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PHILOSOPHICAL EXPLORATION

Toward the Concept of 'Spiritist Chaplaincy'

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Abstract In Brazil, Spiritism is the third most common religious affiliation. Notwithstanding, there are few religious assistance programs dedicated to Spiritist patients in Brazilian general hospitals and, after searching for the term 'Spiritist Chaplaincy' on lay and medical databases, it returns zero results. This article describes the future development of a 'Spiritist Chaplaincy,' exploring its concept, design, precepts, and challenges, based upon the first results of a Spiritist religious assistance program for hospitalized patients. This proposed model seems feasible to be replicated, aiming to develop in the near future a structure compatible with a proper 'Spiritist Chaplaincy' instead of religious hospital visits.

Keywords Spiritism · Hospital Chaplaincy Services · Religious Beliefs · Religion and Medicine · Pastoral Care

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Introduction

Several studies have been showing that religious and/or spiritual beliefs could have an important influence on mental and physical health (Lucchetti et al. 2011a; Moreira-Almeida et al. 2006). This is particularly evident in some critical moments of life, such as palliative care or hospitalization (Koenig and Larson 1998; Koenig 1998; Monod et al. 2010).

In order to overcome these difficulties, many patients use spiritual/religious coping strategies. These strategies could be defined as the use of religious beliefs, attitudes, or practices to reduce the emotional distress caused by stressful life events, giving a meaning to suffering and making it more bearable (Peres and Lucchetti 2010). On the other hand, some patients can also develop spiritual distress (a state of suffering due to spiritual causes), associated with unfulfilled spiritual needs, which can have an important impact on clinical treatment and quality of life (Manning-Walsh 2005).

Likewise, the religious–spiritual well-being (the way one feels spiritually) affects the physical, psychological, and interpersonal states, which contributes to the overall quality of life (Koenig 2012). Aspects linked to spirituality and religiosity, such as contentment, forgiveness, hope, and love, can positively affect the overall individual wellness. This relationship between religious/spiritual well-being and improved physical and mental health is documented in the scientific literature.

Therefore, healthcare services, especially hospitals, should meet the spiritual/religious interests of patients, besides the clinical care provided, so that they can be used as allies to medical treatment. Several institutions, including the American College of Physicians and the Joint Commission on Accreditation of Healthcare Organizations, recognize that spiritual care is an important component of health care and that healthcare professionals and hospitals should integrate it into clinical practice (Moreira-Almeida et al. 2014).

Spiritual–Religious Support in Hospitals

For some patients, the recognition of their S/R values can be an important aspect of the integrative approach to their care. The awareness of this fact is bringing implications for medicine, since patients are appreciating an approach that includes their spiritual welfare. Renowned hospitals are encouraging patients to continuity in healthy religious rituals such as prayer, communion, and readings, to optimize the coping mechanisms and possibly increase the effectiveness of treatment (Saad and de Medeiros 2012). Therefore, healthcare services should provide spiritual–religious resources in order to promote the most effective coping strategy to their patients, giving attention to the subjective spiritual and religious perceptions, assumptions, feelings, and beliefs concerning the relationship of the sacred to their illness, hospitalization, and recovery or possible death (VandeCreek 2010).

Based on this premise, many hospitals started to integrate these aspects into routine care using the figure of chaplains (Harding et al. 2008; Weaver et al. 2008). According to a recent national overview (Cadge et al. 2008), there was an increase in the number of the US hospital with a chaplaincy service: from 54 % in 1980 to 64 % in 2003. Chaplains can be described as clergypersons or laypersons specifically dedicated or commissioned by a faith organization or group to deliver pastoral services in another organization or institution, such as a hospital or other healthcare setting (Dell 2004). Chaplaincy refers to the general work or services performed by a chaplain, including leading worship, administering

sacraments, teaching, providing counseling and crisis intervention, serving as an ethics consultant for patient families and medical staff, supporting hospital staff in their stressful positions, and coordinating the religious and spiritual care of patients with community clergy and churches (Dell 2004).

Their work, according to the World Health Organization, enrolls interventions such as (WHO 2002): Pastoral Assessment (welfare, needs, and resources of the patient); Pastoral Ministry (relationship, conversation, and company support); Pastoral Counseling or Education (ethics consultation and support on religious practices); and Pastoral Ritual or Worship (for individuals or groups, such as the Eucharist or other sacraments).

They have an important role in the healthcare environment such as shown in the study conducted by Martinuz et al. (2013). Authors compared the rates of acceptance to an offer of spiritual support made by nurses and chaplains and found that 85.8 % of patients accepted the offer in the chaplains' group against 38.5 % in the nurses' group. Likewise, Piderman et al. (2010) found in a multicenter study that, among the reasons given by respondents for wanting chaplain visitation, the most important were that chaplains served as reminders of God's care and presence and that they provided prayer or scripture reading, which shows the importance of this kind of service to inpatients.

In the same line, Flanelly et al. (2012) examined the association between chaplaincy services and end-of-life care service choices. They found lower rates of hospital deaths and higher rates of hospice enrollment for patients cared for in hospitals that provided chaplaincy services compared with hospitals that did not. The impact of chaplaincy has been also assessed through a recent randomized clinical trial conducted by Bay et al. (2008). Authors measured the effect of chaplain interventions on coronary artery bypass graft patients and found that routine chaplain visits may be effective in helping those subjects to increase positive religious coping and decrease negative religious coping.

Nonetheless, despite the fact that the term 'chaplaincy' was originally created from a Catholic Background, currently there are chaplains of various religious denominations, such as Muslims (Shanawani et al. 2011), Sikhs (Khalsa 1999), and Jews (Tabak 2010). Nevertheless, a search for the term 'Spiritist Chaplaincy' on lay or medical databases returns zero results.

Spiritism as a Religious Tradition to be Supported at Hospitals

Spiritism was founded by the French teacher and educator Hippolyte Léon Denizard Rivail (1804–1869), also known by his pseudonym Allan Kardec (Lucchetti et al. 2012). He defined Spiritism as 'a science which deals with the nature, origin and destiny of Spirits, as well as their relationship with the material World' (Kardec 1859). He compiled a list of questions regarding the origin of the spirits, the purpose of the life, the order of the universe, evil and good, and the afterlife. Then, he began working with mediums and 'channelers' to pose these questions to the spirits. Spiritism is considered science, philosophy, and religion, all together.

The religious/spiritual aspect of Spiritism is associated with Jesus teachings and exemplification, the existence of God, evolvement through charity, mediumship (communication with 'Spirits'), life after death, and reincarnation (Lucchetti et al. 2012; Moreira-Almeida et al. 2005). A Spiritist center is the basic unit of organization of Spiritism, in which public lectures, study groups, mediumship development, spiritual treatment, and philanthropic actions are developed. Spiritism has spread to many countries, represented by the International Spiritist Council. According to recent surveys, there are thousands of

Spiritist centers in Spanish-speaking countries in Latin America and more than 161 centers in 31 countries outside Latin America, including more than 70 in the USA (Bragdon 2005).

Brazil is the country where the most significant number of followers can be found (Lucchetti et al. 2011b). A recent national demographic census (IBGE 2010) found that the number of Spiritists increased from 1.3 % of the population (corresponding to 2.3 million people) in 2000 to 2.0 % in 2010 (3.8 million people). According to those surveys, Spiritism is the third most declared religious denomination. This number may even be underestimated, due to the large number of people who may have a close relationship with Spiritism but state to belong to another religion.

Besides the thousands of Spiritist centers throughout Brazil, there are also estimates of dozens of Spiritist-oriented hospitals (Bragdon 2005). These institutions emerged seeking to integrate conventional medical treatment with complementary spiritual therapy and provide voluntary-based spiritual approaches. Spiritist health assistance is based on therapeutic resources including prayer (for self and for others), laying on of hands, fluid therapy (energized water), charity/volunteering, lectures regarding spiritual and ethical education with moral values, 'fraternal dialogue' (positive affect through humanitarian assistance by volunteers), and disobsession (spirit release therapy) (Lucchetti et al. 2011b, 2012).

Notwithstanding, there are few religious assistance dedicated to Spiritist patients in Brazilian general hospitals. Punctual initiatives, such as those provided by the Religious Support Committee of Hospital das Clinicas (University of Sao Paulo) and the 'Samaritan Group' (Spiritist Federation of Sao Paulo State), are responsible for on-demand Spiritist care visits in hospitals. Within this context, a structured and standardized Spiritist assistance model for general hospitals should be developed. The present article has the aim to describe in detail the concept, design, precepts, training, first results, challenges, and future developments of the 'Spiritist Chaplaincy.'

Structural Development

In view of this urgent necessity, the São Paulo Medical Spiritist Association (in Portuguese, the acronym is AME-SP) created the Department of Religious Support in Hospitals, in order to explore possibilities associated with the idea of a 'Spiritist Chaplaincy.' AME-SP is a nonprofit organization that, since 1968, has aimed to study the relationship, integration, and implementation of the interface between medicine, spirituality, and Spiritism. Today, it is one of the many regional affiliates of the Brazilian Medical Spiritist Association, committed to the same scope, developing actions related to education, research, and assistance.

In order to start the religious/spiritual assistance for Spiritist patients, a multidisciplinary group of physicians and health professionals related to AME-SP made a series of meetings to design the preliminary guidelines for a structured routine care. The provisional name for this initiative is Service for Spiritist Religious Support (in Portuguese, 'Serviço de Apoio Religioso Espírita,' with the acronym SAPERE).

Then, the first guideline was written in December 2011 (Box 1). The model tried to attend the patients' expectations and reasons associated with asking for healthcare chaplaincy visitation (Winter-Pfändler and Flannelly 2013; Piderman et al. 2010): the need for (1) emotional support, (2) help to cope with illness/disease, (3) religious/spiritual assistance, (4) a reminder of God's care and presence, and (5) provision of prayer or scripture reading.

Box 1 Main guidelines for the SAPERE, from the Medical Spiritist Association of São Paulo

Definition

'Spiritist chaplaincy' is the provision of Spiritist religious support, offered to inpatients and/or their relatives through visitation by volunteers prepared to offer this missionary service

Values

Mission: Promoting humanitarian support, comfort and well being for the inpatient, using the message of Spiritism for the strengthening of faith, optimism, hope and patience

Vision: To be, for inpatient, a reminder of the power of faith to support, guide and relief during the illness and treatment period

Developed activities

Christian pastoral support to the assisted and caregiver (if present)

Reinforcement of concepts and values of Christian religiosity

Spiritist doctrinal guidance (if requested) related to treatment

Warranties (*to Institution and Clients*)

Gratuity: no fee is charged

Confidentiality: information is protected

Humanism: the assisted on first place

Neutrality: never interfere with clinical decisions

Respect: to the hospital rules and to limitations imposed by the treatment

Respect in care

Respect to the physical, emotional, and spiritual limits of the assisted

Sensitivity, openness and respect to all forms of opinion and differences

Avoided activities

Unsolicited indoctrination (never approach someone without permission)

Rituals offensive to environment, such as ostensible activities outside the room

The designation of volunteer visitors was the most difficult step. Since Spiritism has no hierarchic clerical ordination, there are no formal religious leaders. Therefore, the visits for religious assistance must be done by selected volunteers after a rapid training course. Three volunteers already committed to this kind of service at Spiritist centers were trained by a physician from AME-SP to perform within the scope of this project.

The training encompassed also instructions about hospital particularities and inpatients characteristics. Despite their knowledge on Spiritism, they had no previous experience on healthcare environment. In the first weeks of hospital visits, this physician accompanied the volunteers, as a tutor, until they had sufficient knowledge and confidence to develop the work alone.

Description of the Initial Experience

We started the SAPERE in a general hospital located in the city of São Paulo, Brazil. The 'Sancta Maggiore' Hospital ('Paraíso' unit) is a 107-bed tertiary hospital owned by a healthcare provider dedicated to older people. In March 2012, AME-SP started the activity at this hospital to provide a Spiritist assistance to their patients, along with the visits of Catholic priest and Evangelical minister.

Basically, in this general hospital, the SAPERE works as follow:

- After admission, the hospital concierge visits the patient and he/she is informed that the institution offers religious visits, and he/she is asked whether they want to receive any assistance: Catholic, Spiritist, and/or Evangelical. The religious assistance is extended to individual units, collective wards, and also the intensive care unit.
- Twice a week, at pre-scheduled periods, the religious visitors go to the hospital and obtain the list of patients who want to receive the Spiritist assistance. Then, the visitors go to the medical wards and perform the assistance at these specific beds.
- Upon reaching the ward, the religious visitor gets from the nurse some information about the patient such as: Is there any special precautions (contact, droplet, etc.)? Is the patient accompanied (by family or caregiver)? Is the patient able to understand a deeper conversation (level of consciousness)?
- The visitors are not concerned with the clinical diagnosis or prognosis of the assisted. Since suffering is personal and subjective, the visitor should not be influenced by a prejudgment on how the person is feeling.
- Entering the room, the religious visitor introduces himself/herself to patient (and caregivers, if present) and asks whether the visit can be done at that moment. In rare cases of refuse (generally due to misunderstandings), the visitor never insists and leaves by greeting the presents.
- As a rule, the assistance consists of a comforting message and a blessing. The message refers to the presence of God and the Spiritist consoling vision of suffering. It consists in a speech based upon some basic ideas. The Blessing is the prayer 'In the afflictions of life,' from the book 'The Gospel According to Spiritism' (Kardec 1864). This is one of the five books that comprise the Spiritist Codification. Box 2 lists the basic ideas to construct the comforting message and the text of the prayer.
- Each visit takes about 5–10 min and covers an average of 10 assisted patients. Unlisted visits can be made only when explicitly requested. For example, if a patient in the same ward observes the assistance performed and becomes interested on receiving it, he/she can request the service for himself/herself at that moment.
- Spiritist 'passe' (laying on of hands) and fluidic (magnetized) water are not practiced routinely in hospital visits, since ideally they should be offered at the Spiritist center. These resources are offered to the assisted under exceptional conditions, such as end-of-life care.
- If the patient will be discharged, the assistance focuses on the importance of remaking his/her 'savings' of faith, which was used in the hospital time, remembering that the time of good health is the opportunity to cultivate our inner refuge.
- For the unconscious assisted, we used the same script, in order to assess 'the spirit' of the assisted. The caregiver, if present, also accompanies the message and may benefit from the visit.
- In case of an end-of-life assistance, the prayer 'For a Newly Disembodied,' from the Collection of Spiritist Prayers of 'The Gospel According to Spiritism' (Kardec 1864) may be used.

Further Developments

In the first 2 years of activity, the volunteers of SAPERE have made more than a thousand visits. All patients and family members accepted the visits very well, unless in rare cases

Box 2 Basic ideas to construct the comforter message and the text of the prayer

Model of comforter message

I came to remind you about God's presence, which is always present, doing the best for us

You are not alone because, besides the doctors, we believe in the presence of the spiritual benefactors

As in Matthew 10:30, the very hairs of your head are all numbered. So, nothing happens outside God's will

Although we do not yet understand well the reasons for sickness and suffering, our faith helps us find meaning and strength

So, we must move forward, with faith and patience, until the day we understand all these things, when moments like this one will become a memory in the past

We can ask God for earthly favors and He will concede them to us when they have a serious purpose

God can see things in a better perspective than we can and only desires the best for us

Sometimes He may refuse what we ask for, just as a father would refuse his child what would be harmful for him

If what we request is refused, we should not be disappointed; on the contrary, we should think that our recompense will be in proportion to the degree of our resignation

BLESSING (*)—God Omnipotent, who sees all our miseries, please deign to hear the supplication I direct to You at this moment. If my request is inconsiderate, forgive me. If it is just and convenient, according to the way You see things, may the good Spirits who execute Your wishes, come to my aid and help me to realise my request. However it may be, Lord, let Your will be done! If my request is not answered, it will be because it is Your wish that I be tested, and I submit without complaint. Help me not to become disanimated and that neither my faith nor my resignation be shaken (Then formulate the request)

(*) Prayer 'In the afflictions of life,' from the book 'The Gospel According to Spiritism' [Kardec 1864]

when a misunderstanding occurs, such as when the patient has one religious affiliation and the relative(s) has/have another. In the current Brazilian multicultural society, it happens frequently that the patient has adhered to a different religion from the traditional one that his/her family follows. Interestingly, some patients want assistance from different religious affiliations, which shows also the religious syncretism in the Brazilian population (Lucchetti et al. 2013).

In November 2013, the service started to be offered also in other unit of the 'Sancta Maggiore' Hospitals. The 'Pinheiros' unit is dedicated to long-term and palliative care. Two volunteers visit this unit once a week, to perform a Christian ecumenical assistance, because this hospital has no visitors from other Christian denomination, such as Catholic and Evangelic. This activity not only was vastly well accepted by patients, but also clearly filled other hidden gaps. Members of the healthcare staff asked the volunteers to perform periodic collective open meetings, so that they could attend. This parallel activity started in a monthly format of Christian message reading and prayer.

In December 2013, the service has also started to be offered in 'Itaim' unit of the 'Sancta Maggiore' Hospital. This unit has similar characteristics as the 'Paraiso' unit, and the routine followed the same original formula. However, the institution staff was not capable of generating a weekly list of interested patients. So, the service of religious support was discontinued in March 2014. This fact illustrates the importance of linking the religious support to a major humanitarian project of the institution, in order to guarantee the resources for its continuation.

Table 1 Comparison between the current religious Spiritist support and the future concept of Spiritist Chaplaincy

	SAPERE	Ideal 'Spiritist Chaplaincy'
Kind of service offered	General care that serves a universal need, without specific doctrinal discussion	Specialized care that addresses individual needs of the patient on more complex issues
	Development of supportive values: hope, faith, confidence, courage, love, and peace	Help with specific religious rituals, pastoral counseling about the fear of death
	Punctual local activities: presence, compassion, understanding, and listening	Extended following, such as contact with members of the patient community

Future Expansion to a Spiritist Chaplaincy

In Brazil, as in many democratic nations, Federal and state laws guarantee the right to receive religious assistance in hospitals. However, in the Brazilian context, it is difficult to find organized groups that visit inpatients on a regular basis for followers of Spiritism.

The name 'Spiritist Chaplaincy' emerged as a way to fulfill the absence of this concept. This would be a term for the future, when we intend to achieve the adequate structure to organize a course directed to graduate authentic Spiritist hospital representatives. Table 1 compares the actions of the current religious Spiritist support and actions expected for the future Spiritist chaplains.

This group currently has no structure to designate a worker to be located regularly at the hospital. So, the concept of a commissioned clergyperson serving on an institution could not be achieved. The volunteers go to the hospital just to make the visits, as a punctual service, with no formal commitment with the institution. In this sense, we still prefer not to use the term 'Spiritist chaplains,' although the visitors perform a work of 'chaplaincy.'

On the other hand, this is an attempt to carry out a more integrative approach, particularly for the third most common religion in Brazil, Spiritism. This program has several strengths such as: interface between health professionals and volunteers, training by qualified health professionals for approaching a patient and entering a hospital, and discussion of ethical issues and standardized assistance. Therefore, this initiative is growing in numbers (increasing hospitals, increasing volunteers) and is also being well accepted by patients and healthcare managers.

Conclusion

The proposed Spiritist support model seems very feasible to be replicated by other religious Spiritist groups in hospitals of other Brazilian cities. According to our first impressions, it is very well accepted by the assisted people and by the institution managers. The hospital staff also felt very comfortable with this assistance model. We hope to organize in the near future a structure that would be properly called Spiritist Chaplaincy.

Conflict of interest Authors declare that there is no actual or potential conflict of interest.

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