evaluation made after the “Spiritual healing” session (January 2013):

Patient reported no depressive symptoms (according to DSM IV criteria) and scored 4 (four) in the Beck Depression Inventory [(BDI)²⁹ = minimal].

We have also assessed the credibility/expectancy questionnaire³⁰ (to assess therapy credibility and client expectancy for improvement). The answers were:

Question: At this point, how logical does the therapy offered to you seem?

Answer: 9 (very logical)

Question: At this point, how successfully do you think this treatment will be in reducing your symptoms?

Answer: 9 (very useful)

Question: How confident would you be in recommending this treatment to a friend who experiences similar problems?

Answer: 9 (very confident)

By the end of the therapy period, how much improvement in your symptoms do you think will occur?

Answer: 80%

Summary: Patient with remitted depression (based on DSM IV criteria and BDI) and with high expectancy for improvement.

Case 2. Female, 26 years old, married. She was identified with depressive symptoms in May 2012 by a psychologist (depressed mood most of the day, diminished interest or pleasure in all activities, significant weight loss when not dieting, decrease in appetite nearly every day, excessive guilt and diminished ability to think or concentrate) and was referred to a general practitioner (GP). The GP diagnosed depression and prescribed a fitoherapeutic antidepressant (*Hipericum perforatum*) that she has been using for five months. In addition, she had received a brief psychotherapy (for three months). In November 2012, she started to attend the spiritual healing depression treatment at FEESP.

We have evaluated this patient in January 2013 (two months after beginning the spiritual healing treatment).

Spirit communication during disobsession session (January 2013):

Obsessor spirit: “I am dizzy.”

Counseling medium: “Trust the good Spirits! They will talk to you. Don’t be afraid!”

Obsessor spirit: “I am confused.”

Counseling medium: “Trust ... because you deserve! Go with them in peace. Thank you in the name of Jesus.”

End of communication.

Clinical evaluation (January 2013):

Patient had no more depressive symptoms (according to DSM IV criteria) and scored 6 (six) in the Beck Depression Inventory (BDI)²⁹ = minimal.

We have also assessed the credibility/expectancy questionnaire³⁰ (to assess therapy credibility and client expectancy for improvement). The answers were:

Question: At this point, how logical does the therapy offered to you seem?

Answer: 9 (very logical)

Question: At this point, how successfully do you think this treatment will be in reducing your symptoms?

Answer: 9 (very useful)

Question: How confident would you be in recommending this treatment to a friend who experiences similar problems?

Answer: 9 (very confident)

By the end of the therapy period, how much improvement in your symptoms do you think will occur?

Answer: 90%

Summary: Patient with remitted depression (based on DSM IV criteria and BDI) and with high expectancy for improvement.

Case reports analyses. It is interesting to notice that both patients had remitted depression when they were interviewed, suggesting a possible complementary role of the spiritual treatment in the recovery. However, since both patients were still using antidepressants, the possible contribution of the pharmacological action to the complete recover of the symptoms cannot be ruled out. Another possible interpretation is that both patients have very high expectancy of improvement (placebo effect).

We have also identified that the “Obsessor Spirits” did not mention patients’ names and did not seem to attempt any harm to the patients. According to FEESP workers, this could happen because the spirit may not want to do any harm to the patient. However, the spirit and the patient have an affinity of thinking and could connect with each other. Since the spirit is suffering and is confused, “he” can “disturb” patient’s mental health.

DISCUSSION

In the present study, we describe a model of spiritual healing in a religious based setting of Kardec Spiritism in Brazil. Although sparsely discussed in the scientific literature, spiritual complementary therapy seems to be more common than we would expect^{10,41,42} and to have important implications for healthcare.

Noteworthy, there is a high use of complementary therapies in Brazil and patients usually search for new treatments for their conditions.⁴³ Furthermore, since access for any mental healthcare with psychotherapy and/or medication is sometimes limited, other treatment resources are sought by patients. Within this context, religious temples are visited by a large proportion of people, because they are special environments where people seek help for spiritual, social, physical, or financial problems. These temples could act as a source of counseling, comfort and relief.

Integrating spiritual or religious interventions in clinical treatments could be a very important therapeutic window for a better adherence to treatment and better outcomes.^{13,27} Considering even worse health access in developing countries, religious treatments may be cost-effective interventions, playing a role in mental health management.

In addition, patients often believe spiritual needs are important to be considered by mental healthcare professionals, but only 10–20% of physicians address this issue in clinical practice.^{44,45}

Concerning the complementary Spiritist therapies used, a recent systematic review showed that science is indirectly indicating that some of these therapies can be associated to better health outcomes.²⁴

However, it is clear that these possibilities must be evaluated with caution. Most religious services do not have qualified personnel to evaluate mental health problems and identify important issues such as risk of suicide and improper behaviors.

Another important concern is the discontinuation of treatment.⁴⁶ Some patients feel so confident with the spiritual assistance that may stop their medication which could have unpredictable outcomes for their health. In this Spiritist center, workers always address these questions with their patients, highlighting the importance of medication and the concomitant treatment with a psychiatrist, which is in line with a previous study carried out in Spiritist hospitals.¹⁹

Another important issue to be discussed is the expectations and the emotional impact of these encounters on the supplicants (patients) and the mediums. The utilization of expectations was described as an instrument for healing by the healers, being responsible even for physiological changes.^{47,48} Likewise, some authors^{47,48} propose that some positive responses in rituals may occur when the patient feels listened, feels care from the healer and experiences an increased sense of control over illness. Even the treatment “paraphernalia” and the setting affect the impact of a placebo performance.⁴⁹ In our study, we found higher expectations from the patients, which could have an influence in these outcomes. In order to minimize this impact, randomized clinical trials with a control group should be carried out in future studies.

LIMITATIONS

This descriptive study carries some limitations that should be considered: First, little is known about the efficacy of “spiritual healing” in diverse cultures worldwide and few scientific studies have assessed these interventions. Thus, the present study is an effort to describe how this particular spiritual treatment runs. Second, this is a descriptive non-prospective study, not allowing evaluation of treatment efficacy and outcomes. Third, we have described only one Brazilian Spiritist institution. Despite being one of the most known institutions in Brazil, we could not generalize these findings to all Spiritist treatments. Forth, we have reported only two cases. Possibly, other cases could not achieve the same success of these two. In addition, we could not isolate the role of the spiritual healing alone, since both patients were using antidepressants.

FUTURE DIRECTIONS

Future research would be necessary to identify other religious, spiritual, cultural treatments and interventions, which shall improve our understanding of the available practices used by patients. Recognizing the treatments used and measure the efficacy and “adverse effects” of spiritual interventions could shed light on new interventions. Furthermore, future prospective clinical trials must compare the effect of regular

medical treatment alone against regular medical treatment with spiritual interventions. Finally, future studies should deepen more on the communication from the “spirits” in order to achieve a higher level of understanding of this phenomenon.

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