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ORIGINAL PAPER

Mental and Physical Health and Spiritual Healing: An Evaluation of Complementary Religious Therapies Provided by Spiritist Centers in the City of São Paulo, Brazil

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Abstract The present study aims to describe the characteristics of the complementary religious treatment conducted by Spiritist centers in the city of São Paulo (Brazil), to understand how physical and mental health problems are addressed and how the directors of these centers differentiate between persons with spiritual experiences from those with psychiatric disorders. From 365 Spiritist centers, which received the questionnaire, 55 (15.1 %) were included in the final analysis. There were on average 261 people per week attending spiritual sessions in each center, totalizing approximately 15,000 attendees per week in all 55 centers. The most common treatment performed in these centers was disobsession (Spirit release therapy) (92.7 %); the least common was the 'spiritual surgery', present in only 5.5 %. The most frequent health problems reported by attendees were depression (45.1 %), cancer (43.1 %) and diseases in general (33.3 %). Concerning the directors' awareness to differentiate between spiritual experiences and psychiatric disorders, we found some remarkable divergent opinions. In conclusion, the Spiritist centers are an important health related support system for the city of São Paulo, responsible for a significant share of the city's total health consultations. The most common conditions the patients suffer from were depression and cancer.

Keywords Complementary therapies · Mental health · Spiritual therapies · Religion and medicine · Spiritism

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Introduction

Spirituality and religiosity have always been intrinsic to human beings. Many universities and hospitals were founded by religious orders or spiritual thinkers (Lucchetti et al. 2012b; Oliveira 2007). However, the last few centuries have seen a growing separation between religion and medicine (Koenig et al. 2012).

From the 1950s, epidemiological studies began to show the benefits of religiosity and spirituality for patients, and this has triggered a series of lines of research on this subject (Koenig et al. 2012). Religion began to be seen as beneficial for clinical outcomes, and then a spirituality based complementary treatment approach was developed (Saad et al. 2001). At present, several studies have shown an association between religiosity and spirituality to mental and physical health (Koenig et al. 2012; Oman and Reed 1998; Seeman et al. 1987).

In this context, a deeper understanding of certain currents of thoughts, beliefs and religious affiliations on health, including an understanding of Spiritism and its 'spiritual' treatments in the Brazilian scenario, become necessary.

The genesis of Spiritism is still controversial, but possibly dates back to 1847 in Hydesville (USA), when the Fox sisters first allegedly heard unexplained sounds and carried out *seances* aimed at communicating with the supposed spiritual entities. The repercussion of these events and the interest in 'supernatural' events spread into Europe (Doyle 1960).

A few years later, Hippolyte Leon Denizard Rivail also began to study altered states of consciousness and magnetism. During the first empirical analysis, Rivail became interested in the so-called paranormal 'Spiritist' manifestations. His investigations are considered the theoretical foundations of the Spiritist doctrine. Rivail published several books under the pen name Allan Kardec. According to the principles of Spiritism, Kardec's books are based on dialogues with spirits by means of mediumistic communications.

Spiritism has five basic principles: the existence of a spirit and its survival after death, reincarnation (Kardec 2003), the law of cause and effect (every phenomenon has a cause) (Kardec 2003), the communication between the material and spiritual world by means of mediumship (communication with spirits) (Kardec 1981) and the progressive evolution of the Spirits (both intellectually and morally) (Kardec 2003). From Kardec's codification, Spiritism was propagated in different countries, including Brazil (Hess 1994; Lewgoy 2008).

In the late nineteenth century, homeopaths and students who trained in Europe founded the first private Spiritist group in Brazil. The first Brazilian Kardecist Spiritist magazine was published in 1869 and the first Spiritist center ("Grupo Confício"/Group Conficious) was founded in 1873. The first centers were not organized under any central authority (Bragdon 2012; Hess 1994).

In 1884, Federação Espíritia Brasileira/Federation of Brazilian Spiritists (FEB) was founded and became a central unifying force under the direction of Bezerra de Menezes. However, in early 1890, an article in Brazil's penal code banned all forms of Spiritism, and Spiritists were prosecuted until 1920s (Bragdon 2012).

Since than, Spiritism gained popularity, especially through the work of a medium called Francisco Cândido Xavier who, despite limited schooling, penned over 460 books attributed to various spirits (Lucchetti et al. 2013a). According to data presented by the 2010 Census of Population ("IBGE. Censo Demográfico 2010"), there are 3.8 million Spiritists in Brazil and it is the third largest religion group in the country, after Catholics and Protestants.

Likewise, there are more than 1650 Spiritist centers and thousands of people seek a Spiritist center to receive relief and complementary religious treatment for their diseases (Bragdon 2005), independently of their own religion (Lucchetti et al. 2011). In Brazil, there are also dozens of psychiatric hospitals that have emerged with the purpose of bridging conventional medical care with therapeutic approaches linked to Spiritism (Lucchetti et al. 2012a, b).

The Spiritist complementary therapy, also known as Spiritist therapy, is characterized by the use of fluidic water, prayer, Gospel reading in the home, disobsession (spirit release therapy), a Christian posture (charity, kindness, love) and magnetic healing (laying on of hands) (Lucchetti et al. 2012a, b). Spiritist therapy, although not yet fully understood nor extensively studied, has shown promising indirect results such as those reported in a recent systematic review (Lucchetti et al. 2011). However, there are still only a few studies evaluating this therapy in the context in which it is utilized (Koss 1987; Leão and Lotufo Neto 2007; Lucchetti et al. 2013a, b).

Koss (1987) compared the expectations and outcomes of patients who used to attend mental health centers and Spiritist centers. According to the author, people who attend Spiritist centers had better self-reported outcomes, but their high expectations may have justified these findings.

Leão and Lotufo Neto (2007) when evaluating Spiritist practices (in this case, the effect of disobsession *seances*—treatment proposed by Spiritism to reduce the influence of 'spirits' on a person) for patients with mental disabilities observed a better score on the Interactive Observation Scale for Psychiatric inpatients scale (IOSPI) in the intervention group with Spiritist practices when compared to the control group.

In summary, this topic is still little explored with a limited number of published studies in the scientific literature. The majority of articles are based on descriptions of spiritual treatments or different Spiritist groups without a proper measurement of treatment outcomes and/or a better characterization of the applied therapy (different Spiritist groups tend to present their specific approach).

In this way, the purpose of the present work is to describe the profile of religious complementary treatment carried out at Spiritist centers in São Paulo, Brazil, and to detail this therapeutic approach in relation to health problems, with a focus on mental health. An assessment to observe how each center distinguishes people who have spiritual experiences from those with present mental disorders is included at the end of this evaluation.

Methods

Study Design

A cross-sectional observational (population-based) study carried out from October 2011 to October 2012 in the city of São Paulo, Brazil.

Inclusion Criteria

All Spiritist centers located in the city of São Paulo, Brazil accessible on the Internet were selected. The following were considered on-line records: (a) online telephone directories, (b) Google Maps (http://maps.google.com.br/), (c) websites of main Spiritist associations in the city of São Paulo, and (d) search on Google search website (http://www.google.com.br).

Exclusion Criteria

Spiritist centers without any kind of record on the internet; those who did not want to complete the questionnaire and/or to sign the Informed Consent document; those who did not answer the questionnaire; Spiritist centers that offered no service to the public but only had a study group; or those who called themselves Spiritists but practiced other religions such as Umbanda for example.

Procedures

Registered letters were sent out by post (letters with a delivery receipt by the person responsible for the institution) to all centers that were included. These letters had information about the research, a standard questionnaire and an informed consent. The person responsible for the Spiritist center had the option of completing the questionnaire by letter (with a self-addressed stamped envelope) or completing it via Internet.

In order to increase the reply rate, we followed the guidance in the systematic review by Edwards et al. (2002). The strategies were: registered letters with a proof of delivery; two options to complete the questionnaire (internet or a self-addressed stamped envelope); a questionnaire that is colorful, personalized and of the interest to target audience; questionnaires sent out with the seal of a renowned university institution and; with previous contact with major institutions that represent Spiritism in the state.

In order to evaluate the reply rate to this work, a review based on Brazilian studies that utilized the reply method by letter was carried out and we observed the following results regarding the joining rate: 14.0 % for judges(de Sousa 2010), 15.0 % for NGOs(de Matos and Veiga 2000), 15.0 % for industries(Harzing 1997); 15.2 % for psychiatrists from the Brazilian Association of Psychiatry (de Almeida Lima et al. 2007), 18.0 % for oncologists (Samano et al. 2005).

Since we have a vulnerable group in the present study (directors who might be afraid of being misinterpreted in the research and concerns about clandestinity), we estimated a reply rate from 10 to 15 %.

Questionnaire

The questionnaire utilized consisted of:

- Details related to identification and functioning of the Spiritist Center: Name of the institution and registration details, days of work, name of the director of the center and contact details, the period of existence, total number of volunteers, number of doctors and healthcare professionals who are volunteers, average number of people seen per week;
- Details related to the activities of the center and recommendations of spiritual treatments: (1) spiritual assistance: which Spiritist therapies the centers have—fraternal assistance (spiritual guidance), disobsession (spirit release therapy), guidance on how to use fluidic water (magnetized water), healing (laying on of hands), prayers, Gospel reading in the home, mediumship development, whether the center carries out spiritual surgery and whether or not they are performed with incisions, "Spirits" who help the work and the problems that lead people to seek the center, (2) learning areas (courses, talks, children's evangelization) and (3) social assistance. These data have been based on the most frequent activities at the Spiritist centers.
- Most common problems leading one to seek a Spiritist center: in order to assess the main reasons why one would seek a Spiritist center, open-ended questions were used, such as, 'What are the problems that lead people to seek a Spiritist center for Spiritual treatment?' and 'Which health problems people have when seeking spiritual treatments?'. Participants were asked to list them from 1 to 5 according to the more frequent ones.
- Opinion of the directors in regard to mental disorders: how to distinguish mediumship (spiritual experience) and/or obsession from psychotic disorder and the type of advice provided for certain mental disorders. For this differentiation, we decided to use the criteria by Menezes Jr. and Moreira-Almeida (2009). Through a comprehensive literature review, they proposed nine criteria for this differentiation based on symptoms that would distinguish them (See items from the criteria in Table 2). Based on these proposed criteria we devised the following close-ended question: 'Which of the following characteristics differentiate spiritual experiences from psychiatric disorders? Enter 1 for alternatives you consider to be a spiritual experience and enter 2 for the ones you consider to be a psychiatric disorder", which makes up a total of 18 options, 9 characteristics being more appropriate to spiritual experiences and 9 more appropriate to mental disorders. The questionnaire had been previously successfully tested on three directors of different Spiritist centers with the purpose of verifying if the terms were suitable and acceptable.

Because some items, such as presence of psychological suffering, can be presented in 'spiritual experiences' as well as in 'mental disorders of religious

content', we decided not to provide a correct or incorrect answer, opting to compare directors' answers with the answers proposed by Menezes Jr. and Moreira-Almeida in their article.

Statistical Analysis

Quantitative Analysis

The data were compiled in Microsoft Excel 2010 spreadsheets and statistically analyzed using the SPSS 18.0 software package (SPSS inc.). Descriptive statistics were used to describe the range of responses. For categorical variables, the descriptive statistics are reported as numbers and percentages. For continuous data, the descriptive statistics include mean and standard deviation. All confidence intervals (CI) were 95 %.

Qualitative Analysis

For open-ended questions we used an evaluation method based on previous studies and qualitative methodologies.

The so-called 'lexical analysis' was used which allows the survey's open-ended questions to be interpreted and read in a dynamic and proper way. The method of analysis consisted of starting from texts and open-ended answers (macro-statistical) to analyze the lexicon (set of words) (Freitas 2000).

In qualitative studies, narrative data are categorized by identifying specific themes and patterns of answers (ideas, concepts, behaviours, terminologies and phrases used) and by organizing the data into coherent categories (which brings meaning to the text) (Corbin and Strauss 2008; Taylor-Powell and Renner 2003).

There are two basic ways of categorization (Taylor-Powell and Renner 2003):

- Preset categories: starting from a list of themes or categories already established and then data within these themes are sought.
- Emergent Categories: themes and subjects that are recurrent throughout the text are identified by reading the text. This approach allows the categories to 'appear' from the acquired data.

Utilizing any one method does not invalidate the other and often this can be carried out at the same time by starting from preset categories and complementing with emerging categories.

For the present study, the use of the following categorizations were chosen:

(a) For answers acquired from the following questions: "What are the problems that lead people to seek a Spiritist center for spiritual treatments?" and "Which health problems do people have when seeking spiritual treatments? Please list 1–5 according to the more frequent ones", rather than using preconceived categories, we evaluated all answers and found themes or issues that recurred in the data. This approach allowed the categories to emerge from the data (emergent categories).

(b) For answers obtained from the following questions: "What advice is given on the following mental disorders?" and "Which spiritual treatment is typically suggested?", we created preconceived/preset categories (in this case, therapies commonly used by Spiritism) and subsequently we used emergent categories from the data as previously described.

The remaining open-ended questions did not have enough replies to allow their analysis to be carried out.

Ethical Considerations

Participants received written detailed information about the nature, methods and objective of the study and were asked to sign the Informed Consent Term. The current project was approved by the Ethics Committee of the *Hospital das Clinica*s of the School of Medicine of the University of São Paulo, USP.

Results

An Internet search found 504 Spiritist centers in the city of São Paulo, Brazil to which letters were sent out with an acknowledgement of receipt. From this group, 139 were not found by the mail service (change of address, closed down centers, house number not found, etc.), so 365 potential respondents were left for the survey.

Out of 365 centers that had received the letter, 56 (15.3 %) replied to the research but one was excluded, as it did not provide spiritual treatment. Thus, 55 (15.1 %) were included in the final analysis (Fig. 1).

Characteristics of Spiritist Centers that were Included

The Spiritist Centers included had over 41 years of existence on average (95 % CI 35.46–46.65. SD: 20.69; Median = 39.00), ranging from 2 to 94 years and 43.7 % worked five or more days a week. At least 31 % of the centers had their own website on the Internet and over 72 % had e-mail.

According to information made available by the directors of the Spiritist Centers, each center had, on average, about 95 volunteer workers (95 % CI 61.51–127.98; SD: 122.93; Median: 50.00) and 4 hired workers (95 % CI 1.35–6.47; SD = 9.45; Median = 0.00). Out of these, 4 (SD: 17.69; Median: 0.00) were medical doctors or health professionals who provided consultation. The number of people attending each Center was 283 (95 % CI 203.61–362.49; SD = 293.85; Median: 200.00) and they had on average 261 attendees (95 % CI 182.27–339.87; SD = 291.49; Median: 160.00) who received some kind of weekly therapeutic care.

Main Activities of the Centers and Spiritual Treatments

According to the directors' reports, not every Spiritist Center carried out all practices of Spiritist complementary therapy. Among the centers evaluated, 100 %

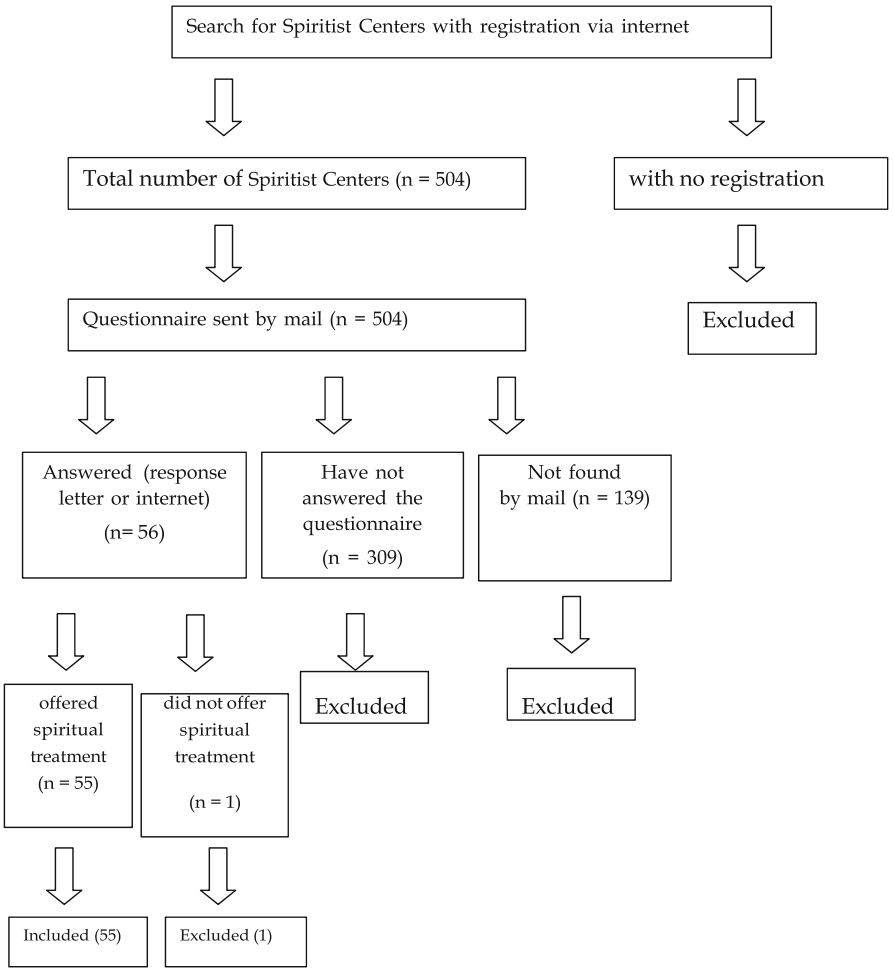

Fig. 1 Flowchart of inclusion and exclusion criteria

had Spiritist healing (passe/laying on of hands); 98.2 % provided fraternal assistance (or advice or an initial interview), 92.7 % had disobsession sessions, 96.4 % practiced prayer; 98.2 % provided advice or taught how to carry out Gospel reading in the home, 87.3 % had "vibration sessions" and 78.2 % used fluidic water. However, only 5.5 % performed Spiritual surgical operations without incisions and no center reported Spiritual Surgery operation with incisions; 7.3 % reported Spiritual prescription of medicines, such as herbs and natural creams, but none reported prescribing allopathic medication.

Regarding offering public talks about the Gospel, 96.4 % reported doing it and 63.6 % provided talks on themes related to health. The subjects most often covered by these talks were: depression, addiction, stress, self-esteem, health and self-knowledge, diseases of the soul, mental health and abortion.

In addition to the Spiritist treatments made available, it has been noted that the centers offered a significant social inclusion into the communities (90.9 % of all 55 centers carry out some kind of social work), including in the area of health, such as medical and psychological consultation, visits to sick people, support groups, *layette* (collection of clothing for a newborn child) for pregnant women and others.

Most Common Reasons to Seek a Spiritist Center

Health problems are still the most common problems for which a Spiritist center is sought after and accounts for 38.4 % of reported problems (addiction 8.2 %, depression 6.1 %, mental health in general 6.5 % and diseases in general 15.5 %), followed by family/personal relationship problems accounting for 14.3 % and the so called 'mediumship or Spiritual' problems for 14.3 %. When analyzing how many centers mentioned each category, we found that health problems were cited by 70.4 % of them, followed by difficulties of family/personal relationship cited by 64.8 % and Spiritual/mediumship problems by 64.8 %.

When asked about the main health problems that prompted these attendees to seek a Spiritist Center, the directors reported that 11.8 % were because of depression, 11.3 % cancer and 8.7 % diseases in general. When analyzing how many Centers cited each category, we found that depression was cited by 45.1 % of the Spiritist centers, followed by cancer cited by 43.1 % and diseases in general by 33.3 % (Table 1).

As for the main problems of mental health, 32.9 % cited depression, 20.0 % mental health in general, 14.3 % addiction and 12.9 % depression symptoms, 10.0 % panic disorder and 9.9 % other reasons.

Director's Opinion Regarding Mental Disorders

When asked if mediumship/obsession should be differentiated from psychiatric disorders, 53 of the directors (96.4 %) replied it should be. Likewise, on the question about when a person is advised to seek medical help, 87 % said "always" with several remarks that spiritual treatment is not a replacement for medical treatment. However, when asked if all psychiatric disorders were due to mediumship or obsession 32 (58.2 %) said that it was.

About 58 % of directors reported they would keep a healer away from the healing work of their center if they have any clinically relevant mental disorder, but they would be allowed to return once they were under treatment and better. When also questioned whether the use of psychiatric medications was counter indicative to mediumship work, 36.4 % said that it was, 32.7 % said no and 30.9 % said it would depend on the medication. The medications that were seen with reservations or even prohibited to be taken by the healers (since directors believe it would interferer with the healer's power) were tranquillizers, anxiolytics or hypnotics (i.e. predominantly from the benzodiazepine group of drugs).

As for the differentiation between Spiritual experience and mental diseases, using the criteria proposed by Menezes Jr. and Moreira-Almeida (2009), we found some remarkable differences. Comparing the answers provided by directors' and the most appropriate answers proposed by Menezes Jr. and Moreira-Almeida (2009), we

Table 1 Main reasons for seeking a Spiritist Center due to health problems mentioned by the directors of Spiritist Centers

Major health problems that lead one to seek a Spiritist center	*N*	% of the centers that have cited this category	% of total citations
Depression	23	45.1	11.8
Cancer	22	43.1	11.3
Diseases in general	17	33.3	8.7
Mental health	14	27.5	7.2
Chronic pain	13	25.5	6.7
Insomnia	11	21.6	5.6
Addiction	10	19.6	5.1
Depression symptoms	9	17.6	4.6
Not directly related to health	9	17.6	4.6
Terminal illness	7	13.7	3.6
Panic disorder	7	13.7	3.6
Other	6	11.8	3.1
Osteomuscular (spine)	6	11.8	3.1
Pre and post-surgical	6	11.8	3.1
Gynaecologic disease/infertility	5	9.8	2.6
Cardiovascular	5	9.8	2.6
Rheumatic disease	3	5.9	1.5
Neurological diseases	3	5.9	1.5
Diabetes	3	5.9	1.5
Psychiatric symptoms	3	5.9	1.5
HIV	3	5.9	1.5
Chronic diseases	2	3.9	1.0
Allergy	2	3.9	1.0
Bipolar disorder	2	3.9	1.0
Schizophrenia	2	3.9	1.0
Seeking complementary treatment	2	3.9	1.0

found a mean concordance of 12.4 (SD: 3.37) amongst the 18 questions of the criteria (Table 2).

Table 3 shows the profile of recommended treatments by Spiritist directors. A clear association between conventional medicine (recommendation to see a doctor, a psychologist or a health service) and Spiritual treatments can be seen.

Discussion

The current study sought to present in detail the profile of Spiritual treatments carried out at Spiritist Centers in the city of São Paulo. Although other articles have addressed similar topics and reported Spiritual treatments in isolated cases (de

Table 2 Profile of Spiritist centers directors' answers differentiating between spiritual experiences and mental illness

Characteristic	Spiritual experience	Mental disorder of religious content
No psychological suffering	34 (68 %)[a]	16 (32 %)
Presence of psychological suffering	25 (50 %)	25 (50 %)[a]
No social and occupational impairments	44 (89.8 %)[a]	5 (10.1 %)
Presence of social and occupational impairments	22 (44 %)	28 (56 %)[a]
Compatibility between experience and a certain cultural or religious group (occurring within a religious context)	43 (89.6 %)[a]	5 (10.4 %)
No compatibility between experience and a certain cultural or religious group (occurring within a religious context)	28 (58.3 %)	20 (41.7 %)[a]
There is a critical attitude as to the objective reality of the experience (the person has awareness/critical sense as to the spiritual experience they had)	45 (93.8 %)[a]	3 (6.2 %)
There is no critical attitude as to the objective reality of the experience (the person has no awareness/critical sense as to the spiritual experience they had)	23 (47.9 %)	25 (52.1 %)[a]
The experience is controlled (the person has control over the spiritual experience they had)	42 (87.5 %)[a]	6 (12.5 %)
The experience is not controlled (the person has no control over the spiritual experience they had)	26 (54.2 %)	22 (45.8 %)[a]
The experience brings personal growth	45 (91.8 %)[a]	4 (8.2 %)
The experience does not bring personal growth	21(42.9 %)	28 (57.1 %)[a]
The experience is short and episodic	41 (85.4 %)[a]	7 (14.6 %)
The experience is long lasting and frequent	26 (54.2 %)	22 (45.8 %)[a]
The experience is directed to others (has meaning and social purpose)	43 (87.8 %)[a]	6 (12.2 %)
The experience is directed to themselves (has no meaning and social purpose)	19 (38.8 %)	30 (61.2 %)[a]
No comorbidities (associated mental illness)	39 (81.3 %)[a]	9 (18.7 %)
Presence of comorbidities (associated mental illness)	18 (36.7 %)	31 (63.3 %)[a]

[a] Most appropriate answer according to Menezes Jr. and Moreira-Almeida (2009)

Table 3 Advices and spiritual treatments suggested for depression, panic disorder, schizophrenia, bipolar disorder and addiction

	Depression *n* (%)	Panic disorder *N* (%)	Schizophrenia *N* (%)	Bipolar disorder *N* (%)	Dementia *N* (%)	Epilepsy *N* (%)	Addiction *N* (%)
Spiritual treatment	12 (21.8)	10 (18.2)	9 (16.4)	8 (14.5)	10 (18.2)	8 (14.5)	11 (20.0)
Doctor	–	–	2 (3.6)	2 (3.6)	3 (5.5)	2 (3.6)	0
Doctor + spiritual treatment	28 (50.9)	26 (47.3)	28 (50.9)	29 (52.7)	28 (50.9)	30 (54.5)	17 (30.9)
Psychologist	1 (1.8)	2 (3.6)	–	–	–	–	–
Psychologist + spiritual treatment	3 (5.5)	2 (3.6)	2 (3.6)	2 (3.6)	1 (1.8)	2 (3.6)	2 (3.6)
Doctor + psychologist	1 (1.8)	2 (3.6)	2 (3.6)	2 (3.6)	2 (3.6)	2 (3.6)	2 (3.6)
Doctor + psychologist + spiritual treatment	6 (10.9)	7 (12.7)	5 (9.1)	6 (10.9)	4 (7.3)	4 (7.3)	2 (3.6)
AA/NA	–	–	–	–	–	–	3 (5.5)
AA/NA + spiritual treatment	–	–	–	–	–	–	4 (7.3)
AA/NA + doctor	–	–	–	–	–	–	1 (1.8)
AA/NA + doctor + spiritual treatment	–	–	–	–	–	–	4 (7.3)
AA/NA + doctor + psychologist + spiritual treatment	–	–	–	–	–	–	1 (1.8)
Did not answer	4 (7.3)	6 (10.9)	7 (12.7)	6 (10.9)	7 (12.7)	7 (12.7)	8 (14.5)
Total	55 (100)	55 (100)	55 (100)	55 (100)	55 (100)	55 (100)	55 (100)

AA/NA Referral to a specific institution or support group

Almeida and Almeida 2000; Greenfield 1987, 1992; Koss 1975, 1987), there has not been any survey that has built a more systematic and comprehensive profile.

As for the structural profile of the Spiritist centers, we noticed a great variation of their time of existence, size of the institution and the number of attendees and health workers present. This information reflects how heterogeneous Spiritist centers in São Paulo are, with both more traditional and well-established centers (with a 94 year history) and other newer or newly opened centers (only 2 years old). This heterogeneity was reflected in how the research was carried out; 27.5 % of the Spiritist centers were not found by the postal service. This suggests that some Spiritist centers, usually the smaller ones, are more itinerant and not yet well established.

Despite these difficulties, more than 15 % of the centers were included in the final analysis; this is a suitable number for studies that use questionnaires by post (de Sousa 2010; Edwards et al. 2002). We also noticed a tendency by more traditional and well-established centers to accept to participate in this survey. More than 76 % of centers that replied to the questionnaire had more than 25 years of existence.

As for the types of activities carried out by the voluntary workers, we noticed a great variety of work involving inclusion in the community (Giumbelli 1997), a strong characteristic of Brazilian Spiritism based on the Spiritist principle 'outside charity, there is no salvation' (Kardec 2000). Thus, about nine out of ten centers had some form of social assistance.

According to the directors of the 55 Spiritist Centers that were assessed, there are 60,000 attendees per month. These data support previous studies showing that there is a substantial number of people, from different backgrounds and religious affiliations, who go to these Spiritual Centers (Bragdon 2005; de Almeida and Almeida 2000; Koss 1987; Lucchetti et al. 2012a, b; Lucchetti et al. 2011). It is important to point out that the centers assessed in the present report represent only a small fraction (less than 15 %) of the total number of consultations provided by all Spiritist centers in Sao Paulo.

Likewise, we have also found an impressive number of patients attending Spiritist centers services when compared to the largest health services in the city of São Paulo. For example, 30,000 people are seen per month at the Emergency Room of Santa Casa de São Paulo (Mateos 2013), and 15,000–19,500 people seen/month at the ER of Hospital das Clínicas, University of Sao Paulo (Sant'Anna 2012; Taufer and Lara 2013). These figures show an increasing role of this kind therapy within the Brazilian public health, whereby patients seek complementary services as a form of treatment for their diseases. In Puerto Rico, in a similar way, the importance of Spiritist Centers in the country's public health has also been observed (Koss 1975, 1987).

As for the Spiritual practices offered to treat the sick, although there is a certain standard in the so-called Spiritist Complementary Therapy (Lucchetti et al. 2012a, b; Lucchetti et al. 2011), it has been observed that only the laying on of hands healing is being used by all Spiritist Centers. It was interesting to note that there are a small number of centers performing Spiritual surgery without incisions and no Spiritist Center performing surgeries with incisions, which used to be common in

earlier reports from the 1980s to 1990s (de Almeida and Almeida 2000; Greenfield 1987). This finding may be related either to the fact that some Spiritist Centers that promote this type of treatment are afraid of answering the questionnaire as they fear being reported to the competent regulatory authorities even with the confidentiality statement of the consent form, or this type of activity may have decreased due to a greater regulation enforced by the competent authorities (Cremesp 2011) and closing down of the Spiritist Centers who carried out this kind of activity. The same justification also applies to the small number of homeopathic, herbal and natural cream prescriptions and to the fact that no allopathic prescription for medications is reported in the research.

As to the reasons why people would seek a Spiritist Center, we grouped them into three different categories: relationship problems, difficulties within Spiritual/mediumship area, and health problems.

As for personal and relationship problems, some previous studies have shown the role played by Spiritist Centers in this regard. Maraldi and Zangari (2012) evaluated eleven participants of Spiritist activities. According to the authors, participation in the center would have helped the participants to better deal with personal and family difficulties, to expand the social network of contacts and to have a greater appreciation of themselves.

As for the Spiritual and mediumship problems, it was expected that attendees would approach these institutions to solve the so-called Spiritual/mediumship conflicts. However, we noticed that this category includes a number of relevant feelings such as: 'Absence of God in people's hearts', 'spiritual influence', 'religious confusion', 'imbalance (seeing and hearing strange things)', 'perceiving and seeing Spirits ', amongst others. According to the Diagnostic Manual of the American Psychiatric Association, 4th edition (APA, DSM IV 1994), the definition for spiritual problems includes the questioning of spiritual values, not necessarily related to an organized Church or religious institution, but to the unexpected and how strange a person's own experience may be (e. g, mystical experiences, near-death experiences, meditation experiences, and so on), which sometimes matches the terms used by Spiritists leaders themselves.

Once the health problems that lead people to seek a Spiritist Center had been analyzed, we noticed the high number of life-threatening diseases, such as the diagnosis of cancer (a complaint present in more than 43 % of the centers) or diseases related to mental health (depression, addiction, panic disorder, bipolar disorder and schizophrenia). The search for complementary therapies for mental health treatment was similar to the results of international studies (Bell 2013; Freeman et al. 2010; Ranaie et al. 2011).

Another important point raised by the study was evaluating the attitudes and beliefs of those responsible for spiritual assistance in the management of patients with psychiatric disorders treated at these centers. In order to do this, criteria to distinguish (non-pathological) spiritual experiences from (pathological) psychiatric disorders were used. As a result, we found very different opinions about this differentiation. A few justifications may be raised for these findings: (a) a possible lack of knowledge about the characteristics that would allow this differentiation, (b) a difficulty to fit certain patients into a criterion due to the fact that some criteria

are arguable, since psychological suffering, uncontrolled experiences and the occurrence within religious contexts may be present in the initial setting of spiritual experiences and may not be pathological.

However, an important fact that confirms a certain difficulty in this differentiation can be found in the question where more than 58 % stated that every psychiatric disorder was due to mediumship or obsession. Despite this statement, it was noticed that over 96 % of directors said that mediumship/obsession should be differentiated from psychiatric disorders. With this being the case, the directors somehow showed a concern in regard to this differentiation, and stated that spiritual treatment does not replace medical treatment, despite believing that such diseases have eminently spiritual etiologies.

As for the 'therapeutic arsenal' used by Spiritism for different psychiatric disorders, a certain standardization of therapies such as healing (therapy most often utilized), the disobsession and lectures can be noticed. Here the fact that a referral to a doctor was the second option most cited after the use of healing can be highlighted, showing again a concern by Spiritist Centers to act as a complement to conventional medicine and not be a replacement for it (Lucchetti et al. 2011). It can also be noticed that the pattern of intervention utilized on a patient with mental health problems for a given Spiritist Center is similar no matter the kind of psychiatric disorder.

Limitations

As it happens with any kind of research, there are always some limitations that must be considered when carrying out and drawing conclusions in a scientific work. The first limitation: despite having a suitable reply rate for a research that utilizes postal service (mail), only a minority of the Spiritist Centers in the city of São Paulo replied to the postal questionnaires. In this way, a generalization of the data has to be carried out very carefully, especially for the practices of smaller and newer Spiritist Centers. As for the so-called traditional Spiritist centers, the data seem to show a greater representation.

Another limitation refers to the information obtained, because it has been collected through directors of Spiritist centers (the top leadership of these institutions), but the questionnaires have not been answered by the attendees. Thus, despite the structural information of the Spiritist Centers being quite reliable, it is possible that some information on the attendees may be different from the reality of day-to-day life of the institution, as they are estimated figures.

Third, since there are few scales to differentiate spiritual experiences and mental disorder of religious content, we decided to use the work of Menezes Jr. and Moreira-Almeida (2009). However, we acknowledge that some items are ambiguous, such as presence of psychological suffering, which can be presented in 'spiritual experiences' as well as in 'mental disorders of religious content'. In order to deal with this problem, as described earlier in this article, we have described their answers without imposing the correct answers.

Finally, the study was limited to building a profile of the spiritual therapy carried out by these institutions and was not aimed at evaluating the outcome of these interventions.

Conclusion

The Spiritist Centers participating in this survey have a significant number of people seen per week in comparison to the public health services. The most common problems dealt with are related to the areas of mental and physical health, and personal and social relationships. Amongst the most commonly reported health problems are depression and cancer. Concerning the directors' awareness to differentiate between spiritual experiences and psychiatric disorders, we found some remarkable divergent opinions .

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Compliance with Ethical Standards

Conflict of interest Author ALGL has received research grants from Hospital Joao Evangelista, Sao Paulo, Brazil. Author GL declares that he has no conflict of interest. Author FCL declares that he has no conflict of interest. Author MFPP declares that he has no conflict of interest. Author HPV has a CNPq grant (Brazilian Federal Funding Agency).

Research involving human participants All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent Informed consent was obtained from all individual participants included in the study.

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